

# URINARY CATHETERISATION

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## Introduction

*Urinary catheterisation is the insertion of a specially designed flexible tube into the bladder using an aseptic technique for the purposes of draining urine. Catheterisation is an invasive technique, and the decision to insert an indwelling catheter should be a considered one. Indwelling catheters are one of the primary sources of urinary tract infections; it is essential, therefore, that they are only used if clinically necessary. Success and comfort depends upon using the correct size, material and balloon capacity, and, generally, the smallest diameter catheter which will suffice is appropriate.*

## 1. Equipment

-  Sterile pack containing gallipots, receiver, gauze swabs and disposable towels
-  Sterile gloves and disposable apron
-  Disposable pad
-  0.9% sodium chloride
-  Bacterial alcohol hand rub
-  Hypoallergenic tape
-  Sterile water
-  Selection of appropriate catheters
-  Syringe and needle (urine sample)
-  Sterile anaesthetic lubricating gel
-  Universal specimen container
-  Drainage bag and holder
-  Clean towel

## 2. Procedure

-  Give a full explanation of the procedure to the individual to gain valid consent, respecting their dignity and privacy
-  Put the equipment on the bottom of a trolley and take to the individual's room or treatment area
-  Assist the individual as required into a supine position with their legs extended on the bed
-  Assist them to remove underpants or pyjama trousers, and use a towel to cover the thighs and genital area
-  Wash and dry hands and put on the disposable apron
-  Open the outer cover of the dressing pack and slide onto the top shelf of the trolley
-  Using an aseptic technique, open the sterile catheter pack and pour the sodium chloride into the gallipot. Open an appropriate size catheter onto the sterile field
-  Remove the towel from covering the individual but continue to maintain privacy. Place a disposable pad under the buttocks and thighs
-  Clean hands with alcohol rub and put on the sterile gloves
-  Place the sterile catheter into the sterile receiver and put the sterile towel across the thighs.

### a) For Male Catheterisation

-  With one hand, wrap a sterile topical swab around the penis; use this to retract the foreskin if necessary, and with the other hand clean the glans penis with 0.9% sodium chloride or sterile water

- ⚠ Insert the nozzle of the lubricating gel into the urethra. Squeeze the gel into the urethra, remove the nozzle and discard the tube. Massage the gel along the urethra using the barrel of the syringe
- ⚠ With one hand, hold the penis firmly behind the glans, raising it until it is almost totally extended. Maintain this hold of the penis until the catheter is inserted and urine flowing
- ⚠ With the free hand, place the receiver containing the catheter between the individual's legs. Take the catheter and insert it into the penis for 15–25 cm until urine flows
- ⚠ If resistance is felt at the external sphincter, increase the traction of the penis slightly, apply steady pressure on the catheter and ask the individual to cough
- ⚠ When urine flows, advance the catheter almost to its bifurcation
- ⚠ Gently inflate the balloon to the manufacturer's instructions, having ensured that the urine is flowing
- ⚠ Withdraw the catheter slightly and attach to the drainage system
- ⚠ Support the catheter and attach it to the person's leg, using either tape or a specially designed leg support such as Simpla G-Strap. Ensure that the individual can be mobile without pulling the catheter taut and that the lumen is not occluded by the tape
- ⚠ Ensure that the glans penis is clean and dry and then extend the foreskin.

#### b) For Female Catheterisation

- ⚠ Using a gauze swab, separate the labia minora so that the urethral meatus is seen. One hand should be used to maintain labial separation until the catheter is inserted and urine flowing
- ⚠ Clean around the urethral orifice with 0.9% sodium chloride using single downward strokes
- ⚠ Put a small amount of lubricating gel onto the tip of the catheter
- ⚠ Place the catheter in the sterile receiver between the individual's legs
- ⚠ Introduce the tip of the catheter into the urethral orifice in an upward and backward direction; advance the catheter until 5–6 cm has been inserted
- ⚠ Inflate the balloon to manufacturer's instructions, having ensured that the catheter is draining correctly
- ⚠ Withdraw the catheter slightly and attach to the drainage system
- ⚠ Support the catheter and attach it to the individual's leg, using either tape or a specially designed leg support such as Simpla G-Strap. Ensure that the individual can be mobile without pulling the catheter taut and that the lumen is not occluded by the tape.

### 3. Post Procedure

- 👤 Assist the individual to re-dress themselves, and make sure they are comfortable and fully understand the procedure that has taken place.
- 👤 Measure the urine, and document on a fluid balance chart
- 👤 If required, send a specimen to the laboratory
- 👤 Dispose of all the waste and any used equipment
- 👤 Record the following information in care plan and/or any relevant documents:
  - 👤 Reasons for catheterisation
  - 👤 Time and date
  - 👤 Catheter type, length and size
  - 👤 Amount of water instilled into the balloon
  - 👤 Batch number and manufacturer of the catheter
  - 👤 Any problems during the procedure
  - 👤 A review date to assess need of the catheter.

### 4. Removal of the Catheter

#### a) Equipment

- 👤 Dressing pack containing gallipots, sterile towel and swabs
- 👤 Needle and syringe for urine specimen container

-  Syringe for deflating the balloon
-  Disposable gloves and apron.

c) **Procedure**

-  Explain the procedure to the individual, and inform them of potential post-catheter symptoms such as urgency, frequency and discomfort
-  Wash hands and put on disposable gloves
-  If a specimen is required, clamp below the sampling port until sufficient urine is collected
-  Wearing gloves, use saline soaked gauze to clean the area around the catheter (always swabbing away from the opening)
-  Release any leg support
-  Having checked the volume of the water inserted, use the syringe to deflate the balloon
-  Ask the person to breathe in and out to relax the pelvic floor muscles, and gently but firmly remove the catheter; this can cause discomfort to men
-  Ensure the individual is clean and comfortable and can access the toilet
-  If the individual is non-mobile, ensure they have means of ringing for assistance if required
-  Dispose of soiled materials and used equipment in clinical waste bags
-  Encourage, where possible, the individual to be mobile and to drink 2–3 litres of water each day
-  Wash and dry hands
-  Record information about the procedure in the care plan.

***Further Guidance***

*NICE guidelines [CG139]: Infection: Prevention and control of healthcare-associated infections in primary and community care (Published March 2012).*

*NICE quality standard [QS61]: Infection prevention control (Published April 2014).*

*NICE quality standard [QS77] Urinary incontinence in women Published January 2015*