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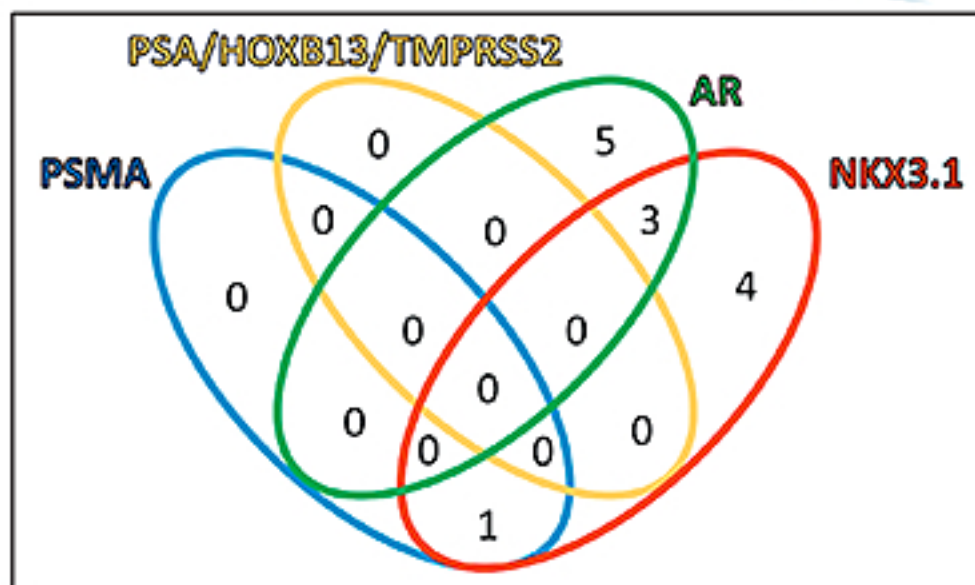
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Prostate cancer disseminated cells detected in bone marrow (page 1494)

- Purified Protein Derivative Skin Test prior to bacillus Calmette-Guérin Therapy May have Therapeutic Impact in Patients with Nonmuscle Invasive Bladder Cancer
- Incidence of Extraprostatic Extension at Radical Prostatectomy with Pure Gleason Score 3 + 3 = 6 (Grade Group 1) Cancer: Implications for Whether Gleason Score 6 Prostate Cancer Should be Renamed "Not Cancer" and for Selection Criteria for Active Surveillance
- Effect of Starting Penile Rehabilitation with Sildenafil Immediately after Robot-Assisted Laparoscopic Radical Prostatectomy on Erectile Function Recovery: Prospective Randomized Trial



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## MP23-09

**COMPARISON OF POSTOPERATIVE CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) RATES IN THE UROLOGIC PATIENT WITH A SUPRAPUBIC CATHETER VERSUS TRANSURETHRAL CATHETER**

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**INTRODUCTION AND OBJECTIVES:** Urinary tract infections (UTIs) are the most common type of healthcare-associated infection. Among UTIs acquired in the hospital, 75% are catheter-associated urinary tract infections (CAUTI). CAUTI has gained much attention, as in 2008 Medicare regulations ceased reimbursement for costs related to nosocomial CAUTIs. Traditional teaching has been that suprapubic catheters (SPC) are associated with less risk of CAUTI than transurethral catheters (TUC). However, studies directly comparing the CAUTI rate in patients with SPC versus TUC are lacking, particularly in the postoperative Urologic patient. Thus, in this study we aim to compare the CAUTI rate with SPC versus TUC in the postoperative Urologic patient.

**METHODS:** We retrospectively reviewed and compared the medical records of 354 patients over a 5-yr period that underwent Urologic surgery. The SPC group consisted of patients that underwent SPC placement at the time of concomitant autologous rectus fascia pubovaginal sling (PVS) by a single surgeon (BJF). SPC placement was accomplished using the T-Spec device from Swan Valley Medical. The TUC group consisted of patients that underwent TUC placement using an 18 Fr Foley at the time of open radical prostatectomy (RP) by a single surgeon (EDC). Patients without a SPC or TUC and patients with both were excluded from the study. The primary outcome of comparison was the CAUTI rate (defined by the 2017 CDC guidelines) between the SPC and TUC cohorts. A Fisher's exact test was performed to determine if the difference in CAUTI rate between the two cohorts was statistically significant ( $p < 0.05$ ).

**RESULTS:** 252 patients were included, including 145 (57.6%) in the SPC group and 107 (42.5%) in the TUC group, mean age 54.5 and 61.5 yrs, respectively. The mean catheter duration at the time of CAUTI for the SPC and TUC groups were 21.3 and 16.0 days, respectively ( $p = 0.79$ ). The mean catheter duration for the TUC group with and without CAUTI was 25.4 and 14.7 days, respectively ( $p = 0.14$ ). The overall CAUTI rate when catheter duration was less than 15 days compared to greater than 15 days was 3.3% and 5.0%, respectively ( $p = 0.39$ ). The CAUTI rate for the SPC group was 2.1% versus the TUC group 7.5% ( $p = 0.039$ ; OR 3.82).

**CONCLUSIONS:** In this study of postoperative Urologic patients, SPC was found to have a statistically significant lower rate of CAUTI when compared to TUC. This information may help guide providers when choosing the appropriate bladder drainage modality for their patients, particularly in the postoperative Urologic setting.

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