

# An Overview of Catheters

Medical Aids Subsidy Scheme

23 October 2025

# MASS Catheter Aids

## Eligibility for new clients to MASS

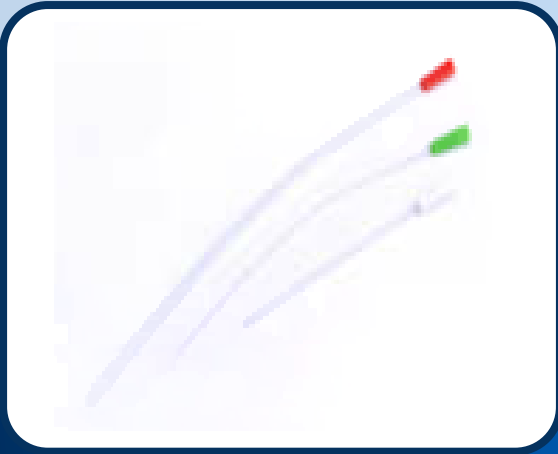
- Clients must have a permanent and stabilised condition/catheter
- Clients must have a Qld Seniors card or PCC / health care card
- New applications require a MASS-eApply application and assessment
- Existing clients for any change in aids require a new MASS-eApply application
- Catheter aids required not on the scheme contact MASS Clinician

# Catheter aids available on the MASS Scheme

- Disposable catheters both non lubricated and pre-lubricated (300 per 6 Month supply)
- Permanent catheters – Latex coated/silicone/open ended (10 per year) One delivery of 1 box per year
- Leg bags – 500mls-800mls / 6cm tubing to 50cm / leg straps included (20 per 6 Month supply)
- Flip Flo valves (10 per 6 Month supply)
- Overnight 2L bags Sterile weekly or non-sterile nightly (20 per 6 Month supply)
- Bed and Chair protectors (2 per year first application then 1 per year)
- Pull up aids or pads (1.25 per day as a 6 Month supply with any catheter equipment)

# Conduction Aids

# Disposable Catheters (Paediatric and Female) Queensland Health



M|Devices  
Catheter- Female  
30cm and 20cm



Apogee Catheter  
(Hollister) - Female  
15cm

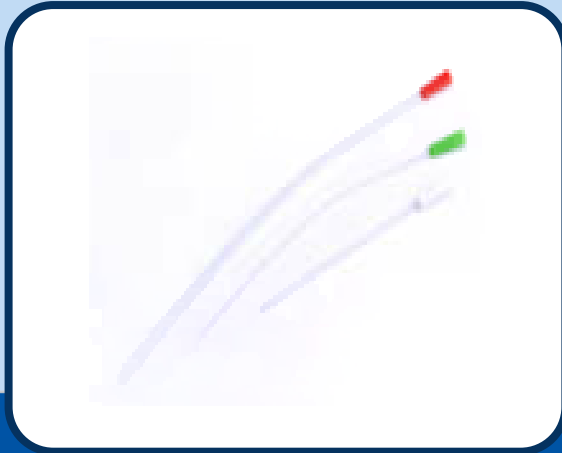


Self-Cath  
(Coloplast)  
16cm

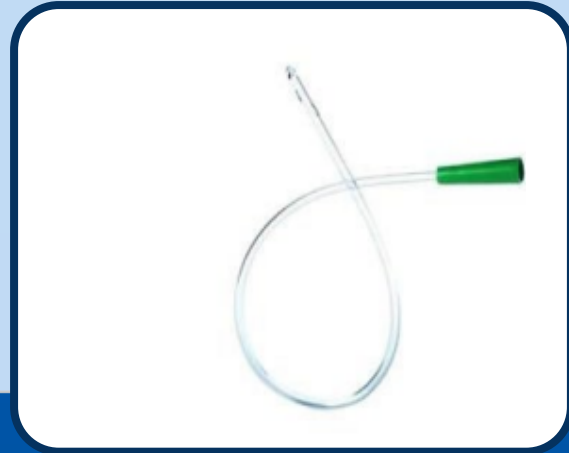
# Disposable Catheters (Male)



