Urinary Catheterization Male

Nurse 1: Hi Renee.

Nurse 2: Hi Wendy.

Nurse 1: What are we going to do today?

Nurse 2: We're going to show students how to do a male catheterization. I've done my assessment on my patient. The last time he voided has been taken into consideration. I've assessed how much he's drank. I happen to have a bladder scanner and I was able to scan his bladder and see that he has 1200 mls of urine in his bladder which is significantly high and he's uncomfortable.

Nurse 1: Do we actually need an order for this or can you do it based on your own judgment?

Nurse 2: So in BC nurses can put catheters in without orders. They're doing it under their independent scope of practice. So it has to be within your scope of practice. You have to have competence to do it. You have to have an employer policy to support you to do this and in our health authority we do. You have to be prepared to deal with any consequences that might happen as a result. Because everything we do to patients could have harm.

So Wendy I'm thinking this is going to be an indwelling catheter, that we're going to leave in. I've got my urine drainage bag ready and hooked to the side of the bed. We keep the cap on because we think about principles of asepsis. This is where we're going to connect to the catheter and we don't want to introduce any bacteria and give him a urinary tract infection. I've chosen a size 16-2 way foley for him because that's a pretty standard size for men. And I'm going to just open it and put it on my field. Most catheters come with an inner packaging and so we again have to remember principles of asepsis and not touch that. Next I've already done some peri care on the patient just trying to reduce risk of infection. And of course I've explained to him what I need to do to him.

So I'm going to grab these drapes. And I'm thinking about principles of asepsis. It's the middle of this field that I need to stay sterile. You'll notice this one looks a little bit different it has a cutout. There's a window in this drape and that's what's going to go over top. Again I can touch the edges but I can't touch the center of the field.

I put on my sterile gloves and then I'm going come to my sterile field and sort out my equipment here. I'm going to take my catheter out of its package, being really careful not to let it flop all around. We need lubricant because you can imagine it probably doesn't feel very nice going in.

Nurse 1: Do we have to check...we used to blow up the balloon.

Nurse 2: Oh yes. Back in the day… we did.

Nurse 1: We don't do that anymore?

Nurse 2: Now the manufacturers are saying trust our product. You don't need to. So we don't. But there will still be some nurses who have been taught that way who will continue to do it. And the other thing the manufacturers are saying is… I'll show you. The balloon is going to be about right here. So if we blow it up now and even if we deflate it, the rubber it stretched a little bit and cause a little bit of trauma to the urethra as it's being inserted. So… trust their product and try not to do any extra harm to your patient.

So I put lubricant on. For a man I would probably try to lubricate at least seven to nine inches because their urethra is quite long.

Nurse 1: What happens if this was somebody who had a prostate issue? Could we use a different catheter for that?

Nurse 2: So we would always try to use the regular foley catheter. If the prostate is enlarged and we can't pass the catheter past that prostate, then we would have to call the physician. Those special types of catheters you're talking about are called coude tips. They're a little bit hooked and they're quite firm on the end. You want to get some permission from the doc before you go ahead and put that type in.

Nurse 1: What about if there are issues with the urethra? You know if it's not just on the end…if it's a hypospadius. What do you do with those?

Nurse 2: The procedure is still the same. We're going to clean the meatus the same way. We just know that the where we put the catheter, the hole is in a different place. And so depending on where it is, the angle that the catheter starts to move in, might seem a little bit strange.

There are some chlorhexidine cleansing sticks that come in these kits. Again I'm still sterile. I'm just going to leave them like this. I'll just point out to the students that usually the solution is brownish yellow. The syringe is filled with sterile water that I can use to inflate the balloon.

Nurse 1: OK so that's what 10cc's or 5? Would you always put 10 in?

Nurse 2: I would always put in whatever has come in the kit. And then we would just chart accordingly. So my sterile hands have grabbed my sterile tray. And I'm just going to put that between his legs.

