

Going Home With a Foley Catheter

After urinary retention - a step-by-step plan for women

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Questions or concerns? Message us on MyChart. MyChart is the best way to reach our team for non-urgent questions and photos. Call the clinic at 832.556.6046 for time-sensitive questions. For after-hours urgent concerns, follow the on-call instructions in your discharge paperwork.

A Foley catheter can be uncomfortable and inconvenient, but it is often temporary. The goal is to keep the bladder safe while your body recovers and while we decide whether more testing or treatment is needed. Urinary retention means your bladder was full but you could not empty it well enough on your own.

What happened?

In women, this is often not from one simple blockage - it may be related to several factors at the same time.

Hospital illness, recent surgery, anesthesia, or pain medicine; immobility, deconditioning, or constipation; urinary infection, inflammation, or pelvic floor tightness; pelvic organ prolapse or prior pelvic surgery; neurologic conditions or bladder muscle weakness.

Why not fix it right away?

Most female urinary retention is not treated with immediate surgery in the hospital.

Before choosing a long-term plan, we need to know whether the bladder improves after rest, whether walking and bowel movements improve, whether medications are contributing, and whether the issue is bladder muscle weakness, pelvic floor dysfunction, prolapse, or a less common blockage.

The usual step-by-step plan

1. Drain

The catheter keeps the bladder empty and prevents painful overfilling.

2. Recover

Walking, bowel movements, and recovery from illness or anesthesia can improve urination.

3. Review causes

The team reviews medications, constipation, infection/inflammation, prolapse, and neurologic issues.

4. Trial of void

The catheter is removed and we check whether you can urinate well enough on your own.

5. If it fails

The catheter may need to be replaced. This is useful information, not a failure by you.

6. Next steps

Outpatient bladder scan, pelvic exam, cystoscopy, urodynamics, therapy, or catheter teaching may be discussed.

Does Flomax help women? Flomax/tamsulosin is commonly used for men with prostate-related retention. Women do not have a prostate, so Flomax is not usually the main answer. It may be considered in selected cases, but many women need time, bowel recovery, medication review, pelvic floor evaluation, or bladder testing instead. Before leaving the hospital, ask: do I have a leg bag and overnight bag? Can you show me how to empty and switch bags? Is the catheter secured with no pulling? When is my voiding trial or urology/urogynecology follow-up? What is my constipation plan?

Foley troubleshooting - what is expected, and when to act

Many Foley symptoms are annoying but not dangerous. The most important question is: is urine still draining into the bag?

USUALLY NORMAL	CALL CLINIC / UROLOGY	URGENT CARE / ER
<ul style="list-style-type: none"> • Feeling the catheter or feeling like you need to urinate • Mild burning, pressure, or irritation where the catheter enters; bladder cramps or spasms • Small leakage around the catheter if urine is also draining into the bag • Small sediment, mucus, or debris in the tubing • Mild discomfort when walking, coughing, or changing position 	<ul style="list-style-type: none"> • Pain or irritation is getting worse, but urine is still draining • Frequent leakage, but the bag is also filling; bladder spasms are hard to tolerate • Increasing cloudiness, odor, burning, or sediment without fever • Questions about securement, bags, supplies, follow-up, or voiding trial • The catheter is uncomfortable because it is pulling or the securement is loose 	<ul style="list-style-type: none"> • No urine drains for several hours and you feel full, bloated, or in pain • Catheter falls out and you cannot urinate • Fever of 100.4°F / 38°C or higher, chills, confusion, weakness, or feeling very sick • Severe lower belly pain or pressure • Heavy bleeding, large clots, or thick bloody urine (less common in female Foley patients) • Catheter is not draining and you cannot reach the clinic

Caring for your catheter at home

How to reduce irritation

Keep the catheter secured with a little slack; keep the bag below the bladder; empty the bag before it gets heavy.

Avoid constipation and walk as allowed. Do not pull, cut, or remove the catheter yourself.

Bag basics

Use the smaller leg bag during the day and the larger overnight bag for sleep.

Ask nursing to show you how to empty and switch bags before discharge.

Longer-term cases

Most Foley catheters are temporary. In severe debility, advanced neurologic disease, or comfort-focused care, a catheter may sometimes be used longer term after discussion with the medical team.