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Editorial comment on “Prolonged use of indwelling urinary catheter following acute urinary retention in a tertiary care centre in sub-Saharan Africa: Causes, costs and concerns” by Bello JO et al.

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The authors of this paper evaluated the causes, estimated out-of-pocket payments and assessed concerns associated with prolonged use of urinary catheters following acute urinary retention secondary to benign prostate enlargement (BPE) and urethral stricture disease (USD) in men attending their urology out-patient clinics in a state in Northern Nigeria. The analysis was based on an interviewer administered questionnaire on 76 men (36/76 {47.4%} with BPE and 40/76 {52.6%} with USD). Men with BPE were on indwelling urethral catheter drainage while those with USD were on suprapubic catheter (SPC) drainage. Both groups of patients were on catheter drainage for a median of 12 months (range 3–120 months!). The catheters were changed every 4 weeks! Part of the authors findings/conclusions were as follows:

- (1) inability to pay for definitive surgery and long waiting lists were the leading causes of prolonged use of indwelling urinary catheters in this group of patients,
- (2) prolonged catheter use adversely affected the quality of life of these patients and caused disruption of their sex life especially in men with BPE (who were all on indwelling urethral catheters) compared to men with USD (who were on SPC) ($p < 0.06$).

There is no doubt, that these are interesting observations. I think the authors need to re-evaluate their current practice based on some of their own observations. A man with a SPC can have sexual intercourse with his wife, albeit with a bit of difficulty. Obviously a man with an indwelling urethral catheter cannot. I wish to appeal to colleagues working in the type of setting described by the authors to please consider putting their patients with AUR on a SPC instead of an indwelling urethral catheter, if they require bladder drainage for more than 4 weeks [1,2]. As I often jokingly tell my students and residents, the penis has other functions apart from its use to pass urine! The authors obviously have excellent experience inserting SPCs. The use of a SPC is associated with increased comfort for the patients, less impact on the sex life of the patients, reduced risk of infections and most other complications associated with prolonged bladder drainage using an indwelling urethral catheter [1,3,4]. Furthermore, with a SPC, the catheters can be changed every 2–3 months, instead of monthly as practiced by the authors thereby reducing the overall cost of treatment [3,4].

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