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)
(Sody 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.”

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