

# Urinary catheter management: what neurologists need to know

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## Abstract

Patients with neurological disorders often have lower urinary tract dysfunction, manifesting as urinary retention or urinary incontinence, and so commonly use catheters. Neurologists should therefore be aware of the different types of catheters and appliances and their risks, benefits and complications. Clean intermittent self-catheterisation is preferable to an indwelling catheter; however, if this is not possible, then a suprapubic indwelling catheter is preferable to a urethral catheter for long-term management. We review the decision-making process when selecting catheters for neurological patients, the evidence base regarding the different options and how neurologists can recognise and address complications. We also discuss alternatives to catheterisation, such as non-invasive containment products and surgical treatments, and the indications for urological referral.

## Areas for reflection

- Often bladder symptoms are overlooked by more obvious neurological issues such as mobility. How can we ensure that patients effectively have their bladder symptoms assessed and treated?
- What practical steps can be taken to enable a patient to continue to do ISC despite a deterioration in neurological symptoms?

You can find more evidence relating to ISC on our website [here](#)

