Foley Catheter Experiences and What I Learned:

A Male Perspective

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Unfortunately, I've had quite a few experiences with the Foley urinary catheter over the past 12 months. Through these experiences I soon found out that even with the verbal explanations, handouts and searching the Internet there were several important things that I had to learn by myself. Here I will cover some of my experiences with the Foley. I expect that most of this article should fall in line with what others have experienced. This article will not be discussing the catheter operation or the care instructions given to me by the doctor's office. Anyone reading this should follow instructions and guidelines as given by their own doctors and/or nurses and to refer to your health care professional for any problems or questions.

For me, a nurse usually did the catheter procedures and I'll refer to a nurse in the following experiences, though I ve had these done by doctors and nurses, both male and female.

The info is organized as follows:

1) things to consider before you leave your home

2) things to know about the catheter insertion

3) things to know about caring for your catheter at home

4) things to know when the catheter will be removed

5) things to know after the catheter has been removed

6) other experiences

1) Before you leave the house

Before my first catheterization, during a surgery, I was told to shower - no baths - and wash the genitals thoroughly with antibacterial soap (ie:Dial) at least twice just before leaving for the hospital.

The nursing staff told me to wear loose clothing if I d be going home with the catheter. I was told that most people considered sweats (shirt and pants) the most comfortable and I found this to be true. I also found out the hard way that boxers were a lot more comfortable than wearing briefs if you return home with a catheter. If you're not sure, bring a choice of clothing. Wear old clothes so you won't care if they get stained by the antiseptic or some blood.

Consider bringing some urinary pads/sanitary napkins to soak up any leaks on the way home. If you wear boxers consider safety pins, tape or switching underwear. Be creative and address your needs.

2) Things to know about the catheter insertion (when not inserted during

surgery)

I've always found the nurse(s) to be concerned about any discomfort including any embarrassment and my obvious nervousness. There is not much that can be done about any of this except to get the procedure over with. I d either get changed into a hospital gown, taking everything off from the waist down or just drop my (sweat) pants. If not in a hospital gown I was provided with a paper sheet (drape).

There have been several types of examining tables. Some have been the same type as in the doctor's office. Others have been a surgery table that had stirrups with a removable section. Most of the time, my back was raised for comfort. Several times I was on a flat table. The nurse would then start getting the equipment set up. Before and during any work, the whole procedure was always explained.

If the nurse did not already have sterile gloves on she would usually put them on at this point. Next, the nurse would open a tube of liquid "dark red soap" and pour it over some cotton. The "red soap" is an antiseptic agent, most likely Betadine. Then, using a large tweezers, a piece of the soaked cotton would be used to coat the tip of the penis. This would usually be repeated a second time, taking less than 1 minute. If the nurse touches the penis, that hand is not considered sterile. Then the penis is held straight up (patient lying down) and the tip of a 10 ml syringe (without needle) is inserted about ¼ to ½ inch into the opening of the penis. The syringe contains Lidocaine Hydrochloride jelly (2%) that numbs the tip of the penis and the urethra and provides lubrication for the catheter. The syringe usually stings a bit but the pain isn't all that bad. The syringe is held firmly enough that leaking of the jelly is avoided, taking a bit less than 1 minute to inject the jelly. The jelly injection is a bit uncomfortable to start and, once the jelly appears to reach the prostate, is a bit worse. I've been instructed to relax the muscles as if I was going to pee to make it easier to get the jelly in. During the injection the nurse will be checking on the degree of discomfort, talking to help provide a distraction, telling me to relax the bladder muscles. At times a nurse has given a fast injection of the jelly. I found that this was fairly painful and I would usually end up quite sore for nearly a week. What works best may be different for each individual and you will most likely have to determine through experience what works best for yourself.

If the catheter (or other instrument) was not going to be inserted immediately, a small plastic clamp is then placed arournd the center of the penis to keep the jelly from leaking out. I found this to be fairly gentle and soon did not really even notice it (also the numbing jelly is starting to work). Sometimes a waiting period is given for the numbing jelly to do its work. This has been anywhere from several minutes to as long as 15 minutes. During this time the nurse would come in, put on a new pair of sterile gloves and prepare for catheter insertion. After dipping the tip of the catheter in lidocaine jelly and then holding the penis straight up (patient lying flat) the tip of the catheter is inserted into the penis. For me, this starts out as a bit of a sting then changes to a low dull pain or discomfort as the catheter is inserted. It is somewhat surprising just how much of the catheter goes in. When the prostate is reached the discomfort or pain increases noticeably (for me). The nurse appears to feel the increased resistance or pressure and often tells me to take a big breath and exhale while she pushes through into the bladder. This is the most painful part but again this is a pain that can be tolerated. After getting into the bladder the pain decreases a bit. I found that a two way catheter is a lot less painful than a 3 way catheter. I'm assuming

this is due to the larger diameter of the three way catheter (and larger balloon). The nurse seems to stop pushing after urine is seen in the catheter. Normally any pain reduces to discomfort within 15 minutes.

