

MODULE

TITLE OF SKILL :FEMALE URETHRIAL CATHETERIZATION

INTRODUCTION (RATIONALE):

The insertion of a catheter through the urethra into the urinary bladder to permit drainage of urine.

LEARNING OBJECTIVES:

At the end of the session students should be able to:

- Listen the equipment required for the procedure.
- Demonstrate correct aseptic techniques for urinary catheterization in female.

EQUIPMENT/MATERIAL NEEDED:

- Sterile gloves
- Sterilized drapes
- Cleansing solution like-savlon
- Cotton swab
- Forceps
- Sterile water usually 10cc
- catheter ,[Foley's]
- syringe 10cc
- Lubricant (water based jelly or xylocain gel).
- Collection bags and tubing

PROCEDURE

Preparation:

- Prepare trolley for procedure.
- Explain procedure to the patient and take consent.
- Assist patient to supine position with leg spread and feet together

- Prepare sterile field, apply sterile gloves.
- Check balloon for patency.
- Coat the distal portion (2-5 cm) of catheter with lubricant.
- Apply sterilize drapes.
- In female apart the labia using non dominant hand.
- Handle forceps, clean the peri urethral mucosa with cleansing solution, cleanse anterior to posterior, inner to outer, one swipe per swab.
- Pick up the catheter with gloved hand. Hold end of the catheter.
- Identify the urinary meatus gently insert until 1 to 2 inches beyond where the urine noted.
- Inflate balloon using correct amount of sterile liquid usually 10 cc
- Gently pull catheter until inflation balloon is snug against bladder neck.
- Connect catheter to the tubing and bag
- Secure catheter to abdomen or thigh without tension on tubing.
- Place drainage bag below level of bladder.
- Evaluate catheter function and amount, colour, odour and quantity of urine.

BACKGROUND INFORMATION (THEOTRICAL INFORMATION TO BE READ BY THE STUDENT)

INDICATIONS:

Therapeutic:

- For decompression of bladder with acute or chronic retention
- Catheter may be placed to facilitate bladder irrigation in patient with gross haematuria.

Diagnostic:

- To obtain uncontaminated urine for microscopic examination e.g. urine c/s
- To measure urine output in critical patient.
- To measure post Vidal urine output during surgical procedure.

CONTRAINDICATIONS:

ABSOLUTE:

- Pelvic fracture

RELATIVE:

- Urethral stricture
- Recent urethral or bladder surgery
- Combative or uncooperative patient

COMPLICATIONS:

- Tissue trauma
- Infection e.g. bacteria
- Catheter can also cause renal inflammation, nephro-cystolithiasis and pyelonephritis if left in for prolonged period.