A Rapid Response Report by the National Patient Safety Agency outlines how catheter training, storage and labelling can prevent serious harm in men

Action to prevent errors
As every nurse is likely to insert a urethral catheter at some point, they need to be sure that they are using a catheter of the correct length.

Catheters are commonly used in acute care, in patients’ own homes, in social care and in nursing homes. They are manufactured in a range of different gauges and three lengths: female length (20-26cm), standard length (40-45cm) and paediatric (30-36cm).

The gender difference in urethral lengths means that, should the shorter female length catheter be used in males, the inflation of the balloon with water occurs within the male urethra rather than the bladder. This can cause severe urethral trauma and result in pain and haemorrhage, or longer term effects such as urethral strictures, retention or incontinence. Clinical practice differs between healthcare settings. Some areas will stock only standard length catheters and use different gauges for male and female patients. In other areas, the use of shorter female length catheters, which have no clinical imperative, are used for patient dignity issues such as concealing catheters under skirts.

Between January 2006 and March 2009, the National Patient Safety Agency received 114 reports of serious harm from errors where shorter female catheters had been inserted in males. The result was a range of serious outcomes for the patients, including cases of acute renal failure or impaired renal function. Some patients required additional medical or surgical procedures to correct the trauma.

In April 2009, the NPSA issued a Rapid Response Report (RRR) on the risks of female catheters causing urethral trauma in men, with the aim of making practice safer.

Examples of actual incident reports:
- Patient catheterised on admission by staff nurse. No urine seen or drained over a few hours. A doctor inferred and he was unable to remove the catheter or deflate the balloon. A urologist was then called, who deflated the balloon with a needle through the penis. Large clots were passed. The patient had been catheterised with a female catheter.

FEMALE CATHETERS CAUSE TRAUMA IN MALES

FIVE WAYS TO MAKE PRACTICE SAFER IN YOUR HOSPITAL

1. Consider who needs to see the RRR
   It should be available to all staff who catheterise male and female patients, including newly qualified staff. Raise awareness with student nurses and medical staff.

2. Check your stock
   Do you stock the shorter female length for patient choice or because of local custom and practice? Reduce potential for confusion by ordering and stocking only standard length catheters where possible.

3. Reduce the risk of confusion
   Where both shorter and standard lengths are in use, ensure that they are clearly labelled. Consider storing them in different areas of the stock room.

4. Be alert to signs and symptoms after catheterising males
   Are they in pain, passing blood or unable to pass urine? Could this be because a catheter of the wrong length has been fitted?

5. Consider whether your organisation is compliant
   So far, 96% of organisations have reported compliance with the RRR deadline of September 2009. Discuss any potential problems with your line manager.