

Foley Catheter Cervical Ripening Patient Information Sheet

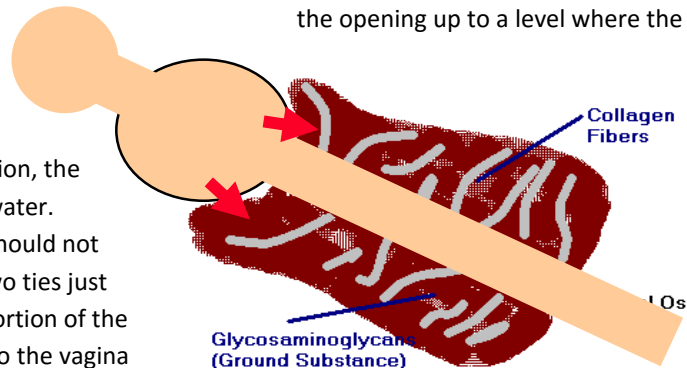
Dear Patient,

Your doctor has planned an induction of labor and recommends having a Foley catheter placed in your cervix. By performing this procedure we hope to soften and open the cervix so that your labor can be shorter and easier. This process is called “ripening” the cervix. A Foley catheter is a soft rubber tube with a small water filled balloon on the end. The catheter is about the thickness of a pencil and the balloon about the size of a ping-pong ball.

The procedure:

On the day prior to the induction you will be asked to come into the office for placement. Usually you are in and out in about 30-60 minutes. Once in the office you will be asked to empty your bladder and dress in a similar fashion to having a PAP smear test. Once positioned on the examination table with your feet in the stirrups, the speculum will be introduced so that we can visualize the cervical opening. The cervix will be cleaned off with an Iodine solution to minimize your risk of infection. The catheter is then gently threaded into the opening up to a level where the

balloon can be inflated and rest between the bag of waters and the upper portion of the cervix. The baby’s head will put pressure on the balloon and we believe this is what will ripen the cervix. Once in position, the nurse will inflate the balloon with about an ounce of water. You may feel the fluid flowing into the balloon but it should not hurt. Once inflated we will tie off the catheter with two ties just outside the opening to your vagina and cut the long portion of the catheter off. The end of the catheter is then rolled into the vagina and a gauze pad placed behind to hold everything in the vagina.



What to expect:

Most patients report that the catheter and gauze feels like a large tampon. It should not interfere with you using the bathroom or causing pain. The procedure will not cause contractions, but may make them more noticeable because of putting more pressure on the cervix. In many patients in the middle of the night you will notice some increased pressure and perhaps some spotting, with or without the catheter coming out of the vagina. This is the catheter passing out of the cervix and usually means you are 3 centimeters dilated. Most commonly, the catheter and gauze will stay in the vagina until removed the next morning. Occasionally, it will fall out completely. In our experience, about 9 of 10 women will be dilated to 3 centimeters by the next morning. Your success rate will depend on a number of clinical parameters.

When to call:

You should call your doctor or come to the hospital if you experience: 1) A gush or loss of fluid from the vagina, 2) Fever (>100° F) or chills, 3) Bleeding greater than a period and 4) Bad cramping or strong contractions. Please ask your physician if there are any special instructions for your case.

If you have any questions about why you are having an induction of labor or about the technique please ask your doctor to explain!

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