KeywOrds
continence
female catheterisation
catheter care
pracTical prOcedures
clinical
Author
Ann Yates, BN, DipN, FETC, RGN, is director of continence services, Cardiff and Vale NHS Trust.

Female urethral catheterisation is a skilled procedure. This is highlighted in the Skills for Health (2008) competencies for continence care, and reinforced in the RCN (2012) Catheter Care guidelines.

Knowledge of infection control (Loveday et al, 2014; RCN, 2012).

Before undertaking the procedure for female urethral catheterisation, you must be aware of the indications for use. A Foley urethral catheter, used for this procedure, is one with a self-retaining balloon.

It is important that the correct catheter is used for the individual. Factors such as duration of use, material type, diameter, length and balloon size should be considered.

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

Regarding length, female catheters should be used for routine catheterisations. However, standard length catheters can be used for patients confined to bed, wheelchair users or obese patients.

Select a 10ml balloon for routine drainage. The balloon is normally inflated with 10ml of sterile water. Some catheters come with a pre-filled syringe of glycerine solution or a pre-filled 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, 2012).

PROCEDURE

Discuss the procedure with the patient, explaining any risks or benefits to gain valid consent. Document in the patient’s notes.

Obtain equipment (Fig 1). This should include; a sterile pack for catheterisation; a receiver; low-linting swabs; gallipots; disposable towels; sterile gloves; cleansing solution (according to local policy); syringe and sterile water for non-pre-filled catheters; sterile individual antiseptic/lubricating gel; disposable apron; appropriate catheter; and a drainage system/catheter valve.

Once the equipment is ready, prepare the
patient for the procedure. Maintain privacy and dignity throughout by preventing unnecessary exposure of the patient. Protect the bedlinen with a protective covering. Ask the patient to lie in the supine position with her knees bent, hips flexed and feet resting apart (Fig 2).

- Wash and dry your hands, put on a plastic apron and prepare a sterile field, using non-touch technique (Aseptic Non-Touch Technique, 2013). Open catheterisation pack and any supplementary packs.
- Repeat handwashing and put on non-sterile gloves. Place sterile towels to cover the patient and create a sterile field. Using low-linting swabs, separate the labia with your non-dominant hand to observe urethral meatus. Hold the labia open and, with your dominant hand, clean with sterile normal saline (Loveday et al, 2013) in single downward movements (Fig 3).
- Remove the cap and insert the nozzle of the lubricating/anaesthetic gel into the urethra (Fig 4). Squeeze the gel into the urethra, remove the nozzle and discard. Leave gel for approximately 3–5 minutes or according to manufacturer’s instructions.
- When the gel has taken effect, wipe away any excess, dispose of gloves, wash and dry your hands and reapply new sterile gloves (ANTT, 2013).
- Place the receiver containing the catheter on a sterile towel between the patient’s legs. Holding the catheter in your dominant hand, introduce catheter tip into the urethral orifice in a slightly upward and backward direction. Insert the catheter approximately 5–6 cm (Fig 5).
- If the patient experiences any pain or discomfort, stop the procedure and seek medical advice. Once there is urine drainage, insert the catheter slightly further to ensure the balloon is in the bladder. When urine flows, gently inflate the balloon with 10 ml 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. Withdraw the catheter slightly and, if not pre-attached, attach it to either a drainage system or catheter valve as required. Make sure the patient is comfortable and the area is dry. Dispose of the equipment in a yellow plastic clinical waste bag or according to local policy. Wash your hands.

**REFERENCES**


**Manufacturer:** expiry date; how long it is to be left in situ; date of planned change; 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, and the reason for insertion and date of removal or change recorded.

- Provide the patient with relevant information and documentation with regards to care and maintenance of her catheter and drainage system. ♦