If the catheter will be staying in, a syringe will be inserted into the second tube in the catheter to fill up the catheter balloon (there are 2 tubes at the penis end for a two way catheter). Depending on whether the catheter is a two way or three way it may take from one to several 10 cc syringes. The catheter may be pulled outwards a bit after the balloon has been filled to seat it against the bladder opening. To me, this part is fairly uncomfortable, and at times has led to bladder spasms. Pushing the catheter back in, just a bit, can ease pressure on the bladder and may relieve the bladder spasms.

If the catheter will be worn any duration, the nurse then sets up a leg band and leg collection bag. As far as I'm concerned, the most important part of the catheter care is a properly adjusted leg band. This is an elastic band with a Velcro "loop" that holds the catheter in place and, most importantly, keeps the catheter balloon from pulling down against the bladder. The nurse always explains the set up and care of the catheter. I found that adjusting the leg band for a small loop allowing for some movement of the penis worked best. This loop kept pressure off the bladder as I moved around. If the leg bag is not adjusted properly it will either pinch the tube stopping the flow of urine or will pull on the leg band eventually leading to pulling on the catheter balloon. I like a tube length long enough to sit without stretching the tube but short enough not to push on or kink the tube while walking. I usually set up the bag so that the tube is slightly twisted around my leg and passing on the inside of the knee. Then when standing the tube is near the front of the knee cap and when sitting the tube moves toward the inside of the leg toward the back of the leg. I would suggest that before getting dressed you try sitting and standing while adjusting the leg band and the leg bag to find out what works best for you.

3) Things to know caring for the catheter (at home)

As I stated earlier, the proper leg band adjustment is the most important part of the care. The next most important item keep the catheter as clean as possible. Any dried lidocaine jelly or antiseptic soap can cause discomfort when moving around or walking.

When I was going to be home all day, I did not use the leg bag at all. I made an extension for a night bag handle so I could hook it to the waist of my sweat pants. This kept the bag and tubing lower than the bladder, kept the bag off the floor while walking, and allowed me to use both hands without messing with where to put the bag. I found that using an extension for the night bag allowed me to change from walking around to lying down, or using an easy chair during the day without changing bags and only minimal adjustments to the night bag. I found this to be very convenient.

When changing bags (leg bag to night bag) I found it almost impossible not to spill urine without someone to help me. I eventually just got a container to put the old tube in while attempting to connect the new one. I also used paper towels to catch the small amount that was spilled in the process . Using a clamp on the catheter helped a lot. It was also challenging to keep everything sterile when changing bags. If available, consider asking for help until you get the hang of it.

One problem I had was with erections, which caused pain and seemed even

more painful if it woke me from a sound sleep. The pain would cause the erection would go back down in a matter of seconds. The first time this happened it was very confusing but once fully awake I was able to understand what had happened but it did take a minute or so to figure it out. The nurse suggested using some lidocaine jelly by exposing as much of the catheter tube as is reasonably comfortable by pushing down on the penis, then injecting the lidocaine along the tube of the catheter. Then release so the penis moves back up the catheter. There really isn't much room to do the injection but if you can get some in, it will help with the erections during the night. Be sure to clean off any excess jelly because it will dry up and cause rough spots on the catheter. If the catheter has rough spots from dried soap or jelly, when an erection occurs it will feel like sandpaper (very painful). Unfortunately I was not told about this possibility until after it occurred and found it to be a painful learning experience, more so than the original catheter insertion.

4) Things to know when the catheter will be removed

This starts out quite similar to the catheter insertion routine. The nurse usually does an update on my chart including blood pressure, temperature and a bunch of other questions. She then checks the catheter bag for the color of the urine. Often I'm then seen by my doctor for a follow-up to make sure the catheter can come out. This also includes a bunch of questions and checking the urine color. When the doctor is done the nurse returns and puts a sanitary bed cover on a chair or table. She then uses a syringe to remove the liquid in the balloon. After verifying that the balloon is empty she says she will now gently pulls the catheter out. This is always a big relief on my part. If the catheter has only been in 24 hours then the removal is usually so smooth that it almost slowing falls out on its own. If more than 24 hours I ve found that this can also be quite painful with a lot of fairly intense burning . Again, for me, a fast removal hurts during and long after the removal. A slow removal burns as it comes out but, when finished, doesn t hurt nearly as much or as long . Sometimes the nurse will ask me to blow out and bear down during the removal. This appears to help a bit. In general, I ve found that laying down is easier than sitting. I ve been told that standing works wonders for some people. Others I ve talked with prefer a very quick removal.

