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Saturday, June 10, 2017

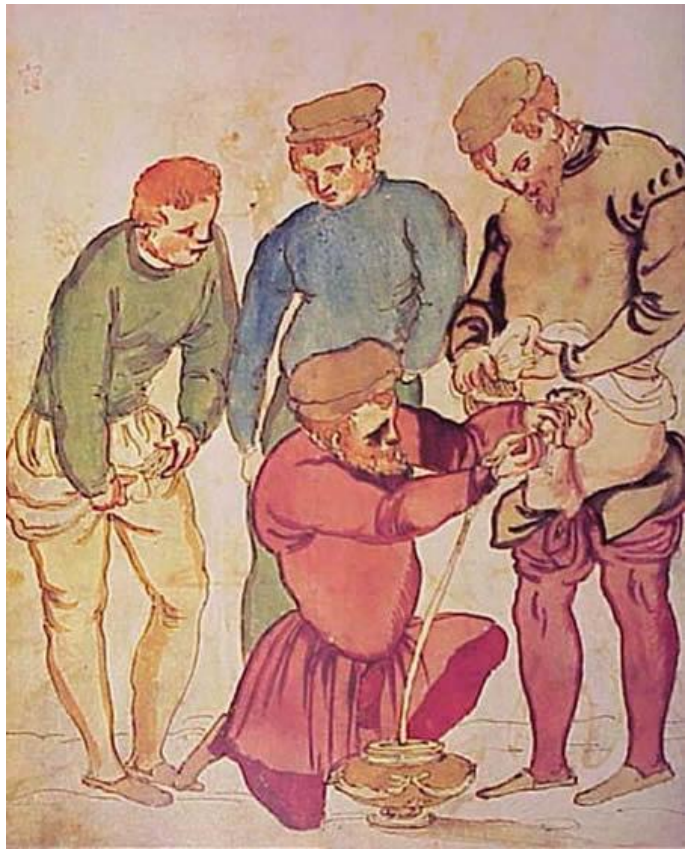
9:30 - 10:00 Practical Tips on Managing Urinary Catheters

DON’T FEAR THE CATHETER

TROUBLE SHOOTING CATHETERS..

