



URINARY CATHETER CARE GUIDELINES – Female

You have an indwelling catheter, also called a 'Foley', which is used to drain urine out of the bladder. Your provider will explain the reason(s) for the catheter and how long you are expected to have it.

Design: The catheter is a flexible tube with a hole on each end. The side arm on the catheter connects to an internal balloon filled with liquid that prevents the catheter from falling out.

Drainage Bags: The catheter must be connected to a drainage bag to allow consistent and unimpeded drainage of the bladder. It is important to not obstruct the flow of the urine into the bag, unless you are specifically asked to do so (not common). These plastic bags vary in design but all have a connection end for the catheter and a drainage port/spigot at the bottom to empty the bag. Overnight bags have a long tube which allows the bag to be carried or hung on the bed. Leg bags have no tubing and must be attached to the leg above the knee with straps. Do not allow the straps/bag to dig into your skin – alternate which leg you connect the bag to in order prevent skin breakdown. Remember the catheter drains by gravity and no reflux valves are present. Do not allow your drainage bag to become more than half full.

****See the following sheet: 'how to clean my urinary drainage bag'.**

Care: Irritation is common at the end of the urethra - the opening of the urinary channel/where the catheter exits your body. Wash this area with mild soap and water or a baby wipe at least twice each day. Keeping the area dry from excessive moisture is the best. In addition, applying petroleum jelly (such as Vaseline®) to the area can help. Avoid other type of creams or lotions; they can add to the irritation.

****See attached sheet: 'proper cleaning of your urinary catheter****

Maintaining a gentle curve to the catheter while it is attached to the bag will help prevent irritation as well as decrease/prevent tension on the catheter. Tape or a tube holder (either a sticker or a leg strap) can be used to help secure the catheter. Make sure you rotate the site of the tape/holder. Tape is the least expensive way to secure the catheter. If you do not like the drainage bag(s) or tube holder supplied to you, feel free to buy different/more from a medical supply store or online.

Emptying bags: Hold the bag over the toilet or other container and open the spigot/port at the bottom of the bag. After the bag is empty, do not forget to close the spigot/port.

Problems: The more your urine output, the less likely a blockage will develop. Drink at least 4 to 8 ounces of water every hour while awake. A cup of coffee, tea, or soda is okay, but focus on water intake. If water is too plain, add the flavoring of your choice.

Dislodgement: If your catheter becomes dislodged for any reason, this is a medical emergency. If the office is open, call; or if after hours, please go to the emergency room.

Infection: Having a urinary catheter in place, even for a short period of time, puts you at an increased risk for a Urinary Tract Infection (UTI) or Bladder Infection. The best medicine is prevention. Proper hand washing. Good genital hygiene. Drink lots of fluids/water intake (if on a fluid restriction: drink up to the restriction and focus on water). Adding up to 4oz of lemon juice to your water can help keep the urine more acidic, which can help prevent build-up of bacteria.

Additionally, a person with a catheter or history of an indwelling catheter will always have urine that looks infected. It does not mean you have an active infection.

The following are true signs of an active infection: call the office if you have any of the following or if office is closed, go to the emergency room.

- Fever above 101F
- Chills
- Lower abdominal/back pain
- Increased confusion, dizziness

Leaking around your catheter (bladder spasm), cloudy, foul-smelling, or discolored urine are NOT true signs of an infection, although they can accompany an infection. Prevent tension on the catheter and drink lots of hydrating fluids.

Bleeding: Can occur from time to time. Small amounts of blood or blood clots are normal inside the bag. It is best to assess the characteristics of the urine in the tubing, not the bag. If bleeding occurs that makes it impossible to see through the urine (like tomato soup) or does not stop, call the office; if the office is closed, head to the emergency room. Occasionally you might see some blood on your underwear or toilet paper, this is normal as well. If the bleeding does not stop or soaks your underwear, call the office or if closed, go to the emergency room.

Blockage: Urine should flow regularly into the tubing/bag. If flow stops for a couple hours AND you feel the need to urinate but the bag/tubing is not filling up, the catheter may be blocked or dislodged. Debris or blood clots are the most common causes of a blockage. Please call the office; if the office is closed, go to the emergency room. The catheter will either be irrigated or changed. If you go to the emergency room, please update the office after discharge.

