

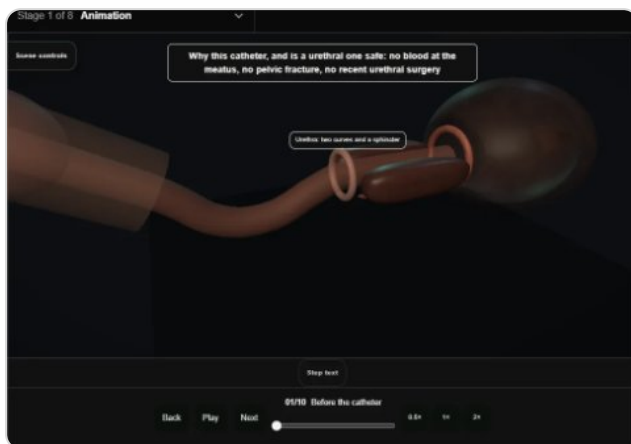
Urethral catheterisation, and the difficult one

10 steps, each one the authored title and caption from the interactive animation, with the frame captured from that step. Read it before the case, or print it and work through the steps in order.

Teaching only, not for diagnosis or treatment decisions. The text on this sheet is the animation's own step copy, reproduced verbatim.

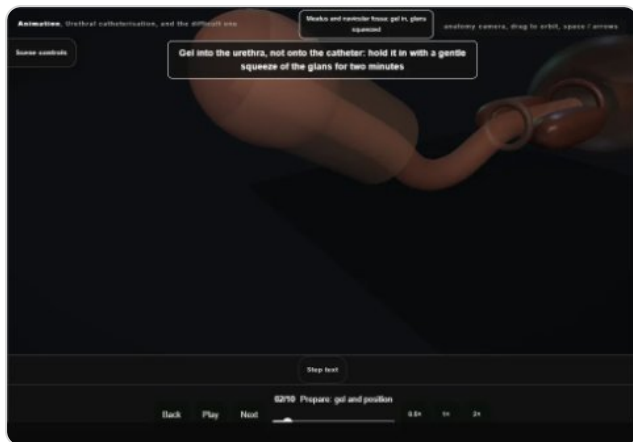
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01 Before the catheter



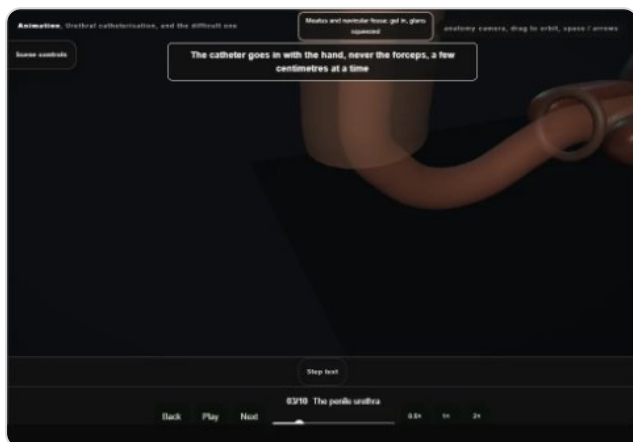
- Why this catheter and whether the urethra is safe: **blood at the meatus**, a pelvic fracture or recent urethral surgery means stop and ask.
- Gloves, cleaning, gel, a 14 or 16 French catheter, water for the balloon, a bag.

02 Prepare: gel and position



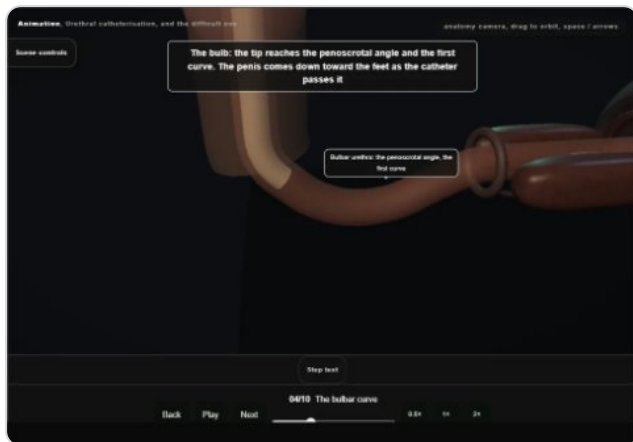
- 11 ml of lidocaine gel into the urethra and held there.
- The penis held **up at ninety degrees** straightens the penoscrotal angle and the first curve.