Anna Lawrence, Urologist
Simon Van Rij, Urologist

CATHETERS



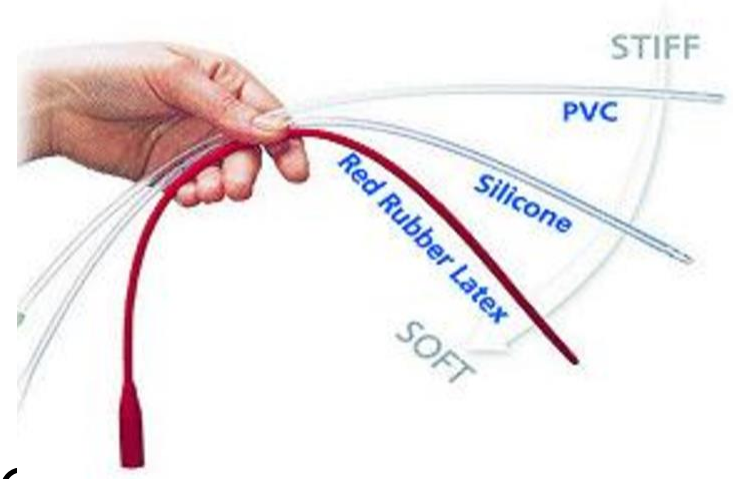
WHAT THIS IS..WHAT THIS IS NOT…

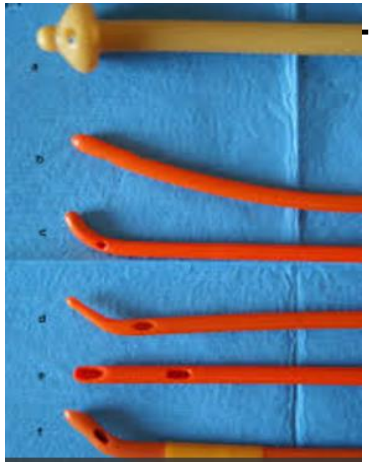
NOT A LESSON ON CATHETERISING

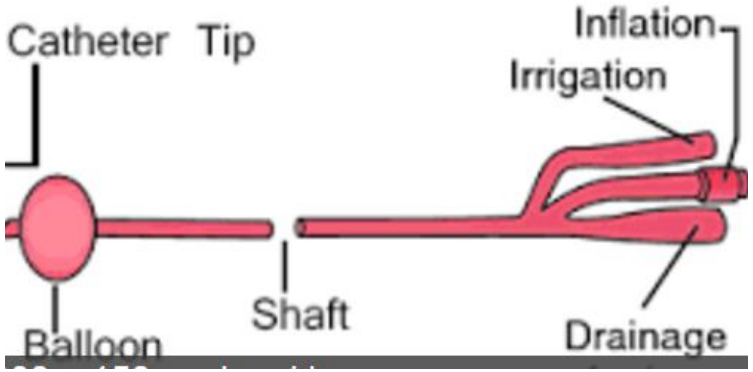
TROUBLE SHOOTING IN THE COMMUNITY

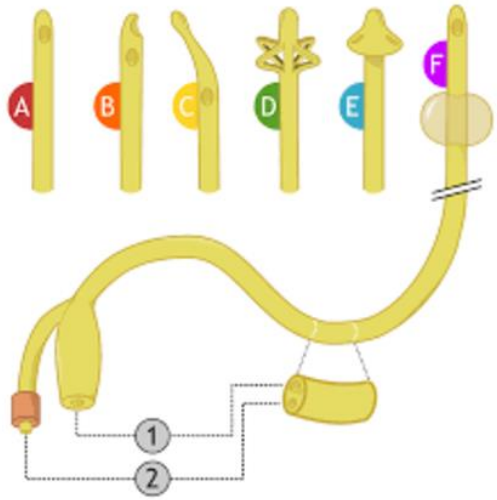
CATHETERS..

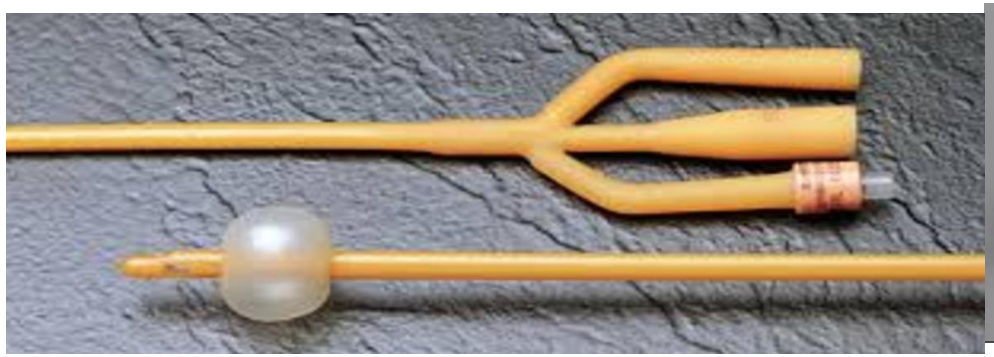
AS MANY AS MY [illegible]TION..



