

Mini Tomcat Urethral Catheter (MTUC)

Common Questions & Answers

Q: How is this different from a traditional indwelling urinary catheter?

A: The MTUC terminates proximal to the urethral sphincter and is not designed for continuous passive drainage. Its primary role is to maintain distal urethral patency while preserving normal sphincter function.

Q: If it doesn't go into the bladder, how does urine drain?

A: Urine evacuation occurs through normal voiding or gentle bladder expression. This is expected and reflects preserved urinary physiology, not catheter failure.

Q: Is lack of continuous urine flow a problem?

A: No. Absence of continuous passive drainage is expected and intentional. It should not be interpreted as obstruction or device malfunction.

Q: When is this catheter most appropriate to use?

A: The MTUC may be used for gentle distal urethral irrigation at the level of the penile urethra and after relief of urethral obstruction, particularly during recovery when maintaining distal urethral patency is desired without bypassing normal sphincter function.

Q: How does this work in cats with bladder atony?

A: Temporary bladder atony from overdistension is often reversible. Once the bladder is decompressed, detrusor and sphincter function frequently recover together over time. The MTUC supports recovery by preventing re-obstruction while allowing physiologic bladder emptying.

Q: How is this different from managing a neurogenic bladder?

A: Neurogenic bladder involves impaired neural control and often requires continuous drainage. The MTUC is intended for non-neurogenic cases, where muscle function is expected to return.

Q: When the MTUC is in place, what if the bladder refills and remains full after expression?

A: Short-term placement of a traditional indwelling catheter (e.g., up to 24 hours) may be appropriate for decompression. Once bladder function returns, transitioning back to the MTUC can help maintain urethral patency during recovery.

Q: How does this catheter help reduce re-obstruction after a blocked cat episode?

A: By maintaining distal urethral patency while preserving sphincter function, the MTUC helps reduce early re-obstruction and allows residual debris to pass with normal physiologic urine flow during recovery.

Q: How should bladder emptying be monitored?

A: Frequent palpation of bladder size is recommended to ensure appropriate emptying and avoid recurrent overdistension.

Q: Why preserve the urethral sphincter instead of bypassing it?

A: Preserving sphincter function supports normal urinary mechanics, reduces continuous leakage, and promotes more physiologic recovery after obstruction.

Q: What should clinicians expect that's different from "standard" catheters?

A: Less continuous urine flow, reliance on expression or voiding, and preservation of sphincter tone. These findings are expected and reflect the catheter's design.



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