To assess the prevalence and risk factors for catheter associated meatal damage.

Catheter fixation (p=0.041) and a longer duration of catheter presence (p=0.052) were associated with higher risk of meatal and urethral damage. In a univariable model, a longer duration of catheter presence (p=0.008) was a predictor of meatal and urethral damage.

In a multivariable analysis, catheter fixation (p=0.041) and a post-operative indication (p=0.037) were associated with reduced meatal and urethral damage. In a multivariable analysis, catheter fixation (p=0.001), patient immobility (p=0.025), internal ward hospitalization (p=0.045) and other skin ulcers (p=0.008) were predictors of meatal and urethral damage.

Catheter fixation (p=0.041) and a longer duration of catheter presence (p=0.052) were associated with reduced risk of meatal damage, while duration of catheter presence (p=0.017, OR 1.05 [95% CI 1.01-1.08]) and other skin ulcers (p=0.008) were predictors of meatal and urethral damage.

269 patients with an indwelling catheter (27% out of approximately 1,000 hospitalized patients), 168 of them male.

Median age: 70.5 (interquartile range: 57.0-80.3) years.

Median duration of catheter presence - 5.5 (interquartile range: 2-11) days.

61 (36%) had meatal damage.

In a univariable model, a longer duration of catheter presence (p=0.001), patient immobility (p=0.025), internal ward hospitalization (p=0.045) and other skin ulcers (p=0.008) were predictors of meatal and urethral damage.

Catheter fixation (p=0.041) and a post-operative indication (p=0.037) were associated with reduced meatal and urethral damage.

In a multivariable analysis, catheter fixation (p=0.001), patient immobility (p=0.025), internal ward hospitalization (p=0.045) and other skin ulcers (p=0.008) were predictors of meatal and urethral damage.

A common recommendation is to remove indwelling catheters as soon as possible.

Longitudinal studies are needed to establish evidence-based guidelines.

Meatal ulcers are a common complication of indwelling catheters in males.

Catheter fixation and early removal may have a preventative effect.

Longitudinal studies are needed to establish evidence-based guidelines.