



## Catheter Management

### Management of Indwelling Catheter

This section is designed to explain reasons for and the management of an indwelling catheter.

A catheter is a tube usually made of pure silicon, which is inserted in the bladder and held in place by a small balloon at the bladder end which is inflated with water to stop the catheter falling out.

It may be placed for several reasons.

1. There may have been an operation on the urethra (pipe) which drains the urine from the bladder and it may be necessary to rest the urethra for a period of time to enable healing.
2. There may be a blockage to the patient's output of urine preventing the patient from emptying the bladder normally.
3. The bladder may be hypotonic (weak) in that it is not able to push hard enough to empty. In this case a catheter is placed to keep the bladder empty so that it may regain its tone and muscle power.

The catheter is usually connected to a bag which is tied to a patient's leg enabling the urine to drain into that. The bag can be emptied into the toilet as is needed. Usually it is not possible to see a bag under the clothing and they have been designed specifically so that is the case.

Patients with catheters in are encouraged to have showers and take regular walks to keep their fitness up.

### Problems That Should Be Reported

- 1 Fever over 38 C.
- 2 Heavy bleeding or clots.
- 3 The catheter has stopped draining or falls out.

It is normal to see some blood in the urine with a catheter in place. Should the colour of the urine be darker than rosé, then the patient should rest and increase the fluid intake for the remainder of that day. There may be some bleeding from the bladder after the bowels have moved and if that occurs the patient should consume a further drink in order to wash it away. Catheter bags should be emptied before they get full.

Occasionally, there is discomfort with the catheter at the tip of the penis which may become sore. The penis should be washed with plain soap and water daily or more often as needed.

### Pain

Occasionally, lower abdominal pain is felt with the catheter in place. That may be the result of bladder spasms occurring. A bladder spasm is a cramping lower abdominal pain that usually goes away in a few minutes. It occurs because of the small balloon at the end of the catheter holding it in place in the bladder. The bladder is trying to "reject" the catheter. Occasionally, it is necessary to give the patient an anti-spasmodic medication to ease those troubles (not if bladder tone improvement is the goal). If the patient has been given such a medication it is important to stop taking it two days before the catheter removal is planned.

Occasionally, urine or blood may leak around the catheter. That may be the result of a blocked catheter or bladder spasms or combination of the two. When that occurs the best thing to do is to rest and increase the fluid intake.

Patients with indwelling catheters must avoid urinary alkalinisers such as Ural® or Citravescent® for the period of time that the catheter is in place. That is because these medications can cause stones to form on the catheter making the removal very difficult.

## Exercise

Walking is encouraged.

Patients with indwelling catheters after prostate surgery should not drive a car for at least two weeks after surgery has been carried out. The doctor in charge will tell you when you may resume driving.

## To Change Night Bag

- 1 Wash hands with soap and water.
- 2 Empty Leg Bag down toilet.
- 3 Pinch catheter to stop flow.
- 4 Disconnect Leg Bag.
- 5 Remove cap from connector.
- 6 Wipe overnight bag connector with alcohol wipe and connect catheter.
- 7 Soak leg bag connector in Napisan® for ten minutes.

## To Connect From Night Bag to Leg Bag

- 1 Wash hands with soap and water.
- 2 Empty Night Bag down toilet.
- 3 Pinch catheter to stop flow.
- 4 Disconnect Night Bag.
- 5 Wipe Leg Bag connector with alcohol wipe and connect to catheter.
- 6 Soak Night Bag connector in Napisan® for ten minutes.
- 7 Replace cap

## Catheter Removal

The patient usually admitted to hospital or day surgery for the removal of the catheter in order that the amount of urine passed can be monitored using Ultrasound.

The removal of the catheter is a little uncomfortable but not extremely painful. The fluid will be removed from the balloon holding the catheter in place and the catheter will then be pulled out.

Following its removal the patient will be encouraged to drink large amounts of liquid in order to present the bladder with a good volume of urine to pass.

The patient may find that initially it takes some time to regain control of the bladder. That is normal.

The patient may find that urgency of urination occurs and it is necessary to hurry to the toilet. Sometimes accidents occur. These things happen because the bladder has been empty for a number of weeks and has to get used to functioning again. It will settle.

If you have discomfort on passing urine urinary alkalinisers such as Ural® or Citravescent® may alleviate that. If there are further enquiries please ask the nursing staff or your Doctor.