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FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY

STRESS INCONTINENCE    PROLAPSE    OVERACTIVE BLADDER    HORMONE REPLACEMENT THERAPY

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## **HOW TO REMOVE YOUR CATHETER AT HOME**

If you **do not** feel comfortable removing the catheter yourself, please make an appointment at our office to have the catheter removed

If you **do** feel comfortable taking out the catheter, please review these instructions

**DO NOT remove your catheter without first directly confirming it is OK to do so with my office.**

- Taking your catheter before it is time could potentially cause a complication to your surgery.

**DO NOT remove your catheter without first having a confirmed follow-up visit for later that same day around mid afternoon.** The visit can be either:

- At my office
- Your local doctor's office (*if you live out of town & have made arrangements with that doctor ahead of time*)

**Please remove your catheter around 6 AM**

- This allows for a reasonable amount of time to determine if you are able to void adequately and still have time to come into the office if there are any problems
- If you wait until later in the day and need to be seen, the office may be closed, resulting in an emergency room evaluation instead

**See the instructions down below on two options for removing a catheter**

- **Option 1:** Use a syringe to deflate the water-filled balloon that holds the catheter in place
- **Option 2:** Use a pair of scissors to cut the catheter and drain out the fluid in the balloon



➤ It may take 2 to 3 hours before your first void.

➤ It can be normal to experience some urgency with a desire to void immediately after the catheter comes out even though the bladder is mostly empty.

### **Signs of adequate voiding:**

- You do not need to strain to void
- Urine flow seems to have a reasonable stream (it's not slow or dribbling coming out)
- You are voiding at least 100-150 mL of urine with each void
- You are able to hold your bladder for at least 2 to 3 hours between your voids
- You are not having any worsening postoperative pain and your bladder is not hurting

***If you feel that you are voiding adequately, you do not need to be seen at the office for further evaluation***

### **Signs that you are not able to void adequately:**

- You are straining to void
- The urine has a very weak stream or is only dribbling when it is coming out
- You are voiding smaller and smaller amounts each time
- The time between your voids is getting closer together
- You have a strong urge to void and cannot void
- You are having symptoms of pain in the area of your bladder that is worsening over the course of the day

***If you feel that you are struggling to void, plan to keep your scheduled appointment or contact the office to come in sooner if desired***

***If you are unsure if you are voiding adequately, it is better to keep your appointment and let us determine if everything is ok.***

**Please visit my website for an instructional video: [PeterMLotzeMD.com](http://PeterMLotzeMD.com)**

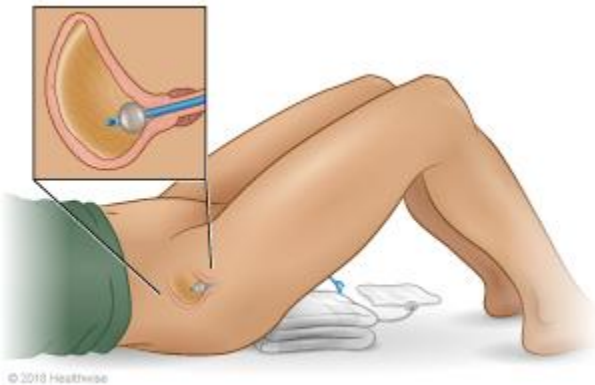


## Option 1: Use a syringe to deflate the water-filled balloon that holds the catheter in place

Before you remove your catheter, gather all of the supplies you will need, including a syringe and an absorbent pad. Most syringes will be labeled as 10 cc.

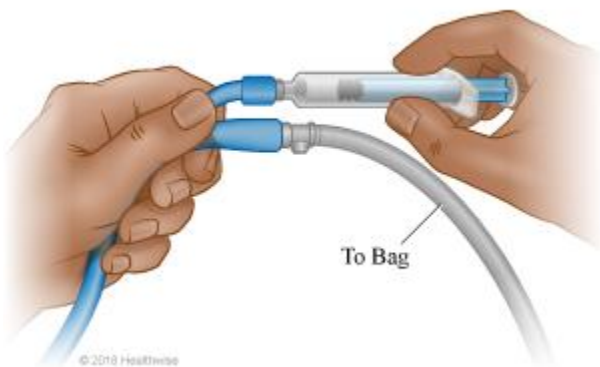


- Empty the urine bag. You can empty it into the toilet or a container, as you normally do.
- Wash your hands. NOTE: You can also wear disposable gloves if you want to
- Remove the tape or straps that hold the catheter to your body
- You can lie flat on your back. It may be more comfortable with your knees bent. Alternatively, you can be in a standing position or seated on the toilet

