

PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 3

GENERAL CARE OF THE SICK CHILD

3.5 BLADDER TREATMENTS

3.5.7 REMOVAL OF A MALECOT INDWELLING CATHETER

Aim

To minimise the risk of trauma upon discontinuation of urinary drainage

Key points

1. This is a [clean aseptic](#) procedure.
2. Malecot catheters are commonly used for supra pubic cystostomy drainage, or as nephrostomy drainage. Refer to the operation sheet or progress notes to ascertain the type of catheter in situ.
3. Analgesia should be administered 30-60 minutes prior to undertaking this procedure.

Equipment

Stitch cutter
Sterile metal dissecting forceps
Dressing pack
Sterile combine

PROCEDURE	ADDITIONAL INFORMATION
Remove retaining sutures.	Refer to procedure for Removal of Sutures.
Using a gauze dressing, support the skin around the insertion site.	
Wrap the catheter around the dominant hand. With a firm, sharp tug, remove the catheter. Do not use force. Seek medical advice if the catheter does not come out easily.	
Apply light manual pressure to the insertion site until the flow of urine decreases.	
Apply a dry dressing to the insertion site.	Combine over gauze is usually required to absorb the urine during the first 24/24.
Change dressing PRN, when wet.	

Bibliography:

GMCT Urology Network, Nursing. Nursing management of patients with a nephrostomy tube. 2008. Available from <http://www.health.nsw.gov.au/gmct/urology/resource.asp> . Accessed 20th September 2010.

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Removal of a Malecot Indwelling Catheter
Bladder Treatments
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All protocols should be read in conjunction with the Disclaimer in the Preface of this manual