


Evaluation of Inability to Void:	
Poor Pump (Detrusor Muscle)	vs. Blocked Outlet (Sphincters or Compression)
Action Step	Possible Medical Reasons
<b>Review Meds</b>	$\alpha$ -cholinergics, narcotics, Ca-Ch Blockers, $\alpha$ -agonists
<b>Review Med Hx</b>	Diabetes with neuropathy, sacral / subsacral cord, B12 deficiency, GU surgery or radiation, BPH, MS, constipation / impaction
<b>Physical Exam</b>	Prostate exam, women-pelvic for prolapsed bladder, rectocele, cystocele; GU for obstructive lesion, all-sacral roots S2-4—anal wink & bulbocavernosus reflexes, rectum for impaction
<b>Postvoiding Residual</b>	Perform in evaluation of patient's inability to void, and repeated after catheter removal with voiding trial. (Can use hand-held bladder scanner to measure rather than catheter.)
Catheter Troubleshooting:	
<b>Trouble placing:</b> <ol style="list-style-type: none"> <li>1. Use lidocaine gel to decrease spasm at sphincter</li> <li>2. Insert with slight torque while patient exhales</li> <li>3. Try larger lumen</li> <li>3. Coude (stiffer)</li> </ol>	
<b>Leakage around catheter:</b> <ol style="list-style-type: none"> <li>1. Flush catheter</li> <li>2. Check for infection</li> <li>3. Decrease balloon inflation</li> <li>4. Decrease lumen size</li> </ol>	



## Foley Catheter Use

UT Southwestern Medical Center  
 • Adapted from: CHAMP: Foley Catheters/Voiding, Catherine DuBeau, MD, Geriatrics, University of Chicago

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**Only 4 Indications for Foley Use:**


1. Retention / inability to void (see reverse)
2. Urinary Incontinence AND
  - Open stage 4 sacral or perineal wound
  - Palliative care
3. Urine output monitoring AND
  - ICU - frequent / urgent monitoring needed
  - Patient unable to collect urine
4. After general or spinal anesthesia

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**Why minimize catheter use?**

- a. Infection risk:**
  - 5% risk of infection per day of use
  - Causes 40% of nosocomial infections
  - More people die from hospital-acquired infections than from auto accidents and homicides combined
- b. Morbidity**
  - Internal Catheters
    - Associated with delirium/falls
    - Urethral & meatal injury
    - Fever
    - Polymicrobial bacteruria
  - External (condom/Texas) Catheters
    - Penile cellulitis / necrosis
    - Urinary retention
    - Bacteruria & infection
- c. Foleys are uncomfortable / painful**
- d. Limits mobility (tether)**
- e. Cost (immediate and cost associated with above complications)**

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