5) Things to know after the catheter has been removed

After the catheter removal I am usually given a urinary pad to put in my underwear in case of any leakage. Briefs are needed to hold the pad (again something learned the hard way). For me the leakage lasts less than a day. There is also additional leakage that may occur after urination. This may last for several days and I use small urinary pads until the leakage is under control. Just in case, it might be a good idea to bring your own pad. For me, it is normal for the complete urethra to be sore after the removal and at times I ve needed lidocaine jelly on the tip of the penis for several days before it got better.

Occasionally I get a fever several days after the catheter was first inserted. For me the fever occurs every time the catheter has been in more than 2 days. When my temperature starts going above 100 I take Tylenol to bring it down. For the most part this feels like the flu and is completely gone in a day or two.

6) Other experiences

On one occasion the nurse accidentally got jelly all over the catheter and penis. This made the catheter and penis too slippery to hold and made

it almost impossible to push the catheter in. If this happens to you consider asking the nurse to clean things up and start over to avoid this painful experience.

On several occasions the nurse thought she was doing me a favor by quickly pulling the catheter out during the removal. For me this was a sharp pain that quickly dropped off to some discomfort. Shortly after that I noticed a growing pain in my testicles. The pain continued for 2-3 days. This pain was bad enough that it made it uncomfortable to sit or walk and I would wince for every bump in the road the car went over. Overall it was a lot more painful than the slower removals I've had. I know that a quick removal works for some people but not for me.

When I had a three way catheter inserted the pain did eventually reduce to discomfort (15-30 minutes). However, the larger balloon caused painful bladder spasms. It took 4 Percocet and 2 suppositories (maybe detrol?) over a 3 hour period before the pain was under control. I made the mistake of not taking the maximum prescribed medication immediately.

During one hospital stay I had an improperly installed or partially blocked catheter. I was on an IV and was encouraged to drink as much as I wanted but not allowed anything solid. Although I could feel a lot of pressure building up in the bladder none of the nurses would believe that I had a problem. They would check for urine going into the bed bag and then pretty much ignore me. One of the nurse's aids did try to help me and spent about 1/2 hour after her shift lifting the catheter drainage tube to let it fill with urine then dropping it. The extra suction created by gravity did help empty the bladder. She got around 500 ml out of the bladder and things felt much better, this was about 11:00 pm. Although she recorded this on my record no one believed me when I again complained at 4:00 am that the bladder was getting full. Finally at 9:00 am they decided to remove the catheter and told me I couldn't leave the hospital until I could urinate. I told her that I was going to explode and needed a urinal right away. She didn't believe me but after about 2 minutes I was able to void over 700-900 ml. When she did return and checked the urinal she didn't say a word. I was released shortly after that and again no one said anything about the full bladder. Since then I have learned that the nurse should be able to press on the abdomen and check for a full bladder (distention). Unfortunately no one did this. They only checked the bed bag for increasing volume. Obviously the IV and liquids was putting in more than was being removed via the bed bag and none of the nursing staff believed there was a problem.

Some time ago I had the opportunity to visit an ER that was associated with a teaching hospital. During my visit they decided that they would have to put in a catheter. At the time of this decision they asked my wife to leave the ER room because they didn't want her to get upset by this procedure! After waiting for approximately 20 minutes, the curtain in the ER room was suddenly opened all the way and I was able to see about 10 doctors, nurses and medical personnel, a number of other ER rooms, some with family and to my surprise about 25 smiling young, mostly female nursing students standing with their female instructor. The senior nurse told me that they would have to leave the curtain open so everyone could watch my procedure, after all they couldn t possibly all fit in the ER room! My mouth dropped open and all I could say was WHAT? The instructor kept trying to get me to sign a release form &after almost 5 minutes of me mumbling WHAT? and not signing the form, the instructor asked me which finger they would be working on. Yes, they were in the wrong room, thank God. They really had me going for a while.

The moral to this story is if you decide to go to a teaching hospital, expect to be watched or even worked on (under supervision) by medical students. In this case you should remember that this is the normal and necessary learning process and this is something that they ve all seen before, no matter how personal. Also, as in my case, you can refuse to sign the release form or simply ask the students to leave however, this somewhat defeats the purpose of going to a teaching hospital.

I hope sharing some of my experiences may help someone new to catheters. After a few experiences with catheters you'll know what works best for you. Best of luck with your catheter experiences!