

Going Home With a Foley Catheter

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

Houston Methodist Baytown Urology Associates · 4201 Garth Road, Suite 307, Baytown, TX 77521 · 832.556.6046

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 frustrating, but it is often the safest temporary step. The goal is to drain the bladder, help your body recover, and then decide the right long-term plan. Urinary retention means your bladder was full but you could not empty it well enough on your own.

What happened?

Common reasons include enlarged prostate or bladder outlet obstruction; constipation, immobility, anesthesia, or pain medicine; infection, inflammation, blood in the urine, or clots.

Also urethral stricture (scar tissue in the urinary channel), or bladder muscle weakness or neurologic conditions.

Why not surgery right away?

Some men eventually need prostate or outlet surgery, but surgery is usually not the first step during a hospital stay.

Before choosing a procedure, urology often needs to know whether retention improves after drainage, whether medicine helps, whether you can pass a voiding trial, and whether the problem is from the prostate, urethra, bladder muscle, blood clots, or another cause.

The usual step-by-step plan

1. Drain

The catheter keeps the bladder empty and protects the bladder and kidneys.

2. Recover

Walking, bowel movements, hydration if allowed, and recovery from illness can improve urination.

3. Try medicine

Some men are prescribed tamsulosin/Flomax if it is safe. This relaxes the prostate channel.

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 cystoscopy, prostate sizing, medication changes, or a procedure may be discussed.

A few important caveats: the catheter may have been placed for visible blood in the urine, difficult catheter placement, possible urethral stricture, or bladder muscle weakness - not only prostate enlargement. These are often evaluated outpatient with cystoscopy, imaging review, prostate sizing, or other bladder testing. 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 urology follow-up or voiding trial? What medicine or constipation plan should I follow?

Foley troubleshooting - what is normal, and when to act

The most important question: is urine still draining into the bag? Small leakage, mild blood, sediment, and bladder spasms are common if the catheter is still draining.

USUALLY NORMAL	CALL THE CLINIC	GO TO THE ER
<ul style="list-style-type: none"> • Feeling the catheter or feeling like you need to urinate • Mild burning, pressure, or irritation at the tip of the penis; bladder cramps or spasms • Small leakage around the catheter if urine is also draining into the bag • Light pink, tea-colored, or mild red urine after movement • Small sediment, mucus, or debris in the tubing 	<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 • Urine stays bright red, but the catheter is draining • Increasing cloudiness, odor, or sediment without fever or severe illness • Questions about securement, bags, supplies, follow-up, or voiding trial 	<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 • Large clots, thick bloody urine, or urine that looks like ketchup • Fever of 100.4°F / 38°C or higher, chills, confusion, weakness, or feeling very sick • Severe lower belly pain or pressure • Catheter was pulled hard with severe pain/heavy bleeding, or catheter is not draining and you cannot reach the clinic

Quick check first: keep the bag below the bladder, make sure tubing is not kinked, empty the bag before it is heavy, keep the catheter secured to the thigh, and make sure there is gentle slack so it is not pulling. Bottom line: if urine is draining into the bag, mild leakage, light blood, sediment, or position-related discomfort usually does not require an ER visit.