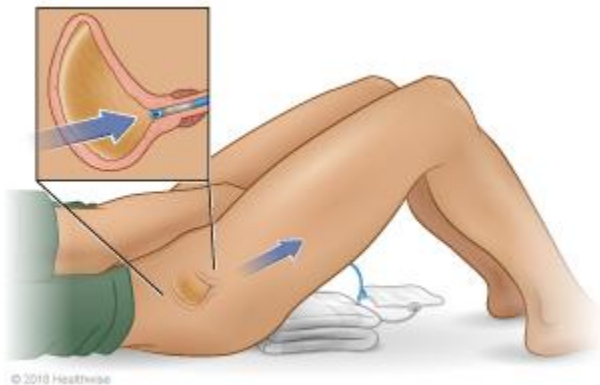


- Consider an absorbent pad or towel to catch any extra urine that comes out

- Prepare the syringe
- Make sure that you know which port is the balloon port. It's not the one where the urine usually comes out.
- Insert the tip of the syringe into the balloon port on your catheter. You can push it in or twist the syringe into the port.
- Allow the fluid to drain out. If nothing comes out, push the syringe further into the port until fluid comes out. *Make sure the tubing is not twisted or bent.*
- The balloon typically only has no more than 10cc of fluid. If the syringe fills and you are worried that more fluid may be in the balloon, empty the syringe. You can empty it into a sink or toilet. Reattach the syringe and see if any more fluid drains out. You want to completely empty the balloon.



- Once the balloon is completely emptied, the foley catheter can come out

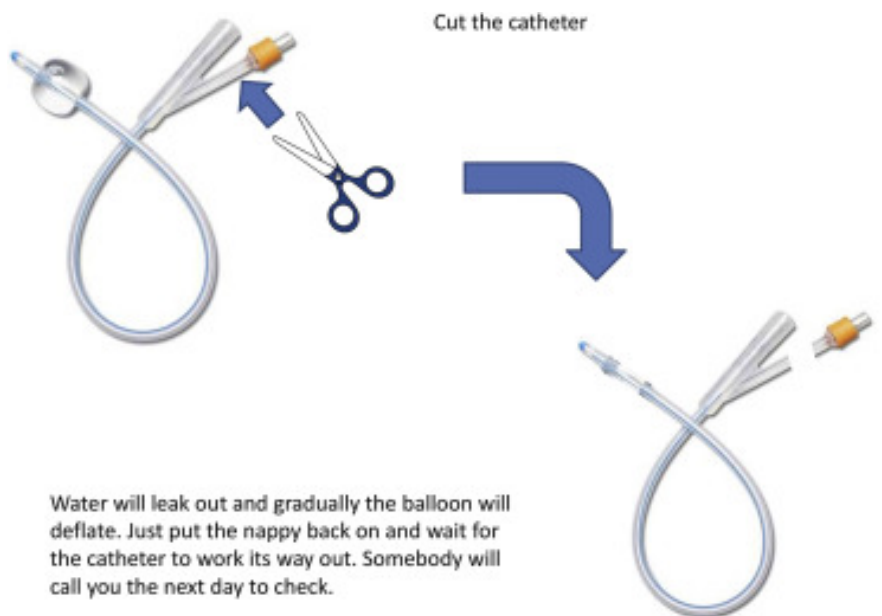


- Gently pull the catheter out of your urethra. Pull it slowly and smoothly.
- Do not force the catheter out. If it doesn't slide out easily, use the syringe again to try to drain more liquid from the balloon.

## Option 2: Use a pair of scissors to cut the catheter and drain out the fluid in the balloon

You will notice that near the place where the catheter attaches to the bag (where urine flows into) there is a valve that goes out to the side, usually at a 45 degree angle. Usually the valve is a plastic cylinder with writing on it, and it often is colored. The valve does not connect to the urine bag. This valve is what keeps the water balloon on the end of the catheter inflated with water.

To remove your catheter, you simply must use scissors to cut the valve off, just behind the valve. When done, water will come out (not urine). Do not cut the actual catheter or any area that would allow urine to flow into the bag, only this valve.



Once the valve is cut off and the water stops coming out, simply pull out the catheter slowly and discard.