

Urinary tract infection in patients with short-term indwelling

Abstract:

Seventy patients (44(62.9%) females) requiring short-term urinary bladder catheterisation at the Kenyatta National Hospital, Nairobi formed the study population. Their mean ages +/- SD was 41+/- 26 years (range 13-100 years). The common indications and objectives for catheterisation included keeping the environment dry (41.1%), relieving urinary retention (27.0%) and urinary incontinence (24.3%). Urinary Tract Infection (UTI) was documented in 48 (68.6%) of the patients. The commonest infection organisms were *Klebsiella pneumoniae*, *Escherichia coli* and *Proteus mirabilis*, the three accounting for 78.6% of the infections. Female gender and increasing age increased the risk of catheter-associated UTI. The risk of having catheter-associated UTI was higher in patients with medical and surgical conditions than in those with obstetric and gynaecology conditions. Patients who were on systemic antibiotics for other conditions acquired UTI less often (27%) than those who were not undergoing antibiotic therapy. The organisms isolated showed marked resistance to commonly available antibiotics. We conclude that UTI, due to resistant organisms, is common in patients undergoing acute urinary bladder catheterisation in our setting and recommend that urinary bladder catheterisation should be avoided whenever possible. In a situation where this is inevitable, closed drainage systems should be used for the shortest duration possible.