PURPOSE:
To remove a Foley catheter from the urinary bladder.

CONSIDERATIONS:
1. The Foley catheter is removed without trauma when the balloon at the catheter tip is completely deflated.
2. The balloon port should not be clipped off to deflate the balloon.
3. A syringe should be used to remove water from the balloon using gravity return whenever possible and ascertain that all of the water has been removed.

EQUIPMENT:
10 mL syringe, Luer-lock or Luer tip
Waterproof, absorbent underpad
Gloves
Impervious trash bag

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Place the patient in semi-reclining position with waterproof, absorbent pad under the buttocks.
4. Loosen the plunger of the syringe by moving it up and down in the syringe barrel.
5. Withdraw the plunger of the syringe 0.5 mL from the end of the syringe.
6. Attach the syringe to the valve of the catheter balloon.
   [Note: Luer-lock syringes insert and twist into valve, whereas Luer tip syringes seat firmly into the valve but do not twist or force.]
7. Allow water to come back by gravity from the balloon. It may take up to 30 seconds for the balloon to deflate.
   [Note: DO NOT aspirate on the plunger as this may damage the valve and not allow full deflation of the balloon. Also, DO NOT cut off balloon port.]
8. If water will not return gently, instill 3-5 mL of sterile water into the balloon port, this will generally clear any debris lying against the valve and/or open a stuck valve.
9. After the fluid has been injected, the empty syringe should be reattached to the port with the plunger positioned 0.5 mL from the end of the syringe.
   [Note: It may take up to 30 minutes for the fluid to return.]
10. If the above maneuvers do not allow the balloon to empty, then the balloon port valve can be cut off. If the problem was a defective valve, the water will run out and the balloon will deflate.
11. If these measures are ineffective and the balloon is still inflated, the physician should be called.
12. After the balloon is empty, have patient take a deep breath to enhance relaxation. With an even pressure, gently pull out the catheter. If the catheter resists removal, the physician should be called. NEVER forcibly remove a catheter.
13. Inspect the balloon area of the catheter to assure it is intact and no part has been left in bladder.
14. Discard soiled supplies in appropriate containers.

AFTER CARE:
1. Document in patient's record:
   a. Procedure and observations.
   b. Time catheter removed and amount of urine in collection bag.
   c. Patient's response to procedure.
   d. Instructions given to patient/caregiver.
   e. Communication with physician, when necessary.