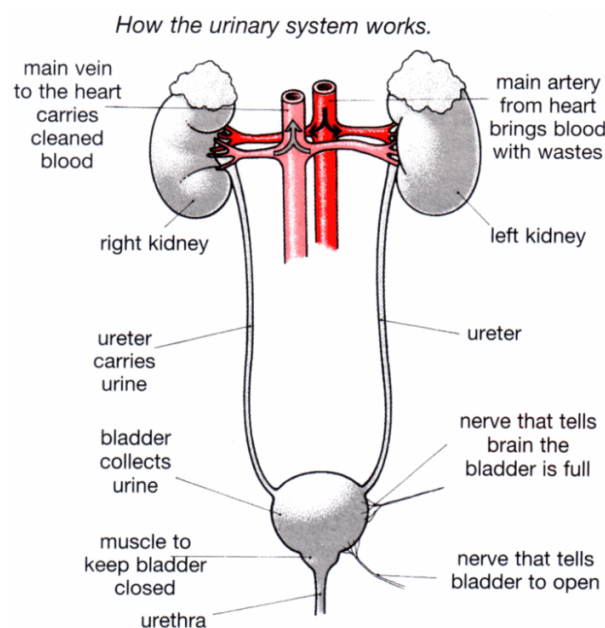


INTERMITTENT SELF CATHETERISATION

To better understand what self catheterisation is and how it works, let's review how the normal urinary system functions.

YOUR URINARY SYSTEM



Your urinary system consists of five major parts. These are two kidneys, the bladder, sphincter muscle and the urethra.

The kidneys filter the blood and produce urine, which flows down the ureters and into the bladder (a muscular storage bag). Urine is then held in the bladder until you want to release it by a strong muscular band called a sphincter. Urine is expelled by the bladder in response to signals from the brain; this causes the musculature of the bladder to contract and the sphincter to relax allowing urine to travel down the urethra.

For those of us whose bladder, sphincter or messages to and from the brain do not work correctly or if there is a blockage due to strictures urinary problems may occur. The bladder can overfill with urine and become distended resulting in urine travelling back up the ureters and into the kidneys.

This reflux action can result in kidney infections, scar tissue formation and even permanent kidney damage. Intermittent catheterisation is a way to completely empty the bladder on a regular basis, thus avoiding overfilling, and can be used to treat urethral strictures (scar formation inside the urethra causing obstruction to urine flow).

WHAT IS INTERMITTENT SELF-CATHETERISATION

Intermittent self catheterisation means the periodic insertion of a hollow tube (catheter) into the urethra, past the sphincter muscle (and in men the prostate gland) and into the bladder itself. Because the catheter is hollow, urine will commence flowing once you reach the bladder .

WHY DO I NEED TO DO THIS?

There are several advantages to intermittent self-catheterisation.

- 1) It prevents the bladder from becoming over filled
- 2) It eliminates residual urine (the urine left behind when the bladder does not empty completely)
- 3) Due to not having residual urine left behind after voiding it lessens the chances of getting an infection as there is nothing for bacteria to grow in.
- 4) If residual urine is removed the chances of periodic leakage is greatly reduced.

WHAT SUPPLIES DO I NEED?

- Catheter
- Soap and water to wash your hands (before and after catheterisation) – or alcohol hand gel.
- Water soluble lubricant.
- Some people like to use moist toilet wipes to clean the area around the opening to the urethra.
- Plastic storage bag for your supplies.
- Measuring Jug (if required to provide fluid diary)

WHERE CAN I SELF CATHETERISE?

Anywhere you can find some privacy.

HOW OFTEN SHOULD I CATHETERISE?

You will have to work out a schedule which works best for you. Usually it is recommended that you should catheterise at least four times a day, unless you have been given a specific program to follow (such as those who are treating urethral strictures) you can use this as a guide. Catheterisation frequency is also related to your fluid intake and may need to be increased as necessary.

WHAT ABOUT SEXUAL ACTIVITY?

Intermittent self catheterisation should not interfere with sexual activity, although it is generally advised that you empty your bladder before intercourse.

WHEN TO SEE YOUR DOCTOR

Please be on the watch for:

- Cloudy or smelly urine
- Pain or burning when passing urine or inserting the catheter
- Blood in the urine
- Fever
- Chills
- Back pain
- Inability to progress the catheter to successfully drain urine from the bladder

WHAT SIZE CATHETER SHOULD I USE?

The diameter of the catheter is measured in a unit called a French (FR). When prescribing a certain size FR catheter Rod is requesting that you use a specific tube diameter (The smaller the number, the smaller the diameter). Catheters used for intermittent self catheterisation range from 5 to 20 FR with 12 to 14 FR being the most common for adults.

YOUR PERSONAL INTERMITTENT SELF CATHETERISATION PROGRAM

These are your own instructions for you to follow.

You will self catheterise _____ times per day or every _____ hours.

You will use a _____ FR catheter.

We recommend you use a water soluble lubricant.

HELPFUL HINTS

- Some people may need a low dose antibiotic to stay free of infection
- Occasionally you may notice some debris or floating particles in your urine, if this occurs it may be a sign that you need to increase your fluid intake as crystals or salts may be building up
- For women – If you miss the urethra and enter the vagina instead, rinse the catheter and try again
- If you cannot insert the catheter, try having a warm bath as numerous attempts will make you sore. Try again afterwards. Seek help within six hours if you cannot insert the catheter successfully and you are not able to pass urine in the normal way either
- If you are having difficulty removing the catheter afterwards, wait for a few minutes, relax and try again. Sometimes a gentle cough may help. If no success contact the clinic or your GP for assistance.

STEPS TO INTERMITTENT SELF CATHETERISATION = FEMALE

- 1) Assemble equipment – Catheter, water-soluble lubricant, moist towelette or soap and water, clean and dry hand towel.
- 2) Inspect catheter before use. Do not use product if device or packaging is damaged.
- 3) Wash hands thoroughly with alcohol hand gel or soap and water.
- 4) Position yourself comfortably with thighs apart. For many women it is easier to sit on the toilet or in a chair opposite the toilet.
- 5) With one hand, separate the labia and wash from front to back with soap and water or the moist towelette.
- 6) Lubricate the catheter end (that will go into the urethra) approximately 2 inches up the catheter.
- 7) Slowly and gently insert the catheter into the urethra until the urine begins to flow (this will be approximately 3cms) then insert a further 3cms and hold it there until the urine stops flowing.
- 8) Once flow has stopped, slowly begin to withdraw the catheter. It is recommended that you slightly rotate the catheter as you withdraw and stop each time more urine begins to flow until the catheter has been completely removed.
- 9) Check the colour, odour and clarity of the urine and be aware of any changes that you may need to report.
- 10) Measure the urine before emptying jug into the toilet if you are recording intake and output in a fluid diary.

STEPS TO INTERMITTANT SELF CATHETERISATION = MALE

- 1) Assemble equipment – Catheter, water-soluble lubricant, moist towelette or soap and water, clean and dry hand towel.
- 2) Inspect catheter before use. Do not use product if device or packaging is damaged.
- 3) Wash hands thoroughly with alcohol hand gel or soap and water.
- 4) Position yourself in front of the toilet or in a chair opposite the toilet. Many men prefer to stand during the catheterisation procedure.
- 5) Hold the penis at a 90 degree angle to the body and thoroughly wash from the opening of the urethra to the base of the glans (the head) with soap and water or a moist towelette (You should wash in a circular motion starting at the opening to the urethra and work outwards).
- 6) Lubricate the catheter end (that will go into the urethra) and approximately 6 inches up the catheter.
- 7) Continuing to hold the penis at a 90 degree angle from the body slowly and gently insert the catheter into the urethra until urine begins to flow (approximately 15-20cms). Then insert the catheter a further 3cm and hold it there until urine stops flowing.
- 8) Once flow has stopped, slowly begin to withdraw the catheter. It is recommended that you slightly rotate the catheter as you withdraw and stop each time more urine begins to flow until the catheter has been completely removed.
- 9) Check the colour, odour and clarity of the urine and be aware of any changes that you may need to report.
- 10) Measure the urine before emptying jug into the toilet if you are recording intake and output in a fluid diary.