URETHRAL CATHETERISATION DEVICE® (UDC®)
“Empowering Non-Specialist Healthcare Professionals to provided safe urethral catheterisation”

Unique Selling Points
- 2nd-line Medial Device for failed or difficult urethral catheterisation
- Suitable for ANY clinical environment
- Suitable for un-assisted ‘One-man’ procedure
- Avoidance of more invasive specialist procedures
- Avoidance hospital admissions and specialist care
- Using natural urethral tract into bladder
- Non-traumatic integrated Nitinol hydrophilic guide wire forms One-Unit with the catheter to avoid trauma to urethra and (enlarged) prostate
- Easy insertion of catheter over guide wire into bladder, particularly in men with enlarged prostate
- Once guide wire is removed, bladder irrigation is possible

Competitors
The UCD® is a NEW and unique Medical Device. There is no competitor on the market.

Key Customer Groups
Community/Hospital Nurses, Junior Doctors, Theatre Technicians/Assistants, Continence Advisors, Urology Consultants, Procurement

Clinical Studies

Targeting Strategy
Available literature shows using a non-traumatic Nitinol hydrophilic guidewire with a urethral catheter is a well- established clinical practice for difficult urethral catheterisation [1-4], but the two components are currently not available as one sterile ‘Ready-to-Use’ medical device. Instead, clinicians have to ‘bastardise’ the catheter tip with a needle [5] or knife to back-feed the guide wire into the catheter, which is a needle-stick hazard to the clinician and potentially could damage the urethral catheter design or function. Difficult male urethral catheterisation is not an infrequent problem. The incidence of difficult urethral catheterization is 4% in cardiovascular surgery [6] and 6% of all urological referrals over one year within a tertiary teaching hospitals were related to complications arising from male urethral catheterization [7]. Another prospective study calculated an incidence of 0.7 iatrogenic urethral catheter injuries per 1,000 adult male admissions in a single academic tertiary care center [8]. A prospective surveillance study showed that Foley urethral catheterisation related genitourinary trauma was as common as symptomatic urinary tract infection [9] and the additional cost of managing iatrogenic urethral injuries was €335,377 ($371,790) during a 6 month study period at 2 tertiary referral teaching hospitals in the UK [10]. Another prospective study recorded that 32% of men sustained significant urethral injury as a result of catheterization attempts [11]. The UCD® is a purpose-built medical device, which incorporates a non-traumatic Nitinol hydrophilic guide wire into a standard urethral 3-way catheter design, to fulfill the clinical need of safe urethral catheterization in patients with difficult urethral catheterisation with reduced risk to the clinician. A clinical prospective study in high-risk cardiac surgery patients showed that the UCD® was used in 100 consecutive patients without adverse events [12].

Publications
7. Thomas AZ et al. Avoidable iatrogenic complications of urethral catheterisation and inadequate intern training in a tertiary-care teaching hospital. BJU Int. 2010; 104: 1109-1112