

Troubleshooting Recommendations

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Recommendations
Reassess the choice of material, equipment, catheterisation technique, lubrication, etc. in case of problems.
Increase the traction on the penis slightly and apply a steady, gentle pressure on the catheter if resistance is felt at the external sphincter. Ask the patient to strain gently as if passing urine.
Instruct the non-neurogenic patient to do pelvic floor exercises (relaxing the pelvic floor during insertion and removing) because this may be helpful to reduce pain.
Use a slightly larger Ch size if there is a small lumen catheter buckle/kink in the urethra.
Use a smaller lumen catheter in case of complaints of suction or place the thumb on the catheter during removal to avoid suction.
Use a special tip (Tiemann, IQ-Cath [®] , Ergothan) catheter or hold the penis in an upright position to straighten out the curves, if unable to negotiate the catheter past the U-shaped bulbar urethra.
When inserting a Tiemann tip, the tip must point upward in the 12 o'clock position to facilitate the passage around the prostate gland.
Assess the patient's bowel function in case of constipation to prevent pressure on the drainage lumen.
Add additional lubrication and/or gel coated catheters to reduce discomfort in women with mucosal atrophy.
Insert the catheter carefully to reduce the risk of bladder calculus formation caused by pubic hairs in the bladder.

Note. The Level of Evidence is 4 and Grade of Recommendation C in each of the recommendations stated above.

Adapted from S. Vahr, H. Cobussen-Boekhorst, J. Eikenboom, V. Geng, S. Holroyd, M. Lester, I. Pearce, C. Vandewinkel; members of the European Association of Urology Nurses Guidelines Office. Catheterisation, Urethral intermittent in adults – Evidence-based Guidelines for Best Practice in Urological Health Care. Edition presented at the 14th International EAUN Meeting, Milan 2013. EAUN Office, Arnhem, The Netherlands. ISBN 978-90-79754-59-5.

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