

# APGO Basic Clinical Skills Curriculum



## Foley Catheter Placement



Association of Professors of Gynecology and Obstetrics (APGO)  
Undergraduate Medical Education Committee ©2017

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## Table of Contents

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Description	3
Intended Learning Outcomes	3
Best Practices	4
Checklist	5
Performance Assessment	6
Practical Tips	6
Resources	6

## **DESCRIPTION**

Foley catheter placement in a female patient is a fundamental skill in gynecologic surgery. Decompression of the bladder allows surgeons to operate safely in the surrounding organs.

Skills training in Foley catheter placement requires prior knowledge of:

1. Female anatomy
2. Assembly of the catheter
3. Use of sterile technique

## **INTENDED LEARNING OUTCOMES**

This clinical skills module provides a standardized framework for teaching learners how to place a Foley catheter in a female patient. Following participation in this module, students should demonstrate the following learning outcomes:

1. Understand indications for a Foley catheter
2. Understand the normal female vulvar and perineal anatomy
3. Prepare the urethra for Foley catheter insertion
4. Insert the Foley catheter
5. Inflate the balloon
6. Attach the Foley to the patient's leg without excessive traction

## **BEST PRACTICES**

Without a structured program to teach female urinary Foley catheter placement, many students learn from the standard medical education paradigm of “see one,” “do one,” and then “teach one.” Peadar Waters and colleagues found that students who participated in interactive learning (didactic and practice with high-fidelity urinary catheter simulator) significantly outperformed the groups with didactics only and didactic with observation of the procedure. Medical students who participated in simulation training also retained these skills longer and maintained comfort with these skills at 18 months.<sup>1,2</sup>

Foley catheter placement is commonly performed during the ob-gyn rotation. Students can gain ample experience during the rotation. With prior preparation, this is a skill that can be learned during the clinical experience while under direct observation.

Multiple teaching modalities have been described to teach Foley catheter insertion.

- Didactic (lecture, video, assigned reading for flipped classroom)
- Simulation practice with task trainer

## CHECKLIST

The following checklist may be used as a component of a training session and/or as a component of a performance assessment.

	Done	Not Done
Confirm patient meets Indications for Indwelling Urethral Catheter Use: <ul style="list-style-type: none"> <li>• Patient has acute urinary retention or bladder outlet obstruction</li> <li>• Need for accurate urine output measurements</li> <li>• Use for selected surgical procedures</li> <li>• To assist in healing of open sacral or perineal wounds</li> <li>• Patient requires prolonged immobilization</li> <li>• To improve comfort for end-of life-care</li> </ul>		
Select the appropriately Foley catheter size		
Review patient record for any latex or iodine allergy		
Explain the procedure to the patient while maintaining privacy		
Wash hands		
Position the patient properly: Supine position with knees flexed and separated; feet flat on the bed		
Put on non-sterile gloves		
Create an area for the sterile field and open packaging		
Perform periurethral scrub		
Take off non-sterile gloves		
Wash hands with antibacterial gel		
Open inner kit using sterile technique		
Put on gloves using sterile technique		
Place drape under buttocks		
Place fenestrated drape over perineum		
Prepare betadine swabs		
Attach fluid syringe to open port on Foley		
Prepare lubricant		
Lubricate catheter tip		
Identify normal anatomy by separating the labia with non-dominant hand and keep open during entire cleansing process		
With dominant hand, cleanse with iodine-soaked cotton balls, using a single downward motion; outer edges first, then the		

center over the meatus itself		
Insert Catheter: If the catheter is inadvertently inserted into the vagina, leave the catheter in place until another insertion kit can be obtained		
Insert catheter 6-8 cm		
Attach the saline-filled syringe and inflate the balloon with 10 cc water if indwelling catheter is being used		
Gently pull back on catheter to fix catheter against bladder wall		
Secure the catheter drainage tubing to the patient's thigh or use a leg band with Velcro closure to prevent pressure on the urethra. Cover patient to restore privacy		
Remove equipment and dispose of used supplies		

### PERFORMANCE ASSESSMENT

The provided checklist can be used for performance assessment.

### PRACTICAL TIPS

We recommend introduction of Foley catheter placement at the end of second year in preparation for the clinical clerkships. Collaboration between undergraduate medical education and nursing leadership could assist in creating interprofessional protocols to teach and assist medical students in maintaining this important skill.

### RESOURCES

Models may be hand-made or purchased from commercial vendors. Some of the available models are listed below.

<b>Model Name</b>	<b>Manufacturer</b>	<b>Approximate cost</b>
Advanced Female Catheterization Trainer	Limbs & Things	>\$2,000
Interchangeable Catheterization and Enema Task Trainer	Laerdal Medical	\$500-600
Advanced Patient Care Female Catheter	Pocket Nurse	>\$300-400
Catheterization Simulator, Female	3B Scientific	>\$600

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1. Waters PS, McVeigh T, Kelly BD, Flaherty GT, Devitt D, Barry K, Kerin MJ. The acquisition and retention of urinary catheterization skills using surgical simulator devices: teaching method or student traits. *BMC Medical Education*. 2014 Dec; 14:264
  2. Kaplan, A. G., Abdelshehid, C. S., Alipanah, N., Zamansani, T., Lee, J., Kolla, S., Sountoulides PG, et al (2012). Genitourinary exam skills training curriculum for medical students: a follow-up study of comfort and skill utilization. *Journal of Endourology*, 2012; 26(10), 1350-1355.