

Standard Operating Procedure (SOP) for
indwelling female catheterisation (adult patients)

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Standard Operating Procedure for indwelling female catheterisation (adult patients)

<p>Catheterisation must be undertaken as a Standard Aseptic Non-Touch Technique (ANTT) procedure</p>
<p>Equipment: Sterile catheterisation pack Catheter (licensed for urethral use) 6ml sterile lubricating gel (licensed for urethral use) Disposable procedure sheet Non-sterile nitrile gloves Sterile nitrile gloves 10ml sterile water in sterile 10 ml syringe, to inflate new catheter balloon Sterile 10ml syringe, to deflate existing catheter balloon Single use apron 0.9% sodium chloride (saline) for meatal cleansing Catheter valve / urine drainage bag, with adjustable straps or a leg bag holder Fixation device (eg G-strap) Alcohol hand gel</p> <p>Check that all items are within their expiry date and that packaging is undamaged</p>
<p>Explain the procedure to the patient including the consideration of a chaperone, and gain consent</p>
<p>Check the patient has no known allergies to any of the equipment to be used</p>
<p>Decontaminate hands and put apron on</p>
<p>Open catheterisation pack, and open the equipment onto the sterile field</p>
<p>Prepare the patient, maintaining their dignity (procedure sheet underneath their bottom, underwear removed, drainage bag emptied, patient lying down with knees flexed and hips externally rotated)</p>
<p>Decontaminate hands and apply sterile gloves</p>
<p>Place sterile towel across the patient's thighs and place the receiver between the patient's legs</p>
<p>Using non dominant hand, part the labia so that the urethral meatus can be seen. This hand should be used to maintain labial separation until instillation of gel is complete</p>
<p>Using dominant hand, clean around the meatus with five gauze swabs soaked in the sterile saline. Use five separate, single, downward strokes. Use one swab for each stroke, and discard each swab after stroke (firstly the labia majora x2, then the labia minora x2, and then the urethral meatus)</p>
<p>Prime the syringe of the lubricating gel. Place the tip of the syringe into the urethral meatus and slowly insert all of the 6ml of the gel. Remove the syringe and discard. Wait 3-5 minutes (according to manufacturers instructions) for the gel to take effect</p>
<p>Remove gloves, decontaminate hands and put on a second pair of sterile gloves</p>
<p>Remove packaging from the end of the new catheter and attach the sterile drainage bag / catheter valve (in open position)</p>
<p>Remove packaging from the tip of the new catheter</p>

<p>Introduce the tip of the catheter into the urethral meatus in an upward and backward direction. Advance the catheter until 5 to 6cm has been inserted. When urine begins to flow advance the catheter a further 5cm</p>
<p>Slowly inflate the balloon, according to manufacturer's instructions. Balloon inflation should be pain free. If discomfort is displayed during balloon inflation stop and recheck the position of the catheter. Withdraw the catheter slightly until it is felt to be firm against the bladder wall</p>
<p>Ensure that the genital area is clean and that the patient is comfortable and dry</p>
<p>Observe the colour and measure the amount of urine drained</p>
<p>Secure the drainage system to the patient, with adjustable straps or a leg bag holder, and a fixation device (eg G-strap) Ensure that the catheter tubing does not become taut when the patient is mobilising and that the patient's clothing has been repositioned and is comfortable</p>
<p>Retain the sticky labels from the catheter packaging. Dispose of waste, remove gloves and apron. Decontaminate hands</p>
<p>Seek advice from other health care professionals about any clinical concerns, queries or outcomes</p>
<p>Record consent, procedure, and outcomes in the patient's catheter care pathway documentation Complete / update the patient's Catheter Card</p>

The balloon must not be inflated until urine drains via the catheter

Instillation of a catheter maintenance solution must not be used as a way of establishing whether the newly inserted catheter has been positioned correctly

If catheter drainage issues persist or appear unusual, the HCP needs to offer a visual examination of the patient's genital area, including the urethral meatus, to check for correct positioning of the catheter and to look for any abnormalities