Male Urethral Catheterisation

Disclaimer

Contents

Preparation

- Use a Foley Hydrophilic-coated or silicone catheter for uncomplicated urinary retention.
- A urethral catheter is not an appropriate treatment for urinary incontinence. Arrange urology assessment.
- ***Equipment required.***

Equipment required

- *Sterile gloves – check for latex allergy. If allergic, use a silicone catheter and latex-free gloves.*
  - *Sterile normal saline, dressing or catheter pack, suitable antiseptic*
  - *Antiseptic local anaesthetic lubricating gel in a syringe with urethral applicator attached*
  - *Appropriate catheters:*
    - *Male – Foley 16 Fr*
    - *Female – Foley 10 to 14 Fr*
  - *A syringe and 10 mL of water to inflate the balloon*
  - *A leg drainage bag and appropriate straps or catheter valve to connect to the catheter.*

Procedure

Insertion procedure

With the patient supine:

1. Maintain a sterile field.
2. Retract the foreskin (if present) and prepare the penis, glans, and inner thigh with normal saline.
3. Insert 10 mL of anaesthetic gel into the urethra.
4. Connect the leg drainage bag or valve to the catheter before the procedure.
5. Hold the penis upright and taut with the index finger and thumb proximal to the glans.
6. Introduce catheter into the uretheral meatus and allow the catheter to slip into the urethra until soft resistance is encountered (the second urethral curve). To overcome this, straighten the stretched penis, while pushing gently against the catheter. Sometimes, the penis needs to be turned further downwards, towards the bed, to enable passage of the catheter through the prostate.
7. Once urine flow is achieved, insert the catheter up to the bifurcation junction of catheter to prevent the balloon from being inflated while still in the prostate.
8. Inflate the balloon with 10 mL of sterile water into the cuff inflation port.
9. Always replace the prepuce – failure to do so will cause a paraphimosis.
10. Measure the volume of urine drained and note whether abdominal discomfort has been relieved.
11. Position the catheter on the thigh with enough slack so that there is no tension on the penis.
12. Instruct patient how to empty drainage bag every 3 to 4 hours, or when full.

See also Medscape – Urethral Catheterisation in Men (procedure video)

Insertion problems

- If catheter does not pass along the length of the urethra and into the bladder with ease, do not proceed. Remove catheter and discuss with the Urology Department.
- Phimosis – where the opening is adequate, try to pass the catheter blind. If the opening is too narrow, refer to the Urology Department.
- Failing to pass the prostate – try a catheter with a larger diameter.

  Note: The prostatic urethra is not narrow but squashed flat by the surrounding prostate. A larger catheter, not a smaller one, overcomes this distortion and allows passage.
- Blood at catheter tip if failed catheterisation indicates a false passage. Stop any further attempts, remove catheter and discuss with the Urology Department.
- Where catheter appears to be correctly located but urine fails to flow, gel may be blocking the catheter tip. Gently aspirate the end of the catheter using the gel syringe to dislodge blocked gel.

Post-procedure

- Identify date of planned catheter change or removal.
  - If short-term, follow the Catheter Removal (Trial of Void) or Change pathway.
  - If long-term catheterisation is planned, arrange a urology assessment first.
- Give information booklet You and Your Catheter and include date of planned catheter removal.
- Consider treatment for benign prostatic hypertrophy (BPH).

Referral

- Arrange immediate urology referral or admission if:
  - unable to catheterise and patient is in urinary retention.
  - blood on catheter tip in a failed attempt suggests a false passage has been created.
- Refer to the Urology Department, including ***these details***, if:
  - catheterisation difficulty is encountered.
  - long term catheterisation is being considered.
  - further assessment and treatment of the underlying cause is required. Include details of primary care management (including trial of void) so this is not duplicated.

Urology review details

Provide details regarding:

- *history of urinary outflow restriction symptoms (yes/no)*
- *painful urinary retention relieved by catheterisation (yes/no)*
- *incontinence (yes/no)*
- *renal function and ultrasound reports*
- *measured residual volume of urine (in mL) at catheterisation*
- *comorbidities, neurological conditions, anticoagulation*
- *mobility, self-care, cognitive function*
- *use of alpha-blockers*
- *prolapse or pelvic mass.*

Information

For patients

Health Pathways Melbourne – You and Your Catheter

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Disclaimer