Clinical Procedure for the Management of Urinary Catheters Problems

Document Control:

For Use In:	Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL)		
	All clinical areas		
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V.1	10/12/2019	Neil Burgess	To originate document
V1.1	27/07/2020	Melissa Gabriel	Monitoring compliance wording added.
V2	18/06/2024	Hany Hussein	Reformatting as per new trust template requirements. Management of urinary catheter problems added.

Previous Titles for this Document:

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Joint Trust Clinical Procedure for the Management of Catheter Problems	18/06/2024

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:

- Miss Charlotte Dunford, Consultant Urologist (NNUH)
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- Mr. Petre Ilie, Consultant Urologist (QEHKL)
- Mr. David Manson-Bahr, Consultant Urologist (JPUH)

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a clinical guideline applicable to Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL); please refer to local Trust's procedural documents for further guidance.

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1. Introduction

1.1. Rationale

Urinary catheters are indispensable medical devices used for urinary drainage in the management of urinary retention, incontinence, and monitoring urinary output. Whilst they serve a crucial role in the management of these conditions, their use may be complicated by blockage, bypassing or catheter dislodgement. Timely and appropriate management of these complications is essential to alleviate patient discomfort as well as to prevent complications that can lead to increased morbidity and healthcare utilisation.

1.2. Objective

This guidance has been created to provide healthcare providers with a systematic approach to identifying, assessment and management of catheter-related complications in accordance with current evidence based clinical practice. Standardised care practices have been developed to enhance the safety of patients presenting with catheter related complications with a resultant improvement in overall outcomes.

1.3. Scope

This guidance applies to all adult patients over 18 years of age with an indwelling urethral or suprapubic Catheter presenting with blockage, bypassing or catheter dislodgement.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
C&S	Culture and sensitivity
SPC	Supra pubic catheter

2. Responsibilities

All medical staff and allied healthcare professionals involved in the care of patients with catheter related complications should be aware of the recommendations contained in this guidance. Staff must always ensure they have appropriate training and gained the necessary competencies before undertaking invasive procedures.

3. Policy Principles

3.1. Management of Urinary catheter problems

3.1.1. Blocked urethral catheter.

- Often secondary to debris.
- Flush catheter with 10 - 20 ml of sterile water / saline using a catheter tip syringe or replace the catheter.

3.1.2. Bypassing urethral catheter

- Check urethral catheter position.
- Either due to catheter blockage or bladder spasm
- Treat as blocked catheter (flushing) +/- anticholinergic medications like solifenacin 5mg (contraindicated in patients with urinary retention, Constipation, uncontrolled narrow-angle glaucoma, and in patients who have demonstrated hypersensitivity to the drug substance or other components of the product).
- Exclude UTI and treat accordingly.

3.1.3. Blocked Suprapubic catheter (SPC)

- Often secondary to debris.
- Flush catheter with 10 - 20 ml of sterile water / saline using a catheter tip syringe or replace the catheter.
- If catheter remains blocked it may need replacing (NB do not remove suprapubic catheter within 6 weeks of insertion or track may be lost, it may be better to insert a urethral catheter temporarily until suprapubic track has matured). Reinsert new SPC quickly after removal, some SPC tracks can close very soon.

3.1.4. Fallen out suprapubic catheter (SPC)

- Attempt re-insertion, use instillagel via tract, with 14 -16F rigid catheter.
- If this fails attempt to insert a urethral catheter.
- If this fails, seek senior urological advice (Urology nurse practitioner or Urology registrar and above) you can use the Alertive Urology registrar on-call role if patient present to the A&E or the Urology ward registrar role if the patient is admitted in the hospital.

3.2. Urethral catheter insertion procedure

- Insert under aseptic conditions and request assistance from nursing staff.
- Normally 16Fr size with a 10mL sterile water in the balloon.
- In a male pass the catheter all the way in to avoid inflating balloon in the urethra. If the catheter side arm distends as you are filling the catheter balloon, the balloon may be in urethra. Having filled the balloon it should be possible to withdraw the catheter freely several centimetres (a sign that the balloon is in the bladder and not the urethra).
- Document residual urine volume drained in first 5 minutes.
- Remember to replace foreskin to prevent paraphimosis.
- Send a catheter specimen of urine for C & S if urinary tract infection suspected.

- In retention perform a digital rectal examination: look specifically for faecal loading, prostate size, prostate consistency, malignancy, tenderness and blood on the glove.
- Use 22Fr 3-way catheter if visible haematuria and clots seen (avoid suprapubic catheterisation with visible haematuria).

3.3. Difficult urethral catheter insertion

- If difficult some simple tricks could be one include:
  - Try 2 tubes of instillagel.
  - Try a more rigid (silicone) or larger catheter e.g., if using 12-14Fr try 16Fr.
- **The following options should only be performed by urologist with appropriate training (Urology nurse practitioner or Urology registrar and above)**
  - Tiemann tip catheter
  - Catheter introducer or attempt catheter insertion over a Terumo guide wire
  - Flexible cystoscopy under LA and insert catheter over a guide wire.
  - Suprapubic catheter insertion (this should be the last local anaesthetic option and avoided where there is haematuria).
  - Cystoscopy and insertion of urethral catheter under general / spinal anaesthesia.

4. Monitoring Compliance

To ensure that this document is compliant with the above standards any adverse outcomes will be entered onto Datix and reviewed by the Departmental Governance Team who will ensure that these are investigated and are discussed at relevant governance meetings to review the results and make recommendations for further action.

5. Appendices

There are no appendices for this document.

6. Equality Impact Assessment (EIA)

Type of function or policy	Existing

Division	Surgical	**Department**	Urology
Name of person completing form	Hany Hussein	**Date**	18/06/2024

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None	None	NA	No
Pregnancy & Maternity	None	None	NA	No
Disability	None	None	NA	No
Religion and beliefs	None	None	NA	No
Sex	None	None	NA	No
Gender reassignment	None	None	NA	No
Sexual Orientation	None	None	NA	No
Age	None	None	NA	No
Marriage & Civil Partnership	None	None	NA	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?	No			

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.