Apogee Intermittent  
Catheters  
Soft/Firm (Hollister)  
40cm



M|Devices Nelaton  
Catheter  
40cm



Self-Cath  
(Coloplast)  
38cm

# Disposable Catheters: Pre-Lubricated with Water Sachet

Queensland Health

## (Female)



Hydrophilic  
M|Devices  
Water Sachet

18cm



Hydrophilic Lofric  
with water sachet  
(Mediplast)

15cm



Hydrophilic  
GentleCath  
with Water Sachet  
(Convatec)

18cm

# Disposable Catheters: Pre-Lubricated with Water Sachet

Queensland Health

## (Male)



Hydrophilic  
M|Devices with  
Water Sachet

40cm



Pre-lubricated  
Hydrophilic  
GentleCath with  
Water Sachet  
(Convatec)

40cm



Pre-lubricated  
Hydrophilic Lofric  
Origo with water  
sachet (Mediplast)

40cm

# Disposable Catheters: Pre-Lubricated (Female)



VaPro/TouchFree  
Pre-Lubricated (Hollister)  
20cm



SpeediCath Pre-lubricated  
(Coloplast)  
20cm

# Disposable Catheters: Pre-Lubricated (Male)



VaPro/TouchFree  
Pre-Lubricated (Hollister)  
40cm



SpeediCath Pre-lubricated  
(Coloplast)  
35cm

# Indwelling Catheters - Coated



Bard  
Biocath/Hydrogel  
– Paediatric

30.5cm

5ml Balloon



Bard  
Biocath/Hydrogel –  
Male

40cm

10ml Balloon



Bardex I.C. (Infection  
Control)

Silver coated

43cm

10ml Balloon

# Indwelling Catheters – Silicone (Paediatric)



Dover 100%  
Silicone (Covidien)

