

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

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1	Oct 2023	New Standard Operating Procedure

Standard Operating Procedure for indwelling male catheterisation (adult patients)

<ul style="list-style-type: none"> • Catheterisation must be undertaken as a Standard Aseptic Non-Touch Technique (ANTT) procedure • Tiemann catheters must not be inserted in the community. They are only to be inserted / changed in a urology setting
<p>Equipment: Sterile catheterisation pack Catheter (licensed for urethral use) 11ml 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>
Explain the procedure to the patient including the consideration of a chaperone, and gain consent
Check the patient has no known allergies to any of the equipment to be used
Decontaminate hands and put apron on
Open catheterisation pack, and open the equipment onto the sterile field
Prepare the patient, maintaining their dignity (procedure sheet underneath their bottom, underwear removed, drainage bag emptied, patient lying down with legs straight)
Decontaminate hands and apply sterile gloves
Place sterile towel across the patient's thighs, ensuring the scrotal area is covered and place the receiver between the patient's legs
Wrap a sterile swab around the penis and with non-touch technique, retract the foreskin if present
Clean the urethral meatus with sterile saline, ensuring that fingertips do not touch the glans penis
Position the penis at 90 degrees to the patient's abdomen
Place the tip of the syringe into the urethral meatus and slowly insert all of the 11ml of the gel. Remove the syringe and discard. Wait 3-5 minutes (according to manufacturers instructions) for the gel to take effect
Remove gloves, decontaminate hand and put on a second pair of sterile gloves
Remove packaging from the end of the catheter and attach the sterile drainage bag / catheter valve (in open position)

Remove packaging from the tip of the new catheter
Position the penis at 90 degrees to the patient's abdomen and insert the catheter into the urethra for 15 to 25cm, ensuring the fingers do not touch the glans penis. If resistance is felt at the external sphincter, ask the patient to cough or strain gently as if trying to pass urine. When urine begins to flow, advance the catheter to its bifurcation
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 against the bladder wall
Ensure that the glans penis is clean, then replace the foreskin, and ensure that the patient is comfortable and dry
Observe the colour and measure the amount of urine drained
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
Retain the sticky labels from the catheter packaging. Dispose of waste, remove gloves and apron. Decontaminate hands
Seek advice from other health care professionals about any clinical concerns, queries or outcomes
Record consent, procedure, and outcomes in the patient's catheter care pathway documentation Complete / update the patient's Catheter Card