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Adult Male Urethral Catheterization

Clinical Practice Guidelines

Introduction

Only personnel trained in the technique of aseptic insertion and maintenance of the catheter should handle catheters. Persons attempting catheterization should be familiar with the Facility Policy and standard precautions for urethral catheterization.

The order for insertion or replacement of an existing catheter from a licensed medical provider should be verified. The patient and the patient’s family if present should be informed of the reason for catheterization and what to expect in terms of discomfort.

Preparation and Procedure

- Ask patient and/or family about any potential drug/solution/latex allergies.
- Note any pertinent past medical history, including artificial urinary sphincter placement, prior urethral surgery or pelvic radiation.
- Assemble all of the necessary equipment before beginning the procedure.
- Topical antiseptic of choice, fenestrated drape, sterile gloves, or catheterization kit.
- Sterile water soluble lubricant or 1-2% lidocaine gel.
- Catheter of the appropriate size ordered by the provider.
- Luer lok syringe with sterile water or saline.
- Specimen container (optional)
- Urinary drainage bag
- Catheter securement device or a way to secure the catheter.

Procedure

- Provide as much privacy for the patient as possible.
- The patient should be in the supine position with legs straight (some references say legs spread apart)
- Perform hand hygiene immediately before insertion of the urinary catheter.
- Put on sterile gloves
- Prepare and drape the urethra and surrounding area under sterile technique.
- If the patient is not circumcised, retract the foreskin of the penis to allow exposure of the urethral meatus
- Cleanse the urethral meatus with the antiseptic solution of choice. Commonly used products include: Betadine, Hibiclens®, or Shur-Clens®. Maintain aseptic technique during the cleansing of the meatus.
- Retrograde injection of 5 ml to 10 ml of a water-soluble lubricant or water-soluble 2% lidocaine hydrochloride jelly is recommended. A urethral clamp can be applied to the penis to allow for the medication to take effect.

- The penis is placed or stretched perpendicular to the body (pointing slightly toward the umbilicus) without compressing the urethra, and the catheter is placed in the urethral meatus by holding the catheter an inch or two from the tip. Coat the catheter generously with lubricant (1-2 inches).
- Gently advance the catheter and, with experience, you can feel the natural resistance offered as the catheter traverses the external sphincter. As you approach the bulbomembranous urethra (level of external sphincter), ask the patient to take slow, deep breaths to help relax him and allow easier catheter passage. Be sure to advance the catheter to the “Y” level created by the balloon filling and urinary drainage ports to assure the balloon is within the bladder.
- If resistance is met, do not attempt forceful catheter insertion. Apply continuous, gentle pressure and ask the patient to take slow, deep breaths to help relax. Another helpful tip is to instruct the patient to try to void when you feel resistance. This will sometimes open the sphincter, allowing the catheter to pass.
- Urine flow should begin and the catheter balloon should be inflated with sterile water to the amount specified on the catheter. Over or underinflating may occlude the drainage holes Do not inflate the balloon until urine flow is noted.

Note: Lubricant may occlude the catheter lumen. If urine flow does not occur within a minute of catheter insertion, use a syringe and irrigate, freeing the lumen of the lubricant.

It is important to reduce the foreskin after completion of the catheterization to prevent paraphimosis, which is caused by failure to perform this important step.

- Connect the catheter to the appropriate drainage system. Indwelling catheters should be properly secured after insertion to reduce the risk of urethral trauma, urethral erosion, CAUTI or accidental removal. Secure the indwelling catheter by using a tube holder or taping the catheter to the inner thigh or lower abdomen.
- Drainage bags should be placed below the level of the bladder to allow for free flow of urine and decreasing the risk of CAUTI.

Difficult Catheterizations

Difficulty in catheterizing the male patient can result from inability to pass the S-shaped bulbar urethra and resistance to catheter passage at the bulbomembranous urethra with tightening of the external sphincter. These problems are usually overcome with a coudé catheter to negotiate the bulb or with slow, gentle pressure to bypass the external sphincter (this may require additional training of personnel and an additional order by the licensed medical provider).

Urethral strictures, false passages, prostatic enlargement, and post-surgical bladder neck contractures can make urethral catheterization difficult and may require the services of a urologist. If there is any question as to the location of the catheter (no return of urine), do not inflate the balloon. It may be best to remove the catheter and consult the urologist or leave the catheter and have a supervisor, nurse practitioner/advanced practice nurse, or urologist verify placement.

Document the size of the catheter used, the amount used to inflate the balloon, the patient’s response to the procedure and the amount, color, odor and quality of the urine drained.
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