

Good Afternoon



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# INTRODUCTION





# Urinary Catheterization

# Definition

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Introducing a catheter into urinary bladder through urethra using aseptic techniques for the purpose of emptying the bladder.

# Types

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## 1. Intermittent Catheterization

### Purposes

- To relieve bladder retention
- To assess for residual urine for voiding
- To obtain a sterile specimen
- To empty bladder prior to delivery or abdominal surgery

## 2. Indwelling Catheterization

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### Purposes

- To facilitate urinary elimination in incontinent patients.
- To facilitate continuous bladder drainage after injury or surgery on urinary tract or other major surgeries.
- To splint urethra to promote healing after urological surgeries.
- To release acute or chronic urinary retention.
- To prevent urine from containing an incision after perineal surgery.

# Articles Used

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1. flash light / drop light
2. Basin with water, soap, wash cloth, bed pan, towel etc.
3. A Clean tray containing
  - Disposable gloves
  - Kidney tray
  - Antiseptic solution
  - Sterile saline
  - Adhesive tape and scissors
  - Specimen container
  - Water soluble lubricant

## 4. A Sterile Tray Contains

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- Sterile gloves
- Sterile drape / fenestrated towel
- Small bowel
- Cotton swabs
- Catheter [ Indwelling / straight of appropriate size
- Kidney tray
- Artery forceps
- Dissecting forceps
- Sterile Syringe - 20 ml distilled water [ in case of retention catheter]



# Procedure



Nursing action	Rationale
1. Review physicians order and nursing care plan	Helps in identifying the reason for catheterization
2 Identify the patient and assess patient for time of last voiding , level of awareness mobility, physical limitation and pathological condition eg: prostate enlargement , bladder distension etc	Proper assessment helps in identifying patients ability to cooperate during procedure and any possible obstructions in passing catheter

# Cont....



3. Explain procedure to the patient to emphasizing how she/he has to cooperate

Reduces anxiety and promotes cooperation which ensure smooth insertion of the catheter

4. Arrange for help if needed for maintaining position of the patient

Promotes safety and proper body mechanics

5. Provide privacy

Reduces embarrassment to the patient

6. Wash hands

Reduces risk of transmission of micro-organisms

# Cont....

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7. Raise bed appropriate working level . Stand on right side of the patient and shift the patient closer to you

Promotes use of correct body mechanics

8. Position the patient

a. Female :- Dorsal recumbent with knees flexed and thigh externally rotated

Provides good view of perineal structures

b. Males :- Supine position with thighs slightly abducted

Prevents tension of abdominal and pelvic muscles

# Cont....

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9. Wash perineal area / genitalia with soap and water

Cleaning reduces the number of microorganisms around urinary meatus and possibility of introducing microorganisms with the catheter

10. Adjust droplight /flash light to view urinary meatus clearly

# Cont....



11. Open the sterile tray , pour antiseptic solution into the bowel , open outer cover of the catheter and place in the tray if pre packed

Keeping all articles ready for use helps in saving time and prevents chance of contamination

12. Open lubricant squeeze and discard first drop and after that drop some on a sterile gauze in the tray

First drop of the lubricant may be contaminated

13. Don sterile gloves

Helps in preventing spread of microorganisms

14. Drape perineal area

# Cont....



15. Place sterile tray on drape between the patients thighs

Provide easy access to supplies

16. If doing retention catheterization fill the syringe with sterile water if not already prefilled and test balloon of catheter by inflating it

Deflate and keep catheter aside with syringe attached to it

Provides easy access to supplies.

Checking balloon helps in identifying leaks in balloon

# Cont....



17. Open sterile specimen bottle and sterile urine receiver ready for use in the sterile tray

18. Lubricate tip of the catheter liberally and place it in the sterile tray ready for use

Lubrication aids in easy insertion of catheter by reducing friction

# Cont....



19. Clean meatus with antiseptic solution if recommended by agency

Female :-  
▪ with non dominant hand carefully retract labia fully and expose urethral meatus. Maintain position throughout the procedure

Labia coming over meatus before catheter is in situ will cause contamination



# Cont....



- Using dominant hand , take sterile cotton swabs and clean perineal area from clitoris towards anus in the following sequence meatus , labia minora and then labia majora . Use one swab for each wipe

Disinfectant can be irritating to skin and mucus membrane

- Repeat cleaning with cotton swabs dipped in sterile normal saline in same sequence

# Male



a. Grasp penis firmly below glans with non-dominant hand . Retract the foreskin and hold it retracted till the end of the procedure

Foreskin coming back into position before catheter is in situ will cause contamination

b. With dominant hand use sterile swabs dipped in antiseptic solution to clean meatus and moving out in circular motion

c. Use one swab for each wipe

d. Repeat cleaning using sterile saline in same sequence

Disinfectant can be irritating to skin and mucus membrane

# Procedure

20. Insert catheter for 15 -20 cms in males and 2.5 -5 cms in female patients until urine begins to flow , do not force catheter ,if met with resistance twist catheter and wait for some time to allow spincture to relax. Encourage the patient to take deep breaths while inserting

Male urethra is very narrow and forcing catheter can traumatize spincture and urethra.

Deep breathing can aid in muscle relaxation

21. Collect al urine in the sterile kidney tray if needed collect urine specimen in the specimen container

Collecting urine helps in assessing volume of urine drained

# Cont....



22. Remove catheter if intermittent catheterization is done

23. If retention catheterization is performed introduce sterile distilled water to inflate balloon

24. Pull the catheter outward lightly to ascertain stability

25. Connect catheter to urosac tied to bed below the level of the bladder

Inflated balloon helps in retaining catheter inside the bladder

Urosac above the level of the bladder lead to back flow of urine and cause risk of infection

# Cont....

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26. Fix catheter to thigh using adhesive tapes. Ensure adequate length to avoid traction.

Traction on catheter can lead to injury to urinary meatus

27. Clean and replace equipments and remove gloves

Keeps equipment ready for next use

28. Wash hands

reduces the risk of transmission of microorganisms

29. Record the procedure and observations in patients chart

Promotes communication between staff members

# Special Considerations

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- Catheter has to be changed periodically as per agency policy

# CONCLUSION

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**QUESTIONS.....**







Thank You