catheter fixation is limited, anecdotal evidence from the US has shown a reduction in monthly CAUTI rates from 3.46% to 0% following use of a catheter stabilisation device for six weeks (Patronik, 2002).

A National Audit Office (2004) report indicated that revised urinary catheter management policies could lead to a decrease in complications arising from inappropriate catheter use. Catheter stabilisation devices should, perhaps, be recognised nationally as an essential component of catheter care.

The importance of catheter fixation is highlighted in a number of local policies and protocols, such as that of the Greenwich Teaching PCT, the Queen Elizabeth Hospital NHS Trust and the Bournemouth and Poole Teaching PCT, as well as in international guidelines, such as those of the Centers for Disease Control and Prevention in America (2002).

SECURING A CATHETER
Specifically designed Velcro straps are often used to position a catheter but these can act as a tourniquet. Additional problems include:
- Restriction of venous and lymphatic flow, increasing the risk of deep vein thrombosis and pulmonary embolism in patients with impaired circulation (Bierman and Carignan, 2003);
- Maintaining adequate hygiene (catheter straps must be washed regularly);
- Lack of guidance on the tension needed to secure them (the more worn they get, the more patients tighten them);
- Allergies to latex rubber straps.

If a catheter can be secured effectively with a specifically designed device, there is the potential to reduce costs by preventing complications, rather than treating adverse events associated with catheter management (Patronik, 2002).

A specifically designed, commercially produced swivel clip device is available that, when applied to the skin, secures the catheter in position (Fig 1). There is evidence that it is associated with reduced rates of CAUTI (Patronik, 2002) and a reduction in the rate of symptomatic UTIs in patients with catheter-dependent urogenic bladder (Darouiche et al, 2006).

The device can be removed from the skin, using alcohol wipes or gels or an adhesive remover.

Other adhesive stabilisation devices have recently been made available, including a multi-purpose catheter holder. This holds the catheter in place with a Velcro strap or ‘glue well’. However, when a Foley catheter is secured it is vital to allow some movement to prevent tension on the delicate urethral tissue (Wilson, 2009). IMPLICATIONS FOR PRACTICE

The use of short-term, indwelling urinary catheters is widespread throughout the acute care sector. However, nursing staff should not use them unless absolutely necessary – and if they must be used, then for as short a duration as possible (Box 1 and 2).

The longer a catheter remains in place, the more likely it is that it will migrate, increasing the risk of infection. The correct fixation technique is critical to help reduce friction and avoid catheter migration (Billington et al, 2008).

Apathy about catheter care is a particular problem in the acute setting. In general, there is less first-hand experience in acute care with the complications that can arise due to insecure catheter fixation, than in the community.

CONCLUSION

New devices are available to secure catheters. Nurses need to ensure they have access to equipment that can minimise risk to patients (Box 3).

REFERENCES


Additional reading
