

Continuous Bladder Irrigation (CBI)

Purpose

Your doctor recommends that you receive continuous bladder irrigation (CBI). CBI is typically used for patients experiencing bleeding in their bladder due to infections, tumors, or other causes. When bleeding in the bladder is moderate or severe, the blood can clot in the bladder and cause blockage of the outflow of urine. CBI is a means to wash out the bladder continuously to prevent blood clots from forming and blocking the outflow of urine.

During CBI, a continuous flow of irrigation solution is delivered into the bladder through an indwelling urinary catheter. A special 3-way catheter is used because fluids will be going into the bladder and urine will be coming out of the bladder.

After the irrigation solution is inserted into the bladder, the medical staff will check the color of urine that comes out of the bladder to determine when the irrigation can be stopped. The irrigation solution helps clear the urine. When the urine is a clear pink or yellow color, your nurse may stop the CBI.

Before CBI, tell your nurse if you:

- are pregnant;
- take blood thinners, including over-the-counter medicines or any supplements;
- have had radiation treatment or pelvic surgery; or
- are allergic to iodine or latex products.

Tell your doctor about any medicines you are taking. These include non-prescription medicines (over-the-counter), nutritional supplements, vitamins, minerals or herbal products. Talk with your doctor or pharmacist before starting any new medicine or stopping any current medicines.

Procedure

The medical care team will follow these steps to start your CBI:

1. Insert the Foley catheter using sterile technique.
2. Connect the 3-way catheter to a urinary drainage bag.
3. The medical team may flush the bladder manually before starting CBI to ensure that no blood clots are left in the bladder.
4. Hang three (3) liters of room temperature irrigation solution above the level of the bladder. The temperature of the solution will help decrease discomfort.
5. The solution will begin flowing through the tubing and into the bladder. The flow rate will be adjusted according to the urine color.

6. A nurse, mid-level provider or doctor may have to flush the catheter manually on occasion to confirm that no clots are clogging the catheter.
7. A nurse or nursing assistant will empty the drainage bag **after** the entire three (3) liters of sterile solution is instilled.

Special Instructions

- Keep your Foley catheter and bedside drainage bag secured and free from kinks or loops.
- Let your nurse know if the irrigation solution bag has run out.
- During the procedure, report any of the following signs and symptoms to the nursing staff
 - Abdominal pain or lower abdominal pressure
 - Bladder spasm or increased urge to urinate
 - Inability to urinate
 - Leakage around catheter insertion site
 - Increased redness in the urine color
- Call the nursing staff for assistance before getting out of bed during the procedure.
- After your Foley catheter is removed and you are released from the hospital, **call your doctor** if you have any of the following symptoms.
 - Cannot urinate
 - Feel pain when urinating
 - Notice an **increased** redness in the urine color

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