Foley Catheter Placement
Indications for a Foley Catheter

• **Retention** of urine leading to urinary hesitancy, straining to urinate, decrease in size and force of the urinary stream, interruption of urinary stream, and sensation of incomplete emptying

• **Obstruction** of the urethra by an anatomical condition that makes it difficult to urinate: prostate hypertrophy, prostate cancer, or narrowing of the urethra

• **Urine output monitoring** in a critically ill or injured person

• Collection of a sterile urine specimen for **diagnostic purposes**

• Nerve-related bladder dysfunction, such as after spinal trauma, or intractable incontinence.

• **Imaging study** of the lower urinary tract

• After surgery to **monitor urine output**
Contraindications

- Use cautiously in patients with a history of pelvic or perineal trauma associated with perineal bruising and swelling and/or blood at the meatus.
- Use cautiously in patients with a history of urethral strictures or anatomically false passages.
Risks

• The balloon can break while the catheter is being inserted. In this case, remove all the balloon fragments.

• The balloon does not inflate after it is in place. Check the balloon inflation before inserting the catheter into the urethra. If the balloon still does not inflate after its placement into the bladder, then insert another Foley catheter.

• Urine stops flowing into the bag. Check for correct positioning of the catheter and bag or for obstruction of urine flow within the catheter tube.
Risks

• Urine flow is blocked. Change the bag or the Foley catheter or both.
• If the patient’s urethra begins to bleed, monitor the bleeding.
• The Foley catheter may introduce an infection into the bladder. The risk of infection in the urine increases with the number of days the catheter is in place.
• If the balloon is opened before the Foley catheter is completely inserted into the bladder, bleeding, damage and even rupture of the urethra can occur. In some individuals, long-term permanent scarring and strictures of the urethra could occur.
Gather Equipment

• Urinary catheterization kits are sterile. They contain a Foley catheter, water-soluble lubricant jelly, a 10cc syringe with sterile water for the Foley balloon, a sterile drainage bag with sample port and tubing, sterile drapes, sterile gloves, iodine, sterile cotton balls, sterile specimen cup, and forceps.
Prepare patient

• Explain the reason for the procedure to the patient and/or family
• Explain the steps of the procedure to the patient and/or family
• Answer any questions the patient and/or family may have regarding the procedure
• Check for allergies to latex and iodine
• Wash your hands
Position Female Patient

- The female urethra is short compared to the male urethra. Insertion of the catheter is facilitated by having the patient on her back.
- Adequate exposure of the urethra is obtained by flexing her knees, separating them and placing her feet flat on the bed about two feet about (frog-legged position)
Position Male Patient

- The male urethra is long compared to the female urethra.
- A catheter is placed while lying down with legs extended and flat on the bed or in the frog-legged position.
Procedure

- Open the prepackaged Foley packet
- Place packet outer container in a convenient location and use as a trash receptacle
- Place drapes under patient’s hips-plastic side down
- Place the fenestrated drape over the patient exposing only the genitalia.
Procedure

• Put on sterile gloves, if you haven’t already done so.
• Open the packet of cleansing solution. Saturate cotton balls (or soap solution if patient is allergic to iodine)
• Check patency of catheter balloon with saline filled syringe. Withdraw saline and leave syringe attached to the luer-lok for balloon inflation
• Open lubricant. Saturate distal end of catheter
Female Anatomy

- Clitoris
- Vestibule
- External urethral orifice
- Labia
- Vaginal orifice
- Hymen
- Anus
Female Procedure

• Tell patient when you are about to begin procedure
• With non-dominant hand separate labia majora and labia minora as widely as possible.
• Keep labia well separated throughout the procedure
• With forceps pick up a saturated cotton ball-swipe one side of the urinary meatus with a single downward motion-discard cotton ball
• Repeat on the other labia with another cotton ball-discard cotton ball
• Repeat directly over the urethral meatus with another cotton ball-discard cotton ball
Female Procedure

• Pick up the lubricated catheter with dominant hand
• Ask the patient to breathe deeply and slowly to further relax the sphincter.
• Carefully insert the lubricated tip of the catheter into the urinary meatus.
• Advance the catheter about 2-3 inches while continuing to hold the labia apart, until urine begins to flow.
Male Anatomy
Male Procedure

• Grasp the penis with your non-dominant hand
• If he is uncircumcised, retract the foreskin.
• With dominant hand, use a cotton ball held in forceps to clean the glans in a circular motion, starting at the urinary meatus and working outward-discard the cotton ball
• Repeat the procedure two additional times.
Male Procedure

- With your dominant hand pick up the lubricated catheter.
- Gently straighten and stretch the penis to create a slight traction; lift the penis to an angle of 60° to 90° to straighten the urethral canal.
- Carefully insert the lubricated tip of the catheter into the urinary meatus.
- Advance the catheter about 6-8 inches until urine begins to flow.
Procedure

• When urine stops flowing, release the labia, hold the catheter with your non-dominant hand, push the plunger on the attached saline filled syringe with your dominant hand and inflate the balloon to keep the catheter in place within the bladder.

• Never inflate the balloon without first establishing urine flow, which assures you that the catheter has been correctly inserted into the bladder
Procedure

• Position the collection bag level to prevent reflux of urine into the bladder, to facilitate gravity drainage of the bladder.

• Tape the catheter to female patient’s thigh to prevent possible tension on the urogenital trigone.

• In males tape the catheter to the thigh or lower abdomen.
Removing the Indwelling Catheter

- Explain procedure to the patient.
- Wash hand and don gloves.
- Provide privacy and position the patient.
- Place a waterproof pad on the bed between the patient's legs.
- Attach the syringe to the inflation port on the catheter tubing, and pull back on the syringe plunger until all the fluid is aspirated.
- Slowly pull out the catheter tubing.
- Dispose of the catheter and drainage bag.
- Assist the patient with perineum care.
- Wash hands.
- Report and record.
- Continue to monitor the patient for difficulties voiding after the catheter has been removed.