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### FOLEY CATHETER TYPES

- 2 WAY
- 3 WAY
- COUDE
- COUNCIL TIP
- STRAIGHT

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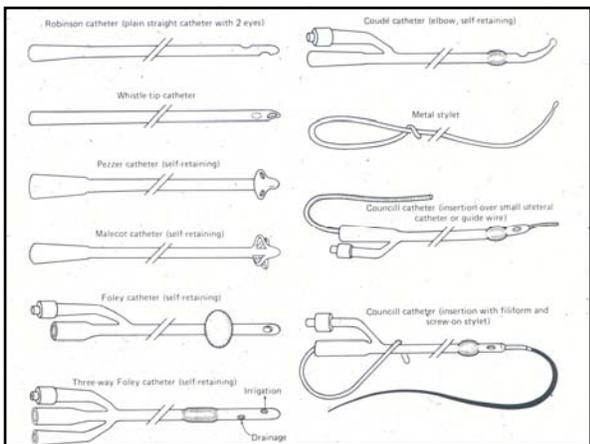
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## METHODS OF CATHETERIZATION

### 1. IDENTIFY ANY EXTERNAL ABNORMALITIES

- HYPOSPADIUS
- INFLAMMATION
- TRAUMA
- SWELLING



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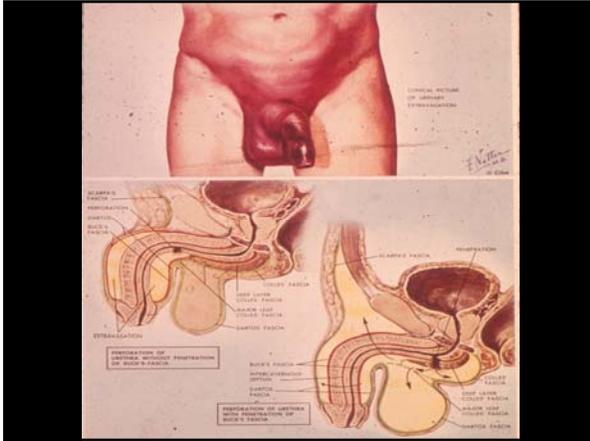
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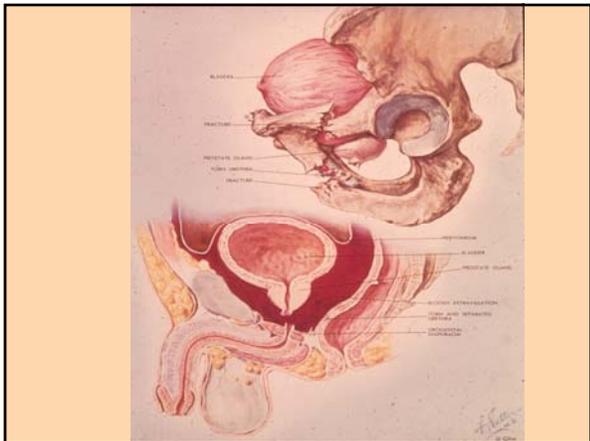
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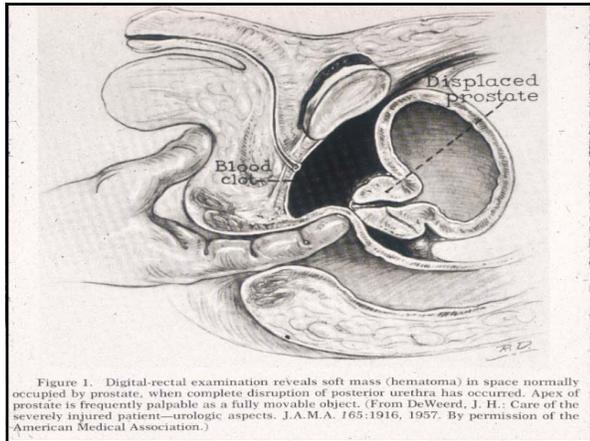


Figure 1. Digital-rectal examination reveals soft mass (hematoma) in space normally occupied by prostate, when complete disruption of posterior urethra has occurred. Apex of prostate is frequently palpable as a fully movable object. (From DeWeerd, J. H.: Care of the severely injured patient—urologic aspects. J.A.M.A. 165:1916, 1957. By permission of the American Medical Association.)

