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# Acacium Group Community

## Bladder Washout

Procedure Reference | SOP CATH 08

Version | V4.0

<b>Procedure Name</b>	Bladder Washout
<b>Purpose of Document</b>	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to the procedure of instilling catheter maintenance solutions.
<b>Target Audience</b>	All nurses and appropriately trained carers.
<b>Version</b>	V4.0
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<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Oct 2016	Implementation of document history page	KNF/SJ
V1	Oct 2018	Updated front sheet to include new review frequency date.	KMS/MS
V2	Oct 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V3	Dec 2022	Reviewed and updated	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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## 1. Introduction

- 1.1 A catheter maintenance solution is a pre-packed sterile reagent (usually 50mls) that is allowed to drain in to the bladder under gravity. The fluid is retained in the bladder (by clamping the sterile reagent tube) for a specified time (usually 15 minutes) and then allowed to drain out under gravity. (Evans & Godfrey 2000).
- 1.2 Indications:
- To clear an obstructed bladder
  - Reduce urethral trauma from encrustation on catheter removal (Getliffe 1996)
  - To treat recurrent bladder infections
  - To maintain and prevent urethral or suprapubic catheter blockage
  - To treat bladder cancer using chemotherapy
- 1.3 Recurrent catheter encrustation and blockage is a common problem with approximately 50% of catheterised people being susceptible. Catheter encrustations form on any catheter surface in contact with urine, including the catheter tip and balloon as well as the catheter lumen.
- 1.4 The development of catheter encrustations may lead to:
- Blockage of the catheter lumen
  - Bypassing of urine
  - Retention of urine
  - Pain and distress
  - Unnecessary catheter changes (Rew 1999, Getliffe 2004)
  - Infection

## 2. Aim

- 2.1 To support optimal catheter and urinary system health by minimising a complication of having an indwelling catheter, undertaking the procedure considering privacy and dignity.

## 3. Who needs to be aware of this procedure

- 3.1 All nurses and carers that are competent to undertake the procedure and are able to promote privacy and dignity.

## 4. Hazards/complications

- 4.1 The main hazard is the introduction of infection.

## 5. Assessment of needs

- 5.1 The decision to use catheter maintenance solutions to complete bladder washouts must be taken after undertaking a full catheter history. Assessment of all aspects of catheter care should be taken including:
- Client level of physical activity and mobility (catheter positioning, catheter kinking)
  - Diet and fluid intake

- Standards of hygiene
- Clients and family/carer ability to care for the catheter.

5.2 Newly catheterised clients should be monitored and assessed for how long a catheter is in situ before it blocks without the use of prophylactic washouts. Norberg et al 1983 suggests that 3-5 consecutive catheters should be observed before catheter maintenance solutions are commenced if needed.

## 6. Additional information

6.1 Where a clear pattern of catheter history can be established it may be more beneficial to implement catheter changes before the catheter is due to block.

## 7. Consent

7.1 Please read Acacium Group Policy on Consent thoroughly and ensure valid consent has been gained.

**7.2 Please now ensure you understand the Consent Policy and Mental Capacity Act in full.**

## 8. Client information

8.1 As part of obtaining valid consent the risks, benefits and alternatives to treatment will have been discussed.

8.2 The procedure must be explained fully in order to gain full cooperation with the procedure.

8.3 The Client should be informed about the potential signs and symptoms of infection and a contingency plan put in place with the advice to contact the GP if they have concerns. The principles of good catheter care should be discussed, and the Client involved in care planning. The Client should also be advised of the signs of catheter blockage and who to contact if this happens, during office and holiday/weekend hours.

## 9. Equipment

- Sterile dressing pack
- Antiseptic solution
- Bactericidal alcohol hand rub
- Absorbent sheet
- New catheter bag
- Catheter maintenance solution
- Waste disposal equipment
- Nursing documentation
- Prescription chart
- Gloves