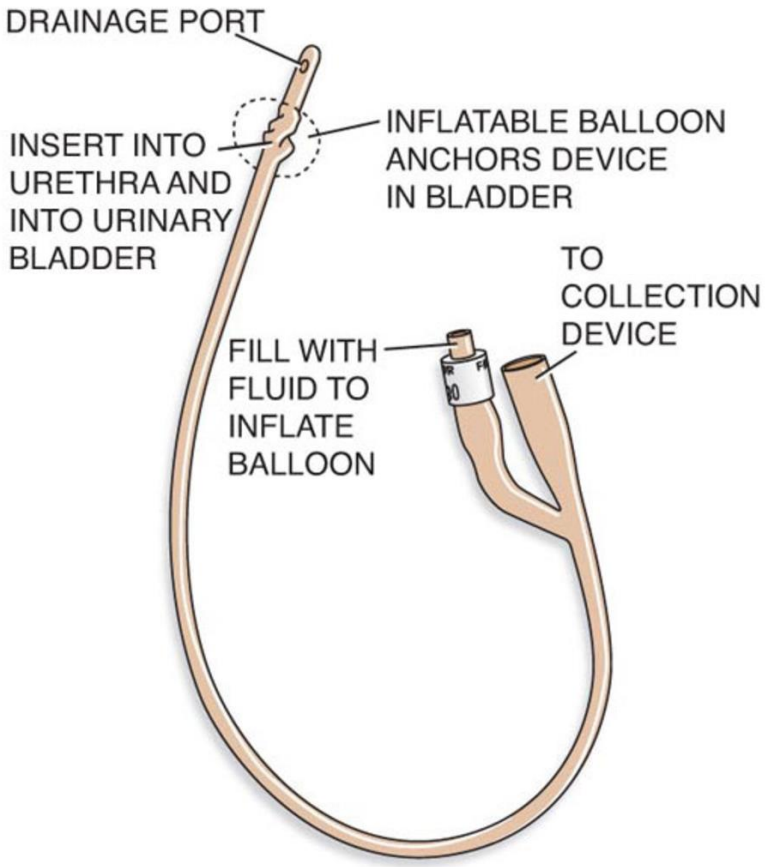








CATHETERS… HOW THEY WORK



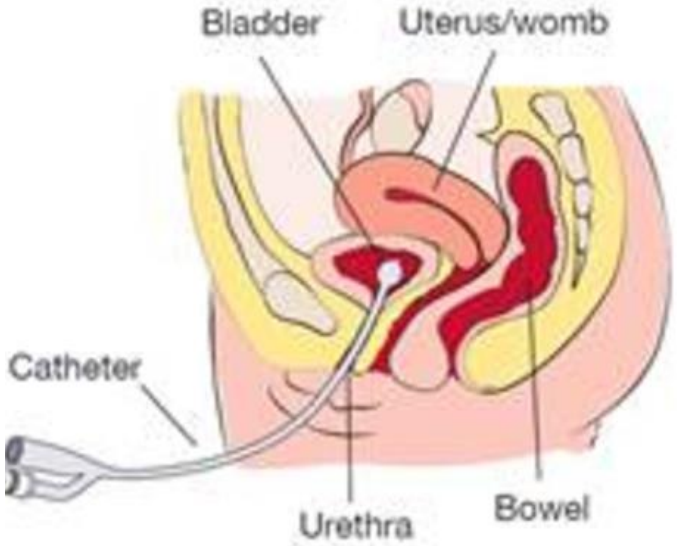


Figure 1 – Female catheter

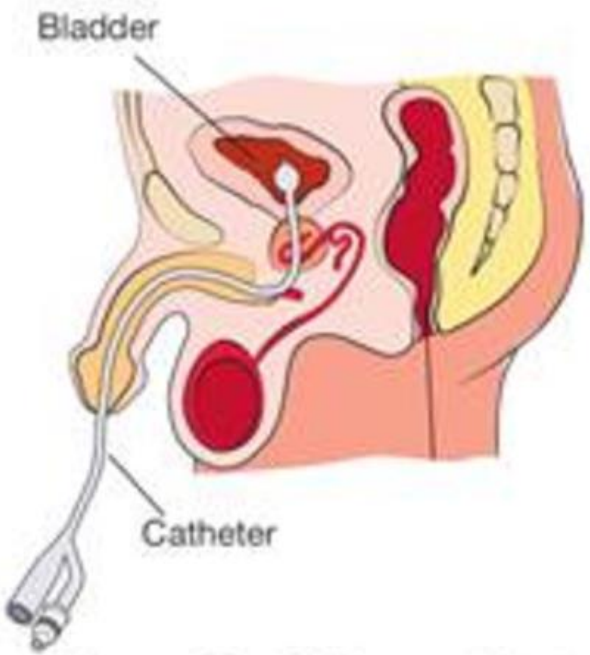
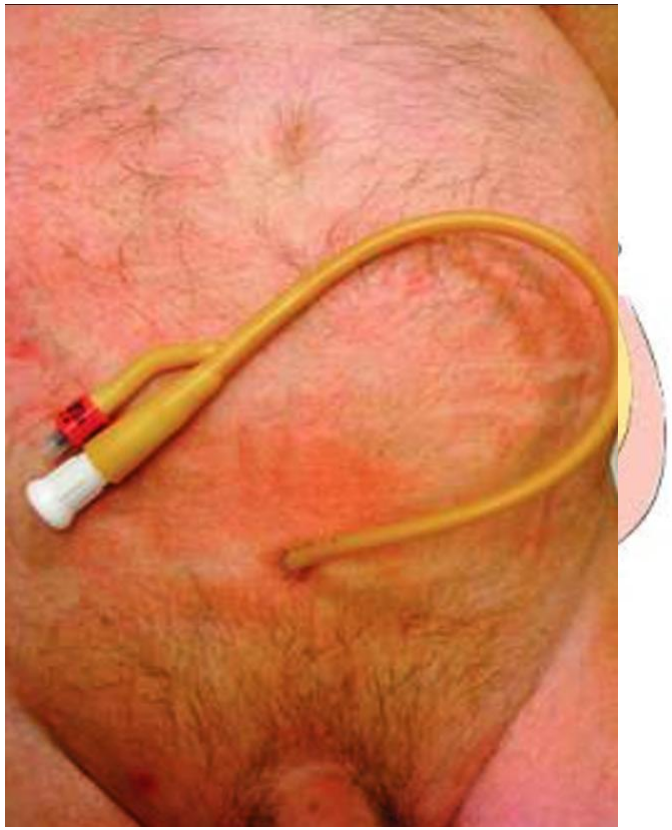


Figure 2 – Male catheter

SUPRAPUBIC CATHETERS



DRAINING….

