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A meta-analysis comparing suprapubic and transurethral catheterization for bladder drainage after abdominal surgery.

[McPhail MJ](#)¹, [Abu-Hilal M](#), [Johnson CD](#).

+ Author information

Abstract

BACKGROUND: Although bladder drainage is widely used for general surgical patients undergoing laparotomy, there is little consensus on whether suprapubic or transurethral catheterization is better.

METHOD: A systematic database search was undertaken to find all studies of suprapubic catheterization. Randomized controlled trials were identified for inclusion. Endpoints for analysis were bacteriuria, patient satisfaction and recatheterization rates. A meta-analysis was performed using fixed-effect or random-effect models as appropriate, depending on heterogeneity.

RESULTS: After abdominal surgery, transurethral catheterization is associated with significant bacteriuria (relative risk (RR)=2.02, P<0.001, 95 percent confidence interval (c.i.) 1.34 to 3.04) and pain or discomfort (RR=2.94, P=0.004, 95 percent c.i. 1.41 to 6.14). Recatheterization rates using the transurethral method were not increased significantly (RR=1.97, P=0.213, 95 percent c.i. 0.68 to 5.74) with heterogeneity between studies.

CONCLUSION: The suprapubic route for bladder drainage in general surgery is more acceptable to patients and reduces microbiological morbidity.

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