1. PURPOSE

1.1 To remove an obstruction (clots, mucous or sediment) that is interrupting the flow of urine through the catheter lumen.

2. POLICY

2.1 Registered Nurses (RN)/Registered Psychiatric Nurses (RPN)/Licensed Practical Nurses (LPN)/Orderlies will perform bladder irrigation when ordered by a physician or when assessed as being required.

Note: Routine bladder irrigations are contraindicated.

2.2 Aseptic technique will be followed.

2.3 Routine practices will be followed.

3. PROCEDURE

3.1 Supplies:
   - Disposable sterile irrigation tray
   - 60 ml catheter tip syringe
   - Gloves and eye/face protection
   - Alcohol swabs
   - 0.9% Sodium Chloride solution for irrigating (room temperature)

3.2 Glove and don eye/face protection.

3.3 Open irrigation tray.

3.4 Remove graduated container and discard bulb syringe.

3.5 Pour 0.9% sodium chloride into graduated container.
3.6 Place catheter tip syringe in graduated container and put graduated basin between patient's legs maintaining sterility of inside of basin.

3.7 Clean catheter and tubing connection with alcohol swab.

3.8 Disconnect catheter from tubing and place catheter in basin. Use the syringe tip protector to cover end of drainage tube.

3.9 Draw up solution into syringe (approx. 30 – 50 ml). 
Pediatrics: (5 – 10 ml)

3.10 Insert syringe into catheter.

3.11 Instill the irrigating solution through the catheter by pushing the plunger of syringe.

3.12 Withdraw solution from the bladder until most of the solution is recovered. Remove syringe from catheter and allow remaining solution to drain into the basin.

3.13 Instill additional amounts of 30 – 50 mls of irrigating solution. Repeat procedure until returns are clear of clots, mucous or sediment.

3.14 If having difficulty irrigating bladder or are unable to aspirate returns, try repositioning the catheter tip. To do this, cleanse exposed catheter tubing outside of meatus with Povidone-iodine swab provided in irrigation tray and allow to dry. Apply water soluble lubricant to exposed catheter tubing. Deflate catheter balloon completely and gently advance the catheter 1-2 inches into bladder. With the catheter in this advanced position, continue to irrigate taking care not to dislodge the catheter. You may gently advance and retract the catheter in an attempt to dislodge any clots around the tip of the catheter. When irrigation is complete advance catheter into bladder ensuring it is in proper position and re-inflate catheter balloon with the same amount of sterile water that was withdrawn.

Note: Do not reposition catheter tip in patients that have had prostate, bladder, or urethral surgery within the last 7 days, unless ordered by a physician. Do not reposition catheter tip of a radical prostatectomy patient for 8 weeks following surgery.

3.15 If the flow of urine is not re-established, change the catheter or contact the physician, if appropriate.
Pediatrics: Small catheters may collapse with withdrawal of solution. Allow to drain freely if aspiration is difficult.

Note: Do not change the catheter without an order from the physician if the patient has had prostate or bladder surgery within the last 7 days. Do not remove or change the catheter of a radical prostatectomy patient for 8 weeks following surgery. These patients can only be catheterized by a urologist.

3.16 When irrigation is complete, clean end of catheter and tubing end with alcohol swab and reconnect.

3.17 Secure catheter to thigh with catheter anchoring device to increase comfort and prevent bladder neck, meatal and urethral irritation or trauma.

3.18 Document on patient progress record:
3.18.1 procedure
3.18.2 result (e.g. clots removed, returns clear)
3.18.3 patient response
4. REFERENCES

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