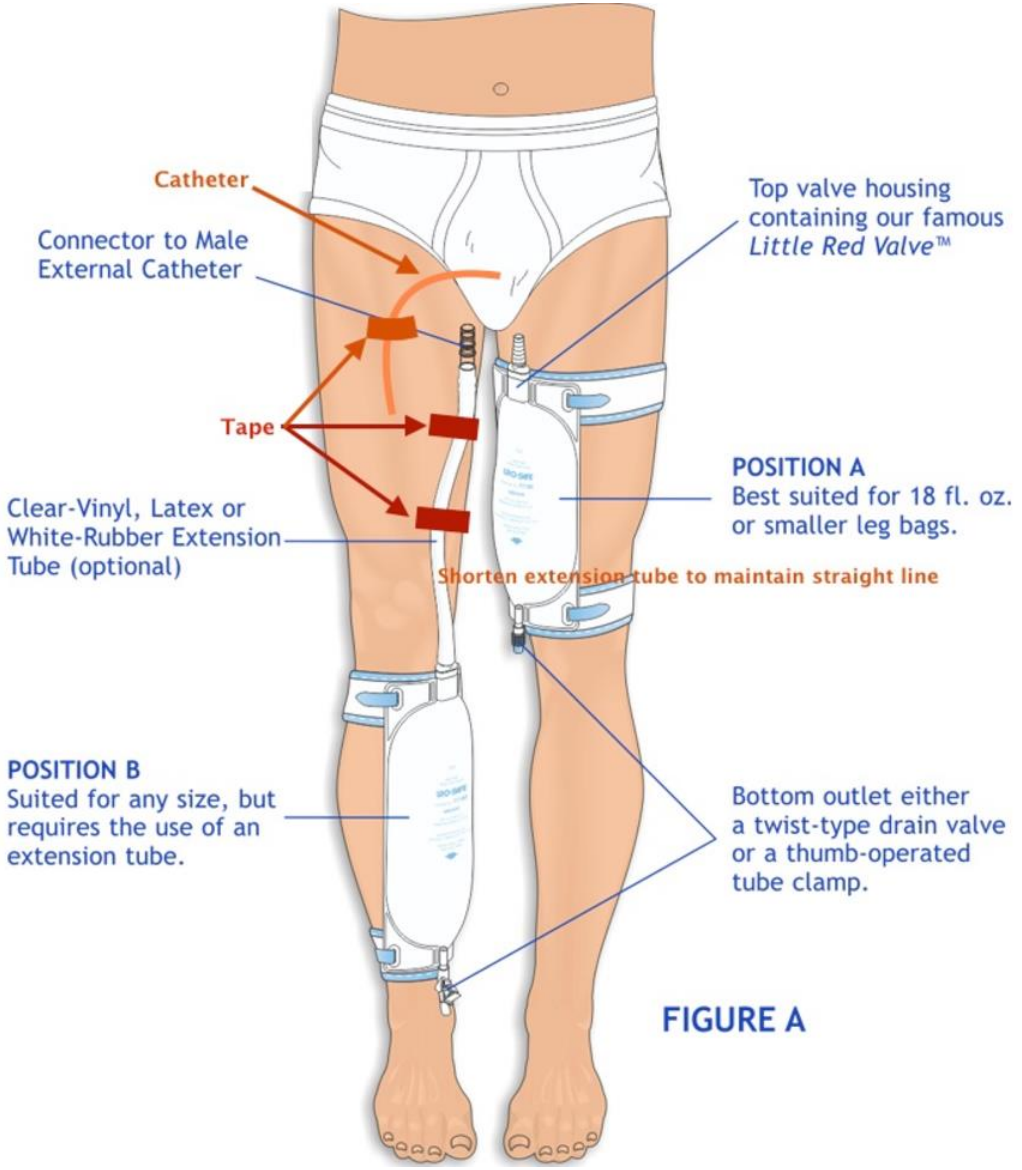


FIGURE A

WHY DO THEY GO IN…..SHORT TERM

COMMUNITY

To drain the bladder in retention

Collection of reliable urine spec

IN HOSPITAL

To empty / drain the bladder of a patient in urinary retention

To allow accurate measurement of urine output e.g. hourly urines

To facilitate irrigation of the bladder and management of haematuria/clot retention

To allow healing/drainage after surgery – urological and non-urological

To facilitate bladder instillations

For patient comfort – patient immobile, incontinent (also consider uritip), confused, comatosed or palliative

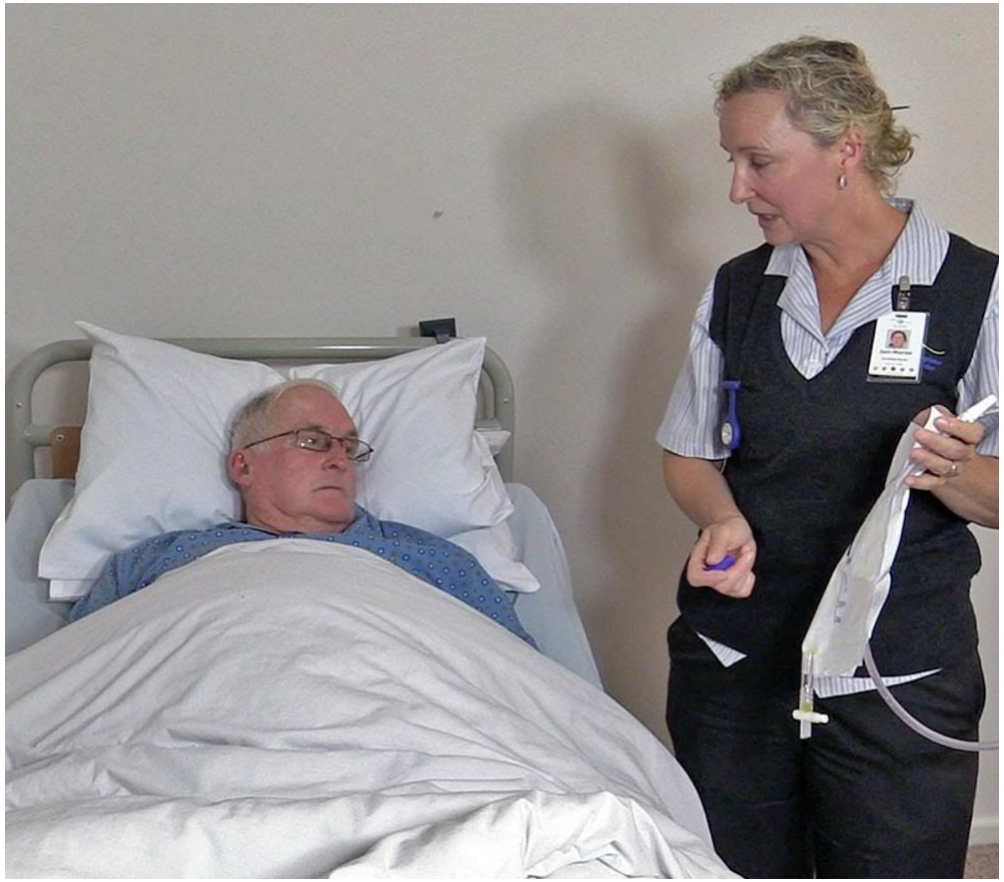
To facilitate urodynamic studies or special x-ray procedures

