Lidocaine (lignocaine) 2% sterile gel for urethral lubrication and anaesthesia during catheterisation or cystoscopy

SESLHDPR/459

POLICY STATEMENT

The Registered Nurse (RN) / Registered Midwife (RM) is authorised to instigate nurse/midwife-initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.[1]

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e., more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Local anaesthesia and lubrication during urethral catheterisation or cystoscopy in adults

CONTRAINDICATIONS

Known hypersensitivity to amide type local anaesthetics (e.g. bupivacaine, levobupivacaine, lidocaine (lignocaine), prilocaine, ropivacaine), other ingredients or any of the excipients[2].

PRECAUTIONS

Debilitated, elderly or acutely ill patients.
Patient has cardiac disease
Porphyric patients.
Skin is irritated or broken, mucosa is traumatised or local infection.
Use in pregnancy is safe (category A), and safe in small doses in lactation[2]

HISTORY/ASSESSMENT

Refer to MO if precautions present

PROTOCOL/ADMINISTRATION GUIDELINES

Lidocaine (lignocaine) 2% sterile gel for urethral lubrication and anaesthesia during catheterisation or cystoscopy

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Caution: CHECK for allergies and/or contraindications

Drug	Dose	Route	Frequency
Lidocaine (lignocaine) 2% sterile gel	**10 mL**	**Topical**	**Once**

Inserting a urinary catheter is an aseptic procedure and requires the maintenance of asepsis throughout the procedure and for the duration of catheterisation.
Adjust nozzle and expel air prior to use.

Males: Holding penis at right angle to body, insert the nozzle into urethral meatus ensuring a firm seal and slowly instil the gel into the urethra. Clamp the urethra and maintain seal for 2 to 3 minutes prior to procedure.

Females: Instil in small portions to fill the urethra and allow 3 to 5 minutes prior to procedure.

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Monitoring: Be aware of the possibility of systemic absorption.[5]

Adverse Reactions:
Systemic adverse reactions are rare and may result from high plasma levels due to excessive dosage or rapid absorption, or from hypersensitivity, idiosyncrasy, or reduced tolerance on the part of the patient. Such reactions are systemic in nature and involve the central nervous and/or cardiovascular systems[2].

Drowsiness following administration of lidocaine (lignocaine) is usually an early sign of a high blood level of the drug and may occur as a result of rapid absorption.

Central nervous system reactions can be excitatory and/or depressant and may be characterised by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred vision, vomiting, sensation of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness and possibly respiratory arrest[2].

Cardiovascular reactions are depressant and may be characterised by hypotension, myocardial depression, bradycardia and possibly cardiac arrest[2].

Allergic reactions are rare: reports have included bronchospasm, chest pain, dyspnoea, pruritus, rash, oedema, rhinitis, increased sweating, urticaria, sleepiness, dizziness, paraesthesia and, in the most severe instances, anaphylactic shock[2].

Effects on the blood: methaemoglobinaemia may occur[2].
Drug interactions[2]:

Antiarrhythmic drugs. Lidocaine (lignocaine) should be used with caution in patients receiving antiarrhythmic drugs such as mexiletine and amiodarone.
Phenytoin and lidocaine (lignocaine) have additive cardiac depressant effects.

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record (or urinary catheter record)

PRACTICE POINTS

- Time to effect is up to 5 minutes.
- Use of chlorhexidine-containing gel is not supported by clinical guidelines and should NOT be used for instillation prior to catheterisation

REFERENCES/FURTHER READING

1. NSW Health Policy Directive Medication Handling PD2022_032
2. MIMs Online. Lignocaine 2% Gel (Instillagel Lido). 01 March 2025.
3. Australian Medicines Handbook. Lidocaine (anaesthesia). South Australia: Australian Medicines Handbook Pty Ltd, January 2023.
4. Agency for Clinical Innovation. Urology. Catheterisation.
5. NSW Health. Safety Information 003/20: The risk of toxicity from topical anaesthetic products. 22 May 2020.

VERSION AND APPROVAL HISTORY

Date	Version Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, Prince of Wales Hospital
September 2015	1	Approved by SESLHD Drug & QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated.
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee
August 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated.
September 2021	3	Approved by SESLHD Quality Use of Medicines Committee
June 2023	DRAFT 4	NSW Medicines Formulary reviewed. Reviewed by nursing and pharmacy staff.
September 2023	4	Approved by SESLHD Drug and Therapeutics Committee
11 April 2025	4.1	Approved by SESLHD Drug and Therapeutics Committee