

Recurrent cystitis due to retained Jacques catheter – A case report

NKS Tharmaseelan, MBBS, MRCOG, FACS
Consultant Obstetrician and Gynaecologist
General Hospital,
Seremban

Summary

A case of persistent cystitis due to a Jacques's catheter as a foreign body in the bladder after an assisted vaginal delivery is described.

Key words: Cystitis, retained catheter

Case report

Mrs. EL, a 26 year old para two was referred for recurrent cystitis following a vaginal delivery in a private maternity clinic in a neighbouring state 70 days prior to admission.

The pregnancy resulted in an intrauterine death at seven months of pregnancy. Extra amniotic transcervical induction with prostaglandin was used. As the fetus was in transverse lie in the second stage of labour, an internal podalic version and extraction was done under general anaesthesia by the attending obstetrician.

She was catheterised prior to the procedure and on the first postpartum day when she had difficulty in passing urine. Both these catheterisations were done by the obstetrician. She was discharged on the third postpartum day.

She was treated for recurrent cystitis for over two months. Investigations revealed that the cystitis was due to a retained Jacques's catheter which was then successfully removed using a cystoscope.

Discussion

The Jacques's catheter measuring 40 cm in length with a mouth measuring 1 cm in diameter is usually used to empty the bladder before most obstetric procedures like forceps, vacuum, internal podalic version, assisted breech delivery and manual removal of placenta etc. Occasionally, it is used to relieve symptoms of a full bladder and in patients having difficulty in passing urine. These conditions are occasionally experienced during the first or second post-partum days. Unlike a Foley's catheter, a Jacques's catheter is not used for continuous bladder drainage. Its length and shape make it unlikely for the catheter to be left behind accidentally, as it is usually removed after the procedure. This is the first reported case of an entire Jacques's catheter (Fig. 1) being left behind after an assisted vaginal delivery.

The catheter in the bladder caused the frequency of micturition and suprapubic pain in this patient. As the symptoms were persistent even after 70 days of her delivery, a KUB radiograph

was taken which revealed the catheter. Foreign bodies left behind in the bladder of sometime will have phosphatic encrustations which will show up on radiographs (Fig. 2).

Usually, long foreign bodies settle transversely or coiled up in the bladder. They have to be shifted into the vertical position so that the tip could be negotiated through the urethra (Fig. 3). The removal of the foreign body can thus be satisfactorily accomplished using a cystoscope, as this case.

Fortunately the aftermath of recurrent cystitis which could be severe was not evident in this patient when reviewed, one year after this traumatic episode.

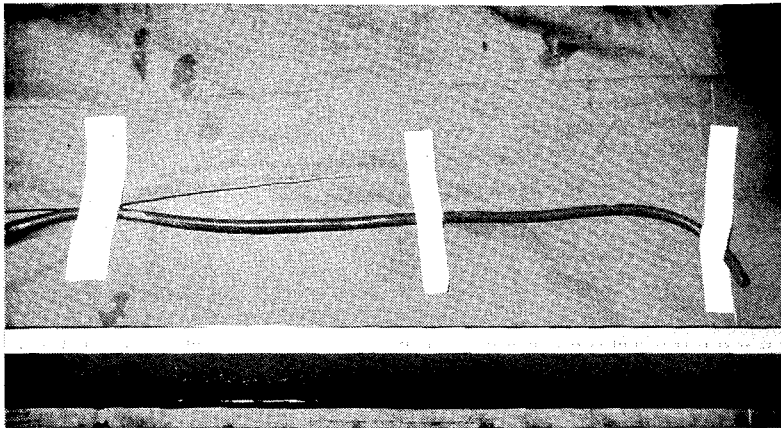


Fig. 1 The Jacque's catheter left behind after an assisted vaginal delivery.

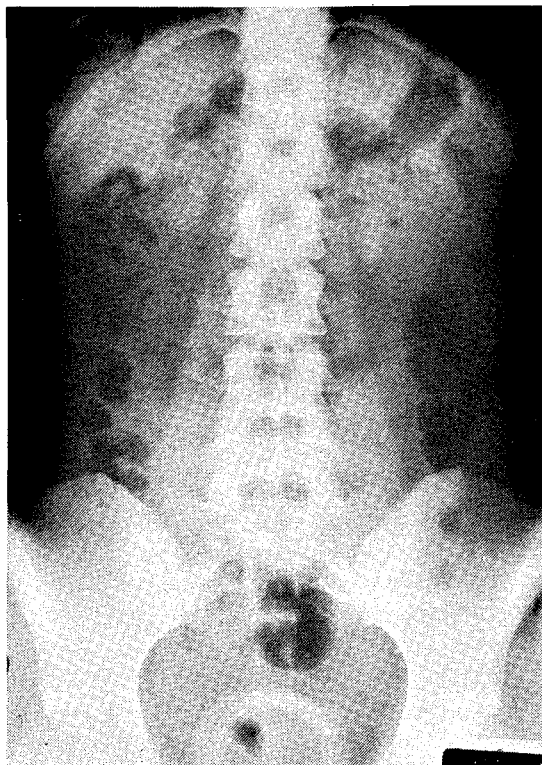


Fig. 2 KUB radiograph showing foreign body.

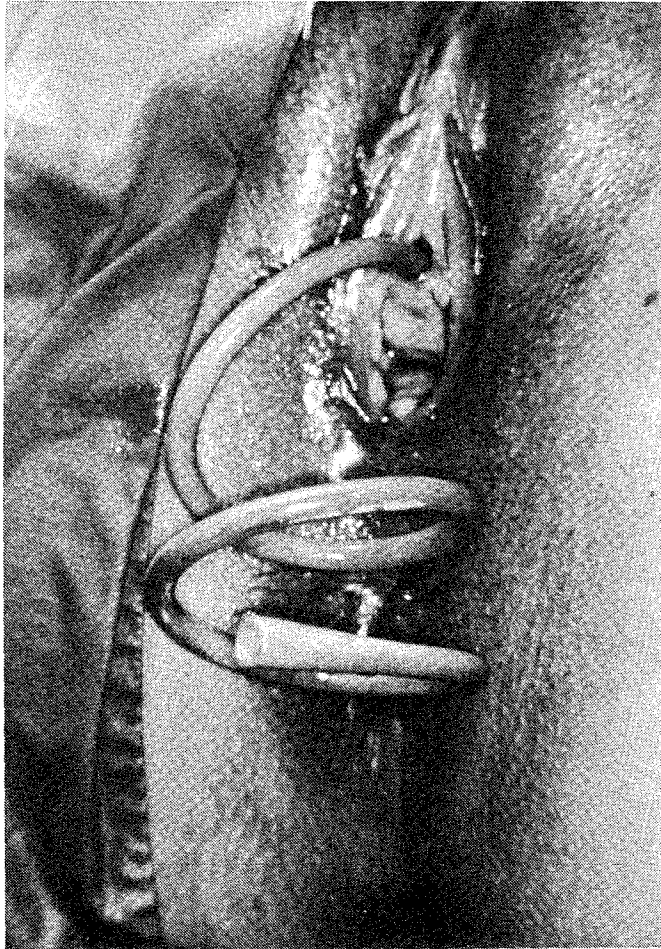


Fig. 3 Jacqué's catheter removed through cystoscope.

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