MANAGEMENT OF URETHRAL CATHETER (FOLEY’S CATHETER)

What is a catheter?

This is a small, flexible tube passed through the water pipe (urethra) into the bladder to drain urine. Urine passes into a bag which is usually strapped to your leg. When the bag becomes full of urine, you will need to empty it. This is done by opening the tap at the bottom of the bag, either over the toilet or into a suitable receptacle. The most widely-used types of catheter contains latex.

If you have any history of latex allergy, please inform the urology staff before a catheter is inserted. If you do have latex allergy, an all-silicone catheter can be used which carries no risk of an allergic reaction.

The catheter will be inserted by either a doctor or a nurse. He/she will explain the reason for the catheter and whether it needs to be permanent or temporary. The catheter will feel strange at first and you will certainly feel quite conscious of it.

To start with, you may have a constant feeling that you want to pass urine, even though the bladder has been emptied by the catheter; this sensation is quite normal and will soon pass. It probably happens because the bladder, at first, tries to expel the water-filled balloon which holds the catheter in place. After a while, however, the bladder learns to tolerate the presence of the balloon and the constant urge to pass urine disappears.

How do I look after the catheter?

The catheter must be treated as a part of your own body and will need to be kept clean in the same way.

You can wash your catheter each day with warm, soapy water, when you take a bath or shower. You are advised to wash the catheter away from the urethra (i.e. towards your feet) to discourage germs from entering the body and causing infection.

Whilst your catheter is in place, you will need to drink plenty of fluids to prevent urinary infection and constipation. If your urine becomes dark, this may mean you are slightly dehydrated and you should increase your fluid intake. You should take care not to kink the catheter or to raise the drainage bag above the level of your bladder.
Once your catheter has been inserted, the nurse looking after you will give you any additional information that you require. He/she will also supply any spare equipment you may need.

When you are at home, you will need to take special care of the catheter and its drainage system. The different component parts of this are:

**The catheter**

You need do nothing to the catheter apart from keeping it clean on the outside by carefully washing yourself and the catheter tube. Ensure that you dry yourself gently and thoroughly to prevent any sore-ness.

**The leg-bag for daytime use**

This is attached directly to the catheter and collects all the urine produced during the day. It will, of course, become heavier as it fills. Do not allow it to become too full, as this carries the risk of pulling on the catheter. This can cause pain, bladder spasm and even catheter displacement. Always wash your hands before and after emptying urine from your drainage bag into the toilet.

**The leg-bag support**

This is rather like a footless sock and is used to keep your leg-bag securely attached to your leg.

**The G-strap**

This prevents the catheter from being pulled. It has a Velcro strap around the catheter and your leg to hold the catheter firmly in position.

**The night drainage bag**

This is connected directly to your leg-bag at night without disconnecting the leg-bag.

To connect the night drainage bag:

- Remove the leg-bag support;
- Wash your hands carefully;
- Empty the leg-bag and, with the tap still open, push the end of the night bag into the small piece of tubing at the end of the tap. This should form a direct route for urine to collect in the night bag;
- Attach the night bag to its stand; this stays on the floor by the side of your bed;
- In the morning, turn off the tap at the bottom of the leg-bag; and
- Disconnect the night bag, empty the urine into the toilet and rinse the night bag with warm water.

It is then ready to be used again the next night. You will return usually be sent home with a small supply of leg and night bags. These should be changed only once a week unless there is a problem with one of them. If you have to dispose of a bag, it should be rinsed out with water, put into a plastic bag and put out with your normal household waste.
What if I experience problems?

Some problems may occur when you have a catheter but your district nurse, GP or nurse practitioner can advise you on what to do:

**Bladder spasms**

Bladder spasms feel like abdominal (tummy) cramp and are quite common when you have a catheter in your bladder. The pain is caused by the bladder trying to squeeze out the balloon that holds the catheter in position. If you are unable to tolerate this sensation, your GP can prescribe a drug which stops the cramps.

**Leakage around the catheter**

This is called by-passing. It is sometimes the result of bladder spasms (see above) or can happen when you open your bowels. If it does, check that your catheter is not blocked and that urine is still draining. If the catheter is not draining properly, you should contact your district nurse as soon as possible.

**Blood or debris in the urine**

This is common with a catheter and tends to increase gradually the longer a catheter has been in the bladder. It is only a matter of concern if you see large blood clots or solid pieces of debris passing down the catheter. If this happens, please contact your nurse practitioner as this can cause a blockage (see below).

**Blockage**

This will become an emergency if not dealt with in a timely fashion. Check that the drainage bag is below the level of your bladder, that the catheter has no kinks or twists in it, that there are no clots or debris in the catheter and that you have been drinking enough. If the catheter will not unblock, contact your district nurse immediately or get in touch with your nurse practitioner.

**Catheter falling out**

- If your catheter falls out, contact your district nurse or nurse practitioner immediately. If there is doubt about whether your catheter should be replaced, this can be discussed with the on-call urologist.

**Urine infection**

Bacteria are invariably found in the urine after catheterisation. A positive urine culture for bacteria is, therefore, very common once a catheter has been in for more than 10 - 14 days but does not mean that you need to take antibiotics. If you have symptoms suggestive of infection (i.e. a high temperature, excessive bladder discomfort, urethral pain), please contact your district nurse or nurse practitioner who will consider whether you need antibiotics.