

## **First on Call for Urology**

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**Robert K. Carruthers, ChM, FRCS, FRCS(E)**  
*Kent and Canterbury Hospital*  
*Canterbury, Kent CT1 3NG, England*

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To J. T., whose life  
was ruined by  
careless urethral instrumentation

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# Preface

This handbook is not intended to be a textbook of urology. Its purpose is to provide young doctors, new to urology, with assistance in dealing with the practical problems, specific to urology, that they may meet during the course of their duties as “first on call” to the Accident and Emergency Department and the ward.

It is fully expected that the protocols and techniques described here will be modified according to local conditions, facilities and preferences. Also, it is assumed that, as the reader becomes more experienced, so individual variations and modifications will be adopted. Until such expertise has been acquired, however, this text will help to answer the question “What do I do next?”

The book is also designed to act as a notebook in which to enter your own observations and schedules, and to record local policies, treatment protocols, etc.

*Canterbury, June 1990*

R.K.C.

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# Introduction

Urological practice has advanced dramatically during recent years. This is principally due to the progress that has been made in instrument design and in the development of fibre optics and lenses. These advances have, in turn, made access to the renal tract a more sophisticated and precise process, resulting in techniques of surgery that are infinitely less traumatic and distressing to the patient. These advances demanded the development of specialist urological units, and such units now exist in most hospitals throughout the country.

In the past urological emergencies were often regarded as rather an unwelcome part of the general surgical work load; they were reluctantly admitted to general wards and the subsequent treatment was usually fairly major and traumatic. The situation is now different and urological patients are admitted to urological wards and attended to by nurses and doctors trained specifically in urological practices. They benefit from the advances in instrument design and surgical techniques that offer effective surgery for a wider range of conditions and to a much older and less physically fit group of patients. To this extent, urological patients have changed and this change has put greater demands on the doctors and nurses responsible for their hospital treatment. He or she is older, more frail, more knowledgeable and, consequently, more demanding than before and it is therefore even more important that simple routine treatments such as catheterisation, irrigation, etc., be properly understood and properly carried out. A blocked catheter in a fit man aged 60 is painful and distressing but in an 85-year-old with an inadequate myocardium it could be fatal. It is not enough to confidently know that such procedures are necessary; it is essential that you develop a practical expertise in their execution. Confidence without competence is a recipe for disaster.

Urological problems affect patients from all walks of life and from all age groups but there is inevitably a preponderance of the more elderly male patient since a large proportion of urological problems tend to occur at a more advanced age and to concern the male genitourinary tract.

Much of your practical urological work in a busy general hospital will involve the treatment of problems that result from prostatic enlargement, benign or malignant, and the various malignant tumours of the renal tract. You will come to know your patients well, since many of these conditions, though rarely completely curable, are often controllable and therefore demand repeated assessment at intervals, e.g. tumours of the bladder, cancer of the prostate, stone formation, strictures, etc.

The patients, in turn, will come to know and rely on you as their most available and approachable medical ally. They will turn to you as an interpreter of the complexities of medical jargon, techniques and treatment policies. They will depend on you for reassurance, and although your seniors will determine over-all and long-term policy, you are the doctor who solves their immediate problems and anxieties.

Communication with urological patients may occasionally present a challenge, since they are often very old and suffer from a multitude of additional problems, all of which must be assessed and taken into account when prescribing treatment. A precise account of their symptoms is often difficult to elicit. It is a simple enough matter to obtain a history from a young intelligent patient who has all his faculties and who can understand your questions and answer precisely, but unfortunately the urological patient does not always fit this description and a different technique of history taking is often required. Many of your patients may be deaf, partially sighted, confused, disorientated, etc. Often they are uncooperative and angry. Patience and tact will be required to obtain the information that you seek. It is well to remember that failure to communicate is the commonest cause of confusion and strife within a hospital, for both the patients and the staff.

In moments of exasperation it may help to reflect that they are of a generation that has survived many crises and have endured many indignities and infirmities; most have been brought up in circumstances that the present generation would regard as untenable but about which they could do nothing. Many have been poorly recompensed for services given and sacrifices made during the course of their lives. They deserve your best help, understanding and respect. Occasionally you will discover that your patients have been skilled and experienced in fascinating occupations that no longer exist. They have a fund of anecdotes and experiences that are a pleasure to listen to if you can find the time. They are, in addition, of a generation that will be genuinely grateful for your attention and assistance.