



Clinical Practice Guidelines

Female Urethral Catheterization

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Introduction

Only personnel trained in the technique of aseptic insertion and maintenance of the catheter should handle catheters.

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

Preparation and Procedure

- Assemble all of the necessary equipment before beginning the procedure. Note any pertinent past medical history and any drug/solution allergies.
- Place the patient in the supine or lithotomy position with knees bent. The patient's legs are abducted to allow adequate visualization of the urinary meatus.
- Place a sterile drape over the perineal area to create a sterile field.
- Clean the urethral meatus and surrounding area with an aseptic solution. Commonly used products include: betadine, Hibiclens®, or Shur-Clens®. Wipe from the meatus toward the anus in a downward stroke. Repeat this several times.
- Maintaining sterile procedure, lubricate the catheter using a water-soluble lubricant.
- Hold the catheter 2 to 3 inches from the tip and insert slowly into the urethra. The catheter is usually advanced without meeting resistance. Once there is a return of urine, advance the catheter approximately 2 to 3 inches further to insure the balloon is in the bladder, not the urethra. Then inflate the balloon with the prescribed amount of sterile water.
- Connect the catheter to the appropriate drainage system.
- Secure the catheter to the inner thigh using a tube holder or tape.

Difficult Catheterizations

Some female patients may be difficult to catheterize due to various circumstances, including previous surgeries, childbirth, anatomical differences, and prolapse; therefore, the following may be helpful.

Unable to find the urethra:

- All female patients look a little different; however, they all have a urethra, a vagina, and anus. If you cannot see the urethra, place one finger inside the vagina and apply gentle pressure upward to support and straighten the urethra. Frequently this will open the urethral meatus creating better visualization. Insert the catheter just above your finger and below the clitoris.

If you feel the catheter alongside of your finger you are in the vagina. Remember, the urethra is just above the vagina.

- It is very uncommon for the urethra to appear to be just inside the vagina; however, it is possible. Use the method above to guide the catheter.

Unable to pass the catheter:

- The urethra may be kinked due to a prolapse.
- Place one finger inside the vagina and apply gentle pressure upward to support and straighten the urethra. Insert the catheter just above the vagina and below the clitoris. If you feel the catheter alongside of your finger you are in the vagina.
- If the prolapse is large and protruding from the vagina, it may be necessary to retract this by gently applying pressure to it as you guide it back into the vagina.
- Make sure the patient is in a supine position with the pelvis not tilted.

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