32cm

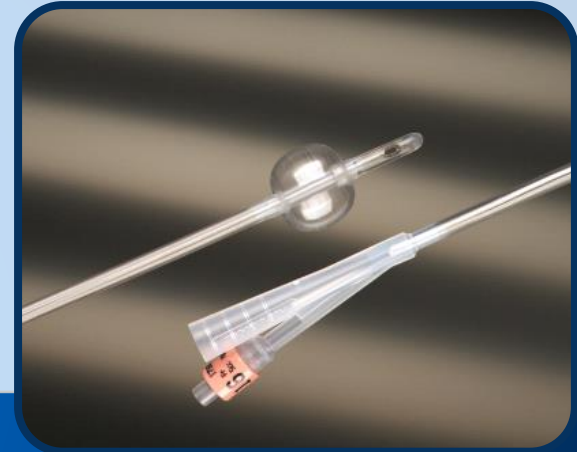
3ml Balloon



Bardex All Silicone

30.5cm

5ml Balloon



Bard Lubri-Sil

30.5cm

5ml Balloon

# Indwelling Catheters – Silicone (Female)

Queensland Health

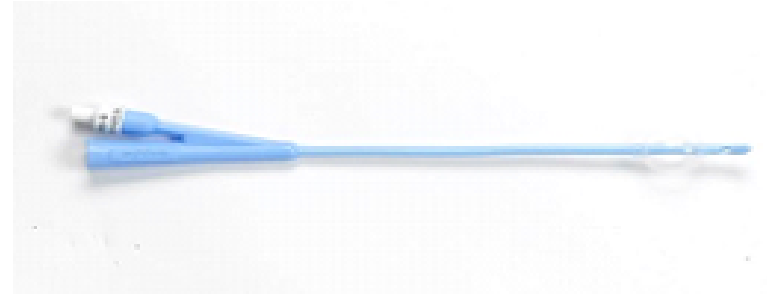


## Releen (Coloplast)

30 day only instill time for IDC's  
and not for use in SPC sites

19cm

5-10ml Balloon



## Dover 100% Silicone (Covidien)

20cm

5-10ml Balloon

# Indwelling Catheters - Silicone (Male)



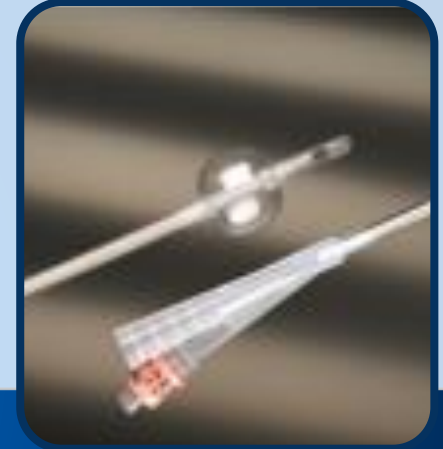
M|Devices  
100%  
Silicone  
40cm  
10ml Balloon



Bardex All  
Silicone  
43cm  
10ml Balloon



Releen  
(Coloplast)  
40cm/10ml  
*Only 30 day  
IDC use only*



Bard Lubri-Sil  
40cm  
10ml Balloon

# Suprapubic Open Ended Silicone Catheter

Queensland Health



SupraPlus Open ended catheter (Sayco)

42cm length only available from MASS

42cm

10ml Balloon

# Night Drainage Bags: Sterile



Hollister Incare  
2L



Conveen  
(previously  
known as  
Moveen –  
Coloplast)  
2L



SimplaS4  
(Coloplast)  
2L



Urimed  
(B|Braun)  
2L

# Night Drainage Bags: Non-Sterile

Queensland Health



Urimed (B|Braun)  
2L



SimplaS3  
(Coloplast)  
2L



Medicare (B|Braun)  
2L

# Night Drainage Bottles: Non-Sterile



Urocare Drain Bottle (Sayco) –  
2L  
(MASS subsidy 1 per 6 months)



Urocare Drain Bottle (Sayco) –  
4L  
(MASS subsidy 1 per 6 months)

# Leg Drainage Bags: Sterile



Bard  
Uriplan  
500-750ml  
10/30cm



Urimaxx  
(Aaxis)  
500-750ml  
6cm, 10cm,  
30cm, 50cm



Hollister  
Inview  
Leg bag  
500-  
800mls  
10/50cm



Conveen  
Security+  
(Coloplast)  
500-750ml  
6cm, 30cm,  
50cm



Hollister  
Extended  
Wear Kit -  
*lasts 12  
weeks*  
540-900ml

# Occlusive Aids

# Catheter Valves



Simpla Catheter Valve



Bard Flip-Flo Catheter Valve



Ugo Catheter Valve

RBWH – Urology Department

# An Overview of Indwelling Urinary Catheter

Leanne Morton

CNC Urology - RBWH

## Metro North Health's vision

Creating healthier futures together—where innovation and research meets compassionate care and community voices shape our services.

V[XX] Effective: [MM/YYYY] Review: [MM/YYYY]

Metro North  
Health

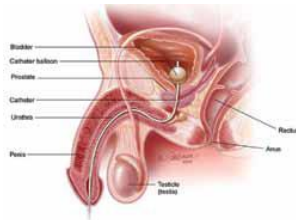
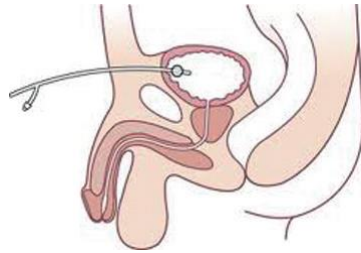


Queensland  
Government



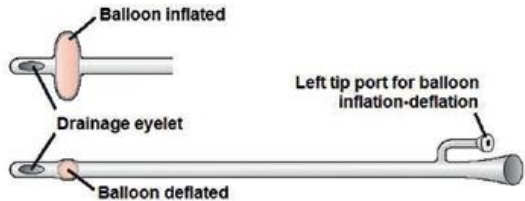
# Today's presentation

- Review of Urinary catheters – IDC / SPC
  - What is a catheter – type, size, material,
  - Catherisation
  - Problems with Catheterisation
  - CAUTI
-



