

5. Catheterisation

	Urethral Catheterisation	Supra-pubic Catheterisation	Intermittent Self Catheterisation (ISC)
Description	Sterile procedure that facilitates direct drainage of the urinary bladder	Surgically created connection between the urinary bladder and the anterior abdominal wall to drain urine from the bladder	Insertion of a urinary catheter to drain urine or instil solution into the bladder which is immediately removed and not left in situ
Indications	<ul style="list-style-type: none"> • Acute urinary retention (Symptomatic chronic urinary retention and/ or renal impairment) • Debilitating disease involving skin ulceration • Severe burns • Monitoring fluid balance in severely ill patient (urosepsis policy) • Neurological disorders • Surgical procedures: intra-operative/ following abdominal, gynecological or urological surgery • Unfit for urology surgery • For comfort and dignity in end of life care • Prolonged immobilization • Intractable urinary incontinence when alternative non-invasive approaches are unsatisfactory or unsuccessful • Post bladder/prostate surgery 	<ul style="list-style-type: none"> • Elective abdominal or urological surgery • Inability to pass urethral catheter due to obstruction • Acute urinary retention or chronic retention • Advanced neurological disease • Disorders of the genitalia or urethral trauma • Patient preference, particularly if sexually active or to maintain the ability to self-care • Less urethral trauma • Persistent expulsion of the urethral catheter • More comfortable to wear • Intractable incontinence, where other options have failed 	<ul style="list-style-type: none"> • Management of chronic urinary retention or incomplete bladder emptying • Reduce UTI with draining residual urine • Male or female patients who suffer from some form of neurogenic bladder dysfunction or voiding difficulty • Management of a urinary pouch via a continent stoma • Installation of drug therapy • Self-dilation of urethral stricture disease
Contraindications	<ul style="list-style-type: none"> • Pelvic fracture • Severe burns • Traumatic urethral injury • Failed Trial Without Catheter (TWOC) following transurethral resection of Prostate (TURP) within four weeks • Artificial urinary sphincter 	<ul style="list-style-type: none"> • Known or suspected carcinoma of bladder • Undiagnosed haematuria • Femoral-femoral crossover vascular grafts • Previous lower abdominal surgery • Blood clotting disorders • Ascites • Suspected/diagnosed ovarian cyst • Severe obesity 	<ul style="list-style-type: none"> • ISC performed in an acute or emergency situation is a sterile procedure • Clinically clean procedure within the home setting • Catheters are single use only • Dependent upon individual patient needs and based on full clinical assessment • Patient understands how to order their supply of catheters. (GP prescription)

Indications for hospitalisation	<ul style="list-style-type: none"> • Fresh haematuria • Within 3 weeks of radical prostatectomy or bladder/ urethral reconstructive surgery, consult the Urology Department if re-catheterisation is required • Urethral obstruction 	<ul style="list-style-type: none"> • Previous problematic insertions by the clinician 	
Catheter selection	<ul style="list-style-type: none"> • 'Standard' catheter lengths (40cm) are only available within BGH • In Primary Care, a female length catheter may be prescribed on a named patient basis • Smaller gauge catheters minimise the risk of urethral trauma which predisposes to Urinary Tract Infections • If recurrent blockages due to sediment, consider larger bore catheter or open-ended catheters • Tiemenn tipped if large prostate 	<ul style="list-style-type: none"> • Maintain size at catheter change, unless otherwise clinically indicated • Standard length is 1st choice • Size 16 - 18ch catheter at the initial insertion • For ongoing catheter changes use an all silicone 16ch - 18ch catheter, unless instructed to upsize catheter for recurrent blockages (may upsize to size 20ch in total) • First changes (after 4 weeks) may be performed within the community unless requested by the surgeon. Contact the Urology if catheter requires change within 4 weeks • Exchange suprapubic catheter without delay (suprapubic tract can be closed within half an hour of removal of the existing catheter) 	<ul style="list-style-type: none"> • Size 12ch Tiemenn tipped if large prostate
Catheter diameter	<p>Use smallest gauge catheter initially. If there is a latex allergy use all silicone catheter:</p> <p>Size 12/14ch - Clear urine, no debris, no haematuria</p> <p>Size 16ch - Slightly cloudy urine, light haematuria with or without small clots, mild debris</p> <p>Size 18ch - Moderate to heavy debris, haematuria with moderate clots</p>		
Lubricant:	<p>The anesthetic-based gel must be used prior to catheterisation for both male and female patients as per the manufacturer's instructions. 11ml syringe for male patients and 6ml syringe for female patients.</p>	<p>The anesthetic-based gel must be used prior to catheterisation for both male and female patients as per the manufacturer's instructions. 11ml syringe for male patients and 6ml syringe for female patients.</p>	