Urinary Retention and Catheter Care

What is wrong?
Many conditions may make it difficult for you to urinate (pee). It could be due to a blockage, an infection, nerve damage, medication or other causes as explained by your doctor.

To help empty the bladder, a temporary tube (catheter) has been placed.

What should I do at home?
- Depending on the cause of the retention, the treatment can vary. Follow the emergency doctor’s advice.
- If you have been prescribed medications, take them as directed.
- Drink your usual amounts of fluids.

Caring for your catheter
Empty the bag regularly before it gets full. The bag should always be lower than your bladder.

To empty the bag:
- Wash your hands, hold the bag over the toilet, remove the clamp and let the urine drain.
- Do not touch the tip of the drainage tube or let it touch the toilet.
- Wipe the tip of the drainage tube with an alcohol swab, clamp the tube and put it back in its place.

Wash the skin around the catheter gently with soap and water once a day.
Avoid pulling on the tube or removing the catheter yourself as this may cause more damage and pain.

When am I going to feel better?
You should feel better as soon as your bladder has been emptied.

Usually, the catheter is kept in place for up to 1 or 2 weeks.

Should I see another doctor?
- The emergency doctor will refer you to another specialist (urologist) who will remove the catheter and continue your care.
- You should take an appointment with your family doctor.
- You will be given a referral to a CLSC nurse.

When should I come back to the Emergency Department?
You should return right away if you have:
- Abdominal pain
- Fever above 38°C / 100.4°F or chills
- Foul smelling or bloody urine
- Weakness or numbness in your legs
- Back pain or flank pain
- Urine coming out around the catheter
- No more urine flowing into the bag
- Difficulty with the tube or if the tube comes out.

This material was developed by the McGill University Health Centre Emergency Department.