

Step-by-step guide

Male Catheterisation



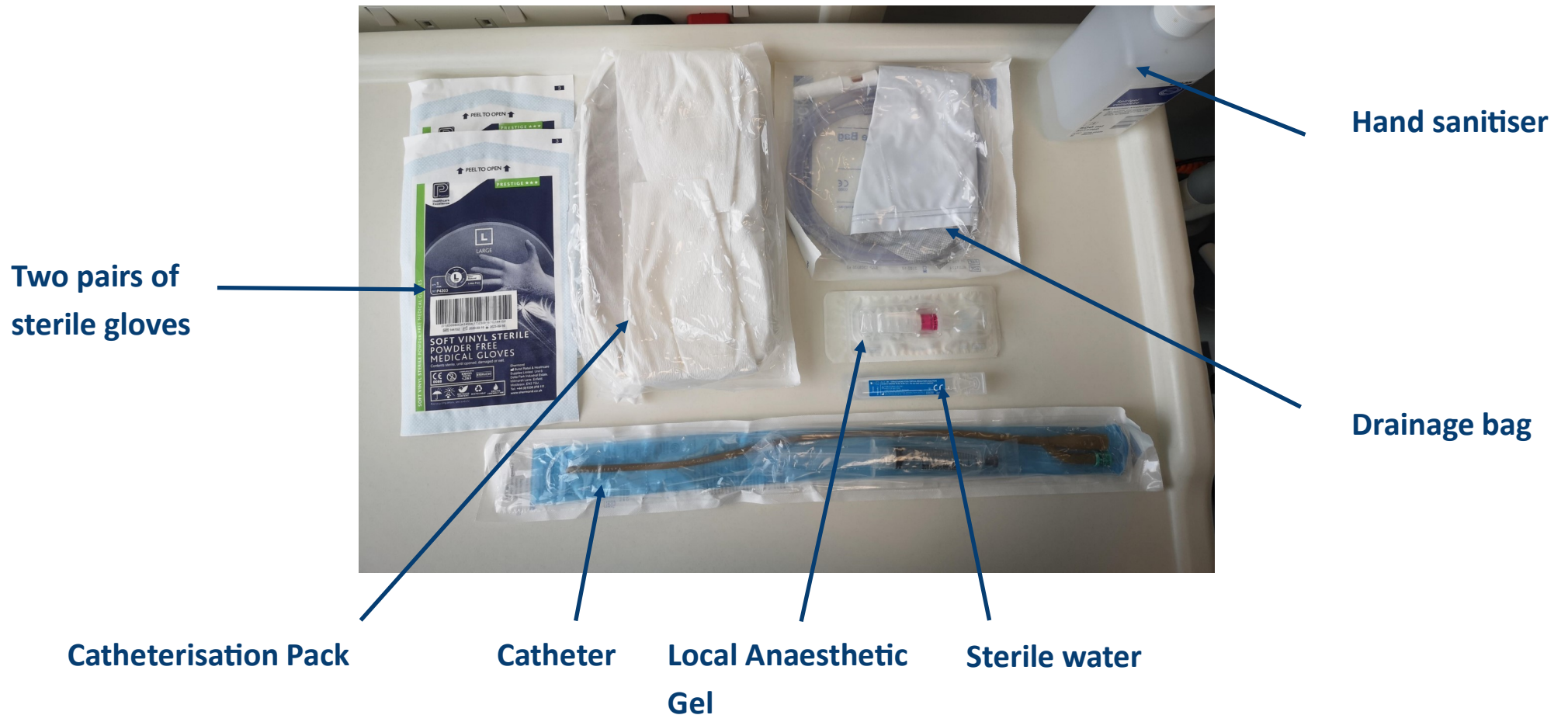
**LIVERPOOL
JOHN MOORES
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Gather your equipment

Ensure you select the correct catheter



Procedure

Explain the Procedure



Check patient identity

Discuss the procedure with the patient. Explain what will happen.

Gain consent

Ask the patient if they would like a chaperone

Ensure privacy and dignity is maintained throughout the procedure

Create a Sterile Field



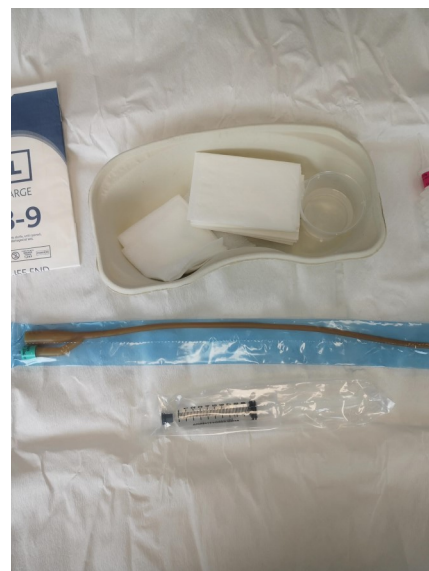
Wash hands

Decontaminate trolley

Don PPE

Prepare the sterile field (see ANTT principles guide)