# Urinary Catheters

- Transurethral indwelling catheterisation is defined as passage of catheter into the bladder via the urethra
- Suprapubic catheterisation is the insertion of a catheter into the bladder via the anterior abdominal wall



# Types of Urinary Catheters

- One-way or Nelaton Catheters – no balloon
- Two-way catheters – balloon to secure it place
- Three-way catheters – allows for irrigation of the bladder

# Catheter Material

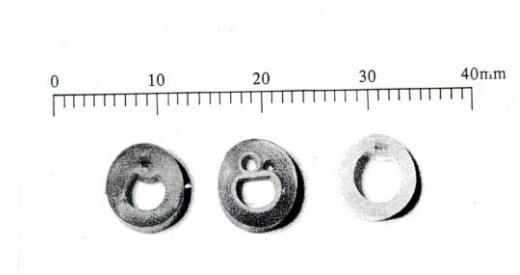
- **Hydrogel** –made of latex which is bonded to hydrogel
- Allows secretions from the urethral mucosa to be absorbed into the catheter → softens the catheter making it more pliable and comfortable.
- Hydrogel is inert & resistant to bacterial colonisation and encrustation
- Decreases friction & urethral irritation



# Catheter Material



- **100% Silicone**- thin walled catheters that provide a larger diameter drainage lumen.
- compatible with urethral mucosa.
- encrustation resistance properties.
- Silicone allows diffusion/absorption → deflation of the balloon over time. Must check volume.
- Long Term up to 12 weeks.



## Other Catheters available

- Silver coated catheters
- Temperature catheters
- Coude tip
- Open ended



## Length & Size

- Standard Length of a catheter is 41-45 cm
- Female Length catheters are 25 cm
- Paediatric catheters are 30cm
- Male FG 16
- Female FG 14

# Balloon Sizing & Inflation



- Standard size is 5 – 10mls-  
manufacturer dependant
- Haematuria catheters up to 60mls
  
- Inflate balloons with Sterile water only
- Do not use Normal Saline, Air, Tap  
Water

# Catheterisation- Things to remember

- Male Catheterisation

- Always retract the foreskin and clean underneath.
- If known large prostate could use 2 x Lignocaine gel tubes
- Do not inflate balloon until catheter all the way to the hilt or Y bifurcation
- Stop if significant pain.
- Please always remember to replace the foreskin to avoid paraphymosis

# Paraphimosis



# Risks associated with Catheterisation

- Genitourinary Infection
- Urethral Trauma
- Cystitis Bleeding
- False Passage
- Urethral stricture

# Risk versus benefit

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- Risk of long term catheterisation
  - Bladder stones
  - Blocked catheter
  - SCC





# Closed Drainage System

- When a catheter has been inserted using aseptic technique, it is directly connected to the sterile bag, because an aseptic closed drainage system minimises the risk of catheter associated urinary tract infection or CAUTI.
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## Securement Devices

- Securement devices are designed to prevent excessive traction of the catheter against the bladder neck or inadvertent catheter removal





## Sampling Port for Specimen collection

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- Most drainage bags have a special sampling port designed to obtain urine specimens while maintaining a closed system.
- Do not collect a specimen directly from the drainage bag



# Catheter Care & Maintenance



PERFORM HAND  
HYGIENE  
BEFORE &  
AFTER ANY  
MANIPULATION  
OF THE  
CATHETER &  
SYSTEM



DAILY MEATAL  
CLEANSING –  
CLEANSE  
UNDER  
FORESKIN



MAINTAIN  
UNOBSTRUCTE  
D URINE FLOW



KEEP THE  
CATHETER AND  
COLLECTING  
TUBING FREE  
FROM KINKING



KEEP THE BAG  
BELOW THE  
LEVEL OF THE  
BLADDER AT  
ALL TIME. DO  
NOT LET REST  
ON THE FLOOR



EMPTY THE  
CATHETER BAG  
REGULARLY  
USING A  
SEPARATE  
CONTAINER  
FOR EACH PT.  
AVOID  
SPLASHING  
AND PREVENT  
CONTACT OF  
THE DRAINAGE  
SPIGOT WITH



