



Clinical Practice Guidelines

Male 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.
- Prepare and drape the urethra and surrounding area under sterile technique. 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.
- 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.
- 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.

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. Connect the catheter to the appropriate drainage system. Indwelling catheters should be properly secured after insertion to prevent movement and urethral traction. Secure the indwelling catheter by using a tube holder or taping the catheter to the inner thigh or lower abdomen.

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 coude 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.

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