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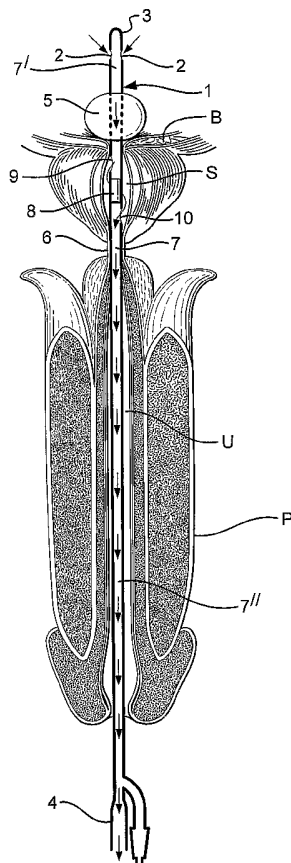
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(54) Title: INTRA-URETHRAL CATHETERS



(57) Abstract: An intra-urethral catheter for a male patient, has a lumen (7) interrupted within the prostatic space (S) of the patient's urethra (U), by a blockage (8), and upper and lower by-pass openings (9, 10) through the catheter-wall (6) are located one above and one below the blockage (8). The upper opening (9) discharges urine collected from the bladder (B) to flush the prostatic space (S), and the lower opening (10) passes the urine back into the lower part (7') of the lumen for discharge. In a modification, the length of the catheter below the sphincter (M) of the bulbar urethra and the external urethral orifice (0), is of membranous form (11), and at the external urethral orifice (0) extends into a portion (12) for folding back over the glans (G). A ring (13) retains the folded-back portion (12) on the glans (G).

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Intra-Urethral Catheters

5 This invention is concerned with intra-urethral catheters for male patients.

According to one aspect of the present invention there is provided a catheter for intra-urethral catheterisation of
10 a male patient, wherein the lumen of the catheter is interrupted within a portion of the catheter that is for positioning within the prostatic part of the patient's urethra during catheterisation, and two by-pass openings through the catheter-wall are located one above and one
15 below the interruption, the upper opening for discharging urine from the upper part of the lumen into the prostatic part of the urethra, and the lower opening for passing the urine from the prostatic part of the urethra into the lower part of the lumen for discharge therefrom.

20 Secretions from the prostatic part of the urethra are normally flushed away in the flow of urine from the bladder during micturition, but catheterisation using known forms of intra-urethral catheter creates a dead
25 space in which the secretions are retained. Retention of the secretions can readily become a significant source of infection of the bladder, the upper urinary tract, the seminal vesicles, the vas deference, the epididymis and/or the testes. The catheter of the present invention
30 has the advantage that it enables continued flushing away of the secretions, in the urine drained from the bladder, and so allows for catheterisation to be maintained over longer periods than is otherwise possible or prudent with known forms of intra-urethral catheter.

35 The upper and lower openings are preferably located on opposite sides of the tube from one another so that urine

draining from the upper of the two openings flows round the outside of the catheter in returning to the catheter-lumen through the lower opening, and thereby flushes the prostatic part of the urethra more thoroughly than
5 otherwise would be the case. There may, however, be more than one upper opening and/or more than one lower opening in the catheter-wall.

10 A portion of the length of the catheter that is for positioning within the penile urethra between the bulbar urethra and the external urethral orifice during catheterisation, may be of membraneous form, and at its proximal end for location at the external urethral
15 orifice may extend into a portion for folding back over the glans. The provision of a membraneous portion of this nature has advantages for avoiding discomfort and nuisance often experienced by patients with known
20 catheters where the proximal end of the catheter projects and hangs down from the penis. In this context, moreover, the provision of a membraneous portion is applicable to intra-urethral catheters generally whether or not provision for flushing the prostatic part of the urethra is included.

25 Thus, according to another aspect of the invention there is provided a catheter for intra-urethral catheterisation of a male patient, wherein a portion of the length of the catheter that is for positioning within the penile urethra between the bulbar urethra and the external
30 urethral orifice during catheterisation, is of membraneous form, and at its proximal end for location at the external urethral orifice extends into a portion for folding back over the glans.

35 The membraneous portion of the catheter-length may be of elastic membrane or film, for example latex, and the

portion for folding back over the glans may include an elastic ring for retaining it over the glans.