CHANGE THE  
CATHETER BAG  
WEEKLY



# Problems with Catheters

- **Infection**
  - Within days of insertion there is a biofilm and colonisation on every catheter.
  - Antibiotics only if symptomatic eg loin pain, fever, haematuria
  - Frequency of catheter change – we suggest every 6-8 weeks
  - Encourage good fluid intake – keep urine yellow
  - Commence on Methenamine Hippurate 1g (Hiprex)
-



# Problems with Catheters

- **Bypassing**
    - Sediment in the urine/ blocked catheter, overactive bladder, catheter irritation, unresolved constipation, UTI, check tubing.
  - Management
    - Check the bowels
    - Check catheter is draining
    - Try to differentiate between blockage and OAB
    - Short term strategies – flush catheter, remove 1ml from balloon
    - Last resort – change the catheter
-



# Problems with Catheters

- **Haematuria**
    - Result of surgery, UTI, trauma, cancer, excessive straining of bowels, medication.
  - **Management**
    - Identify the cause
    - Monitor amount, colour, presence of clots, precipitating factors.
    - Increase fluids to flush catheter.
    - Be aware of risk of blockage from clots
    - If still concerned get medical help
-

# Bladder Washouts

Many types of bladder washouts available now on the market but \$\$\$

- Normal Saline – easy to obtain
- Polihexanide 0.02% PHMB
  - reducing bacterial colonisation and biofilm which cause mucus and debris
  - 1-2 times per day initially then 2-3 times per week
- Suby G Citric Acid 3.23% twin
  - Prevent phosphate crystallisation and dissolving existing calcification
  - 2-3 times per week then reassess after a couple of weeks
- Solutio R Citric Acid 6%
  - Use after no result with Suby G
  - Also minimizes trauma when removing encrusted catheters
  - 2-3 times a week for a short period then back to Suby G
- Formal bladder washout with cystoscopy

Referral  
back to GP  
then to  
Urologist

- Cystoscopy
  - Repeat catheter blockages/encrustation
  - Chronic cystitis is a risk for SCC bladder
    - Risk factors for chronic cystitis include:
      - Long term catheterisation
      - Chronic UTIs
      - Chronic bladder stones
      - *Schistosoma hematobium* infection-parasitic fluke
  - Bladder stone formation
    - (Frequent balloon breakage-anecdotal)
  - 10% risk of SCC incidence with patient who have had an IDC > 10 years pmc.ncbi.nih.gov



# Documentation

- Once a catheter has been inserted it must be documented in the notes
    - Size
    - Type
    - Balloon volume
    - Residual volume
    - Colour of the urine
    - Date and time
    - Difficulties with the procedure
-



# Causes of Retention

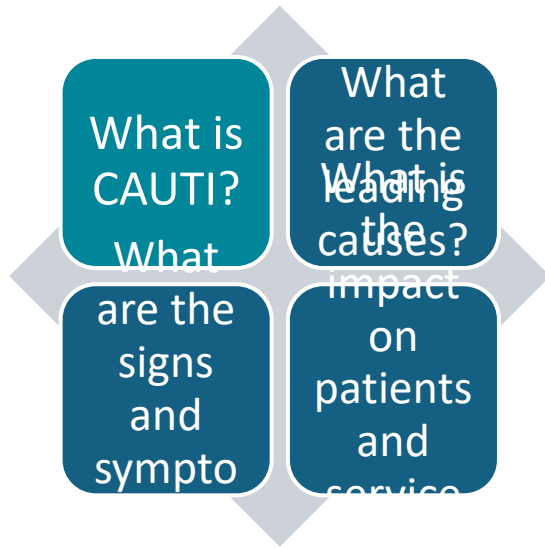
- OBSTRUCTION – Prostate
  - INFECTION (CAUSES SWELLING)
  - NERVE PROBLEMS/DAMAGE
  - CONSTIPATION
  - URETHRAL STRICTURE
  - DETRUSOR MUSCLE WEAKNESS
-



