

URINARY CATH TIPS AND TROUBLESHOOTING- Mitrofanoff

General Tips

- Have extra catheters on hand including some that are 1 size smaller
- For both penile and vulva urethra, if you are meeting resistance, do not keep trying to pass the catheter, as it will cause the sphincter to spasm and not relax
- For both penile urethra or vulva urethra, if you are meeting resistance, stop and have the child take a deep breath to try to relax the area.

Mitrofanoff

- Don't force the catheter into the mitrofanoff. The tissue is very soft and can perforate easily. It can create another tract not into the bladder (if not getting urine, question this possibility).
- When removing the catheter, pinch or occlude (imagine a straw with fluid in it) so urine stays in the catheter and doesn't drip onto the student
- Possible reasons for difficult cathing of the Mitrofanoff, are:
 - Full bladder=causes pushing/occlusion of the Mitrofanoff tunnel
 - Slouching-try to reposition student
 - Overweight student-try to reposition student
 - If cannot catheterize the Mitrofanoff, call parent/guardian to make a plan
- ▢Students with new Mitrofanoffs will have an indwelling catheter for about 3-4 weeks post-op. It will be connected to a bag or draining into a diaper. They can return to school when they feel ready and are off narcotics.

Interesting fact sterile catheterization vs clean: There is not an increase in infection with clean technique. The bladder becomes colonized with that bacteria over time and it becomes its new "norm"

