Indwelling Urethral Catheter

**Item Number:** 36800

Non-invasive placement of an a silicone tube which is secured inside the bladder and attached to a drainage bag on the outside, in order to drain an obstructed bladder – Urine Retention

Why is it done?

 This can be placed as an emergency for patients in acute urinary retention

Prostate obstruction

Urethral strictures

Blood clot obstruction caused by bleeding

Hematuria (bleeding)

Severe urinary tract infections

 Commonly placed intra-operatively for long, non-urological surgical procedures to enable urine drainage and monitoring urine output.

 Commonly placed at the end of a Urological procedure to enable urine drainage and to enable hemostatsis (stopping bleeding)

How is it done?



 This is done as a sterile procedure, therefore the genital area will be cleaned with a non-abrasive dis-infectant.

 A sterile catheter will be used

 Local anaesthetic gel is placed in the urethra a few minutes prior to the placement of the catheter. This may initially sting for a few seconds until it numbs the mucosa.

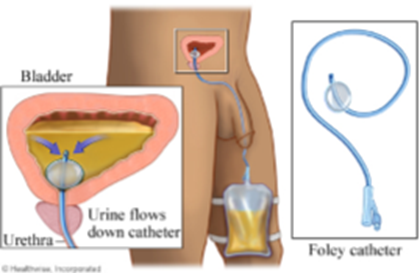
 An appropriate size catheter (14-18Fr) will be inserted

 Urine should be aspirated with a syringe to confirm a correct position in the bladder.

 An anchoring balloon will be inflated with 10cc of sterile water.

 A drainage urine bag will be attached

 **The catheter will be secured to your leg. (*check that this is always secured)***

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Complications

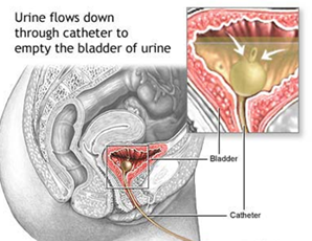
  Urethra with resulting discomfort.

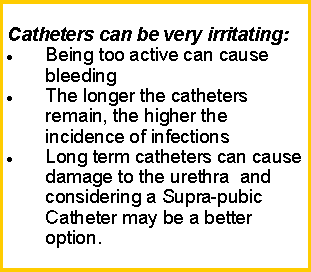
 In the presence of a urethral stricture, it may be impossible to pass the catheter, and a flexible cystoscopy with dilatation of the stricture may be required prior to placement.

 If you had a large over-stretched bladder (urine retention) you may experience bleeding as the bladder empties, caused by the mucosal tears that have occurred.

 Catheters that have been placed long term, may cause irritation and possibly attract infection. Permanent catheters are usually changed every 6-8 weeks.

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