To empty the bladder either before or after childbirth

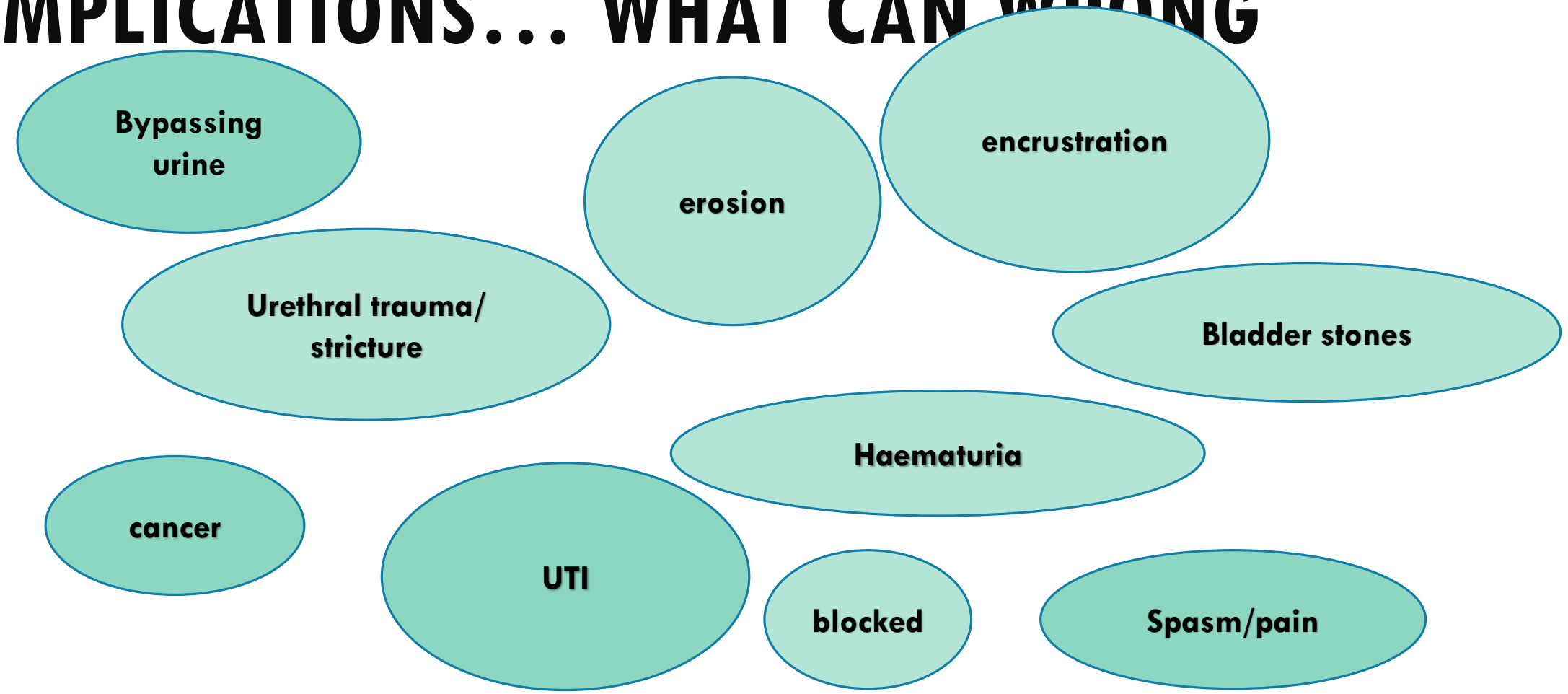
WHY DO THEY GO IN…..LONG TERM

Chronic Urinary Retention

- Unfit for surgery
- Can not managing cath-ing
- Long term care
- Prefer it
- Palliative
- Incontinence



