

## **Collection of Straight Catheter (in and out) directly from the bladder**

- Should be collected by a physician or a trained health care worker
- Procedure must be carried out with aseptic technique, to avoid the risk of introducing microorganisms into the bladder.
- Discard the initial 15 to 30ml of urine as it is contaminated with normal genital flora from the process of placing the straight catheter.
  - Submit the next flow of urine for culture.

## **Collection from an Indwelling Catheter**

- Using a needle and syringe, collect urine through the catheter port, after cleaning with alcohol.
- Do not send urine obtained from a catheter bag. This will likely be contaminated with multiple organisms.

## **Ileal Conduit**

- Remove the external device.
- Cleanse the stoma with 70% alcohol followed by iodine.
  - Remove the iodine with alcohol.
- Insert a double catheter into the cleansed stoma, to a depth beyond the fascial level, and collect the urine.

## **Suprapubic Needle Aspiration**

- Should be collected by a physician or a trained health care worker
- This method is the preferred method for infants, for patients for whom the interpretation of results of voided urine is difficult, and when anaerobic bacteria are suspected as the cause of infection.
  - Bladder should be full and palpable before aspiration.
    - Shave and disinfect the skin over the bladder.
  - Make a small lance wound through the epidermis above the symphysis pubis.
    - Aspirate using a needle and syringe. Submit in sterile container.

## **Cystoscopy**

- Clean the urethral area (and vaginal vestibule in females) with soapy water, and rinse the area well with water.
  - Insert a cystoscope (obturator in place) into the bladder
- With sterile technique, collect approximately 5 to 10 ml of urine from open stopcock into a sterile container. Label this sample “catheterized bladder urine from cystoscopy”.
  - Irrigate the bladder using sterile nonbacteriostatic 0.85% NaCl to irrigate the bladder
- After irrigation of the bladder and insertion of the ureteral catheters, collect irrigating fluid passing from the bladder through the ureteral catheters by holding the ends of both catheters over an opened sterile container.
  - Label this sample “washed bladder urine from cystoscopy”.
- Pass the ureteral catheters to each midureter or renal pelvis without introducing additional irrigating fluid. Open both stopcocks of the cystoscope to empty the bladder.
  - Discard the first 5 to 10 ml of urine from each ureteral catheter.
- Collect four consecutive paired cultures (5 to 10ml each) directly into opened sterile containers. Label these specimens “left kidney, cystoscopy; right kidney, cystoscopy, left kidney #2, cystoscopy; right kidney #2, cystoscopy”.
  - Submit all kidney samples for culture.