

# MANAGING CATHETER BLOCKAGE

## EVALUATION OF THE PATIENT EXPERIENCING RECURRENT BLOCKAGE

### SIMPLE CAUSES

Kinked tubing?

Does the patient have bladder spasm?

Is the drainage bag more than 2/3 full?

Is position of catheter and drainage bag below the level of the bladder?

Is the patient constipated?

### ASSESS PATIENT HISTORY

Complete and review catheter record card

When was the catheter last changed?

Have you examined the removed blocked catheter to check for encrustation?

## WHEN TO USE CATHETER MAINTENANCE SOLUTIONS?

### Mild Encrustation



#### OPTIFLO® G (CSG50) (Suby G - 3.23% citric acid)

Citric acid solution; cleanses catheter length, counteracting alkaline deposits. With magnesium oxide to reduce tissue irritation.

### Persistent Encrustation



#### OPTIFLO® R (CSR50) (Solution R - 6% citric acid)

Increased citric acid solution; dissolves blockages. May be used to smooth away large, gritty deposits prior to catheter removal.

### Mucus / Tissue Debris / Blood Clots



#### OPTIFLO® S (CSS50) (0.9% saline)

Saline solution ideal for gently flushing away debris after surgery. (Not effective against encrustation.)

### IMPORTANT NOTES

Use of smaller volumes are now recognised up to 50mL. "Studies have shown that two sequential solutions are far more effective than either a single solution of 50mL or 100mL having to do frequent procedures e.g. three weekly, consider two sequential solutions less frequently."<sup>1</sup>



**FREEPHONE: 0800 0121 699**  
**Fax: 01903 875 085**  
**Email: [ukcustomer@crbard.com](mailto:ukcustomer@crbard.com)**  
**Web: [www.scripteasy.co.uk](http://www.scripteasy.co.uk)**

**NURSE ADVICE LINE**  
**FREEPHONE**  
**0808 168 4048**



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**IS Pharmaceuticals Ltd,**  
Chester, CH4 9QZ, UK

**Bard Limited**, Forest House, Tilgate Forest Business Park, Brighton Road, Crawley, West Sussex, RH11 9BP  
Tel: **+44 (0)1293 527888** Fax: **+44 (0)1293 552428** Customer services: [customer.services@crbard.com](mailto:customer.services@crbard.com)

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Reference 1. Getliffe KA, Managing Recurrent urinary catheter encrustation. British Journal of Community Nursing. 2002, Vol 7, No 11 Pp 574-580

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