16 Men

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Male catheterisation













Attention

- Male practitioner should do this procedure, if possible
- Tell person that insertion of catheter will cause discomfort

Never force catheter into urethra.

What you need

- · Catheter drainage bag if needed
- Sterile dressing pack
- Normal saline
- Water-based lubricant OR anaesthetic gel OR lignocaine catheterisation gel in pre-filled syringe
- Urinary catheter with a balloon, or in/out type
 - Smaller the urethra, smaller the catheter, eg 14G or 16G for most men,
 12G or less for younger boys
- 10ml syringe
- 10ml sterile water
- Clean or sterile dish/bowl to catch urine
- Sterile gloves
- Blueys
- Sterile specimen jar, if needed
- Forceps (ones in dressing pack usually too small)

What you do

- Put urine drainage bag nearby pinned onto side of bed/couch
- Lie man on bed and put blueys under his bottom. Keep upper body covered
- Lay out dressing pack and equipment
- Open catheter outer packet, drop catheter onto sterile area, but don't open inner plastic covering yet
- Fill 10ml syringe with sterile water to blow up catheter balloon (check amount on side of catheter). Be sure to keep tip sterile
- Wash hands and put on sterile gloves
- Put sterile kidney dish between legs
- Clean penis with **normal saline**, drape with sterile towels
- Hold penis upright and gently squirt lignocaine gel into urethra. Wait about
 5 minutes for it to work before moving to next step

- Pull end off plastic cover to expose tip of catheter. Do not touch tip
- Hold catheter with forceps or by plastic cover so you don't touch it. Put into urethra - F 16.1
- Gently push catheter in until urine flows into dish/bowl
- Only let about 500ml flow into dish/bowl, then clamp or kink catheter. After 5-10 minutes, release and let flow finish
- Collect urine specimen if needed (p385), do U/A
- If catheter to stay in
 - Fill balloon with sterile water
 - Connect urine drainage bag
 - Tape catheter to inner thigh to stop it pulling when man moves
 - Unpin catheter bag from side of bed/couch, pin to clothes or hang from edge of bed
 - Record urine output



16.1

Men

Reduction of a tight foreskin (paraphimosis)













Emergency procedure to loosen retracted, uncircumcised foreskin that has tightened around penis (constricting ring), causing glans to swell — F 16.2

Attention

- Can usually do manual reduction in boys. More difficult
- Paraphimosis and reduction can be very painful give pain relief or light sedation



16.2

- If very painful do ring block
 - Do not use local anaesthetic with adrenaline
 - **Do not** give more than maximum dose of anaesthesic, especially to children
- If you can't do reduction send to hospital

What you need

- Ice pack (eg crushed ice in disposable glove)
- Gauze
- Water-based lubricant
- Small needle, eg 23G
- If doing ring block
 - Lignocaine without adrenaline. Maximum dose 3mg/kg = 0.33ml/kg of lignocaine 1% OR 0.16ml/kg of lignocaine 2%
 - Sterile dressing pack
 - Chlorhexidine antiseptic solution
 - ∘ 5–10ml syringe
 - 21G needle for drawing up solution
 - 25G needles for injection
 - Sterile gloves

What to do

- While you are getting ready, apply ice pack
- Lubricate head of penis
- Using gauze pads, grip penis over swelling with firm pressure. Hold until swelling goes down (patient can do this)
- Reduce tight foreskin by pushing back on head of penis with thumbs and pulling foreskin forward with fingers — F 16.3
- If too painful give penile ring block then use puncture technique



16.3

Penile subcutaneous ring block

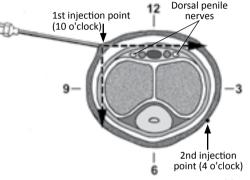
- Draw up lignocaine
- Make small SubCut skin wheal at 10 o'clock position at base of penis — F 16.4, F 16.5 first injection point
 - Move needle across penis just under skin toward 2 o'clock position — F 16.5 horizontal dotted line. Tip of needle should move freely
 - Pull back on plunger (aspirate) to make sure you haven't entered column of erectile tissue (corpora cavernosa)
 - Inject ¼ of lignocaine (for adult about 3-5ml) as you move needle back from 2 o'clock to 10 o'clock position
- When back at 10 o'clock position, without taking needle out, swivel and move it down towards 8 o'clock position — F 16.5 vertical dotted line
 - Inject ¼ of lignocaine as you move needle back from 8 o'clock to 10 o'clock position
- Take needle all the way out
- Complete nerve block by repeating on other side so all 4 quadrants anesthetised. Insert needle at 4 o'clock — F 16.5, second injection point

Puncture technique

- Using 23G needle, make small punctures holes all the way around swollen foreskin — F 16.6
- Use gentle but firm pressure to squeeze out excess fluid — F 16.7
- Keep doing this until swelling goes down. Can take several minutes
- Reduce tight foreskin by pushing back on head of penis with thumbs and pulling foreskin forward with fingers — see F 16.3 (*p500*)
- Put on dressing, ask to come back the next day for review
- Bathe daily in clean warm water

Note: If manual reduction doesn't work — may need to do dorsal slit (p502)





16.5



16.6



16.7

Men

Dorsal slit (phimotic ring incision)













Emergency procedure to loosen retracted uncircumcised foreskin that has tightened around penis (constricting ring) causing glans to swell — F 16.2 (p500). Only use if reduction methods (p500) failed.

Attention

Make sure you cut directly on top of constricting ring. **Do not** cut too deeply — may damage penile shaft.

What you need

- · Sterile gloves
- · Sterile non-stick dressing and tape
- Sterile No. 23 scalpel blade and handle
- Equipment for ring block (p500)

What you do

- Lay out dressing pack and equipment
- Wash hands, put on sterile gloves
- Clean site, drape with sterile towels
- If ring block (p501) not already done do now
- Use scalpel to cut at 12 o'clock position, at right angles (perpendicular) and directly on top of constricting ring — F 16.8
- Ring will spring open when cut, diamond shaped wound will appear — F 16.9
- Now move foreskin down over end of penis
- · Put on dressing, ask him to return daily
- Bathe daily in clean warm water





Male body charts