Bladder Spasms: Sometimes a catheter can cause bladder spasms. A bladder spasm can cause leaking around the catheter along with sudden discomfort in your bladder area which resolves after a few moments. Burning w/leaking is common as well. Ensure NO tension is on the catheter and that you are drinking plenty of hydrating fluids. If your spasms become problematic, call the office.

Follow Up: Standard follow-up for urinary catheters is an office visit to change (exchange) the catheter. This occurs every 31 days - the day after the insertion being day one. Insurance does not allow for more frequent changes except in certain situations. In addition, insurance companies will pay for two bags. Bag one is the bag attached to the catheter when you leave the office. The second bag is given to you before you leave the office. You may choose which type of drainage bag you receive during your catheter change.

Proper Cleaning of Your Urinary Catheter

****Remember proper genital hygiene can help prevent irritation and/or infections.
Do not regularly clean the area/catheter more than twice a day.**

****Wash your hands before AND after you touch your catheter or the drainage bag.**

1. Gather your supplies. You will need at least two baby wipes or cleansing towelettes.
2. Spread apart your labia with your non-dominant hand. Take a baby wipe and clean the urinary catheter. Start at the entry point of the catheter, which is at your urethral opening, and gently wipe down along the tubing of your catheter. Do NOT tug on the catheter - it is okay to hold the catheter with your fingers to prevent any tugging. Remove any debris on the outside of the catheter.
3. While keeping your labia spread apart, take a clean wipe (do NOT use the same wipe) and clean the skin around the entry point of the catheter. Start at the front near your urethra and wipe back towards your anus. If you want/need to wipe the sides of your labia down, use another wipe for each side.
4. Pat dry with a towel or toilet paper, if needed.

****Cleaning can be done in the shower as well. If you do, just let the soap wash down - no need to scrub the area with soap. Remember to gently clean the urinary catheter tubing though.**

****If you have a suprapubic tube, clean the catheter the same way. Next, clean around the entry point of the catheter - the stoma site. While you do not have to go in a circular motion, make sure you clean away from the stoma.**

****Remember the goal is to keep germs from entering your urethra/stoma and in turn your bladder.**

****The office recommends using disposable cloths, however, if you use non-disposable cloths, remember to launder after each use.**

****Please do not submerge yourself in water, including baths, pools, hot tubs, rivers, and oceans.**

****Showers only.**

****The drainage bag can either be left attached or it can be removed for the duration of the shower. If you remove the drainage bag, simply allow the catheter to hang and drain/drip into the shower. Place the drainage bag on a clean surface preventing the drainage bag connector from touching any surface.**

****Do NOT attempt to clean inside the catheter. Do NOT allow any liquid/substance to enter the catheter. After your shower, simply reattach the drainage bag.**

How to Clean a Urinary Catheter Drainage Bag:

We recommend cleaning your drainage bags **at least twice a week**. Regular cleaning can help prevent the build up of sediment. In addition, cleaning can help with the smell.

We recommend cleaning the bag you used during the day before bed. This will allow the bag to have adequate time to dry before its next use.

Wash your hands before AND after touching your catheter or the drainage bag.

1. Gather your supplies. You will need another drainage bag, clean warm water, a few cups of a solution that is three parts water to one part white vinegar, and a towel. Make sure the water is not hot to the touch; hot water can damage the drainage bag.
2. After you are set up, wash your hands.
3. Empty your current drainage bag.
4. Remove the attached drainage bag - pinch off the catheter, pull/twist off the bag, and set it to the side.
5. Securely attach the other drainage bag to your catheter - push/twist on the drainage bag.
6. Next, you will need to clean the drainage bag that was just removed.
 - a. Pour in a couple of cups of the water/vinegar solution and shake it around the entire bag and in any tubing.
 - b. Allow that solution to sit in the bag for 20 minutes.
 - c. Rinse well with lots of warm water.
 - d. Next wash the bag, including the inside with mild soap and water.
 - e. Rinse well with lots of warm water.
 - f. Lay it flat and open the drainage port.
 - g. Allow to completely dry before next use.

****It is important to keep the attachment ports (the part that attaches to your urinary catheter) of your drainage bags clean. When not in use, place a cap on the end. If the end of either the drainage bag or catheter touches another surface, please clean it off with either an alcohol swab or hot soapy water (mild-soap).**

Reference: Cleveland Clinic Website and WebMD.