

**APPENDIX 4**

**URINARY CATHETERISATION MALE**

**Equipment**

- Bard IC Comprehensive Care Foley Tray
- If not available consider need for:
- sterile pack containing gallipots, receiver, gauze swabs, disposable towels
  - Disposable pad
  - 0.9% sodium chloride
  - Alcohol hand gel
  - Stat Lock for tethering of catheter
  - Sterile gloves
  - Sterile water
  - Selection of appropriate catheters
  - Syringe and needle (as required to obtain any urine samples)
  - Sterile anaesthetic lubricating gel
  - Single use disposable plastic apron
  - Universal specimen container
  - Drainage bag and stand or holder

**Pre-Procedure**

No	Action	Rationale
1	Explain and discuss the procedure with the patient. Discuss any problems that have been experienced with previous catheterisations. Consider and check for any allergies the patient may have e.g latex or anaesthetic gel (Chlorhexidine). Commence or review catheter passport.	To ensure that the patient understands the procedure and gives his valid consent (NMC 2013 Consent). Please note that patients with spinal cord injury at T6 and above may be prone to Autonomic Dysreflexia and some patients may be at risk of a vasovagal attack when lay in a supine position.
2	Screen the bed.	To ensure patient's privacy. To allow dust and airborne organisms to settle before the sterile field is exposed (Fraise and Bradley 2009).
3	Prepare the trolley, placing all equipment required on the bottom shelf.	The top shelf acts as a clean working surface.
4	Take the trolley to the patient's bedside, disturbing the screens as little as possible.	To minimise airborne contamination (Fraise and Bradley 2009).
5	Assist the patient to get into the supine position with the legs extended on the bed.	To ensure the appropriate area is easily accessible.
6	Remove underpants or pyjama trousers and preserve patients dignity	To maintain patient's dignity and comfort (NMC 2015 The Code).

	by covering the patient's thighs and genital area.	
7	Cleanse hands using bactericidal soap and water or Alcohol Hand Gel.	To reduce risk of infection (Fraise and Bradley 2009).
8	Put on a single use disposable plastic apron.	To reduce risk of cross-infection from micro-organisms on uniform (Fraise and Bradley 2009).

**Procedure**

No	Action	Rationale
9	Open the outer cover of the catheterization pack and slide the pack onto the top shelf of the trolley.	To prepare equipment.
10	Using an aseptic technique, open the sterile/catheter pack. Open an appropriately sized catheter onto the sterile field.	To reduce the risk of introducing infection into the bladder (NICE 2012).
11	Remove cover from the patient's genital area, maintaining the patient's privacy, and position a disposable pad under the patient's buttocks and thighs.	To ensure urine does not leak onto bedclothes.
12	Cleanse hands with a alcohol hand gel.	Hands may have become contaminated by handling the outer packs (Fraise and Bradley 2009).
13	Put on sterile gloves.	To reduce risk of cross-infection (NICE 2012).
14	On the sterile field, place the catheter into the sterile receiver.	
15	Place a sterile towel across the patient's thighs.	To create a sterile field.
16	With one hand, wrap a sterile topical swab around the penis. Use this to retract the foreskin, if necessary, and with the other hand clean the glans penis with either cleansing solution or 0.9% sodium chloride or sterile water.	To reduce the risk of introducing infection to the urinary tract during catheterization.
17	Insert the nozzle of the lubricating jelly into the urethra. Squeeze the gel into the urethra, remove the nozzle and discard the tube. Massage the gel along the urethra using the barrel of the syringe.	Adequate lubrication helps to prevent urethral trauma. (Use of a local anaesthetic minimizes the discomfort experienced by the patient (Bardsley 2005)).
18	Squeeze the penis and wait approximately 5 minutes.	This is to prevent anaesthetic gel from escaping. To allow the anaesthetic gel to take effect, only required if used.
19	Depending on technique, gloves can	To enable aseptic technique.

	be removed hands gelled and sterile gloves re applied and or a no touch technique of the key parts of the catheter maintained.	
20	With one hand hold the penis firmly behind the glans, raising it until it is almost totally extended. Maintain this hold of the penis until the catheter is inserted and urine flowing.	This manoeuvre straightens the penile urethra and facilitates catheterization (Stoller 2009). Maintaining a grasp of the penis prevents contamination and retraction of the penis.

