

Urethral catheterisation

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1 Aseptic technique – handwashing, sterile gloves, sterile catheter pack. 2 Clean urethral meatus with antiseptic solution. 3 Instil lidocaine gel into the urethra and hold for 2–3 min. In men, the penis should be held perpendicular and taught. In women, the labia should be held apart to provide adequate exposure of the urethral meatus. 4 The catheter should be inserted as far as the ‘hilt’ of the catheter and should pass freely (the type of catheter is dependent on the indication). If there is any resistance catheterisation should be stopped and assistance sought. The patient may require a coude tip catheter if the obstruction is thought to be a large prostate, or a cystoscopy to negotiate a false passage or stricture. 5 The position in the bladder is confirmed with the drainage of clear urine and the balloon should be inflated with 10 mL of sterile water. The catheter bag should then be attached. 6 Details regarding the type and size of catheter, and residual volume, should be clearly recorded.

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