

STATLOCK® Foley Stabilization Device

Sample Procedure

Purpose: To stabilize indwelling urinary catheters, reducing Foley catheter movement and minimizing accidental dislodgments. Using the STATLOCK® Foley Stabilization Device maximizes patient comfort by eliminating circumferential compression and alleviating urethral traction.

Supplies: Alcohol preps, skin protectant pads, STATLOCK® Foley Stabilization Device

1. Secure the Foley catheter into the STATLOCK® Stabilization Device before placing STATLOCK® Stabilization Device on the skin. With the directional arrow on the retainer facing the tip of the catheter, place the distal end of the Foley catheter into the retainer so that the bifurcation of the catheter (Y) rests against the post in the retainer. The catheter should be placed inside the STATLOCK® Stabilization Device clamp with the large arm of the catheter (drainage arm) in the wide channel. The narrow channel should hold the small arm of the catheter (balloon arm). Close lid by placing fingers under the pad. Use thumb to press on the grip markers at the far edge, not the center of the clamp.
2. The anterior thigh or the abdomen may be used. For anterior thigh placement, place STATLOCK® Foley Stabilization Device on the anterior thigh (top/front of thigh) leaving only 1-inch of slack. With leg fully extended and toes pointed up (not externally rotated) gently lay the STATLOCK® Foley Stabilization Device straight down the front of the thigh. Back the STATLOCK® Stabilization Device up one inch toward the insertion site to allow for the appropriate amount of slack. When securing to the anterior thigh, the leg must be fully extended so that undue traction is not applied to the catheter after it is secured. The abdomen is recommended for chronic Foley use in bed-ridden male patients to prevent the downward pressure that often leads to meatal erosion. Place STATLOCK® Foley Stabilization Device on the right or left side of the abdomen with the same 1-inch of slack.
3. Once the site is identified, gently place the STATLOCK® Foley Stabilization Device off to the side. Cleanse and degrease the stabilization site using 3-4 alcohol pads to remove oils, lotions and secretions from the skin. Remember to cover an area much larger than the actual targeted stabilization site. Allow alcohol to dry completely.
4. Apply skin protectant pads to the targeted stabilization site. Use both pads and apply skin protectant in the direction of hair growth. Go in one direction only using a "painting" method to create a smooth surface. Be sure to cover a much larger area than the actual targeted stabilization site. Allow skin protectant to dry completely (10 - 15 seconds) until the skin is smooth to the touch. Please note: If the patient has excessive body hair at the targeted stabilization site, do not shave it, this may cause micro-abrasions. Clipping the hair is the preferred option when necessary.
5. While the skin protectant is drying, initial and write the date the STATLOCK® Foley Stabilization Device was placed.
6. Check the back of the STATLOCK® Foley device anchor pad to be sure the release liners are positioned properly and easy to locate from each side when ready to use.

7. Align the STATLOCK® Foley device over the targeted stabilization site to properly place. Confirm there is only one inch of slack between the insertion site and the STATLOCK® device clamp. Hold the STATLOCK® device retainer clamp as you peel the paper backing away from the anchor pad, one side at a time, and place on skin. Take care not to pull the pad tightly across the skin. Note: Always secure catheter in the STATLOCK® Foley Stabilization Device before applying adhesive pad to the skin to avoid pressing and creating unnecessary pressure on the patient's skin.
8. The STATLOCK® Foley Stabilization Device should be assessed daily and changed when clinically indicated or at least every seven days. If pad becomes soiled, wash with soap and water, saline, or hydrogen peroxide. Do not use alcohol or prepackaged bath products as their use could lead to early lifting. If showering or bathing, cover with plastic wrap or waterproof dressing. Use clinical judgment on the removal of the device if the patient experiences any fluid shifts that may interfere with skin integrity.

Other Uses:

1. For most irrigation and temperature-sensing Foley catheters use the STATLOCK® Foley Stabilization Device specifically designed for 3-way catheters.
 - a. Place all three catheter arms within the StatLock® Stabilization Device retainer clamp.
 - b. Place the balloon arm in the narrow channel next to the clamp hinge.
2. When tension on the catheter is desired, apply the STATLOCK® Foley Stabilization Device to the front of the thigh, with the thigh in measured flexion. Once stabilized, gently extend the hip.
3. When the front of the thigh cannot be accessed, abdominal placement is an alternative.
 - a. Place with the same procedure as previously described.
 - b. Position the anchor pad on the right or left side of the abdomen with the same one inch of slack.
 - c. Continue to position the Foley drainage bag below the level of the bladder so the necessary gravity will be provided to allow urine flow.
 - d. Abdominal placement is also recommended for chronic Foley use in bedridden male patients to prevent the downward pressure that often leads to meatal erosion.

Removal Procedure:

1. Disengage the catheter from the STATLOCK® device clamp by pressing the release button with thumb or forefinger. Carefully remove the Foley catheter from the clamp and place to the side.
2. To dissolve the STATLOCK® device anchor pad, lift corner edge using 5-6 alcohol pads. Continue to stroke under surface of pad with generous amounts of alcohol, moving in direction of hair growth to dissolve anchor pad away from the skin. Do not pull or use force to remove the pad. The more alcohol used, the easier the removal. Repeat on the opposite side.

Tip: Stack 5-6 alcohol pads on top of each other and fold the stack in half. Squeeze the alcohol onto the skin (so it's dripping) as you move back and forth against the anchor pad. The area should be visibly wet and the anchor pad should lift from the skin without any force. Repeat on the opposite side.