URINARY CATHETERS
PART 1 – MALE CATHETERISATION

AUTHOR Ann Yates, BN, DipN, FETC, RGN, is director of continence services, Cardiff and Vale NHS Trust.

Male urethral catheterisation is a skilled procedure. This is highlighted in the recently published Skills for Health/RCN (2008) competencies for continence care.

You should be competent in the following:
- Legislation (national and European), policy and practice including national guidelines;
- Anatomy and physiology of the male lower urinary tract and continence;
- Care and support of the individual;
- Male urethral catheterisation;
- Materials and equipment required;
- Knowledge of infection control (RCN, 2008).

Urinary catheters are inserted for a range of different reasons including acute or chronic retention, hypotonic bladder and intractable incontinence. A Foley urethral catheter, used for this procedure, has a self-retaining balloon which, when filled with sterile water or solution provided by the manufacturer, remains in the bladder.

The correct catheter to be used depends on factors such as duration of use, material type, diameter, length and balloon size.

The charriere (Ch) size or French gauge is the external diameter of the catheter. Select the smallest size that will allow effective drainage. For male patients only the standard length of catheter is to be used.

For short-term use, under 28 days, use an uncoated latex, PVC, polytetrafluoroethylene (PTFE), or silver alloy catheter. For longer-term use an all silicone, silicone elastomer or hydrogel coated catheter should be used. Check the patient has no latex allergies.

Use a 10ml balloon size for routine drainage. The balloon is usually inflated with 10ml of sterile water. Some catheters come with a pre-filled syringe of glycerine solution or a pre-filled 10ml balloon of sterile water.

The healthcare professional undertaking the procedure is responsible for selecting a suitable catheter and using it in line with the manufacturer’s instructions (RCN, 2008).

PROCEDURE
- Discuss the procedure with the patient, explaining any associated risks or benefits, to gain valid informed consent. Document in the patient’s notes.
- Obtain the equipment needed (Fig 1).
- Prepare the patient. Maintain privacy and dignity by making sure he is not unnecessarily exposed. Use a protective covering for bedlinen. Ask the patient to lie in the supine position with his legs extended.
- Wash and dry your hands. Put on a plastic apron and prepare a sterile field (see local policy). Open the catheterisation pack and any additional packs.
- Repeat handwashing and put on sterile.
gloves. Place sterile towels to cover the patient and create a sterile field.
- Place a sterile swab around the penis, retracting the foreskin if necessary, and clean the glans penis with cleansing solution according to local policy (Fig 2).
- Insert the nozzle of the lubricating or anaesthetic gel into the urethra. Squeeze the gel into the urethra, remove the nozzle and discard (Fig 3). Hold the glans firmly for about five minutes, or according to gel instructions, to prevent it leaking.
- Wipe the underside of the penile shaft with a dry swab in a downward movement to move gel towards the prostatic urethra.
- Wipe away any excess gel, dispose of gloves, wash and dry your hands and reapply new sterile gloves (Pratt, 2007).
- Place the receiver containing the catheter on a sterile towel under the penis between the patients’ legs. Open the catheter.
- Hold the penis firmly in your non-dominant hand raising it until it is almost fully extended. This helps to facilitate catheterisation. Hold the catheter in your dominant hand and pass into the urethral meatus (Fig 4). Gently insert through the urethra and into the bladder. If the patient complains of any pain stop the procedure and seek medical advice.
- If resistance is felt at the external sphincter ask the patient to strain gently as if trying to pass urine, or cough. At the same time try to insert the catheter gently into the bladder. If resistance is still experienced or the patient has discomfort or bleeding stop the procedure and seek medical advice.
- Insert catheter for about 15–25cm or until you see urine flow. Insert catheter almost to its bifurcation before inflating the balloon to make sure that the catheter has cleared the prostatic bed and is in the bladder (Fig 5).
- When urine flows, gently inflate the balloon with 10ml of sterile water or solution according to the manufacturer’s directions (Fig 6). For pre-filled balloons, remove the clip and gently squeeze the reservoir of sterile water.
- Observe the patient for any signs of discomfort as inflation should be pain free. If there is pain, deflate the balloon and insert the catheter slightly further into the urethra. Withdraw the catheter slightly and attach to either the drainage system or catheter valve.
- Ensure the glans penis is clean, then reduce or reposition foreskin. Make sure the patient is comfortable and the area is dry.

### REFERENCES


### NT For more Practical Procedures

log on to nursingtimes.net and click on NT Clinical and Archive

Dispose of equipment in a clinical waste bag or according to local policy. Wash your hands.
- Fully document the procedure, including date and time, catheter type, length, balloon size, batch/lot number, manufacturer, expiry date, meatal cleansing solution, lubricant, name and signature of professional and any problems encountered on insertion. If it is the initial catheterisation, the urine output on insertion should be measured and recorded.
- Provide the patient with information on the maintenance and care of his catheter and drainage system.

### NEXT WEEK

Urinary catheters
Part 2 – female catheterisation