Parts of the Catheter

1. **Urine Drainage Port**: This port allows urine to drain from the bladder.
2. **Balloon Port**: Fluid is injected into the balloon to help keep the catheter in place.
3. **Bladder Opening**: This is where the catheter enters the bladder.
4. **Size**: The size of the catheter is specified in French scale (Fr) and millimeters (mm).

**RURAL UROLOGY: FOLEY'S CATHETER**
Inserting the Catheter

- Antibiotic cover is preferred
- Adequate lubrication
- Position so that there is only one curve to negotiate
- Gentleness and patience
Used for strictures or Neurovesical dysfunction

Clean and dry

Good time is just after a bath for OD catheterization

Start with full bladder and empty bladder
Continuous Bladder Drainage

- Needs continuous drainage no blocking (1/2 could be blocked)
- Catheter is fixed to abdominal wall with mesentry to prevent stricture
- Airlocks can block catheter
- Urine collecting bag should be below the bladder level
Adequate hydration is important
- Proteus mirabilis infection causes precipitations in alkaline urine
- Negative pressure of twist and release can unblock catheters
- Pushing in saline with 2 ml syringe or Asepto syringe is done in a sterile manner
- For long term Silicon catheters, inflation with Triclosan and Septran could be used
- Guide wire could be passed under vision and catheter threaded over it
- If scope or EIU sheath goes through 14F catheter through half round sheath
- Guide wire inside catheter would make it more stiff and help
- Filling bladder could be done as shown
- Disposable needle cover could be used for blocking catheter
Non-deflating Balloon

- Advance further in, inflate some more and they try deflate
- Cut the malfunctioning valve areas to see if that would work
- Pass Guide wire through the inflating channel
- CVP needle or catheter is an expensive option
- Fill bladder and inject Chemicals (Ether, Chloroform, Liquid Paraffin, acetone or mineral oil)
- Spinal needle or sharp instrument via transurethral, transvaginal, transperineal and transrectal routes
- Ultrasound guided puncture
- Ureterorenoscope and break using Bugbee electrode or guide wire under vision
- Traction, digital rectal palpation and guidance and puncture with spinal needle is a blind method that is often successful