

Male Catheterisation



Prepare your equipment, put what you need on to the trolley, choose catheter appropriate for urethral size and check the volume of water needed to inflate the balloon. All this information is written on the end of the catheter and on its container.



Catheter used should be size 12 ideally - the 'rule' is: use the smallest to do the job, so for retention of urine size 12 will be fine, but for haematuria size 18 will need to be considered.

When someone demonstrates it on the mannequins, they'll need to use size 16. According to the manufacturers of the mannequins, size 16 is needed.

Explain the procedure to the patient.

Obtain the verbal consent of the patient.

Ensure patient privacy.

Help the patient to get into the supine position.

Put an absorbent pad underneath the patient's buttocks.

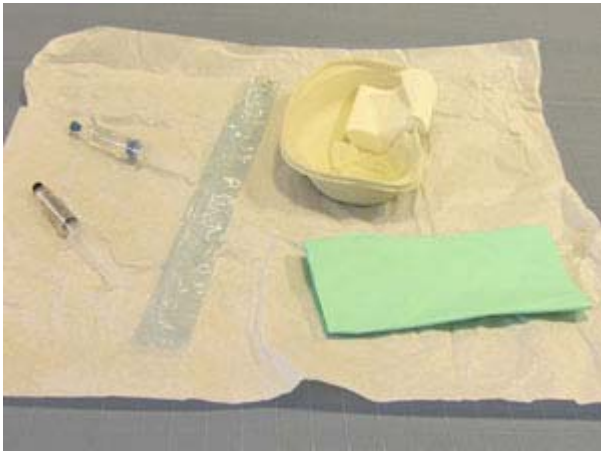


Put on plastic apron.

Using aseptic technique open your pack.

Wash hands.

Put on gloves. Non-sterile gloves can be used.



Equipment:

Apart from the catheter pack shown on the left, equipment needed includes:

a catheter bag and stand (or leg straps depending on the size of the urine bag).



Arrange towels so that only the penis is visible.

Pick up the penis in a gauze swab and clean the penis with normal saline using no touch technique. Use a new swab for each wipe, wipe away from the meatus, retract the foreskin if necessary.

Explain to the patient what you are doing as you go along.



Insert local anaesthetic - Instillagel (lignocaine and chlorhexidine based gel) into the urethra.



The patient's penis needs to be held upright to prevent the gel from coming out.

Instil same volume of air (11ml) to help to get gel to the right place and wait 3-5 minutes for the anesthetic to work.



Put on sterile gloves.

Place catheter and sterile container between patients legs.

Feeding the catheter out of its' sterile pack insert it into the penis.



'Feel' for natural curves and try to straighten them where possible.

When prostate is reached ask the patient to cough or try and pass urine. This would relax the pelvic floor and the prostate, so that the catheter can continue to be introduced.

Do not 'push' the catheter hard at this point because it will create trauma and possibly a false passage.



Continue to insert the catheter until urine flows back into the container between the patient's legs and then a little further.

Insert the catheter to the 'Y' junction, and then you can be confident that the tip of the catheter is in the dome of the bladder - the urine may stop flowing at this point.



Keep hold of the catheter and Inflate the balloon to catheter requirements using sterile water.



Gently pull the catheter back until you feel the resistance of the base of the bladder.



Attach a catheter bag or leg drainage bag using sterile technique.

Ensure the foreskin is replaced over the glans penis to prevent phimosis.



Help to clean the patient up and ask if they are comfortable.

Take urine sample if necessary.

Inform other members of staff of this procedure and any follow up that may be required.

When you have finished, write the following details of the procedure in the notes:

The type/size of catheter used i.e. Latex, 12Ch, and when it should be removed.

That aseptic technique was maintained.

That the catheter was easily inserted with no problems at time of insertion, or detail any problems that did arise.

The volume of solution/and type of fluid used for the balloon to inflate.

The volume of urine drained and appearance of urine.

Whether a catheter specimen of urine was sent for report.

Name and signature of person who performed the catheterization.