

SELF-CATHETERISATION
A Guide for Female Patients
PATIENT EDUCATION

This booklet has been designed to help you learn how to carry out self-catheterisation. Feel free to discuss any issues and questions you may have with the medical and nursing staff looking after you.

Self-catheterisation

This form of treatment is designed to help people who cannot empty their bladder properly. You may also hear it referred to as intermittent self-catheterisation (ISC).

It is important to empty the bladder regularly throughout the day for the following reasons:

- Urine that is left in the bladder for long periods of time can become infected.
- Overstretching of the bladder can cause damage to the bladder and may lead to incontinence (leakage) of urine.
- Overstretching of the bladder and urinary tract infections may lead to kidney damage.
- Urine that is left in the bladder for long periods may form stones.

The technique of self-catheterisation involves learning to pass a small plastic tube (catheter) into the bladder. You will be taught this procedure by a Nurse and will be given the opportunity to practise under supervision until you are confident that you can manage on your own

How Often Should I Catheterise?

You should perform self-catheterisation as often as your doctor or nurse has recommended. This depends on how much urine you are passing and how much urine is left in the bladder. However, performing self-catheterisation should fit in around your day-to-day activities and not the other way around.

If you are performing self-catheterisation for a temporary bladder-emptying problem and have not been told how often you should do it, follow these frequency guidelines:

- begin by doing it four times a day, for example, first thing in the morning, a couple of times during the day and before you go to bed at night
- if the urine drained from passing the catheter during the day is less than 100-150mls for three consecutive days, you may decrease the frequency to three times a day
- if the urine residuals continue to be less than 100-150mls for three consecutive days decrease the frequency to two times a day, then
 - once a day
 - three times a week
 - twice a week
 - weekly
 - possibly not having to do it at all

If you are performing self-catheterisation to prevent the urethra (the urine pipe) from narrowing, you will need to follow these frequency guidelines:

- perform self-catheterisation every day for a month, then
- alternate days for a month

- three to four times a week for a month
- twice weekly for a month
- weekly for a month
- and possibly monthly

The frequency of self-catheterisation is dependent on how easy it is to pass the catheter each time and you may have to increase or decrease the frequency dependent on this.

Who is Available to Help?

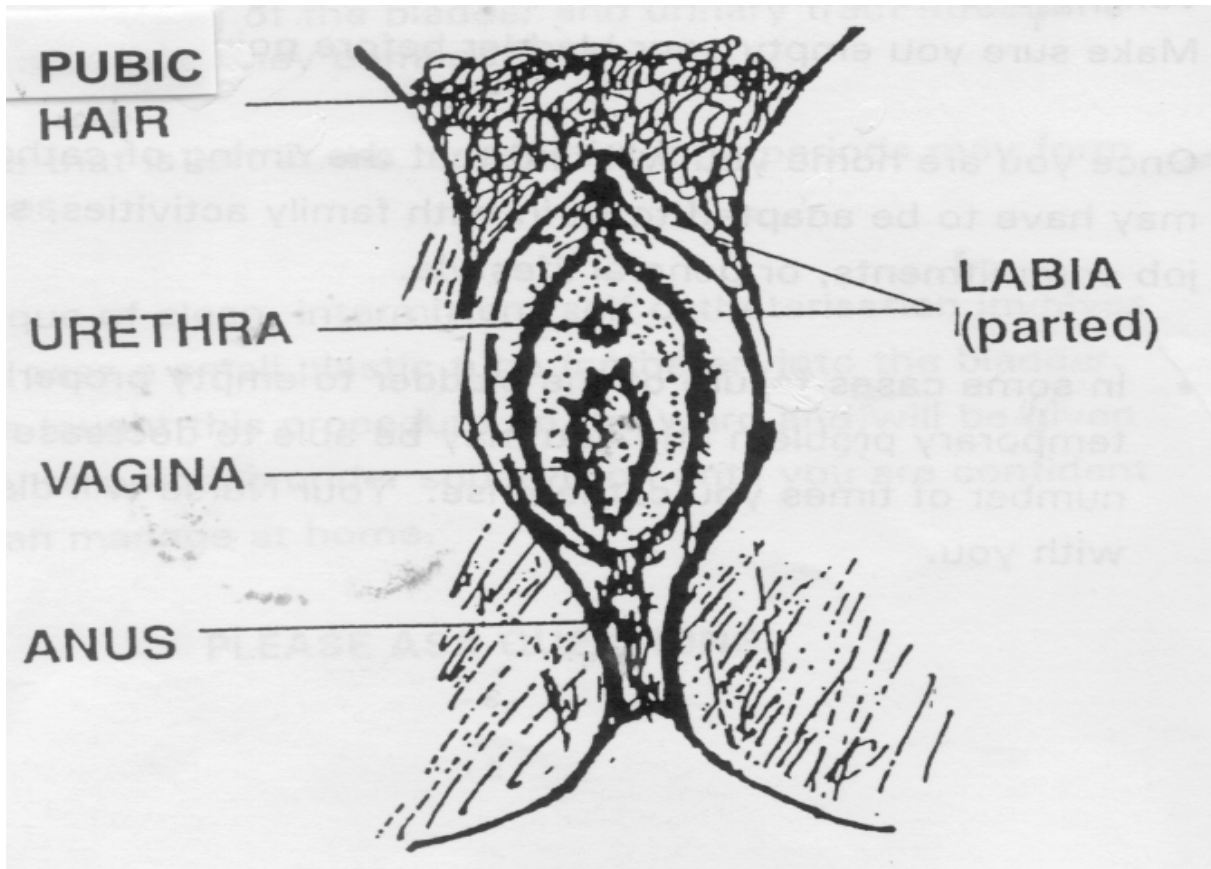
Your District Nurse and GP (family doctor) will help you to manage your catheter at home. Your District Nurse will visit you at home and give you practical help and advice as well as supplies of the Nelaton catheters.