5 A catheter for intra-urethral catheterisation of a male patient, in accordance with the present invention will now be described, by way of example, with reference to the accompanying drawings, in which:

10 Figure 1 is a sectional view illustrative of the catheter of the invention during use in the body of a male patient;

Figure 2 is an enlarged sectional view of a portion of the catheter-length; and

15

Figure 3 is illustrative of a modification of the catheter of Figures 1 and 2.

20 Referring to Figure 1, the intra-urethral catheter of the invention is formed by a tube 1 of plastics material that has side-openings 2 in its otherwise-closed distal tip 3. In the catheterised male patient (as illustrated), the tube 1 extends from its proximal end 4 into the penis P and throughout the length of the urethra U to locate the tip 3 projecting into the patient's bladder B. The catheter is restrained from withdrawal by a balloon 5 which surrounds the tube 1 below the tip 3, and which is inflated within the bladder B through a continuous air-passage (not shown) within the catheter-wall 6.

30

Urine collecting in the bladder B drains through the openings 2 into the lumen 7 of the indwelling tube 1 for discharge from the proximal end 4 of the catheter. If the catheter were of known form, the lumen 7 would be continuous throughout the length of the tube 1, so that flow of the drained urine would be contained by the tube 1 throughout the length of the urethra U. Thus,

35

secretions within the prostatic space S of the urethra U would not be flushed away as occurs during normal (uncatheterised) micturition, and could readily become a seat of infection, especially during long-term catheterisation.

With the catheter of the present invention, the danger of such infection is very significantly reduced by causing the drained urine to flush the space S. To this end, and referring also to Figure 2, the lumen 7 is interrupted throughout a portion of the catheter-length located within the space S, by a blockage 8 that extends between upper and lower openings 9 and 10 respectively in the wall 6. Urine draining from the bladder B through the openings 2 into the upper part 7' of the lumen 7 is forced to by-pass the blockage 8 by flowing into the space S via the opening 9 and then back into the lower part 7" of the lumen 7, via the opening 10.

The openings 9 and 10 are located on opposite sides of the tube 1 from one another so that the by-pass flow is round the tube 1. The urine drained from the bladder B as a result washes substantially the whole space S, carrying the secretions with it to be discharged from the proximal end 4 of the catheter. The space S within the prostatic part of the urethra (extending for a distance of about 3 cm below the bladder B) is accordingly flushed substantially free from accumulation of secretions, and the risk of infection is reduced.

The blockage 8 may be formed by a length of rod sealed into the lumen 7 of the tube 1, or, more preferably is formed as an integral part of the catheter in manufacture.

With the catheter described above, the proximal end 4 of the catheter projects from the penis P. This can be

found to be uncomfortable and a nuisance for the patient especially in those circumstances in which he is mobile independently or in a wheelchair. Indeed, in certain circumstances where the bladder is acontractile, or where
5 it is contractile but not hyperactive, it is not necessary to have retained-connection to the catheter so projection from the penis is unnecessary. The catheter described above can be modified according to another to adapt it to this situation and provide the patient with
10 less nuisance and improved comfort, whilst at the same time maintaining its function of urine-drainage and washing of the prostatic part of the urethra.

In the latter respect, the modification involves
15 shortening the tube 1 so that it extends from just before (that is, proximal to) the bulbar part of the urethra to the bladder. As illustrated in Figure 3, the removed part of the tube 1 is replaced by a tube 11 of very thin elastic membrane or film (of latex or other material such
20 as used for condoms) which continues the catheter down the urethra U within the penis P to emerge from the external urethral orifice O and fold back over the glans G. The folded-back end 12 of the membraneous-tube 11 terminates in an elastic ring 13 similar to that of a
25 condom, that retains it in place over the surface of the glans G.

The short length of comparatively-solid tube 1 at the distal end of the modified catheter is effective within
30 the bulbar part of the urethra U to hold the sphincter M, open. This allows urine which enters the tube 1 through the openings 2 and flushes the prostatic part of the urethra before entering the lower part 7" of the lumen 7 as described above in connection with Figures 1 and 2, to
35 pass and not be blocked by contraction of the muscles of the sphincter M. Once the urine has passed from the tube 1 within the bulbar part of the urethra into the

membraneous-tube 11 there is no other anatomical structure to restrict its flow for discharge as though naturally through the external urethral orifice O.

