

# Catheterization of the bladder

- Accurate determination of diuresis in patients with renal failure or in patients in critical condition,
- quantification of residual in the bladder when USG is not available,
- diagnosis urinary tract infection,
- diversion of urine during bladder retention.

## Procedure for boys

The child lies on his back, the paramedic fixes the abducted lower limbs. Under sterile precautions, we thoroughly disinfect the glans penis after retracting the foreskin and especially around the external orifice urethra. As a disinfectant we can use 0.5% ajatin, "Septonex" or "Pine water". The use of sterile gloves is a matter of course. For single-use intubation, we use an NG neonatal feeding tube or a low-weight neonatal feeding tube. For permanent catheter insertion, we use special catheters for long-term advertising. We coat the tip of the catheter liberally with mesocaine gel (we never skimp on boys!), hold the erect penis with the left hand, and carefully insert the tip of the catheter into the mouth of the urethra with the right hand. When inserting the catheter, the penis is held straight with the thumb and forefinger of the left hand to align the folds of the urethral mucosa. If we feel resistance, it is necessary to "stretch" the penis even more in the long axis and then, by positioning the penis, insert the catheter into the lumen of the bladder. Sometimes it is also necessary to lower the penis into a horizontal position. The principle is patience and in no case must we vascularize through resistance.



Penile catheterization practice]

## Procedure for girls

The position of the patient and the use of disinfection is identical. With the thumb and forefinger of the left hand, we spread the labia majora and minora in order to see the vestibule vagina and especially the entrance to the urethra, which is located immediately above the introit in the midline. We thoroughly disinfect the entire area. We carefully insert the catheter into the mouth of the urethra, which is just above the introit, until urine appears.

The Sheath is deposited distally and is identified by the introit, which has bulbous margins. The mouth of the urethra above it is sometimes very clearly visible, but the labia must always be adequately stretched. It may happen, however, that with greater distension we observe, as it were, one or two urethral openings lateral to the introit - in fact, these are recesses that have appeared as a result of excessive distension of the labia. Even in this case, the opening of the urethra should be expected in the midline above the introit, even if it is not visible at first glance. Even with girls, we never coil through resistance.

## Complications

- Infection in the urinary tract,
- injury of the urethra, possibly with perforation,
- hematuria.

When using a coil to feed a newborn/newborns with low birth weight, we do not have to worry about injuries, because in this way it is possible to catheterize very gently. On the contrary, the disadvantage of the tube for feeding a newborn with a low weight, i.e. the thinnest tube, is precisely its very thin diameter, which can sometimes lead to the coiling of the tube in the lumen of the urethra.

## Links

### Related Articles

- Nursing Procedure for Catheter Insertion
- Suprapubic puncture
- Insertion of a permanent urinary catheter

### Source

- HAVRÁNEK, Jiří: *Catheterization of the urinary bladder*.

### References

### External links

FEMALE URETHRAL CATHETERIZATION ([https://www.youtube.com/watch?v=LqCTFSow\\_bw&feature=related](https://www.youtube.com/watch?v=LqCTFSow_bw&feature=related)) - Catheterization of a woman

MALE URETHRAL CATHETERIZATION (<https://www.youtube.com/watch?v=x2a-s38rNns>) - Male catheterization

- Osack Petronela: Emptying of urine and stool. Multimedia support for the teaching of clinical and medical disciplines :: Portal of the Jessenius Faculty of Medicine of the Comenius University [online] February 5, 2011, last update December 2, 2011 [cit. 2011-12-23] Available from WWW: <<https://portal.jfmed.uniba.sk/clanky.php?aid=143>>. ISSN 1337-7396