Managing Blocked Catheters

Catheter blocks 1st time

Bladder scan to establish degree of retention

Change catheter
Document within the Catheter IPOC if any encrustation, blood, mucus or debris is evident

Catheter blocks 2nd Time
Document within the Catheter IPOC if any encrustation, blood, mucus or debris is evident

Catheter blocks 3rd Time
Document within the Catheter IPOC if any encrustation, blood, mucus or debris is evident

Once a pattern has been established, the use of an appropriate catheter maintenance solution and planned catheter change can be adopted. The effectiveness of the catheter maintenance solution may then be assessed and the regime altered as necessary.

If no Latex allergies you may need to consider swapping to a short term catheter
Which Catheter Maintenance Solution to Use?

- **Farco-Fill Protect**
  - First line Treatment for Encrustation
  - Recommended for patients that are identified as a "Blocker" due to encrustation.
  - Balloon is inflated with Farco-fill Protect, can be used in 5 or 10 ml catheter balloons.
  - It is recommended that the catheter is changed every 4 weeks, unless otherwise directed by the Urologist.

- **Suby G**
  - Treatment for Encrustation
  - Recommended for patients that are identified as a "Blocker" due to encrustation.
  - If irritation is experienced, treatment should be halted.

- **Solutio R**
  - Recommended prior to catheter change and also for persistent "blockers".
  - Can be effective in clearing a catheter which is completely blocked by encrustation. Prior to catheter removal it will dissolve crystals formed in and around the catheter tip making removal less traumatic.
  - **N.B Suby G should always be considered first before using the stronger solution of Solutio R**

- **Normal Saline**
  - Recommended to flush out debris and mucus, not suitable for encrustation.

- **Normal Saline with PHMB**
  - Recommended to flush out debris and mucus, not suitable for encrustation. Provides bacterial decolonisation of the catheter.