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FEMALE URINARY CATHETER CARE SUGGESTIONS

You have been discharged with a urinary catheter. These tubes (usually called "Foley", named after the inventor) are used to drain the urinary bladder of urine. Your physician can explain the reasons for the catheter's use and its expected length of stay.

Design: The catheter is a hollow tube with a hole on each end. A side arm can be seen on the catheter and this allows a small balloon to be filled in the bladder so that the catheter does not fall out.

Connection: The catheter needs to be connected to a drainage bag to allow continuous and unimpeded drainage. It is important not to obstruct the flow of urine, unless you are specifically asked to do so.

Drainage Bags: These are the plastic bags to which the catheter is connected. The bags vary in design but all have a connection adapter for the catheter and a drainage port or spigot at the bottom to empty the bag. Some bags have long tubes so that they can be attached to the bedor carried. Other bags have no tubing and must be attached to the leg with straps.

Care: The major cause of irritation is at the end of the urethra - the opening of the urinary channel above the vagina. You should wash this area daily with a mild soap and water. In most cases, you will have less irritation of the urethra if the catheter is secured to the leg with a gentle curve. Tape is the best and least expensive way of securing the catheter. Movement or tugging on the catheter will then pull on the tape, not on the urethra and bladder.

Cleaning the drainage bags: Rinse bags with warm water and soap every day or two, depending on how dirty and how much odor is present. One teaspoon of vinegar may be used in the rinse water to reduce the odor.

Emptying bags: Hold any bag over the toilet or suitable container and open the spigot at the bottom of the bag. Let urine flow until empty and then close the spigot.

Problems: The more urine that flows, the less the chance for a blockage. You should be drinking 4-8 ounces of water every hour while awake.

Bleeding: Bleeding can be seen on occasion with any catheter. Small amounts of blood or clots are usually of little concern. Bleeding sufficient enough to make it impossible to see through the urine should be brought to your physician's attention.

Blockage: Urine should drain constantly into the bags. If you see no flow for more than an hour and feel the need to urinate, a blockage of the tube may be present. Debris or blood clots are the most common causes and will need to be dealt with in your physician’s office, if open, or the emergency room. The catheter will either be irrigated until it is clear or the catheter changed.