



A guide to...

Trial without catheter (TWOC)

Patient information

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email westherts.pals@nhs.net



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What is a trial without catheter?

While in hospital, you had a catheter (a thin long tube) placed in your bladder to drain urine. The removal of your catheter is called a trial without catheter or TWOC to assess if you can pass urine without it.

Do I need to bring anything to the hospital?

You may be in the department for a few hours: please bring something to eat, read and a change of clothing in case of an accident.

What if I am constipated?

If you are constipated, it may stop you from passing urine easily. Therefore, may take some medication called laxatives which you can buy or get from your GP before your appointment.

When is the catheter removed?

Once the nurse has explained what will happen during the procedure and you are happy to go ahead, the catheter will be removed. This may feel a little strange but should not hurt. It will take a few seconds.

What will happen once the catheter has been removed?

You will need to fill your bladder slowly by drinking sufficient fluids. This normally entails drinking a glass or cupful of liquid approximately every 15-20 minutes. Do not drink too much too quickly or gulp your drinks, or you will lower the chance of passing your TWOC.

You will need to pass urine in special flow machine which the nurse will explain on the day of the appointment. Your progress is monitored using the flow rate machine and a bladder scanner. The scan will be performed by the Specialist Nurse. If your bladder begins to feel uncomfortable and you are unable to pass urine, a scan may be performed sooner.

You will need to remain in the department; this allows us to monitor your condition closely. You can leave the clinic but remain within the hospital so that you can return to the Clinic at any time.

How long will I have to remain in the hospital?

You should remain until you have passed urine satisfactorily, usually 2-5 hours.

What will happen after the scan?

This depends on your ability to pass urine. If you can pass urine well, you may be discharged from the Clinic or an outpatient appointment may be arranged to check your progress.

What happens if I cannot pass urine?

Sometimes people cannot pass urine, a new catheter may be inserted, or with your agreement, you may be taught intermittent self-catheterisation. It is a simple procedure used if the bladder cannot empty completely through normal urination. The bladder can be drained using a thin tube (catheter) passed up the water pipe into the bladder. The tube is removed when drainage is complete.

If you require re-catheterisation, you will be assessed whether you will require another TWOC appointment or further urological intervention.

If self-catheterisation is required, your Specialist Nurse will provide you with everything you need for this and will continue to monitor your progress at subsequent outpatient appointments if necessary.

Are there any other important points?

Once you are at home, you might go into retention (not being able to pass urine) or develop a urinary infection. The risk of an infection increases after a TWOC so please drink plenty of water on the day of the procedure.

What to look for:

- Go to the toilet a lot (this is called frequency)
- Pass small amounts of urine each time you go to the toilet
- Have lower tummy (abdominal) pain
- Have difficulty starting the flow of urine (this is called hesitancy)
- Feel like you have a full bladder and are unable to empty it properly
- Feel pain when passing urine (also called dysuria)

If you suspect a urine infection or urinary retention, please contact your GP or go to your nearest A&E department.

This publication provides input from specialists:

The British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by Healthcare providers.