CATHETERISATION

Guidelines & Principles for Urinary Catheterisation
AIMS & OBJECTIVES

- AIM IS TO PROVIDE: the standards for safe and timely (male) urethral catheterisation
- OBJECTIVES ARE TO PROVIDE:
  1. An understanding of the relevance of anatomy and physiology of the lower urinary tract
  2. Awareness of policy, practice and national guidelines
  3. Clinical indication for catheterisation
  4. Quality of life indications
OBJECTIVES (continued)

5. Contra indications and limitations to practice
6. Responsibilities and accountability
7. Basic Principles
8. Demonstration of the procedure
9. Participant simulated practice
10. Documentation
11. Advice for patients and carers
12. Criteria for competence & assessment of supervised practice
SITE FOR FEMALE CATHETERISATION

FEMALE PERINEUM
Urine flows down through catheter to empty the bladder of urine.
Indwelling urinary catheters should only be used if alternative methods have been tried.

- Refer to your local organisation policies.
- NICE Guidelines Infection control CG139 (2012)
- [www.drugtariff.com](http://www.drugtariff.com)
What does this mean for me?
Indications for Catheterisation

- Relieve retention of urine
- Change a catheter
- Monitor urinary outflow
- Determine residual urine
- Bypass a urethral stricture
- Irrigate the bladder
- Manage urinary incontinence as a last resort or when preferred by the patient
- Patients with a neurological condition
Contra indications/limitations

- Patient refuses the procedure
- A history of difficult catheterisation
- Urethral abnormalities/previous false passage
- Advanced bladder/prostate cancer
- A history of urethral bleeding/un-diagnosed haematuria
- Where the urinary meatus cannot be seen due to stenosed foreskin or gross oedema
- After a maximum of 2 unsuccessful attempts
- Patients with a history of sexual abuse
Responsibility & Accountability

- Access to an evidence based policy document
- Access to appropriate equipment for the procedure
- Practice within professional competency and undertake supervised practice to confirm this
- Identify areas for skill update or training requirements for self and/or team
- Obtain informed consent from patient/advocate and document
- Risk management e.g. allergy/sensitivity
Up to 40% of health care associated infections (HCAI) are related to urinary catheters.

90–100% of patients with long-term catheters will develop a catheter-associated urinary tract infection (CAUTI).

At risk groups in the community are:
- Women
- Older male residents in care homes
- Immunocompromised patients
- Patients with Diabetes
BASIC PRINCIPLES (1)

- Aseptic procedure (NICE guidelines 2003,2012)
- Selection of the catheter based on assessment of need, FP10 prescription, risk, predisposition to blockage
- Short term 7–28 days – PTFE bonded latex
- Long Term up 12 weeks– silicone/hydrogel coatings on latex or silicone
- Small gauge catheters 12–14ch
- Balloon size – 10ml sterile water/pre–filled
- Catheter length 40–45 cm Male (urethra 20cm) Female Catheter length 22 cm
BASIC PRINCIPLES (2)

- Connect to closed drainage system, 2L bag/leg bag/catheter valve
- Position below level of bladder/off floor
- Cleaning of urethral meatus
- Use of local anaesthetic/lubricant
- Monitor ‘catheter life’ to avoid crisis intervention
- Urine samples obtained through catheter port
- Individual care regime–patient /carer support
PROCEDURE (1) MALE

- Assemble equipment (check expiry dates)
- Explain procedure and maintain privacy and dignity
- Supine position (legs extended)
- Reduce risk of cross infection – gloves/apron
- Sterile swab around penis & retract foreskin
- Clean glans penis, insert gel (3–5 mins wait)
- Lubricate end of catheter
- De–glove or 2\textsuperscript{nd} pair sterile gloves, sterile towel, receiver with catheter
PROCEDURE (2) MALE

- Extend penis to 45–90° angle from scrotum and maintain hold
- Insert the catheter slowly and smoothly
- If resistance at prostatic urethra/sphincter ask patient to cough
- Do not force if catheter does not pass easily
- Insert catheter almost up to bifurcation. Once urine drains insert for further 5cms (collect urine specimen)
- Inflate the balloon & replace foreskin
- Connect equipment and ensure patient is comfortable
Record consent and any patient concerns during or following the procedure

Date and time of procedure

Catheter brand, charriere size and length, balloon size/sterile water amount, batch number, expiry date

Result of catheterisation e.g. colour of urine

Expected date of catheter change

Information given to patient/carers
What is available for patients?

Bladder

Urine flows down catheter

Foley catheter

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ADVICE FOR PATIENTS/CARERS

Provide verbal and if necessary written advice:

- What the catheter is for, position of tubing and bag to avoid kinking and damage
- Hand decontamination
- Changing drainage bags/emptying bags
- General hygiene and care of catheter
- Signs and symptoms of complications
- When to contact your community nurse
Criteria for competence

- Follow local guidelines for assessing competency
- Record evidence of supervised practice
- Demonstrate knowledge and understanding of:
  - A&P of the genito–urinary system
  - Indications and contra indications
  - Selecting the appropriate catheter/equipment
  - How to assess risk & GU history
  - How to perform procedure
  - Accurate recording of the procedure & advice given
REFERENCES