Urinary tract infections: what you need to know to reduce your risk

A urinary tract infection, also known as a UTI, occurs when bacteria or other germs enter the urinary tract. The Centers for Disease Control and Prevention recently reported that UTIs are the third most common healthcare-associated infection, accounting for more than 93,000 infections in hospitals alone.

The urinary tract consists of our kidneys, which filter the body of waste by making urine. The urine drains into our bladder by tubes called ureters. The bladder stores the urine until you are ready to urinate. The urine then leaves our body by the urethra.

Sometimes, a drainage device to remove the urine from the body is needed for a patient in a hospital or other care facility. This tube is called a urinary catheter and is inserted through the urethra by specially trained healthcare personnel. The catheter is connected to a drainage tube and a bag. The urine is emptied regularly from this drainage bag. It is estimated that 15-25 percent of hospitalized patients and 5 percent of long-term care residents have one of these catheters.

Because the catheter provides a direct pathway for the germs to travel into the bladder, there is an increased risk of a UTI. When this occurs, it is called a catheter-associated urinary tract infection or CAUTI.

The urinary catheter may be necessary if the person:
- Has urinary retention – this is when a person cannot urinate on their own
- Is critically ill and the amount of fluid intake and output is important
- Has a large sacral pressure ulcer that is not healing and the person is incontinent
- Undergoes certain abdominal or pelvic surgeries

The staff caring for a person with a urinary catheter is taking measures to reduce the chance of a CAUTI.
- First and foremost, the catheter should only be used when absolutely necessary! The staff should check every day if it is still needed. Many hospitals have developed protocols so the nurse can decide when to remove the catheter.
- Anyone handling the catheter and tubing, including you, should cleanse their hands before and after touching it.
- The catheter and drainage tubing should remain connected—no separating the device to put on clothes or collect specimens.
- Urine should flow freely; this means that there should be no kinks in the tubing and the bag should not be placed on the bed.
- The bag should be below the bladder (but not on the floor).
- The catheter should be secured to the person’s leg to reduce friction on the urethra.
- Simple cleaning of the area where the catheter enters the body should be done with soap and water. Ask the staff to assist you with this.
CAUTIs can be treated, but they increase the time you spend in the hospital. In addition, the correct antibiotics are needed to treat UTI and CAUTI. And antibiotics can increase your risk of getting a superbug like “deadly diarrhea,” also known as *Clostridium difficile*.

If you or a loved one needs a urinary catheter, talk to the healthcare team and ask when it can be removed. Also ask what other options are available; for example, a temporary catheter may be inserted and removed as soon as the urine drains. For men, an external catheter, much like a condom, can be placed over the penis instead of in the penis. If you are sent home with a catheter, be sure to learn how to care for the catheter before leaving the facility and where you will get catheter supplies.

Each day you have a catheter increases the risk of a CAUTI, so work with your healthcare team to reduce this risk.

**Learn more:**


CDC—*Clostridium difficile* [http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html](http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html)

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