
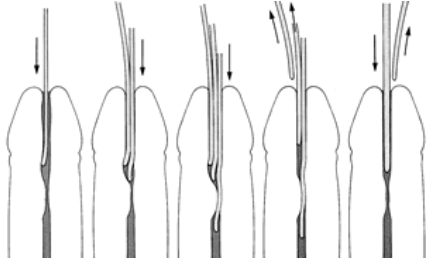
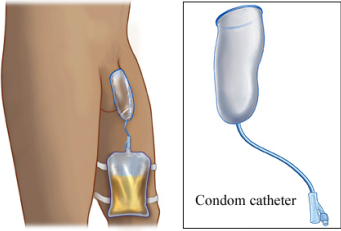
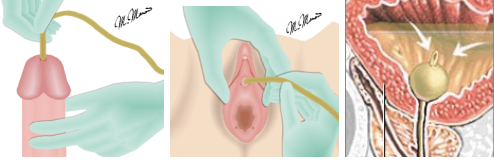
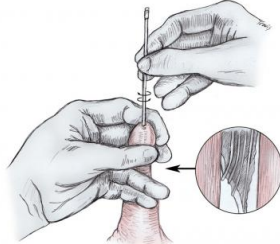


BLADDER CATHETERIZATION

Indications	Types of Catheters	Catheterization Procedure	Filiform and Followers Procedure
<p>Short-term catheterization</p> <ul style="list-style-type: none"> - Acute urinary retention - Collection of uncontaminated urine for specimen - Diagnostic studies of the lower urinary tract - Monitor urinary output - Measure post-void urine - Irrigation of bladder - Surgery on urinary tract - Bladder drainage during surgery - Neurogenic bladder <p>Long-term catheterization</p> <ul style="list-style-type: none"> - Chronic urinary retention - Neurogenic bladder - Incontinence with complicated skin breakdown - Terminally ill/disabled - Note: If used long-term, catheter needs to be replaced every 6 weeks <p>Contraindications</p> <ul style="list-style-type: none"> - Known urethral disruption or pelvic trauma - Recent reconstructive surgery - Urinary tract obstruction or urethral stricture (unless it can be dilated) - Combative or uncooperative patient - Acute infection of the prostate or the urethra 	 <p>1 2 3</p> <p>(1) Robinson Catheter: Straight, round tip catheter used for short-term catheterization, has no balloon so it cannot stay in place unaided</p> <p>(2) Foley Catheter: straight, self-retaining catheter with 2-3 lumina, contains balloon that can be inflated with sterile water to remain in the bladder</p> <p>(3) Coude Catheter: similar to Foley but has a more curved end, used in men that a Foley or Robinson cannot be inserted due to an enlarged prostate or elevated bladder neck</p>  <p>Filiforms and followers: thin, pliable solid catheters that range in size that are used to dilate a male urethral stricture. Followers are larger in diameter and hollow.</p>  <p>Condom catheter: used frequently in elderly patients. For this method, no tube is inserted through the urethra. Instead, a condom device is placed over the penis where urine is collected into a bag. Condom must be changed daily.</p>	<p>Note: Keep in mind - catheterization is among one of the top five most painful emergency procedures.</p> <ol style="list-style-type: none"> (1) Positioning. Place male in the supine position, or place female in dorsal lithotomy or supine position. (2) Identify the urethral meatus by grasping the penis with the non-dominant hand, with the penis pointed toward the umbilicus. <ul style="list-style-type: none"> • Use lateral and outward traction of the labia with the non-dominant hand to identify the urethral meatus. (3) Cleanse the urethral meatus and surrounding area with antiseptic solution, isolate the genitalia with sterile drapes. (4) Lubrication and local anesthesia. Insert the lubricant into the urethra with a syringe (anesthetic jelly should always be prioritized – if used leave in place for 5-10 minutes). Place the end of the syringe gently inside the urethral meatus and inject the jelly into the urethra.  <ol style="list-style-type: none"> (5) Catheter selection and insertion. Select a 16-18 Fr Foley or Robinson catheter for adults <50 years and follow the course of the urethra into the bladder. <ul style="list-style-type: none"> • Select a Coude catheter in males >50 years, directing the tip at 12 o'clock anterior position. • Catheter placement is confirmed when urine is obtained. (6) Inflate the balloon with 5mL of saline solution (in a Foley catheter), and pull outward until there is resistance. (7) Secure the catheter to the leg with tape or other means. Robinson and non-self retaining Coude catheters need to be secured to the penis. <p>Complications</p> <ul style="list-style-type: none"> - Transient hematuria - Trauma: false passage or perforation from excessive force, urethral tear, urethral stricture, obstruction of flow - Infection: UTI, epididymitis, pyelonephritis, urosepsis are seen with prolonged catheterization - Increased mortality in nursing home patients with indwelling catheter at one year 	<p>Note: If you experience an unsuccessful catheterization especially in males there may be a possible stricture. Try this technique.</p> <ol style="list-style-type: none"> (1) Re-instill anesthetic jelly. (2) With non-dominant hand hold penis taut and directed at umbilicus. (3) With dominant hand dip a filiform in anesthetic jelly and insert it into the urethra. (4) Take a second filiform and repeat. Rotate until resistance is felt.  <ol style="list-style-type: none"> (5) If the first filiform does not advance add another Filiform. (6) Insert additional filiforms until the urethra dilates or you pass a fold. (7) Lubricate a follower catheter and attach it to a Filiform. (8) If the follower catheter is 16 or 18 Fr remove it and insert a Foley catheter.