5 The use of the membraneous tube 11 has the advantage that nothing projects from the penis P to hang down from it as a potential nuisance or as a source of discomfort. Moreover, the tube 11 has elasticity that allows it to extend with elongation of the penis P during erection.

10

Considerations that apply to the use and advantages of the catheter of Figure 3 under various conditions of the patient, are:

15 (a) In the condition in which the bladder is acontractile but the sphincter is not relaxed, urine cannot pass the barrier of the sphincter even with build up of urine-pressure in the bladder or with the application of safely-moderate external pressure on
20 the abdominal wall or straining. Use of the catheter allows urine to pass the sphincteric barrier under control of the patient applying pressure on the abdominal wall.

25 (b) In the condition in which the bladder is contractile but not hyperactive, voiding of the bladder is spontaneous though the interval between voidings is sufficiently long and more or less regular. Therefore, the timing of voiding is to a
30 certain extent predictable and controllable depending on the volume of water intake and other factors. The patient has sufficient time to prepare himself for urine drainage and collection.

35 (c) In the condition in which the bladder is contractile and hyperactive, the spontaneous voiding is frequent, uncontrollable and unpredictable. In

such cases, a penile sheath may be attached to the folded-back end 12 of the catheter over the glans, to collect the urine at any time.

5 (d) In the condition in which compliance of the wall of the bladder is so low (the elasticity of the bladder is damaged), pressure in the bladder cavity may always be higher than atmospheric pressure even if the bladder is acontractile and there is only a small
10 amount of urine in it. As a result, urine flow may be almost constant, and in this case a penile sheath may be attached to the folded-back end 12 of the catheter over the glans for urine-collection.

15 Where one-off direct collection of urine is necessary, this can be achieved simply by inserting a tube in the tube 11 within the penile urethra. On the other hand where long-term collection is required this can be facilitated by use of a penile sheath attached on top of
20 the fold-back part of the portion 12 as referred to above, regardless of the type of bladder function.

Although the use of the membranous tube is described above in the context of the catheter of Figures 1 and 2
25 having provision for flushing of the prostatic part of the urethra, its application is not limited to this. It may be used generally for intra-urethral catheters with or without provision for any such flushing.

Claims:

1. A catheter for intra-urethral catheterisation of a male patient, wherein the lumen of the catheter is interrupted within a portion of the catheter that is for positioning within the prostatic part of the patient's urethra during catheterisation, and two by-pass openings through the catheter-wall are located one above and one below the interruption, the upper opening for discharging urine from the upper part of the lumen into the prostatic part of the urethra, and the lower opening for passing the urine from the prostatic part of the urethra into the lower part of the lumen for discharge therefrom.
2. A catheter according to Claim 1 wherein the upper and lower openings are located on opposite sides of the tube from one another.
3. A catheter according to Claim 2 wherein there is more than one upper opening and/or more than one lower opening in the catheter-wall.
4. A catheter according to any one of Claims 1 to 3 wherein the interruption in the lumen is provided by a length of rod sealed into the lumen.
5. A catheter according to any one of Claims 1 to 3 wherein the interruption in the lumen is formed as an integral part of the catheter.
6. A catheter according to any one of Claims 1 to 5 wherein a portion of the length of the catheter that is for positioning within the penile urethra between the bulbar urethra and the external urethral orifice during

catheterisation, is of membraneous form, and at its proximal end for location at the external urethral orifice extends into a portion for folding back over the glans.

7. A catheter according to Claim 6 wherein the portion for folding back over the glans includes an elastic ring for retaining it over the glans.

8. A catheter according to Claim 6 or Claim 7 wherein the membraneous portion of the catheter-length is of elastic membrane or film.

9. A catheter according to Claim 8 wherein the elastic membrane or film is of latex.

10. A catheter for intra-urethral catheterisation of a male patient, wherein a portion of the length of the catheter that is for positioning within the penile urethra between the bulbar urethra and the external urethral orifice during catheterisation, is of membraneous form, and at its proximal end for location at the external urethral orifice extends into a portion for folding back over the glans.