03 The penile urethra



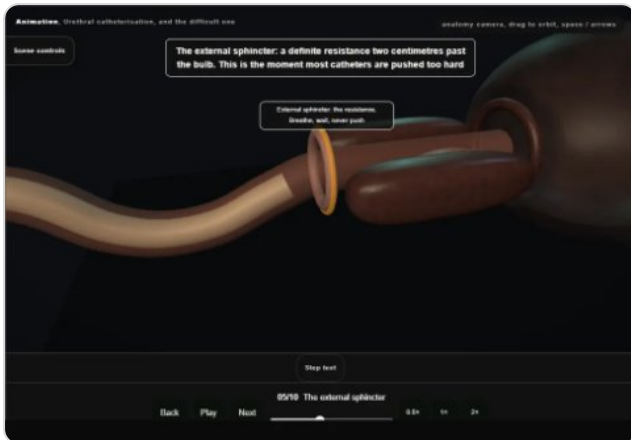
- The catheter goes in by hand a few centimetres at a time, through the navicular fossa and along the straightened penile urethra.

04 The bulbar curve



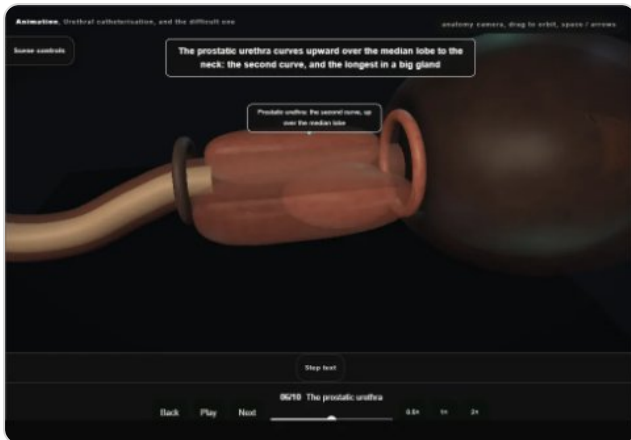
- At the penoscrotal angle the tip meets the **first curve**.
- The penis is brought down toward the feet and the catheter advanced without force.

05 The external sphincter



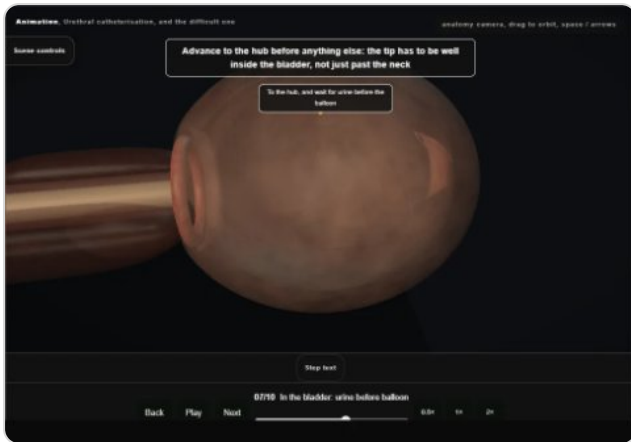
- A definite resistance two centimetres past the bulb.
- **Steady pressure and slow breathing** relax it; pushing harder makes a false passage.
- Beyond it the veru sits on the floor.