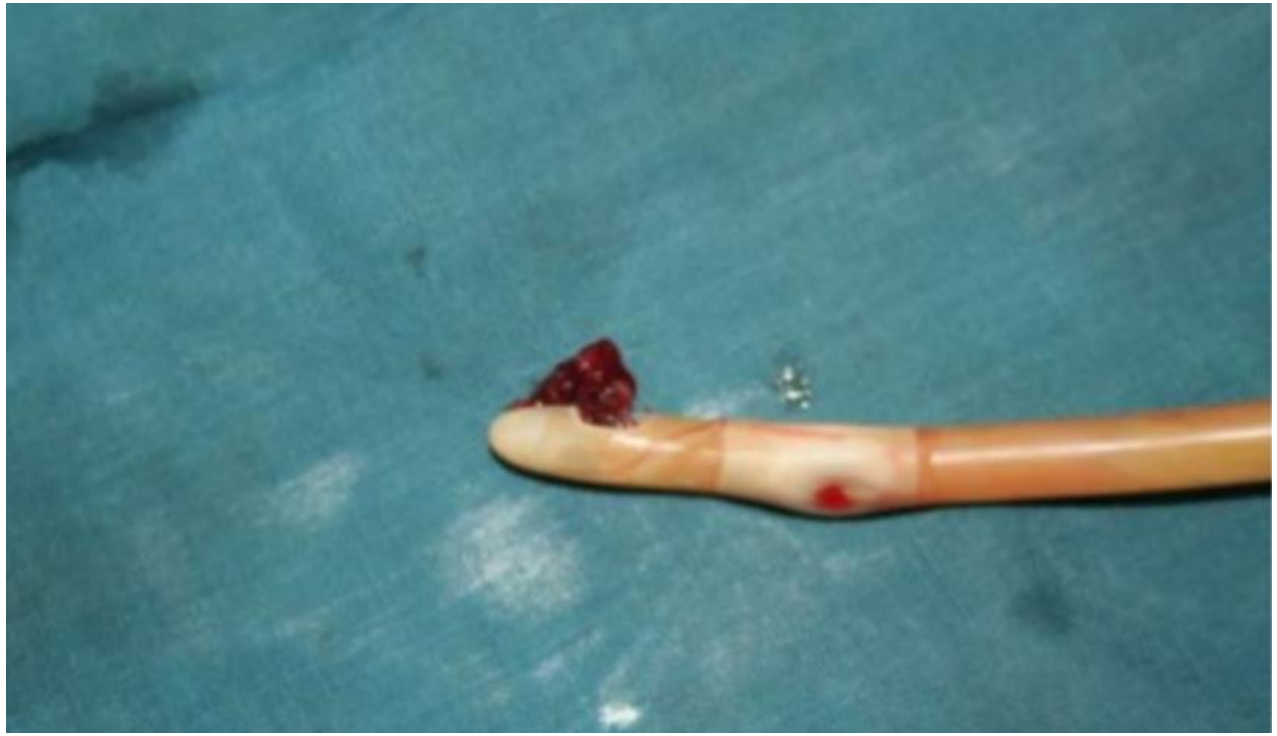
COMPLICATIONS… WHAT CAN WRONG



BLOCKED CATHETER…NO URINE DRAINING

CAUSES:

- Debris
  - Mucous
  - Blood clot
  - Stone
- Encrustation
- Kinking
- Siphoning
- Bladder spasm



BLOCKED CATHETER…NO URINE DRAINING

1. Remove kinks
2. Check position of bag
3. Check leg bag straps
4. Check abdomen – Bladder full?
5. If full bladder and not draining,

- Flush
- change

RECURRENT BLOCKAGE..

CHECK…

- 1 Block verses spasm
- 2.How is patient managing the bag?
  - Correct location
  - Correctly supported
- 3. Any recent imaging?
- 4. UTIs…

REFER…

- DN/ CONTINENCE NURSE: Wealth of knowledge and help.
- Urology if ongoing issues

CATHETER URINE SAMPLES..

COLONISATION

- 72hours

CLEAN CATCH

- Take the bag off and catch

CATHETER BAG SAMPLES

- Brand new bag

CATHETER SAMPLES….CAUTIS

Clinically indicated solely based upon clinical symptoms

Always sample from a newly inserted catheter

If UTI is suspected and patient is symptomatic then catheter should be changed

Aseptic technique

Before connecting drainage bag:

- Discard initial urine drained
- Collect the following 30mL into a sterile specimen container

Connect drainage bag and secure catheter

Document on laboratory form that it is a newly inserted catheter specimen

CAUTIS…

Initial management

- Change catheter and obtain sample
- Blood cultures – fevers, rigors, flank pain
- Commence treatment
- Duration of 7-14 days

BY PASSING….LEAKING AROUND CATHETER..