No	Action	Rationale
21	With the free hand, place the receiver containing the catheter or the entire pre connect system between the patient's legs. Take the catheter and insert it into the penis for 15–25 cm until urine flows.	The male urethra is approximately 18 cm long (Bardsley 2005).
22	If resistance is felt at the external sphincter, increase the traction on the penis slightly and apply steady, gentle pressure on the catheter. Ask the patient to cough gently. Do not force the catheter, encourage the patient to relax and try to pass urine. If resistance continues, medical advice should be sought.	Some resistance may be due to spasm of the external sphincter. Coughing gently helps to relax the external sphincter. Resistance may be due to insufficient anaesthesia or muscle spasm. Asking the patient to breathe deeply can help overcome spasm.
23	When urine begins to flow, advance the catheter almost to its bifurcation.	Advancing the catheter ensures that it is correctly positioned in the bladder.
24	Gently inflate the balloon according to the manufacturer's direction, having ensured that the catheter is draining properly beforehand. Ask the patient to report any discomfort and observe closely for signs of distress.	Inadvertent inflation of the balloon in the urethra causes pain and urethral trauma (Getliffe and Dolman 2007).
25	Withdraw the catheter slightly and if necessary attach it to the drainage system.	To ensure that the balloon is inflated and the catheter is secure.
26	Support the catheter, if the patient desires, either by using a specially designed support, for example Statlock Foley Stabilisation Device.. Ensure that the catheter does not become taut when patient is mobilizing or when the penis becomes erect. Ensure that the	To maintain patient comfort and to reduce the risk of urethral and bladder neck trauma. Care must be taken in using adhesive tapes as they may interact with the catheter material (Fillingham and Douglas Urological Nursing; Pomfret 1996).

	catheter lumen is not occluded by the fixation device.	
27	Ensure that the glans penis is clean and dry and then extend the foreskin	Retraction and constriction of the foreskin behind the glans penis (paraphimosis) may occur if this is not done (Pomfret 2002)

**Post procedure**

No	Action	Rationale
28	Assist the patient to replace underwear and pyjamas and replace bed cover. Ensure that the area is dry.	If the area is left wet or moist, secondary infection and skin irritation may occur (Pomfret 2002).
29	Measure the amount of urine.	To be aware of bladder capacity for patients who have presented with urinary retention. To monitor renal function and fluid balance. It is not necessary to measure the amount of urine if the patient is having the urinary catheter routinely changed (Pomfret 2002).
30	Dispose of equipment including gloves and single use disposable plastic apron into the appropriate waste bag and seal the bag before moving the trolley.	To prevent environmental contamination. (DH 2005).
31	Draw back the curtains.	
32	Dispose of clinical waste bag in a larger bin.	To prevent environmental contamination (Fraise and Bradley 2009).
33	Cleanse hands thoroughly with bactericidal soap and water.	To reduce risk of infection (Fraise and Bradley 2009).
34	Record information in relevant documents; including urinary catheter passport. Documentation should include: <ul style="list-style-type: none"> <li>• reasons for catheterization</li> <li>• date and time of catheterization</li> <li>• catheter type, length and size</li> <li>• amount of water instilled into the balloon</li> <li>• batch number</li> <li>• manufacturer</li> <li>• any problems negotiated during the procedure</li> <li>• a review date to assess the need for continued catheterization or date of change of catheter.</li> </ul>	To provide a point of reference or comparison in the event of later queries (NMC 2010).

**References**

- Bardsley, A. (2005) Use of lubricant gels in urinary catheterisation. *Nursing Standard*, 20(8), 41–46.  
[Cross Ref link](#) [Pubmed link](#)
- DH (2005) Prescription Cost Analysis: England 2004. London: HMSO. Available at:  
[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4107626.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4107626.pdf) (archived)
- Fillingham, S. & Douglas, J. (2004) *Urological Nursing*, 3rd edn. Edinburgh: Baillière Tindall.
- Fraise, A. P. & Bradley, T. (2009) *Aycliffe's Control of Healthcare-associated Infections: A Practical Handbook*, 5th edn. London: Hodder Arnold.
- Getliffe, K. & Dolman, M. (2007) *Promoting Continence: A Clinical and Research Approach*, 3rd edn. Edinburgh: Baillière Tindall.
- NICE (2012) *Infection: Prevention and Control of Healthcare-Associated Infections in Primary and Community Care*, CG139. London: National Institute for Health and Clinical Excellence. Available at:  
[www.nice.org.uk/nicemedia/live/13684/58656/58656.pdf](http://www.nice.org.uk/nicemedia/live/13684/58656/58656.pdf)
- NMC (2010) *Record Keeping: Guidance for Nurses and Midwives*. London: Nursing and Midwifery Council Available at: [www.nmc-uk.org/Documents/NMC-Publications/NMC-Record-Keeping-Guidance.pdf](http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Record-Keeping-Guidance.pdf)
- NMC (2013) *Consent*. London: Nursing and Midwifery Council. Available at: [www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/consent/](http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/consent/)
- NMC (2015) *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives*. London: Nursing and Midwifery Council. Available at: [www.nmc-uk.org](http://www.nmc-uk.org)
- Pomfret, I.J. (1996) Catheters: design, selection and management. *British Journal of Nursing*, 5(4), 245–251. [Cross Ref link](#) [Pubmed link](#)
- Pomfret, I. (2002) Back to basics: an introduction to continence issues. *Journal of Community Nursing*, 16(7), 37–41.
- Royal Marsden Hospital *Manual of Clinical Nursing Procedures* (2015) Ninth Edition, (Online). (Accessed March 2018)
- Stoller, M. (2004) Retrograde instrumentation of the urinary tract. In: Tanagho, E.A., McAninch, J.W. & Smith, D.R. (eds) *Smith's general urology*. 16th edn. New York: Lange Medical Books/McGraw-Hill, pp.163–174.