Your Anatomy

Before you learn the procedure for self-catheterisation, you will need an understanding of your anatomy.

Your nurse will provide privacy and, if necessary, a mirror so that you can identify the urethra (this is the opening that leads into the bladder).

Please study the diagram below.



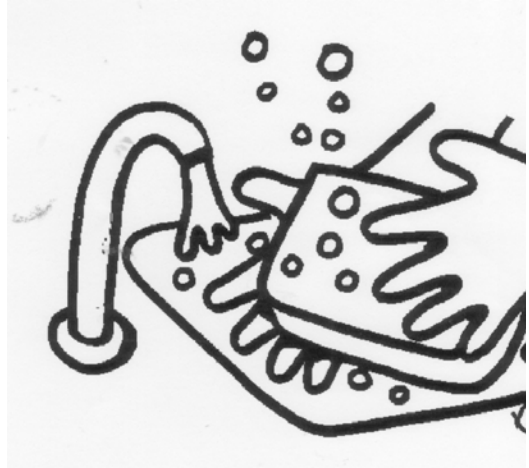
Equipment

You will need the following equipment:

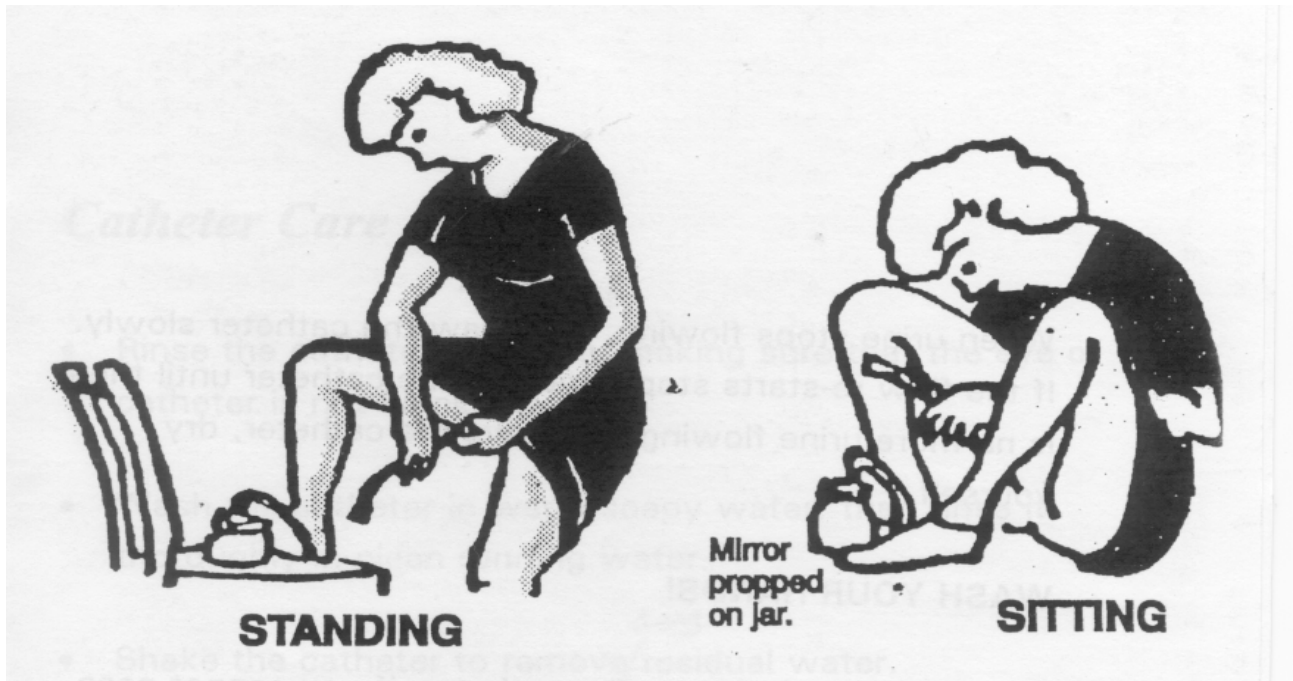
- Nelaton plastic catheters
- Container for urine eg. jug
- Rubbish bag
- Lubricant eg. KY jelly
- Toilet tissue
- Container with a well fitting lid to store the catheter in after use
i.e. a clean ice-cream container or preserving jar

The Procedure Step by Step

1. WASH HANDS THOROUGHLY.



2. Prepare the equipment, setting everything up on a clean, easily-accessible surface.
3. Wash your genital area with wet toilet tissue. Always wipe from front to back and use each tissue once only. Discard used toilet tissue into the rubbish bag or toilet.
4. WASH YOUR HANDS AGAIN.
5. Position yourself in the position that is comfortable for you. (Until you are familiar and confident with the procedure, you may need to position a mirror to make it easier to see the urethra.) See picture next page.