CAUTI

Cather Associate  
Urinary Tract  
Infection

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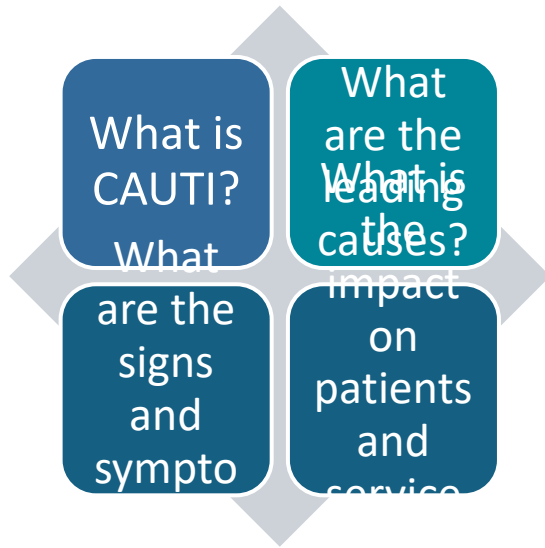


CAUTI has a significant impact on patient morbidity and mortality, antibiotic usage, and length of hospital stay at a significant cost to public health services.

The definition of CAUTI is:

Microbial growth of >100cfu/ml of one of more bacterial species in a catheter specimen urine, or in a mid stream urine sample from a patient whose urinary catheter was removed in the previous 48 hours.

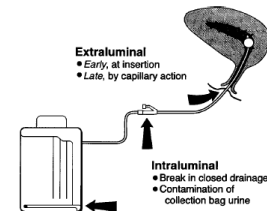
Bacterial growth must be accompanied by symptoms of infection. In the absence of symptoms of infection, this is called **asymptomatic bacteriuria** and is not a CAUTI.

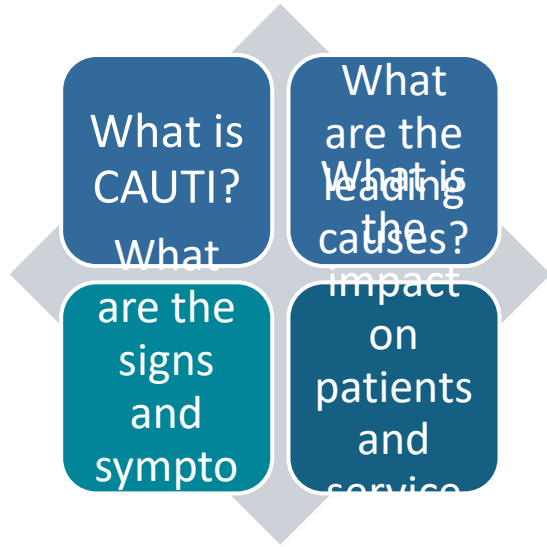


Prolonged urinary catheterisation - for every day that a catheter is insitu, the patient is at a 5% increased risk of CAUTI.

Intraluminal contamination - caused by breaking the closed drainage system and poor catheter insertion technique.

Extraluminal contamination - caused by poor staff compliance with hand hygiene and poor personal hygiene.



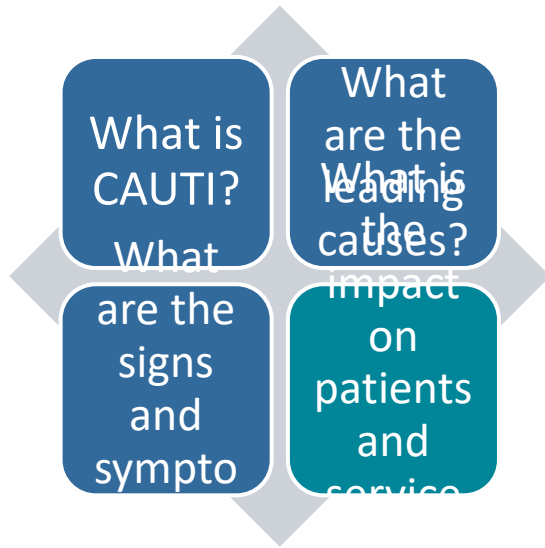


## What are the signs and symptoms of CAUTI?

- New onset or worsening fever
- Rigors
- Malaise
- Delirium
- Haematuria
- Suprapubic or flank pain
- Renal angle tenderness

