

Catheter Associated Urinary Tract Infection (UTI)

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What is a Urinary Tract Infection (UTI)?

A UTI is any infection of the urine. Patients who have a urinary catheter inserted have a risk of developing a urine infection or UTI. A urinary catheter is a hollow tube inserted into the bladder to drain urine.

Catheterisation is carried out for a number of reasons and can either be a temporary or permanent solution to a number of problems.

Urinary tract infections are the second largest single group of healthcare associated infections in the UK and make up 20% (1 in 5) of all hospital acquired infections.

Patients who develop a catheter-related UTI may not feel any symptoms, may suffer from mild discomfort or develop blood infection (or bacteraemia).

While the risk is low, it is estimated that between 1% and 4% of catheterised patients with a UTI will go on to develop a blood infection.

The risk of developing a catheter related UTI rises by five per cent for each day the catheter remains in place.

What are the causes of catheter UTIs?

Normal micturition (passing urine normally) removes bacteria from the opening of the urine tube or urethral orifice, but when a patient is catheterised there is an increased risk that bacteria normally present in the groin area can enter the urethra and ascend into the bladder, causing infection of urine.

A bacteria called *Escherichia coli* (or E-coli) is often present in the groin area and is a common cause of UTI. 1 in 5 E-coli bacteria are now resistant to the antibiotics used to treat infection.

How can the risk of infection be reduced when a urinary catheter is inserted?

The doctors and nurses will:

- Only insert a catheter when it is absolutely necessary
- Select the appropriate catheter type
- Insert the catheter using an aseptic technique.

What will happen after the catheter has been inserted?

The reason for the continued use of a urinary catheter will be monitored and recorded daily. The doctors & nurses will remove the catheter as soon as possible.

Patients should shower daily following the insertion of the catheter. If this is not possible, the external genitalia should be washed twice daily with normal soap and water.

When emptying the catheter drainage bags, staff will wash their hands before applying gloves.

Carers and independent patients should also always wash their hands carefully before and after manipulating or emptying the catheter drainage bag.

Before opening and after closing the outlet valve it should be cleaned; in hospital this is done using an alcohol swab. Care should

be taken to prevent the outlet valve from touching the urine collection container.

In hospital the urine bag will be emptied once a day and also if it is $\frac{3}{4}$ full, but not more often. In the community bags should only be emptied when they are $\frac{3}{4}$ full or more.

Urine drainage bags for use at night must never touch the floor, even when a bed is at its lowest level; rather, they should be supported on an appropriate stand to allow for free drainage of urine.

Patients should drink as much as possible, up to two litres of fluid a day unless otherwise advised by your doctor. This will help to maintain urine output and to avoid constipation, which can disrupt the free flow of urine.

How can I tell if I have a UTI?

- You may experience a burning sensation or pain in the urethra.
- You may feel feverish or shivery.
- Urine may leak around the catheter.
- Urine in the bag may look cloudy.
- Urine may be bloodstained.

If you notice any of these, tell the nurse or doctor looking after you. You might also have a raised temperature.

A specimen of urine can be sent for microbiology testing and will confirm a UTI. Most UTIs can be treated with antibiotics and/or removing the catheter.

What can I do to prevent getting an infection if I have a catheter inserted?

- Ask your doctor or nurse why a catheter is needed
- Always wash your hands before and after handling the catheter tubing and especially when emptying the bag

- Maintain catheter hygiene as directed
- Drink plenty of water if you can
- Ask when the catheter will be removed
- Do not lift the urine collection bag higher than your hips and don't let it touch the floor.

Further information

If you have any further questions or concerns, speak to your nurse, doctor or contact the Urology and Continence Specialist Nurses.



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please:

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