6. Pick up the catheter, but do not touch the end that is going into your bladder. Dip the tip of the catheter into the KY jelly.
7. Part your labia with one hand – you may need to place a finger over or in the vagina to prevent the catheter going into the vagina instead of the urethra. Gently insert the catheter into the urethra until urine flows. Let the urine pass into the container or toilet. Leave the catheter in the bladder until urine stops flowing.



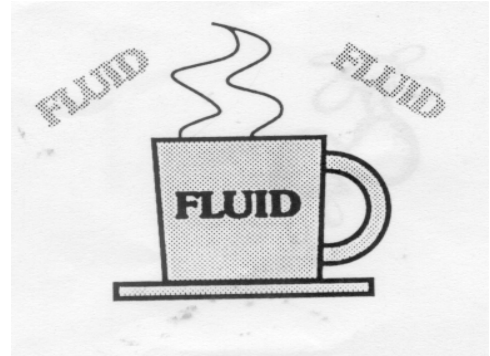
8. When urine stops flowing, withdraw the catheter slowly. If the flow of urine restarts, stop removing the catheter until there is no more urine flowing. Remove the catheter and dry yourself.
9. WASH YOUR HANDS.
10. Never use force to pass the catheter. If you cannot pass the catheter, abandon the attempt and try again later. If you continue to have difficulty passing the catheter, seek help from your District Nurse or GP (family doctor).

Catheter Care

- Rinse the catheter after use making sure that the eye of the catheter is not blocked.
- Wash the catheter in warm, soapy water then rinse it thoroughly in clean, running water.
- Shake the catheter to remove any residual water.
- Your catheter should be stored dry in a clean container with a lid.
- Do not let anyone else touch your catheter or container.
- Clean your container at least once a week using a mild bleach solution. Ensure the container is kept dry at all times.
- Each catheter may be used for one week.

Fluid Intake

Unless your doctor has told you otherwise, you are advised to drink approximately 2 litres of fluid a day. This is about equal to 8-10 cups. Your urine should be a light yellow colour.



Hygiene

Always wash your hands thoroughly and follow the recommended guidelines when performing the catheterisation technique and when cleaning your equipment.

Recognising Infection

A complication sometimes associated with catheterisation is infection. This is because the catheter provides a direct route for bacteria to enter the bladder. You can reduce the risk of infection by following the guidelines already mentioned.

Signs of infection to watch out for:

- Do you feel unwell – tired, loss of appetite, vomiting?
- Do you have a fever, “shivering”, or chills?
- Do you have pain over the bladder?
- Do you have pain or aching in your back?
- Is your urine cloudy or does it have an offensive odour?
- Is there blood in your urine?

If you have some or all of these signs and symptoms, contact your GP PROMPTLY as they indicate that you may have a urinary tract infection.

As long as you adhere to the clean technique you should stay free of infections. However, some people may require low-dose antibiotics or medications to achieve this.

Occasionally you may notice some debris or floating particles in your urine. This is usually due to crystals or salts in the urine – you should drink more fluid.

Supplies

While you are in hospital your hospital nurse will provide you with a new catheter each time you catheterise. At home you do not need a new catheter each time you catheterise. It is usual to use the same catheter for one week

When you are discharged from hospital your hospital nurse will provide you with some initial supplies.

Once you are at home the District Nurse will visit and check that you are managing. The District Nurse will also provide you with supplies of Nelaton catheters, NOT lubricating jelly.

When your hospital supply has been use, you will need to buy K-Y jelly form your chemist or supermarket or alternatively your District Nurse may suggest you moisten the Nelaton Catheter with water to make it slippery before use.

If you go away on holiday, remember to take any supplies you may need with you.

Useful Telephone Numbers

GP (family doctor) _____

- Always call your GP if you are unwell.

District Nurse _____

- The District Nurse is not available at night.

YOUR PERSONALISED PLAN

This plan will be updated by your Nurse as the need arises. Sometimes the failure of the bladder to empty properly is a temporary problem. In time you may be able to decrease the number of times you use a catheter. This will depend on how much urine you are passing and how much is left in the bladder.

Date:

Date:

Date:

Date:

References: Mosby's Genitourinary Disorders, Clinical Nursing, Mikel Gray 1992
Urological Nursing 3rd Edition, Urological Nursing' 2004
Campbell's Urology 7th Edition, Urology, 1998