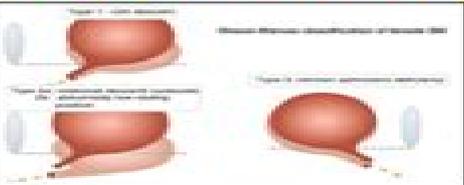


Catheter placement

Resting Pves: 19, 26, -7

Resting pressures:

Pves/Pabd (Supine): 15-20
 Pves/Pabd (Sitting): 25-40
 Pves/Pabd (Standing): 30-50
 Pabd: -1-5



Tracing Problem

- Baseline Pabd is not equal to Pves

Possible cause

- Catheter may not be in the correct position.

Check/corrective actions

- Check catheter placement (abdominal catheter first) and adjust as necessary (pulling the catheter back and forth about 1-2 cm to create a tunnel through the point of stool)
- If this does not work, ask the patient to cough. If there is equal transmission of cough to bladder and rectal reading shown in the tracing, even equalize Pabd to Pves.



Tracing Problem

- Resting Pves too high

Possible cause

- Catheter may be in the urethra or resting against the bladder wall.
- Catheter may be overinflated.

Check/corrective actions

- Gently advance and/or bend the catheter and move it away from the urethra/bladder wall.
- Slide transducer to OPEN, ask patient to cough several times, rezero Pves (only slide transducer to CHARGE)
- Ask patient to cough/Valsalva to ensure proper transmission of pressure.



Tracing Problem

- Resting Pabd is too high

Possible cause

- Catheter may be against rectal wall/less air in rectal sphincter
- System may be experiencing a rectal wall contraction.
- Catheter may be overinflated

Check/corrective actions

- Gently advance and/or bend the catheter and move it away from the rectal wall (avoid the fold)
- Check the air leak between the transducer and the catheter, have the patient cough. Be sure there is about the equivalent of cough to bladder and rectal reading shown in the tracing, even the catheter and change to see if this worked the problem.
- Slide transducer pump and wait for contractions to subside, adjust catheter in or out or in/expand to fill air to decrease pressure.
- Wait for an equal transmission of cough to bladder and rectal reading, equalize Pabd to Pves



Tracing Problem

- Resting Pves is too low

Possible cause

- There may be a leak in the connection

Check/corrective actions

- Tighten the connections between the Transducers cables and catheter and open and recharge
- If there is an equal transmission of cough to bladder and rectal reading, adjust catheter to get the reading +/- 5 of each other then equalize Pabd to Pves.



Tracing Problem

- Negative Pabd

Check/corrective actions

- Check catheter placement first by asking patient to cough/Valsalva. Check for equal pressure transmission.
- Change position of patient (lean lying to sitting if appropriate).
- Manipulate the catheter by 1-2cm increments to create a tunnel in the stool to reach better pressure transmission.
- Equalize Pves-Pves if appropriate only after a position change at the beginning of the study. The equalize function MUST be used very judiciously.



Tracing Problem

- Pabd decrease after the cough

Possible cause

- Pabd sensor may be too close to the rectal sphincter or in a gas pocket

Check/corrective actions

- Gently advance the abdominal catheter inside the rectum
- Ensure the catheter is taped securely in place as close to the insertion spot as possible



Tracing Problem

- Pves/Pabd cough spikes at different heights

Possible cause

- Either catheter may not be in correct position, (stool catheter may be in the urethra or not against bladder wall) or Pabd may be in stool.
- Pabd may need to be tightened and recharged.

Check/corrective actions

- Check catheter placement and adjust as necessary
- Adjust Pabd in and out
- Pabd line lock may need to be tightened and recharged
- If Pves is lower than Pabd, start filling the bladder and recheck cough at 30 ml



Tracing Problem

- No Pves cough spike

Possible cause

- The Pves transducer may be in the open position
- Catheter not tightened enough and air has escaped from line lock
- Catheter may not be in correct plane

Check/corrective actions

- Ensure the Pves transducer cable is in charge position
- Tighten catheter and recharge if necessary
- Check catheter placement and adjust as necessary
- Replace catheter and try again



Tracing Problem

- Pabd low slowly decreases, Pves stable

Possible cause

- The abdominal catheter may have slid downwards
- Patient may have been tense and now relaxing

Check/corrective actions

- Check catheter placement and adjust as necessary
- Check the connection between catheter and transducer cable. Tighten if necessary
- If Pves has not changed since the beginning of the study and there is equal transmission of a cough, equalize Pabd = Pves.



Tracing Problem

- Pves increases during filling

Possible cause

- Pves may have moved.
- Patient may have low bladder compliance.

Check/corrective actions

- Check catheter placement and adjust as necessary.
- Stop fill and see if Pves decreases.



Tracing Problem

- Pabd constantly changing, stable Pves

Possible cause

- Abdominal catheter may be in the wrong location
- Patient may be experiencing a rectal contraction/peristalsis.

Check/corrective actions

- Check catheter placement and adjust as necessary. If rectal catheter is set to 15cm pull back to 10cm for less peristalsis.
- Pause pump and wait for contractions to subside.



Guide To Urology

Jeannette M. Potts



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