11. A catheter according to Claim 10 wherein the portion for folding back over the glans includes an elastic ring for retaining it over the glans.

12. A catheter according to Claim 10 or Claim 11 wherein the membraneous portion of the catheter-length is of elastic membrane or film.

13. A catheter according to Claim 12 wherein the elastic membrane or film is of latex.

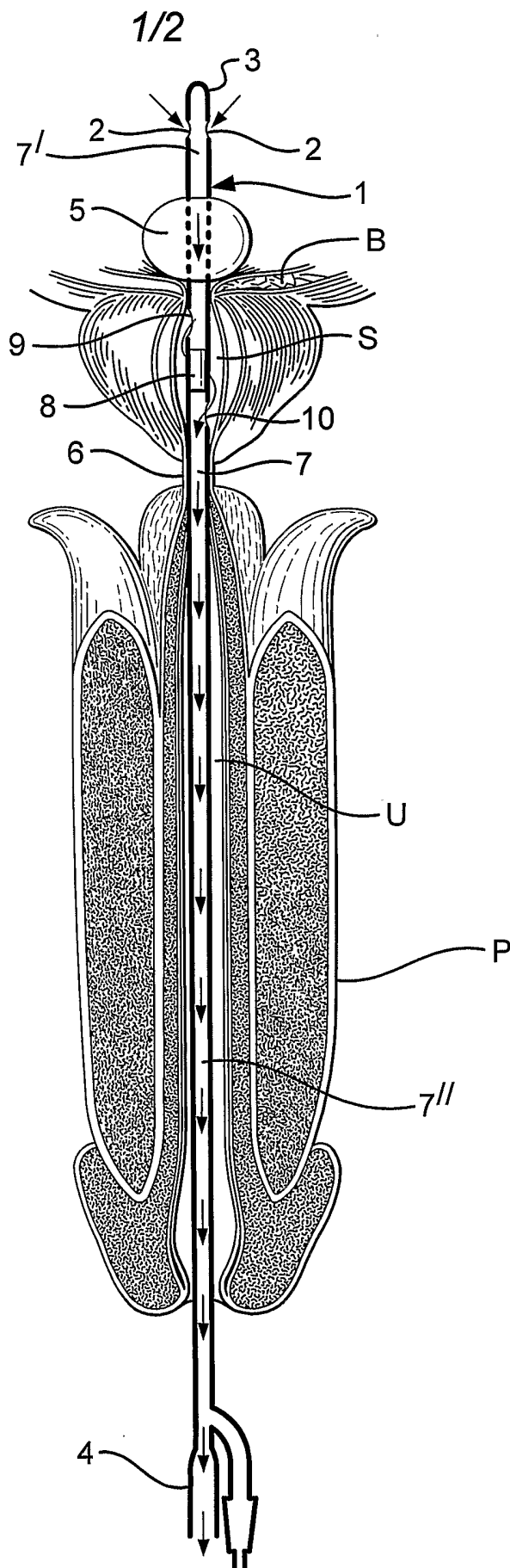


Fig.1

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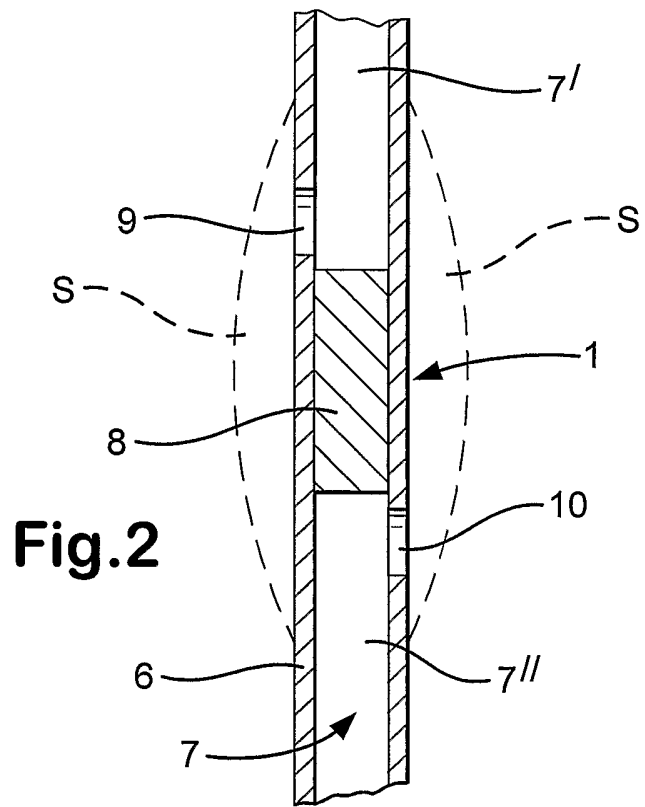