06 The prostatic urethra



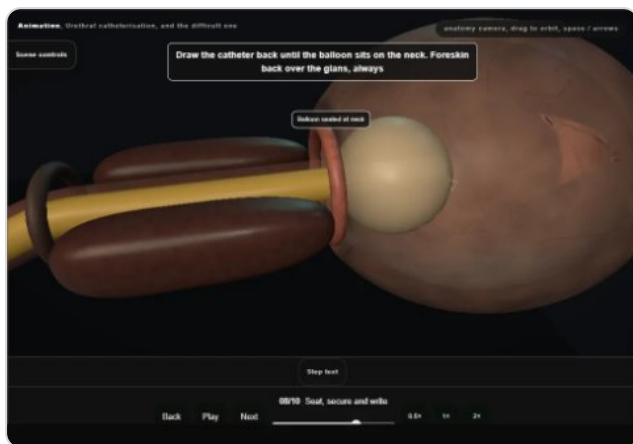
- The second curve, upward over the median lobe to the neck.
- A **coudé tip** with its bend at twelve o'clock rides over the lobe instead of digging into it.

07 In the bladder: urine before balloon



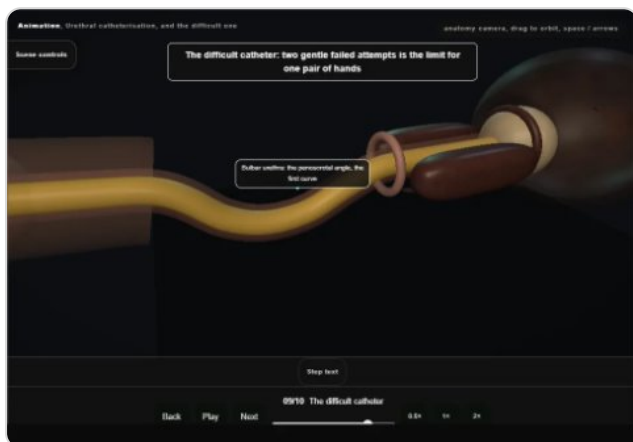
- Advance to the hub.
- **Wait for urine**; if there is none, press suprapubically, flush and aspirate.
- Only when the tip is proved to be in the bladder does the balloon go up, slowly, stopping at pain.

08 Seat, secure and write



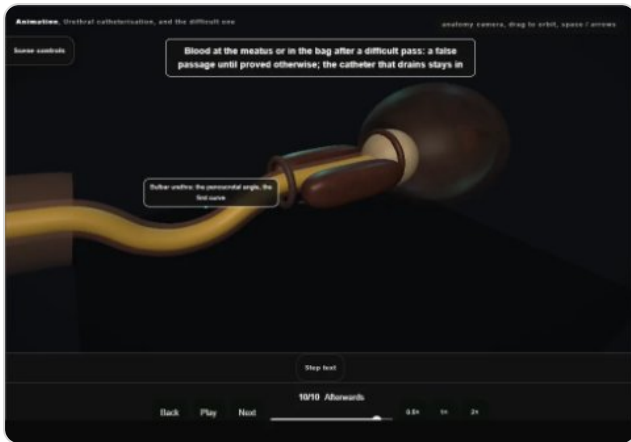
- Draw back until the balloon sits on the neck, replace the foreskin, connect the bag below the bladder, secure to the thigh.
- Write size, balloon volume, residual, colour and how it went.

09 The difficult catheter



- Two gentle failed attempts is the limit.
- More gel and time at the sphincter, a coude, a size **up**, then urology: a wire under vision with a flexible scope, or a suprapubic catheter.

Afterwards



- Blood after a difficult pass is a false passage until proved otherwise.
- Chronic retention drained brings decompression haematuria and a diuresis.
- The residual and the trial-without-catheter plan go in the note.

Derived from endoscopy/CatheterisationScene.tsx at build time: every step title and caption above is the authored ProcedureDef text, reproduced verbatim, and this page shares its readable-points renderer with the animation itself. 10 of 10 steps have a captured frame.

Text fingerprint 6dedb195f9c8e6f4. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Pre-release educational preview

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Debrief after it.

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