Catheter Care

What you need to know

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Indications for Long Term Catheter Use

Long term urinary catheters should only be used with clients who cannot satisfactorily be managed with less invasive means

- For example:
  - Urinary retention – when ISC not an option
  - Pressure ulcers or open wounds in an incontinent client
  - Palliative care
Catheter Types

- Indwelling urethral catheter
- Indwelling suprapubic catheter
- Clean Intermittent Self Catheterisation
- Intermittent catheterisation (uncommon)
Catheter Equipment

- **Catheter change pack**
  - Sterile gloves
  - Cleaning solution
  - 10mls H2O
  - Lignocaine Gel
  - 10ml syringe

- **Long term catheter & replacements**
  - 100% silicone
  - Biocath
  - Releen

- **Cath straps & leg bag holders**

- **Leg bags**
  - Different types and sizes

- **Overnight drainage**
  - Bag or bottle

- **Catheter Valves**
Tips when Inserting Urinary Catheters

- Aseptic technique
- Male and female length catheters
- What size should be used?
- Use of lubricant gel
- How far do you insert the catheter?
- What do you inflate the balloon with?
- How much fluid in the balloon?
- Secure attachment of catheter
Catheter Securement

- Remember, a catheter is not a bungee....
Correct Inflation of the Balloon

- Properly Inflated Balloon
- Underinflated Balloon
Complications Associated with Long Term Catheters

- Infection - UTI
- Bladder spasm
- Haematuria
- Leakage
- Paraphimosis
- Urethral trauma associated with balloon inflation within the urethra
- Stones
Complications Associated with Long Term Catheters

- Periurethral abscess
- Unprescribed removal – usually traumatic
- Pain
- Urethral erosion
- Fistula formation
- Obstruction due to encrustation
- Epididymitis, epididymal orchitis
- Urethritis, blepharitis
Avoiding Encrustation

- ‘Blockers’ are usually less mobile than ‘non blockers’

- Proteus mirabilis most common organism found in encrustation

- An alkaline pH has a strong association with catheter encrustation
  - Urine normally acidic – between pH 5 and pH 6
  - Blockers have high urinary pH, plus high ammonia and calcium concentrations compared to non-blockers

- Can predict blockers by testing pH regularly and checking for the physical signs of encrustations

- Establish a pattern of catheter dwell time and change it accordingly
So Basically…

- Don’t give ‘em Ural (it makes urine alkaline)
- Make sure they are drinking enough – spread fluids evenly throughout the day
- Make sure their bowels are working
- Change IDC’s at regular intervals, before blocking occurs
Examples of Encrustation
Suprapubic Catheters

- Indicated in wheelchair bound or immobile clients e.g. MS, spinal cord injury

- Thought to have lower infection rates, increased acceptance and ease of self care

- Contraindicated in clients with chronically unstable bladders

- UTI’s, leakage, bladder spasm and difficult removal may occur
Suprapubic Catheters

- Initial insertion
  - As inpatient
  - Wound care until cystostomy heals – simple gauze dressing

- Difficulty in removing catheter
  - Check deflation of IDC; balloon memory; encrustation issues?
  - Releen & Bard 16Fg are recommended to avoid these issues

- Routine changes – check timing

- Localised pain related to skin tags, securement issues
Suprapubic Catheters

- If unsecured may cause enlargement and erosion of stoma tract and leakage

- Urethral bypassing

- Use of the anti-cholinergic Ditropan in pt’s with long term indwelling catheters significantly reduced the incidence of kidney damage (hydronephrosis)
  - i.e. 3% compared to 23% in patients not taking Ditropan (Kim, et al. 1997)
SPC Securement

- Abdominal Cathstrap is an option:
Looking after IDC’s

- Luckily it’s not......

....Rocket science
IDC’s - General Care

- Adequate fluid intake, especially in the evening prior to bed and during the night if awake

- +/-Cranberry Juice

- Preventing Constipation

- Good meatal hygiene

- Preventing trauma and traction on catheter

- Regular IDC & bag changes
Urethral trauma due to poor securement
IDC’s - Troubleshooting

- Sediment in the urine
  - Increase fluid intake

- Blood in the urine
  - Small amounts of blood can make urine quite red
  - Check securement
  - Increase fluids
  - Investigate if it doesn’t clear
IDC’s - Troubleshooting

- Bladder spasm or cramps
  - Can be common with new catheter
  - Check securement

- Constipation

- May need an anticholinergic if very troublesome
IDC’s - Troubleshooting

- No urine drainage
  - Kinked or blocked tubing
  - Not drinking enough
  - Constipation?
  - Bag below bladder level?
  - Bag connected incorrectly, particularly leg bag to night bag
IDC’s - Troubleshooting

- Expelling IDC’s
  - May be due to bladder spasm
    - +/- constipation
    - Balloon too large? Try deflating to 5mls with next IDC
    - Try smaller size IDC
    - Seek advice from Continence Nurse
  
  - Check balloon inflation, esp if IDC has been in for a few weeks. May have lost fluid
  
  - Check securement
IDC’s - Troubleshooting

- Unable to deflate Balloon

  - Manipulate the valve with a different syringe
  - Insert an 18g needle into the inflation channel and aspirate the fluid
  - Don’t cut the inflation port or the catheter
  - May need to be removed with U/S guidance
Questions, Anyone?

My Puppy, Ellie