## 10. Procedure

	Action	Rationale
1	Explain and discuss the procedure with the Client and gained consent. (NMC 2006). DOH 2009 Reference Guide to Consent.	To ensure that the Client understands the procedure and gives his/her valid consent.
2	Ensure there will be no interruptions during the procedure, curtains and doors are closed. Ensure that the Client is in a comfortable position, allowing access to the catheter.	For the Client's privacy and dignity.
3	Perform the procedure using aseptic (sterile) technique.	To minimise the risk of infection (DH 2005) and Health & Social Care Act 2008.
4	Remove outer packaging from catheter maintenance solution and place on to the sterile field.  Warm solution to body temperature by immersing package in water.	To prepare equipment for the procedure.  Warm solutions to prevent bladder spasm (Rew 1999).
5	Expose the whole length of the catheter and observe for any signs of discharge, meatal problems and length of catheter in Client. (If Client is using a leg bag, remove straps and place bag on the bed before exposing the catheter). Place the absorbent pad under catheter drainage bag junction.	To prepare Client for procedure. To detect for signs of infection, skin excoriation or displacement of catheter. If any signs noted report to GP as appropriate.
6	Wash hands with bactericidal rub and put on sterile gloves. Place sterile towel under catheter junction.	To reduce the risk of infection (DH 2005) and Health & safety Act 2008.
7	Slide clamp on solution container tubing to closed, remove the security ring on the solution container connection port and loosen cover from the connection port.	To prevent fluid loss when connection port is opened. To prepare equipment.
8	Squeeze the end of the catheter together just above the connection to the drainage bag. Disconnect the drainage bag, keeping the catheter squeezed. Remove the cover from the connecting and insert it into the catheter. Release the catheter.	To prevent urine leaking from the catheter.
9	Slide the clamp open on the solution container, raise the bag slightly above the level of the bladder and allow the required amount of the solution to flow into the bladder.	Rapid instillation of fluid could be uncomfortable for the patient.

	Gentle pressure may be needed initially to start the flow.	Administering maintenance solution via gravity and not physical force will reduce the risk of damage to the bladder mucosa (Getliffe et al. 2000; Rew 2005). More recent reference Catheter Care: Guidance for Health Care Professionals RCN 2021.
10	If the fluid is to be retained for a period of time close the clamp and place the bag on the bed. Reposition the covers and ensure the Client is comfortable for the required time.	To allow the solutions time to act on the catheter encrustations (Evans & Godfrey 2000). For the patient's privacy and comfort.
11	When the solution is to be removed, ensure the bag is below the level of the bladder, open the clip and allow the solution to drain back.	For gravity to help facilitate drainage.
12	When all the solution has drained back out of the bladder, close the clamp, disconnect the solution container and connect a new drainage bag. Note the amount of fluid returned.	To prevent spillage of solution. To re-establish closed drainage system.
13	Make the Client comfortable, remove and dispose of equipment, and wash hands.	To reduce risk of cross-infection (DH 2005).
14	Sign prescription chart. Document that catheter maintenance solution has been administered and note any complication or problems encountered with the procedure.	To maintain accurate records. Provide a point of reference in the event of any queries and prevent duplication of treatment.

## 11. Associated Policies / SOPs

### Policies

CLIN 04 Urinary Catheterisation Policy  
 CLIN 06 Consent Policy  
 CLIN 14 Health Records Management Policy  
 CLIN 03 Medicines Management Policy  
 CLIN 07 Infection Prevention and Control Policy

### SOPs

SOP CATH 01 Urethral Catheterisation (Male & Female)  
 SOP CATH 02 Suprapubic Re-catheterisation (Male & Female)  
 SOP CATH 03 Guidance for Care of Clients Catheterised for Retention of Urine  
 SOP CATH 04 Catheter Management for urinary catheters that block, bypass or are expelled with balloon intact  
 SOP CATH 05 Intermittent Self-Catheterisation  
 SOP CATH 06 Urinary Catheter Removal  
 SOP CATH 07 Urinary Catheter Bag Emptying  
 SOP CATH 09 Urinalysis  
 SOP CATH 10 Collection of a Catheter Urine Specimen  
 SOP CATH 11 Penile Sheath Application  
 SOP CATH 12 Attaching and Detaching a Night Bag  
 SOP CATH 13 Mitrofanoff Management



## 12. References

- The Royal Marsden Hospital Manual of Clinical Nursing Procedures; seventh edition; Dougherty L, Lister S; 2008; Wiley-Blackwell
- [Catheter Care: Guidance for Health Care Professionals](#) RCN 2021
- DH 2005 change to 2007

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group