Arrange Equipment



Open catheter onto the sterile field—ensure the inner sterile wrapper is intact

Add any other sterile equipment to sterile field—make sure you do not contaminate the sterile field

Wash hands

Apply sterile gloves

Apply Sterile Field



Maintain the sterile field using the sterile towels or drapes over abdomen and thighs

You are also able to make a hole in the larger sterile towel and place over penis

Procedure

Cleaning (A)



Following trust policy clean the urethral meatus

Using your non dominant hand use sterile gauze wrapped around the penis to hold.

Ensure you do not contaminate your dominate hand

Cleaning (B)



If foreskin is present, use the gauze to retract. Do not to fully retract the foreskin

Clean the top of the meatus, pass over the glans towards the retracted foreskin in one movement and discard the 'dirty' swab. Take a second swab and repeat, cleaning the underside of the meatus, again passing over the glans towards the retracted foreskin. Discard the gauze

Administer the anaesthetic gel



Following trust policy

Prior to inserting the local anaesthetic gel into the urethra, put a few drops of local anaesthetic gel on the urethral meatus

Then insert the nozzle into the meatal opening and administer the gel into the urethra

Administer the anaesthetic gel



Remove the syringe from the urethra

Leave the gel to work for 3-5 minutes—whilst holding the glans of the penis closed so the gel does not leak out

Procedure

Apply new sterile gloves



- Remove sterile gloves
- Wash hands
- Apply new sterile gloves

Open Catheter



- Put a bowl under the penis to catch any urine
- Open catheter packaging along the perforated edge to expose a few centimetres of the catheter. Use the packaging to protect the catheter, you need to pull the packaging back whilst you insert the catheter

Insert the catheter (A)



- Hold the penis upright and extend it as shown above. Maintain this position until the catheter has been inserted

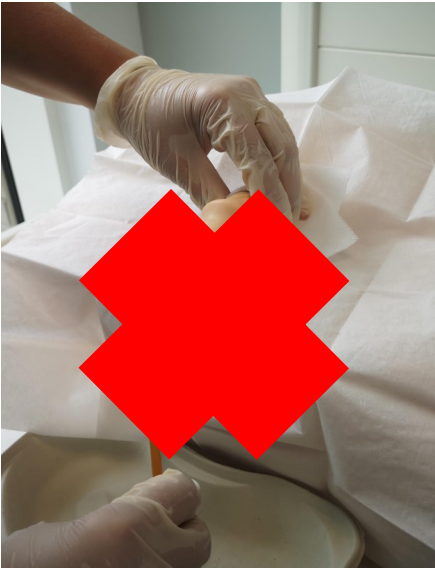
Insert the catheter (B)



- With a smooth action pass the catheter through the urethra and into the bladder
- When you reach the external sphincter, there may be a feeling of resistance; ask the patient to cough or bear down as if he wanted to pass urine, while continuing to insert the catheter into the bladder

Procedure

Stop if any resistance



Stop the procedure if the patient experiences undue pain or discomfort, there is bleeding that would not be due to minor trauma or if you feel resistance

Seek medical advice

Ensure catheter is in bladder



Insert 20–25 cm of the catheter (the male urethra is about 18 cm long)

Discard the wrapper.

When urine starts to flow out of the catheter, insert it to almost where it divides into two branches

Inflate balloon



Slowly inflate the balloon, following the manufactures guidelines

The patient should not feel any pain or discomfort, if they do stop immediately and follow local trust guidelines (the balloon may be sitting in the urethra and you might need to deflate balloon, remove the catheter and start again)

Do not inflate the balloon if there is no urine

Pull catheter back



Once the balloon has been inflated in the bladder, smoothly pull the catheter out until you meet a little resistance; this allows you to check that the balloon was inflated in the bladder and is now in the correct position

Procedure

Attach drainage bag



Attach catheter drainage bag and secure to the leg

Dispose of waste



Dispose of all waste according to trust policy

Decontaminate hands



Remove PPE and wash hands

Document and active plan of care

Catheterisation records - to be completed by your healthcare professional/carer

Reason for initial catheterisation

Reason for catheter (circle) H O U D I N I (O)	Where catheter inserted (eg hospital):
Trial without catheter (TWOC) history prior to discharge:	Problems during catheterisation: Can be changed in the community? YES/NO

Haematuria - clots and heavy

Obstruction – mechanical urology

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient

Input output monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated)

(O) - other

Document all information regarding the insertion of catheter and when the catheter needs to be changed

Many hospitals now use a catheter passport