FOLEY CATHETER TYPES

- 2 WAY
- 3 WAY
- COUDE
- COUNCIL TIP
- STRAIGHT
METHODS OF CATHETERIZATION

1. IDENTIFY ANY EXTERNAL ABNORMALITIES
   - HYPOSPADIUS
   - INFLAMMATION
   - TRAUMA
   - SWELLING
METHODS OF CATHETERIZATION (cont’d)

2. CLEANSE AREA OF MEATUS WELL
   - MALE - GLANS & DISTAL SHAFT
   - FEMALE - LABIA & EXT. VAGINA

3. INSTILL LUBRICANT (ANESTHETIC JELLY/FLUID)
   - MALE - INJECT 5-10cc RETROGRADE VIA MEATUS
   - FEMALE - PLACE JELLY ON 2 Q-TIPS
METHODS OF CATHETERIZATION (cont’d)

• GENTLE PASSAGE

• IN MEN BEGIN PERPENDICULAR TO TABLE. WHEN REACH MEMBERANOUS URETHRA MOVE PENIS TOWARD PATIENTS FEET

5. INFLATION OF FOLEY BALLOON

• INJECT PRESCRIBED AMOUNT OF FLUID
• Inflate with catheter completely in bladder (up to hub)
• Use water to inflate balloon
• IF RESISTANCE TO FLOW - CONSIDER CATHETER MAY BE KINKED (i.e., in wrong position)

6. COLLECT A URINARY SPECIMEN (CONSIDER UA OR C&S)
### PROBLEM WITH PASSAGE

- Resistance
- Buckling
- Bleeding
- False passage

### UTI ASSOCIATED WITH CATHETERIZATION

- General colonization within 48-72 hours
- Problems with prophylactic antibiotic (if used consider supp. dosage)
- Consider short term antibiotic treatment upon removal
PREVENTION OF UTI WHEN CHRONIC CATHETERIZATION USED

• CONSIDER BLADDER IRRIGATION WITH NORMAL SALINE

• CLOSED SYSTEM

ROUTINE CATHETER CARE

• MEATAL CLEANSING

• LEG BAGS/STRAPS

• NIGHT BAG

REMOVAL OF FOLEY

• DEFLATE BALLOON

• GENTLY PULL OUT

• IF RESISTENCE CHECK FOR BALLOON DEFIMATION
DIFFICULT PROBLEMS

• URETHRAL STRICTURES
• FALSE PASSAGES
• BLEEDING
• UTI (COLONIZATION)

URETHRAL STRICTURES

• FIRST TRY INCREASED AMOUNT OF LUBRICANT
• TRY SMALLER CATHETER OR COUDE CATHETER (KEEP POINT UPWARD)
• CONSIDER PASSAGE OF FILIFORM AND FOLLOWERS, SOUNDS, ETC, (UNLESS EXPERIENCED GET A GU CONSULT)
FALSE PASSAGES

- Occur because of trauma to urethral wall
- Typically associated with bleeding
- Catheter does not pass completely to hub or bends in urethra
- Increased resistance or patient patin with inflation of balloon

BLEEDING FROM THE BLADDER

- Consider continuous 3-way irrigation with saline
- Try to irrigate all clot out of bladder
BLADDER SPASMS —— INTENSE PAIN

- DITROPA N (OXYBUTYNNIN)
- B & O SUPPOSITORIES (BELLADONNA AND OPIUM)
- REDUCE AMOUNT OF FLUID IN BALLOON
- PAIN MEDICATIONS

SUMMARY

- KNOW EQUIPMENT
- KNOW "TRICKS OF THE TRADE"
- BE GENTLE!
- ADEQUATE POST-CATHETERIZATION CARE