And of course I'm communicating to the patient. OK. Mr. Jones I'm just going to clean the end of your penis so it might feel a little bit cold.

So for men we'll clean the meatus first.

Nurse 1: So I see you're doing a spiral just starting at the meatus going down.

Nurse 2: Yes, if you think about when we clean wounds with gauze, we're just trying to create a barrier of cleanliness. I'll point out if he was circumcised I would try to get his foreskin back.

Even though I have a lubricated the catheter just before I insert it, I always put a little blob of lubricant in my tray. I pick that blob up just before I insert.

OK, Mr. Jones this might feel uncomfortable. So just keep breathing deep.

So this is a man. I think I'm getting some resistance so I think that's his prostate. I'm just going to lift his penis up. And then continue to hold pressure. Sometimes the prostate will relax and then the catheter will go. I can see I'm getting urine back into my tray so I know I'm in place. For men I insert all the way to the bifurcation. That's just always been my habit because you never want to inflate a balloon into somebody's urethra. They will scream if you do. Even your unconscious patient will make some movements. So if your patient can't talk to you, I always say to students watch their face as you're inflating that balloon. If there's any evidence of discomfort, stop. I'm just going to attach the syringe. And I'm going to inflate my balloon. And I'm watching his face.

Nurse 1: No screaming. No grimacing.

Nurse 2: So now I've emptied my syringe. He's remained comfortable and then I'm just going to pull back on the catheter a little bit just to make sure that it's in there. And finally I just need to attach my catheter to my bag. So that part of that's done but we're not finished yet.

You doing okay Mr. Jones?

So we'll get those gloves off and now it's really important that we secure the catheter to the patient's leg. You need gravity to help drain the bladder. So we have a couple of things we can use. Somebody has come out with these devices, called stat lock and they're great. I'll just show you how to put that on. It comes with skin prep. You're going to just wipe the skin prep on the leg where your stat lock is going to sit. It's basically a giant sticker with a device on it to hold the tubing.

Nurse 1: Now is there a certain way to put that tubing in there?

Nurse 2: Yes you can see one of the channels is a little bit larger than the other. So it's going to sit in there like that. And then this is going to fold over and click. So this part is not sterile. This one's nice because it has a swivel on it.

Nurse 1: Yes I see nurses in practice actually put it on the tubing first before they put it on the leg. Sometimes it's not aligned right, there's not enough slack.

Nurse 2: You need some slack. You think about when the patient starts to walk, you don't want to cause friction on his meatus because they will get sore.

Nurse 1: It can actually erode.

Nurse 2: Yes it will be very uncomfortable. If you don't have a stat lock available to you there's another way that you can secure the catheter to the leg. With plastic tape, you put a security layer

down. Then we're just going to put one over top and another over top of that. I think that is just as secure as this one. It's just another option if you don't have this fancy stuff available to you.

Nurse 2: Then I would just finish up by doing some peri care, making sure he's comfortable; making sure the urine is draining and is he feeling some relief.

Nurse 1: And we should probably make sure the bag is on the side where you've taped it. Don't put it on the side rails right?

Nurse 2: Fix it to the bed. Teach the patient that when he's up walking around he needs to keep that catheter bag lower than the level of his bladder because of gravity.

Nurse 1: What happens if need to get a sample? Would you always do a sample?

Nurse 2: No. Only when ordered or if something weird happened; if there was something suspicious to tell you that there's a urinary tract infection. So this catheter tubing, most of them come with this port. Clean it with alcohol. Allow the alcohol to dry. Use a blunt fill attached to a syringe and you're just going to aspirate here. You only need a few drops of urine for a culture and sensitivity.

Nurse 1: So you'd never take it from the bag?

Nurse 2: No. Because the bag stays there for days and days, it's going to be colonized with bacteria. Back in the day we used to clean the catheter tubing here and put in a needle. But we've moved away from using needles for one thing. And if you're poking into the tubing you run the risk of puncturing that second lumen which is the lumen holding the balloon which is what's holding the catheter in there.