In patients whose catheter has been removed symptoms can include:

- Dysuria
- Urgency
- Frequency
- Suprapubic pain



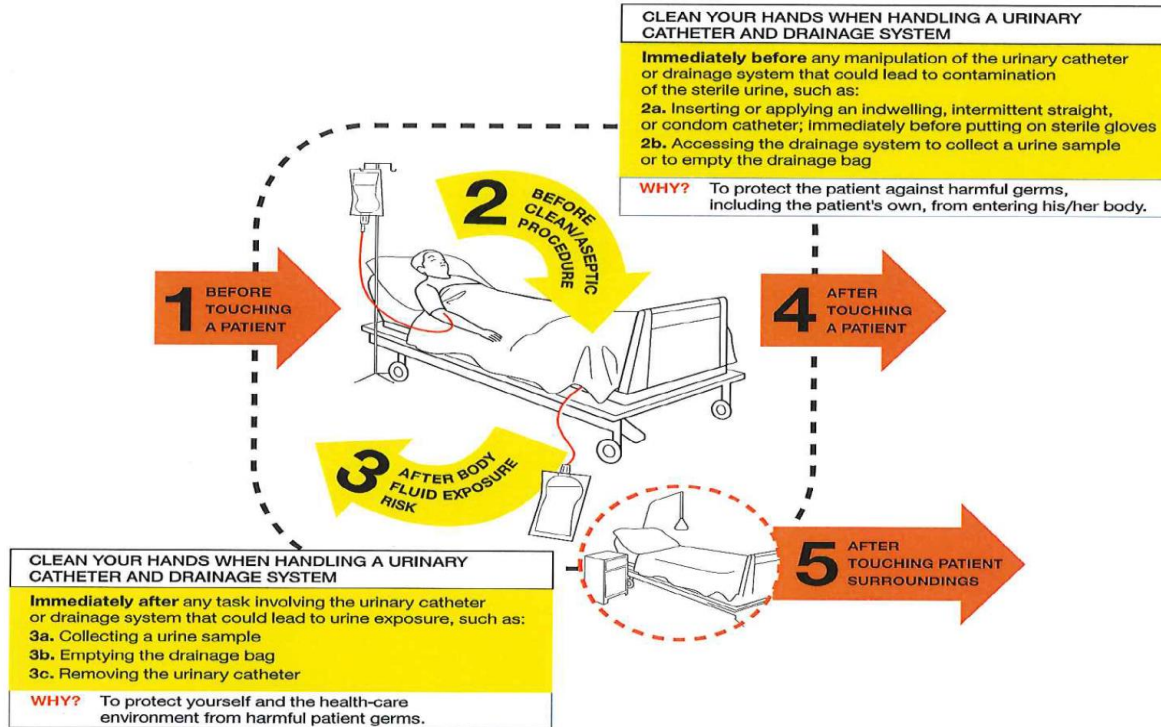
Hospital acquired urinary tract infections (most of which are CAUTI) significantly increase patients' length of stay in hospital, and contributes to morbidity and mortality of affected patients.

A patient developing CAUTI costs twice as much to the healthcare system in Australia than a patient not affected.

CAUTI contributes to antibiotic resistance for both the patient and the wider community, which is one of the biggest challenges for hospitals in trying to deliver safe and effective healthcare.

# My 5 Moments for Hand Hygiene

## Focus on caring for a patient with a Urinary Catheter



# Certificate of Attendance



Complete the [webinar feedback form](#) to receive a certificate of attendance.

Thank you



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