



MANAGEMENT OF A RETAINED FOLEY CATHETER AND IMPROPER DUAL CATHETERIZATION IN A PATIENT WITH SIGNIFICANT BENIGN PROSTATIC HYPERPLASIA : A CASE REPORT

Dr Richa Jaiman	Professor, Department Of Surgery Sarojini Naidu Medical College , Agra
Dr Bhavana Verma	Assistant Professor , Surgery Department Sarojini Naidu Medical College , Agra [Uttar Pradesh]
Dr Deep Shikha*	Assistant Professor , Surgery Department Sarojini Naidu Medical College , Agra [Uttar Pradesh] *Corresponding Author

ABSTRACT

The presence of foreign bodies within the urinary tract is an infrequent but important clinical scenario often linked with self-insertion, psychiatric illness, intoxication, or medical mishandling. Diagnostic tools such as X-ray, ultrasound, CT, and MRI are useful in detecting such foreign objects. Management primarily involves endoscopic or open surgical retrieval. We present the case of an elderly male with advanced benign prostatic hyperplasia (BPH) who developed complications following the incorrect insertion of a second Foley catheter alongside a retained one by an unqualified individual. The patient underwent open removal of both catheters and a prostatectomy to address the underlying pathology. This case underscores the hazards of non-professional intervention and highlights the importance of specialist evaluation in catheter-associated complications.

KEYWORDS : Foreign body, benign prostatic hyperplasia, catheter misplacement, prostatectomy

INTRODUCTION

Urinary tract foreign bodies pose clinical challenges due to varied presentations and potential complications such as infection, haemorrhage, and obstruction. These objects may enter the urinary tract due to self-insertion, trauma, migration from adjacent organs, or iatrogenic causes, especially when interventions are performed by non-medical personnel (1,2). Documented intravesical foreign bodies include wires, wood fragments, contraceptive devices, catheter fragments, surgical materials, and batteries (2). While patients often delay seeking help due to embarrassment, symptoms typically include dysuria, haematuria, or recurrent infections (2,4). Physical findings are often non-specific, making imaging essential. Mismanagement of Foley catheters—especially in cases involving lower urinary tract obstruction like BPH—can result in serious complications such as catheter retention or injury (3,5).

Case Report

An 80-year-old male from a rural area presented with suprapubic discomfort and lower urinary tract symptoms. His past medical history included benign prostatic hyperplasia and two prior transurethral resections of the prostate (TURP) in 2000 and 2012. Despite this, he experienced repeated episodes of urinary retention requiring intermittent catheterization.

During a recent episode, the patient consulted an untrained local practitioner who inserted a Foley catheter that failed to relieve symptoms. In an attempt to self-manage, the patient cut the external portion of the catheter, leading to migration of the retained balloon segment into the bladder. Subsequently, another Foley catheter was inserted beside the retained one, again by the same unqualified individual.

On presentation, a single catheter was visible at the urethral meatus. Clinical examination revealed mild fever and suprapubic tenderness.

Lab investigations indicated leucocytosis and raised inflammatory markers. Ultrasound imaging revealed a grossly enlarged prostate with significant post-void residual urine, a distended bladder containing the retained catheter with inflated balloon, and a second indwelling catheter. Bilateral hydronephrosis was also observed (3,5). (Figure-A)



Figure-A- USG image showing bulb and remaining fragment of catheter in urinary bladder lumen (1st arrow) and enlarged prostate (2nd arrow)

The patient underwent surgery under spinal anaesthesia. An open cystostomy was performed to extract the retained catheter segment. Simultaneously, an open prostatectomy was carried out due to the enlarged gland causing outflow obstruction (4). Approximately 500 grams of prostatic tissue were excised. A three-way Foley catheter was inserted, and continuous bladder irrigation was initiated.

Recovery was uneventful. The urine cleared by postoperative day 2, and the peri-vesical drain was removed on day 7. The patient was discharged on day 11 with stable vitals. The temporary catheter was removed after two weeks, with satisfactory voiding confirmed. The histopathological examination was consistent with features of benign prostatic hyperplasia with chronic prostatitis. At three-month follow-up, the patient remained asymptomatic with normal urinary function.

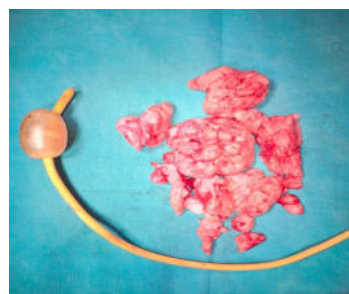


Figure-B- Image showing prostatectomy specimen (in pieces) along-with removed bulb and significant length of the retained foley's catheter.

Discussion

Although relatively uncommon, intravesical foreign bodies

can result in significant morbidity, particularly when their origin is iatrogenic and involves non-medical intervention. In patients with urinary outflow obstruction, such as BPH, catheterization may be technically difficult, and mishandling can lead to further complications such as false passages, trauma, and retained devices (3,4).

In this case, improper management by an untrained practitioner led to the insertion of a second catheter without addressing the first. This increased the risk of infection and mechanical injury. Moreover, the large prostate likely contributed to the catheterization difficulties.

Surgical removal remains the gold standard when catheter fragments with inflated balloons are retained. Given the size of the prostate and the history of recurrent urinary retention, definitive management with open prostatectomy was appropriate (4,5). This case reinforces the need for early referral to trained medical professionals and the importance of public health initiatives to curb unsafe medical practices (5,6).

CONCLUSION

Foreign bodies should be considered in patients presenting with lower urinary tract symptoms, particularly when catheterization history is unclear or handled by unqualified individuals. Prompt removal and definitive management tailored to the underlying pathology are crucial. This case highlights the dangers of unregulated healthcare practices and underscores the importance of trained urological intervention, especially in patients with BPH and difficult catheterizations.

Summary

- An elderly male with prior prostate surgery developed catheter-related complications due to dual Foley catheter insertion, one performed by a non-professional.
- Imaging confirmed the presence of a retained balloon and an additional catheter.
- Open cystostomy with prostatectomy was successful, and the patient recovered well.
- The case emphasizes the dangers of informal medical practices and advocates for professional urological care in complex catheter cases.

REFERENCES

1. Sukkariet T, Smaldone M, Shah B. Multiple foreign bodies in the anterior and posterior urethra. *Int Braz J Urol.* 2004;30(3):219–20. doi:10.1590/S1677-55382004000300014
2. Mahadevappa N, Kochhar G, Vilvapaty KS, Muruganandham K, Dorairajan LN. Management of intravesical foreign bodies: A review. *Urol Ann.* 2012;4(3):172–6.
3. Bapat SS, Bapat CM, Kekre NS, Gopalakrishnan G. Difficult Foley catheter removal due to non-deflating balloon. *Int J Urol.* 2004;11(12):1080–2.
4. Tubaro A, de Nunzio C, Miano R, Trucchi A. The treatment of benign prostatic hyperplasia: A review of the current therapeutic options. *Eur Urol Suppl.* 2009;8(6):420–9.
5. Singh O, Gupta SS, Moses S, Mathur RK. Iatrogenic complications of urethral catheterization. *Indian J Surg.* 2010;72(4):304–9.
6. Kumar S, Jayant K, Agrawal S, Meena RP, Jindal T. Unusual urethral foreign body insertion and its extraction: A case report. *J Clin Diagn Res.* 2013;7(7):1455–6.