Male Urinary Catheterisation

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Learning Objectives

By the end of the session you should be able to:

- List the indications for catheterisation
- List the equipment needed for catheterisation
- Have knowledge of the steps involved
- Demonstrate basic catheterisation of a male mannequin
- Be aware of pass/fail aspects of the procedure
Indications

- Monitor urinary output (e.g. in septic shock)
- Relieve urinary obstruction (e.g. acute or chronic)
- Unconscious patient
- Bladder irrigation (e.g. frank haematuria)
- Drugs or contrast (e.g. intra vesical BCG for bladder Ca)
- Some surgical procedures (e.g. pelvic surgery)
- Epidural insertion
- Incontinence (sometimes)
Introduction

- Introduce yourself
- Check patient identity
- Explain the procedure in simple language
  - ‘Small tube passed through your penis into your bladder to help drain your urine. It will be uncomfortable but shouldn’t be painful and we will use a lubricating anaesthetic jelly to help pass the tube’
- Explain reason for doing it
- Explain common complications (UTI, bleeding etc)
- Check if patient allergic to Latex or local anaesthetic
- Gain permission and offer a chaperone
Preparation

- Wash your hands
- Clean the trolley
  - Start on the top surface, then the legs and finally the bottom surface, using a different large sani cloth for each
- Collect necessary equipment on the bottom shelf
  - Think about steps in procedure
Equipment

- Catheterisation pack
- Catheter
- Lignocaine gel (eg Instillagel)
- Cleaning solution (N.saline)
- Sterile gloves x 2
- Apron
- Catheter bag
- 10ml sterile water if not with catheter
- Inco pads
Setting up the Sterile Field

- Move over to patient bedside
- Clean your hands
- Put apron on
- Open the catheter pack from outside
  - **DO NOT TOUCH THE INSIDE OF THE CATHETER PACK!!**
- Open the other equipment out onto the sterile field
  - Catheter, Instillagel, syringe, catheter bag, sterile gloves
- Pour normal saline into pot if able to without touching within the sterile field (if not ask assistant to do later)
Before Starting

- Position patient
  - lying on bed, undressed from waist down
- Place Inco pad underneath patient
- Alcohol gel hands and put on sterile gloves
- Tear a small hole in the middle of the drape and place around penis
Cleaning

Keep your dominant hand as ‘clean hand’ and non dominant hand as the ‘dirty hand’

- Draw back the foreskin using gauze (open it out then fold in half)
- Clean from the urethral meatus outwards
- Dip each swab in N.saline, - one swab to clean one direction
- Discard used swabs on bottom shelf
Local Anaesthetic Insertion

- Warn patient it might feel cold or stingy
- **Ensure you have LA syringe and not water syringe!**
- Put a bleb around the meatus
- Insert syringe tip into the meatus
- Insert all of instillagel whilst holding penis slightly upright
- Continue to hold penis slightly upright for a couple of minutes
- Wait a few minutes for instillagel to work
Change your Gloves!

- Remove your gloves and put in clinical waste bin
- Clean hands
- Put on 2\textsuperscript{nd} pair of sterile gloves
- Tear off fenestrated end of catheter packet
Catheter Insertion

- Warn the patient you are about to insert the catheter
- Place the kidney dish as in pic
- Insert the catheter using your dominant hand
- Use other hand to hold penis upright using gauze
- **Do not touch catheter! Only plastic wrapper**
- Feed catheter into the penis until bifurcation reached
Catheterisation

- Inflate the balloon with sterile water in syringe
- Pull back catheter until unable to pull out further (inflated balloon will keep it in place)
- Attach the catheter bag
- Position catheter bag below level of patient’s bladder
- Clear up the mess

Replace patient’s foreskin!

Risk of Paraphimosis
To Complete

- Dispose of equipment in clinical waste bin
- Clean your hands
- Clean the trolley
- Clean hands again
- **Return to measure the residual volume**
- Document procedure in the notes
Document in the notes

- Can include sticker from back of catheter packet in notes
- Indication
- Catheter type and gauge
- Informed verbal consent obtained
- Sterile technique used
- Lignocaine gel used + much type
- Any complication of the procedure
- Amount of water used to inflate the balloon
- **Foreskin replaced after and Residual Volume**
Summary

- Wash hands
- Introduce yourself
- Explain procedure
- Offer chaperone
- Gather equipment
- Prepare patient/inco pads
- Create sterile field
- Open catheter onto field
- Open other equipment
- Clean hands + gloves on

- Place drape around penis
- Clean penis
- Insert Instillagel
- Replace gloves
- Insert catheter
- Inflate balloon
- Pull back on catheter
- Attach bag
- Replace foreskin
- Record residual volume
- Document in notes
Conclusion

For Hillingdon Hospital Urinary Catheterisation protocol: