

4 Intermittent self-catheterisation

A collectable guide for you to use with your patients

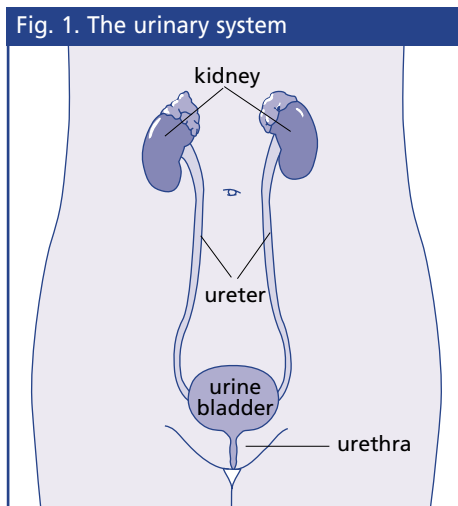
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What is intermittent self-catheterisation?

Intermittent self-catheterisation (ISC) means a person passing a thin, hollow plastic tube into their bladder to drain urine.

Need for ISC

The bladder is a 'sack' that stores urine until we are ready to urinate (Fig. 1). The kidneys make urine and it travels down two ureters to the bladder, which collects up to 450ml. Normally, at this point, the muscle around the outside of the bladder (detrusor muscle) contracts, giving the feeling of wanting to urinate. Urine travels from the bladder down the urethra where it is emptied in a toilet.



If the bladder muscle does not work properly or the outlet is blocked, urine can remain in the bladder. If urine collects and becomes stale this causes infection, discomfort and damage to the kidneys because of back pressure up both ureters. Some people's bladders do not empty properly from birth but problems can also occur, temporarily or permanently, because of spinal injury, medical conditions, after surgery or even for no apparent reason. ISC is a good way to manage incomplete bladder emptying.

Benefits of ISC

- Significantly less risk of urinary infections
- Healthier kidneys

- Reduced risk of embarrassing urinary leakage
- More bladder control, allowing a better quality of life

Risks of ISC

ISC is far less dangerous than leaving stale urine to collect in the bladder. It is safe for both children and adults. But, understandably, people might feel apprehensive about carrying out ISC. Your nurse or continence adviser must teach you so that you are confident you are doing ISC correctly.

ISC should not be painful because there are no nerve endings in the urethra. It might be uncomfortable at first but this is usually due to anxiety. Try to relax.

The bladder will not puncture as catheters are very flexible and bend inside the bladder. The bladder wall is also quite thick so the tube will not penetrate it.

It takes practice getting the catheter into the bladder, especially in females. With support from the nurse or continence adviser, most people can learn.

Always wash your hands before ISC. Catheterisation in hospital is sterile but at home you have a natural resistance to your own 'bugs', so think of ISC as 'clean'.

If you have bloody, cloudy, strong-smelling or dark urine, or a burning sensation, tell your nurse, continence adviser or GP immediately.

Types of catheter

Your GP, nurse or continence adviser will advise on the best ISC catheter for you and provide samples. The type depends on personal preference. Catheters for females are shorter than for males.

The two main types are:

Coated: pre-lubricated plastic that must be pre-soaked in tepid water to activate the slippery coating. It can be more comfortable than uncoated catheters but can be used only once and must then be thrown away. Therefore, large quantities are needed, especially if people have to catheterise four times a day or more;

PATIENT INFORMATION

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Uncoated: plain plastic that does not need pre-soaking and can be reused for one week, meaning far smaller quantities are needed. Stored in a plastic bag between uses.

Male ISC

Try to pass urine normally.

Wash your hands with soap and water and soak catheter (if coated) according to the manufacturer's instructions.

Wash genitals or use a wet wipe.

Choose a comfortable position, either standing or sitting. If you are not over a toilet, have a container ready into which you can drain the urine.

Gently pull back the foreskin (if present), hold the penis up towards your stomach and guide catheter into the urethra, taking care not to touch the part of the catheter entering your body (Fig. 2).

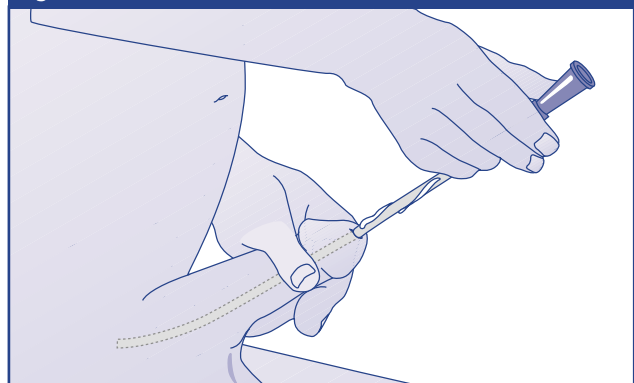
Slide catheter slowly and smoothly into the urethra until urine starts to flow and drain the urine into toilet or container.

When urine stops flowing, slowly and smoothly withdraw catheter. Be careful, as more urine might drain on removal.

Gently pull the foreskin back into position. Dispose of catheter (coated) or wash under running water (uncoated) and store according to the manufacturer's instructions.

Wash your hands.

Fig. 2. Male ISC



Female ISC

Try to pass urine normally.

Wash your hands with soap and water and soak catheter (if coated) according to the manufacturer's instructions.

Wash genitals or use a wet wipe.

Choose a comfortable position: squatting, sitting on toilet, standing with one foot on toilet seat or lying down with your knees bent. If you are not over a toilet, have a container ready into which you can drain the urine.

With one hand, spread the labia (lips at the entrance to the

vagina) apart and find the urethral opening above the vagina. Use a mirror initially. With practice you should be able to find the urethral opening by touch.

Gently insert catheter into the urethra, taking care not to touch the part of the catheter entering your body (Fig. 3).

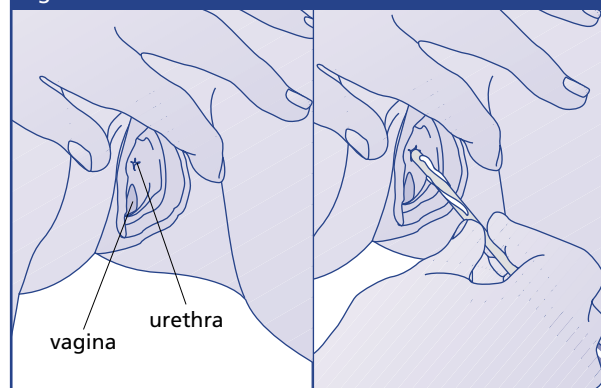
Slide catheter slowly and smoothly into the urethra until urine starts to flow and drain the urine into the toilet or a container.

When urine stops flowing, slowly and smoothly withdraw catheter. Be careful, as more urine might drain on removal.

Dispose of catheter (coated) or wash under running water (uncoated) and store according to the manufacturer's instructions.

Wash your hands.

Fig. 3. Female ISC



Frequency of ISC

This depends on your fluid intake, individual circumstances and medical history. Work with your nurse or continence adviser initially to establish a suitable regime. Drink at least six to eight tumblers of fluid daily.

Problems

If you have trouble inserting the catheter, try to relax, take a warm bath and try again. If the catheter is coated, you must use a new one for each attempt. If you have trouble removing the catheter, try to relax, leave it for a few minutes and try again. Coughing helps. Do not use force.

Useful contacts

Continence Foundation 020 7831 9831

Incontact 020 7700 7035

Association for Continence Advice 020 8692 4680

Promocon 0161 214 5959