40% of patients

Bladder spasms

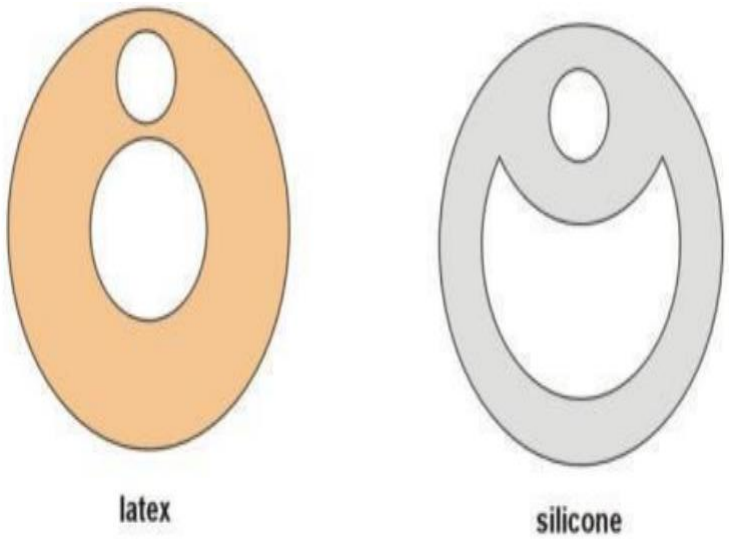
Constipation

Functional – pulling of catheter

Neuropathic bladder

Catheter

- Material
- size of balloon
- Size of catheter



BLADDER PAIN/ SPASM.. PAIN IN ABDO/ LEAKING

Catheter..

