Non-Infectious Complications of Indwelling Urinary Catheters

Over five decades ago, the late Dr. Paul Beeson persuasively argued against the routine use of indwelling urinary catheters in hospitalized patients. His advice remains relevant today. While these devices provide important benefits in some patients, they are also the primary risk factor for catheter-associated urinary tract infection (CAUTI). Indwelling urinary catheters, however, also lead to significant non-infectious complications. Perhaps most importantly, they have the practical effect of restricting patients in what some consider a “one-point” restraint, raising serious safety and ethical concerns analogous to those noted a few decades ago with "four-point" (or limb) restraints.

Urinary catheters cause patient discomfort. In one prospective study, for example, 42% of catheterized patients report the indwelling catheter was uncomfortable, 48% complained that it was painful, and 61% noted that it restricted their activities of daily living.

Thus, for some patients urinary catheters operate as a physical restraint, tantamount to binding them to the bed, substantially and unnecessarily limiting their ability to function freely and with dignity. Restricted activity not only reduces patient autonomy, it also promotes other patient safety problems, such as venous thromboembolism, deconditioning, and pressure ulcers.

In short, there are compelling reasons to limit indwelling urinary catheterization because of both non-infectious and infectious complications.