i am finding it difficult to intermittent because im getting poked and its bleedign and catching on something about 2/3 of the way inserted to the bladder. (usually have to pull out and re-lube twice)

Yes. Catching about two-thirds of the way in, with bleeding, and needing two withdrawals and re-lubrication is a sign to **stop forcing the catheter**. That pattern is typical of a urethral narrowing, spasm, prostate obstruction, or a false passage—not ordinary friction from dry lubricant.

What that location suggests

In an adult man, two-thirds of the way toward the bladder is around the **bulbar, membranous, or prostatic urethra**. Long-term intermittent catheterization can cause urethral trauma, bleeding, stricture, or a false passage, especially if the catheter is pushed against resistance. A difficult insertion is itself a warning that a stricture may be present. [1] [2] [3]

A false passage is an unintended channel created when the catheter leaves the normal urethral lumen. Once it exists, later catheters tend to enter the false passage instead of the bladder, which matches "it catches in the same place." [2] [3] [1]

Stop the repeated attempts

Do not keep pushing, twisting hard, or trying to "get past it." Forcing a catheter that meets a fixed catch can enlarge a false passage or worsen a stricture. European Association of Urology Nurses guidance is explicit: if you cannot catheterize, seek a urologist. [2]

A small amount of blood on the catheter can occur with urethral trauma, but **new catching plus bleeding** in someone who has catheterized for years is not something to work through at home. [4] [1]

What to do now

- If you **cannot empty your bladder at all**, have increasing lower-abdominal pain, heavy bleeding, clots, fever, chills, or feel faint, go to an **emergency department**. They can place a catheter with the right equipment, or use a suprapubic catheter if the urethra will not accept one.
- If you can still pass some urine but catheterization is repeatedly failing, arrange **same-day or next-day urology/urgent care**. Ask specifically about a **retrograde urethrogram** or cystoscopy. Those are the usual tests when stricture or false passage is suspected. [3] [1]

- Until you are assessed, do not use abdominal Crede as a substitute. High-pressure squeezing is part of the problem you have already been living with.
- Bring the catheter size and type you use. A clinician may temporarily use a different size or a coudé tip, but that choice should be made after examining the urethra, not by trial-and-error at home.

This also fits with the right-sided epididymal pain: repeated traumatic catheterization increases the risk of urethral injury, infection, and epididymitis. The scrotal lump still needs ultrasound, and the insertion problem needs urethral imaging. Treat them as related until a urologist says otherwise. [1]

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