Self Retaining Catheter

A Brief Manual

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URINE IS A waste product of the body and it should regularly be thrown out of the body. Reservoir of urine is a urinary bladder. If bladder fails to throw urine out of the body a Self Retaining Catheter (S.R.C.) is needed.

Self Retaining Catheter

Any type of catheter, inserted into the bladder through urethra or suprapubic area, is called S.R.C.

Indications for S.R.C. (Suprapubic)

1. Congenital abnormalities of the bladder;
2. Trauma - Fracture of pelvis and rupture of the bladder;
3. Infection - Cystitis;
4. Vesical calculi and foreign body in the bladder;
5. Certain type of surgery on the bladder.

Types of Catheters Used

1. Depezzer; 2. Two wing malecct or 4 wing malecct; 3. Winsbury white - straight or right angle shaft; 4. Foley.

Indications for S.R.C. (Urethral)

1. Post-operative retention of urine; 2. Enlargement of the prostate glands or abscess; 3. Traumatic injury to the urethra; 4. Phymosis - stenosis of the prepuce; 5. Stenosis of the urethral meatus; 6. Paraphymosis; 7. Urethral stricture; 8. Urethral stone; 9. Urethral Diverticulum; 10. Periurethral abscess; 11. External Spincterospasms; 12. Congenital valves of the posterior spasms; 13. Hypertrophy of the verumontamm, Diverticulum of urtricles; 14. Contracted bladder neck; 15. Periprostatic Abscess; 16. Mucosal fold at bladder outlet, trigonal curtain; 17. Stricture of urethral meatus, ureterocele; 18. Ureterovesical Junction Stricture; 19. Vascular obstruction of lower ureter; 20. Congenital ureteral valves; 21. Ureteral obstruction by compression. Vesical diverticulum, Fecalover distention of rectosigmoid and pelvic cyst; 22. Ureteral stone; 23. Infection in the bladder; 24. Hypospadiasis and Epispadiasis; 25. Neurogenic bladder; 26. Renal Failure.

Types of Catheters Used

1. Netaton;
2. Whistle tip;
3. Coudee, Bicoudee;
4. Tiemann;
5. Downe (for female)
6. Gibbon;
7. Foley

Nursing Aspects

In urological cases, it is very important that intake and output should be measured carefully and recorded in the chart. Both catheters are connected to the bottle with tubing and connections. This is called urinary drainage tubing. Bottle and tubing should be sterile or plastic bags. It should be changed daily.

Suprapubic S.R.C. is fixed with an adhesive or stitched with the skin. Sterile dressing is to be done for the wound. Care should be taken in such a way that the catheter will not get out by pull of the patient's position. Urethral S.R.C. is always taken over the thigh and fixed with an adhesive straight or around the thigh. The catheter will not get a pull or friction into the urethra. Friction causes irritation and urethritis. Discharge of urethra becomes dry and hard at the external opening. This should be cleared with antiseptic lotion, e.g., 5% Dettol. Avoid sevlon as in some cases, it gives irritation to the skin and causes a blister over the scrotum.

After cleaning apply Furacin ointment and fasten a sterile gauze over it. This prevents bacterial growth and urethritis. If furacin is not available, use any sterile lubricant.

When frequent irritation of the bladder is done, it should be done by a sterile procedure. Collection of C.S.U. (Catheter Specimen of Urine) and the tip of the catheter for culture should be done by a sterile procedure. While removing the foley catheter, the balloon should be emptied and then the catheter should be clamped and pulled out. If the clamp is not applied urine from the catheter will infect the passage of the urethra. After the removal, the patient may feel chill and get fever. It is called bacterial shock. In the developed countries, catheter connections, drainage tubing and bags are disposable. Now they are being made available in India too.

Advantage of Foley Catheter

Rubber is non-irritating to the mucosa. It can be kept for longer time without any adhesive to the panis. The bulb has got 5cc to 30cc capacity to inflate with sterile fluid. Catheter has got a biway and three-way external ends.

To avoid infection and ascending infection, the following are to be taken care of: (1) Daily sterile bottle and tubing should be changed for plastic bags; (2) Bladder irrigation should be done with a sterile procedure ;(3) Sterile dressing should be used and lubricant or Furacin should be applied to the catheter near the meatus.

External Catheter

External catheter is prepared from condom and tubing. This is used for a semi-conscious and unconscious patient who does not have retention of urine but is voiding in bed. It should not be too tight to the penis. Twisting of the condom should be checked. Constant use of external catheter and pulls to the penis cause paraphymosis. This may help one to understand the role of S.R.C. when it is charted in the Nurse's note that S.R.C. is draining well.

Reference

Manual of Urology, by Aleew Badenoch, 2nd Edn., 1974.

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