Fig. 2

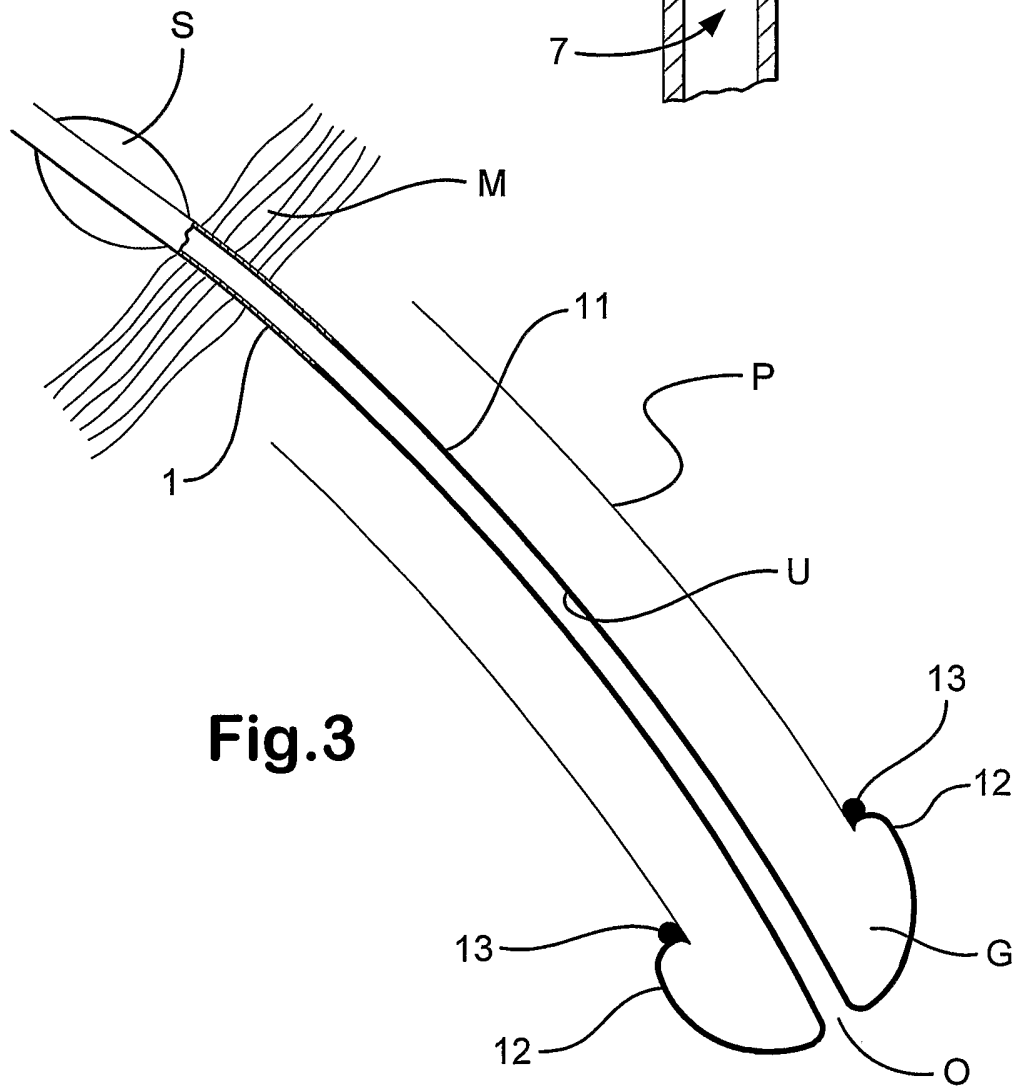


Fig. 3