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**METHODS OF CATHETERIZATION (cont'd)**

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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

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## METHODS OF CATHETERIZATION (cont'd)

- GENTLE PASSAGE
- IN MEN BEGIN PERPENDICULAR TO TABLE, WHEN REACH MEMBRANOUS URETHRA MOVE PENIS TOWARD PATIENTS FEET

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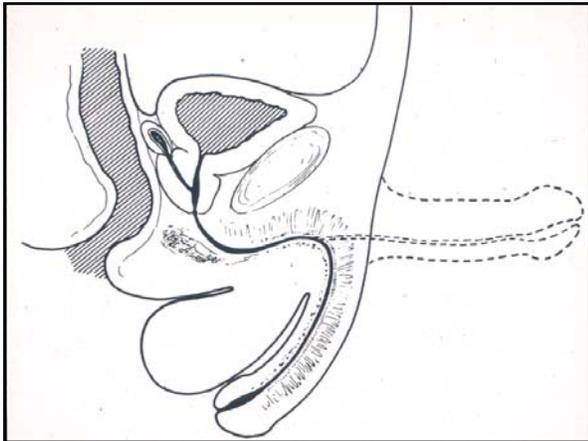
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## METHODS OF CATHETERIZATION (cont'd)

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)

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## PROBLEM WITH PASSAGE

- RESISTANCE
- BUCKLING
- BLEEDING
- FALSE PASSAGE

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## 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

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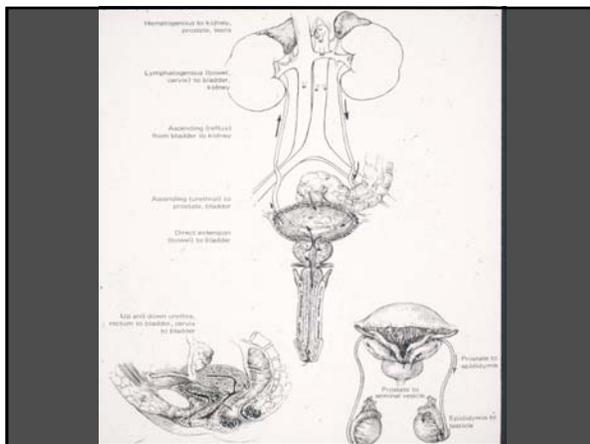
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**PREVENTION OF UTI WHEN CHRONIC CATHETERIZATION USED**

- CONSIDER BLADDER IRRIGATION WITH NORMAL SALINE
- CLOSED SYSTEM

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**ROUTINE CATHETER CARE**

- MEATAL CLEANSING
- LEG BAGS/STRAPS
- NIGHT BAG

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**REMOVAL OF FOLEY**

- DEFLATE BALLOON
- GENTLY PULL OUT
- IF RESISTENCE CHECK FOR BALLOON DEFLATION

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## DIFFICULT PROBLEMS

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

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## 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)

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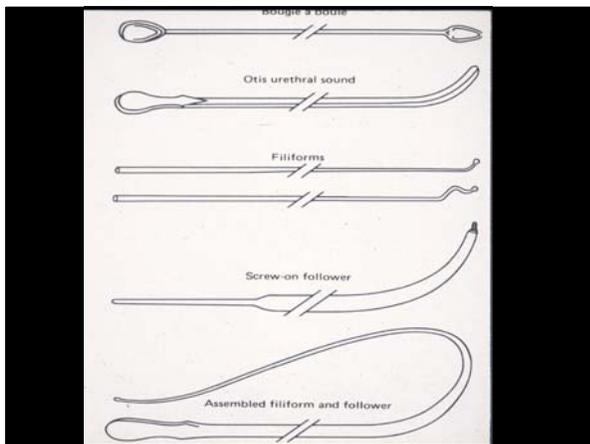
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## FALSE PASSAGES

- 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 PAIN WITH INFLATION OF BALLOON

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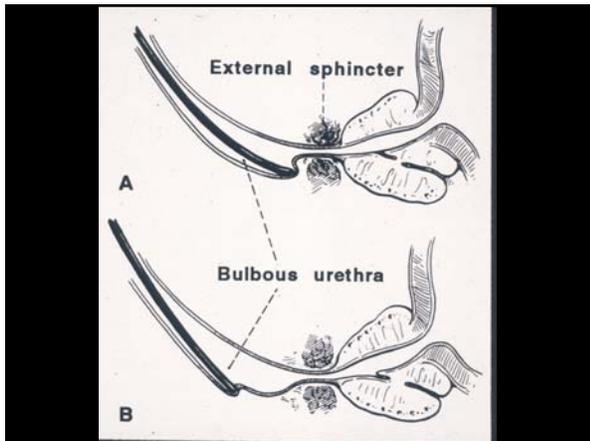
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## BLEEDING FROM THE BLADDER

- CONSIDER CONTINUOUS 3-WAY IRRIGATION WITH SALINE
- TRY TO IRRIGATE ALL CLOT OUT OF BLADDER

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## BLADDER SPASMS —→ INTENSE PAIN

- DITROPAN (OXYBUTYNIN)
- B & O SUPPOSITORIES (BELLADONNA AND OPIUM)
- REDUCE AMOUNT OF FLUID IN BALLOON
- PAIN MEDICATIONS

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## SUMMARY

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

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