

## Urinary Catheter Valve - Summary Clinical Guideline

Ref. No: CG-T/2014/089

### **Aim**

These guidelines will seek to ensure the appropriate use of urinary catheter valves throughout the acute trust.

### **Purpose and Scope**

These guidelines apply to all staff within the secondary care setting. They will ensure that all health care practitioners are able to carry out the relevant risk assessment and are able to identify those patients for whom use of the urinary catheter valve would be potentially harmful and therefore contraindicated. If there is any uncertainty regarding the appropriateness of the urinary catheter valve the Consultant in charge of the patient's care or the Continence Advisory Team should be contacted for specialist advice.

### **Definition**

Urinary Catheter valve – a sterile catheter spigot with a drainage valve.

### **Background**

The catheter valve is an alternative to leg bags/body-worn bags which gives the patient more freedom to move and more discreet drainage. Most valves are designed to fit with linked systems so it is possible to connect to a drainage bag. For example in the night time and for journeys etc <sup>1</sup>

The valve is connected to a catheter outlet allowing the bladder to store urine. Urine is drained by opening the valve on the desire to void. However, if the patient is unable to recognise bladder sensation or if bladder sensation is not present an individual regime of bladder emptying must be established.

### **Prior to use of the catheter valve:-**

- An assessment must be undertaken by a qualified health care practitioner to ensure that the patient is suitable for a catheter valve. <sup>2</sup>
- The patient/carer will have received an explanation regarding the assessment, action and management of the valve.
- The nurse will obtain the patient's informed verbal consent, which will be recorded in the nursing notes.
- The nurse will ascertain the intention and/or ability to self-manage the valve.

### **Assessment**

- Confirm the reason for the indwelling catheter.
- Ensure the patient's past medical history does not exclude the use of a catheter valve.
- Ensure the patient has sufficient cognitive function and manual dexterity to manage the valve.

- Assess the ability to tolerate the sensation of bladder fullness present when using the valve.
- Ensure the valve gives an improved quality of life to that experienced when using catheter bags.

### **Advantages**

- Discreet
- Allows normal bladder filling and emptying<sup>3</sup>
- Use of catheter valve with two-fourly release has been associated with reduced catheter blockage<sup>4</sup>
- Helps with self/body image

### **Contraindications**

- Uncontrolled detrusor over activity<sup>2</sup>
- Reduced bladder capacity<sup>2</sup>
- Reflux or renal impairment<sup>2</sup>
- Following catheterisation for decompression of the lower urinary system with chronic retention of urine.
- Lack of cognitive awareness<sup>2</sup>
- Lack of manual dexterity<sup>2</sup>
- History of bladder/ureteric/urethral surgery unless advised by Consultant Urologist
- Radical prostatectomy unless advised by Consultant Urologist

### **Caution**

- Impaired or no bladder sensation
- Renal Calculi

### **Management of the catheter valve**

- Wash hands with soap and water before and after dealing with valve.
- If caring for a patients valve, gloves should be worn when handling the valve.
- Catheter valve should be changed every 5-7 days as per manufacturers instructions
- The valve should be opened when the bladder feels like it is getting full. With impaired/absent sensation, the valve should be opened at regular intervals 2 to four hourly during the day.
- Night drainage bag can be attached, valve should be left in the open position whilst drainage bag in situ.