New guidance on how to avoid inserting female-length urinary catheters into men

The National Patient Safety Agency (NPSA) has issued guidance on the importance of selecting catheters of the correct length to avoid adverse incidents.

Trusted should review supply systems and access to female-length urinary catheters, says the NPSA. A rapid response report has identified incidents where male patients were catheterised with female catheters.

Female-length urinary catheters (20–26cm) allow women to hide their catheter drainage bag more discreetly than would be possible with standard-length catheters (40–45cm). This is especially important when they are wearing skirts.

Certain women prefer to use standard-length catheters, such as some who are confined to bed, those who are obese or those who always wear trousers. The use of these catheters poses no safety risks in female patients.

However, standard-length catheters should always be inserted in male patients. If men wrongly receive a female device, the ‘balloon’ – which should be in the bladder to ensure that the catheter stays in position – will lie in the urethra, potentially causing serious complications.

REPORTED INCIDENTS

The NPSA recently analysed 114 incidents reported between 1 January 2006 and 17 December 2008 in which healthcare staff inserted female catheters into men.

The agency found that nurses in hospitals were responsible for 65 incorrect insertions during this period, and those working in the community were responsible for 15.

In all cases, the insertions were found to have caused significant pain, and some men also experienced penile swelling or urinary retention.

In 29 cases, the incorrect insertion produced ‘moderate frank bleeding’, while seven men experienced ‘significant haemorrhages’. Two cases resulted in acute kidney failure and two in impaired renal function.

The Medicines and Healthcare products Regulatory Agency also received a report of a death that was related partly to haemorrhage after staff inserted a female catheter into a seriously ill man.

Although the 114 incidents represent a very small proportion of catheterisations, the NPSA suggests that simple measures could prevent such errors.

RECOMMENDATIONS

The agency report advises trusts to review their supply systems and limit access to female catheters where appropriate. For example, it suggests that specialist wards or specialist nurses in hospitals could become the sole source of female catheters.

Trusts should prominently display warning notices close to stocks of female catheters in settings where teenage or adult males are treated. When possible, they should attach warning labels to each catheter before distribution to settings that treat teenage or adult males. Warning notices and labels are available for download from www.npsa.nhs.uk.

Staff responsible for over-labelling should contact the catheter manufacturer to ensure the adhesive is compatible with the packaging and will not compromise sterility. If in doubt, the label should be attached to a transparent over-wraper, such as a plastic sleeve or bag. The label must not obscure safety and other information, such as warnings about latex.

The NPSA also recommends purchasing urinary catheters that are clearly labelled to avoid selection errors. Finally, trusts should ensure that local competency-based training for urinary catheter insertion includes advice on selecting correct-length catheters.

Healthcare organisations must implement these changes by 1 September 2009.

AUTHOR

Mark Greener, BSc, is a freelance medical writer

REFERENCE


Supporting information is available at: tinyurl.com/npsa-catheters

GUIDELINES FOR CATHETER SELECTION

- Nurses must select the correct catheter for each patient. There are three lengths – female (20–26cm), standard (40–45cm) and paediatric (30–31cm).
- Men should always receive standard catheters. If they receive a female-length catheter, the ‘balloon’ in the urethra can cause potentially serious complications, including haematuria, penile swelling or urinary retention. There is a theoretical risk that similar trauma could occur if older boys receive a paediatric catheter, but the NPSA did not identify any cases where this had occurred.
- A lack of urine flow following catheter insertion may suggest balloon misplacement. Some healthcare professionals assumed that patients who received an incorrect catheter and showed low urine flow had poor output.
- Trusts should review their supply systems for female catheters, limit access where appropriate and prominently display warning notices in settings where teenage or adult males are treated.
- Whenever possible, trusts should attach additional warning labels to each catheter before distribution. Staff responsible for over-labelling should check the label adhesive is compatible with the packaging and will not compromise sterility. If in doubt, the warning label should be attached to a transparent over-wraper. The label should not obscure safety and other information.
- The NPSA recommends that healthcare organisations should purchase urinary catheters that are labelled to avoid selection errors. Training for urinary catheter insertion should cover selecting catheters of the correct length.