

July 2015

Foley Catheter Removal

Best Practice

- S:** Reports of resistance and discomfort during Foley catheter removal
- Many nurses manually aspirate fluid from balloon before Foley catheter removal.
- B:** A ridge at the balloon site is created when balloons are manually aspirated too rapidly or too forcefully (compared to passive deflation).
- Industry standard for Foley product materials is latex, except in pediatrics where silicone is used. Silicone wants to naturally collapse on itself, (creating a ridge).
 - Passive deflation reduces risk of creating a ridge.
- A:** **Passive deflation of the balloon is the correct method** – use luer slip syringe.
- R:**
- Exercise or remove plunger on syringe before attaching to balloon so that plunger does not stick.
 - It may take a few minutes (2-3) to passively deflate a balloon.
 - If slow or no deflation:
 - gently re-seat the syringe – if still no deflation, then
 - reposition patient – if still no deflation, then
 - apply slow, very gentle aspiration.
 - If resistance is felt, infuse 0.5 ml water into balloon – this will remove the ridge and turn, for example, the 8 Fr into about a 8-1/4 Fr, with a smooth ridge-free balloon (compared to a 8 Fr with a hard ridge).
 - Silicone catheters are permeable to gas and water, so over time the balloon will lose water; therefore, even if the proper amount is instilled, it may not all come out due to evaporation.