- Balloon size
- Catheter size
- Position

UTIs

Blocked catheter

Functional/ not secured

Change catheter, down size the balloon

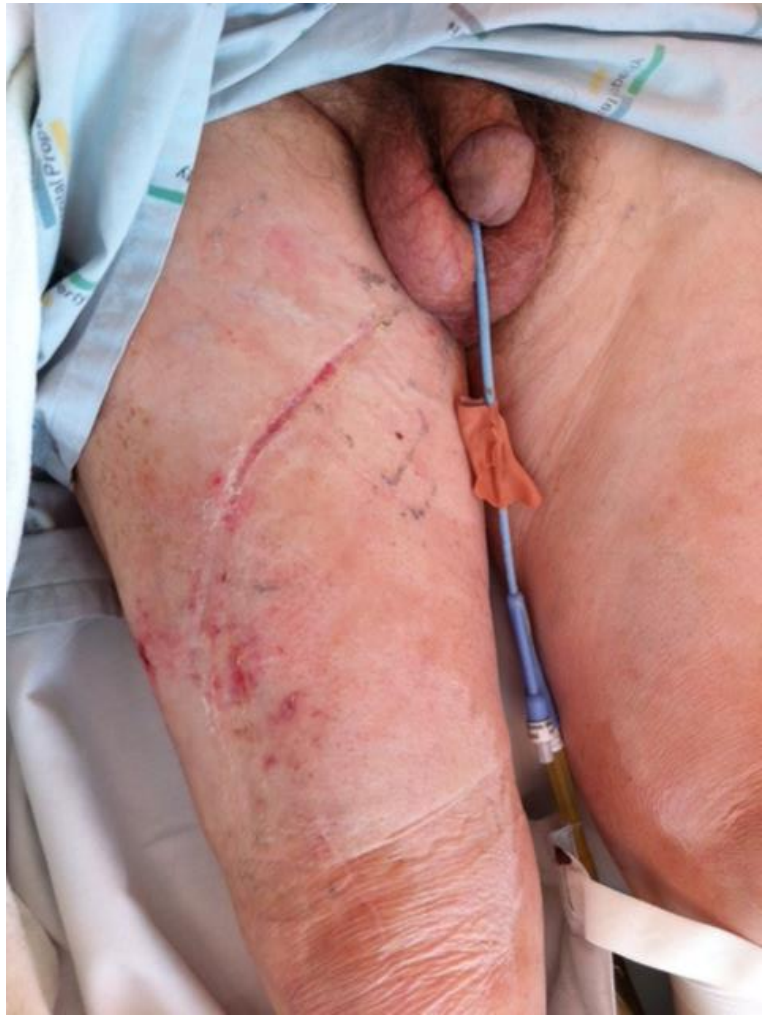
?UTI

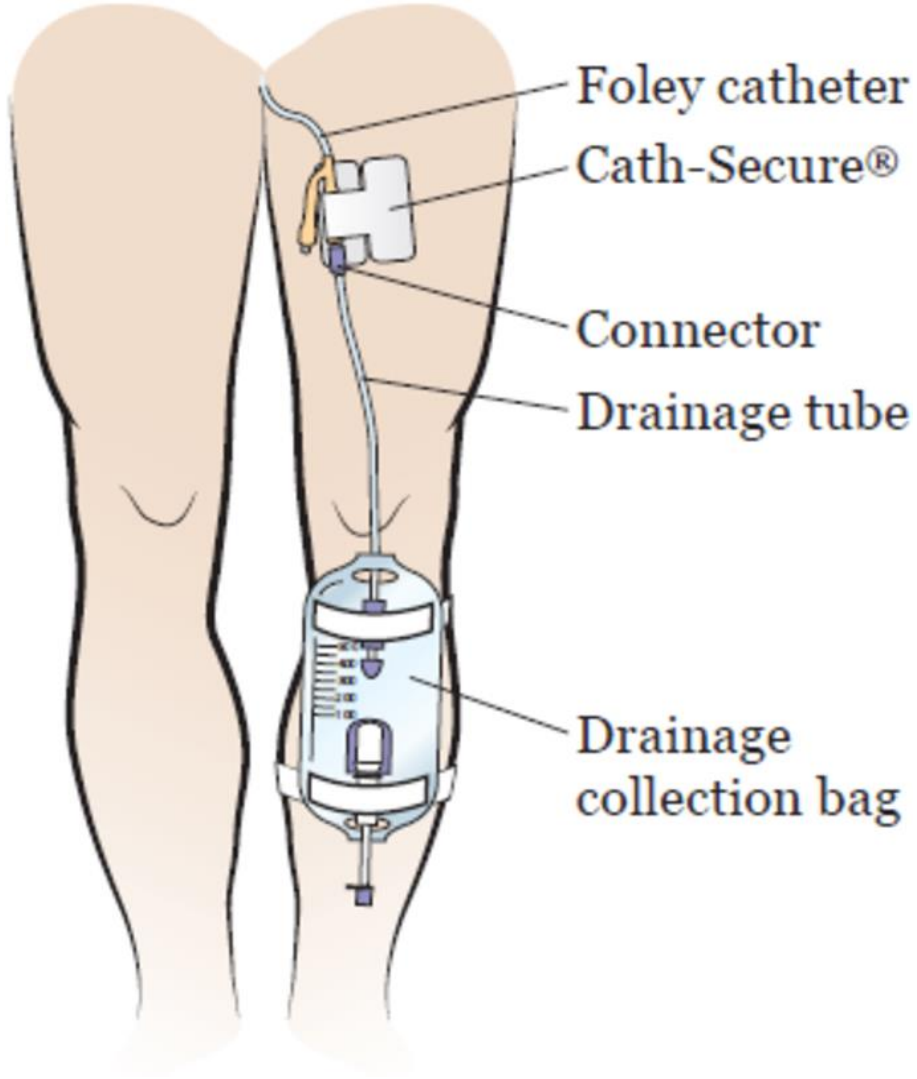
Secure appropriately

Consider Anticholingeric:

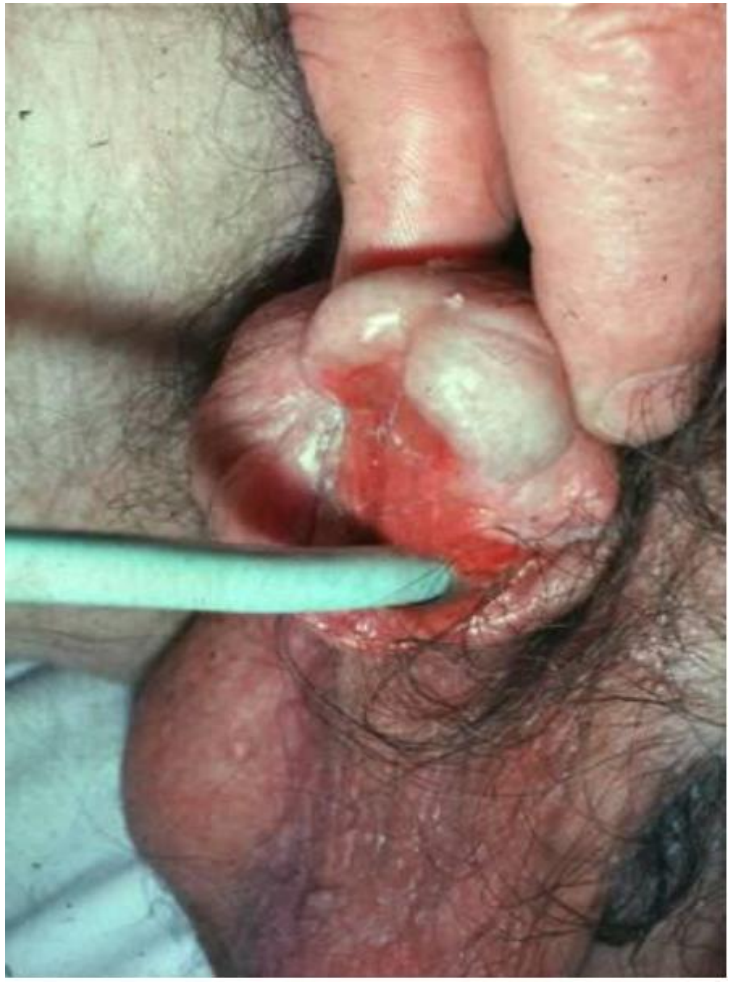
- Oxybutynin
- Vesicare

OVER ENTHUSTIC SECURING…





EROSION…



AVOID IF POSSIBLE

- Support the catheter
- Change the leg it sits on
- Consider early suprapubic catheter

FALLING OUT CATHETERS

- Female Urethral Catheters:
  - Exam, exam, exam
  - Is there still a urethra???
  - Long term urethral catheters cause urethral erosion, no catheter stay and sit in place…

QUESTIONS…

THANK YOU

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