This leaflet has been designed to give you important information about Intermittent Self-Catheterisation / Catheterisation
Introduction

Bladder problems are more common than we think. Many thousands of men, women and children confidently perform intermittent self-catheterisation (ISC) every day and appreciate a renewed worry-free lifestyle.

What is Intermittent Self-Catheterisation?

Intermittent self-catheterisation (ISC) involves passing a small tube called a catheter, into the bladder to allow all of the urine to flow out and ensure the bladder is emptied. With practice, this process can take only a few minutes.

This is usually easy to do and should not cause any damage to your bladder or urethra, even if you carry out ISC over a long period of time.

You may have to do ISC because your bladder has lost the ability to empty properly and this could be temporary or permanent. Whatever the reason, it will help you manage and improve your bladder health.

The many advantages to ICS include:

- Protect your kidneys
- Reduce the risk of urinary tract infections (UTIs)
- Improve your quality of life
- Improve your comfort
- Reduce the risk of complications and diseases
- Improve your continence
- Improve your bladder health
- Reduce residual urine
- Increase autonomy

- Not interfere with your sex life

You have been given this leaflet as your Community Nurse or Continence Nurse feels you may benefit from intermittent self-catheterisation.

How does the bladder work?

The kidneys cleanse the blood of any waste the body produces. This waste, excreted by the kidneys as urine, passes continuously from the kidneys down the ureters into the bladder. The bladder collects and stores urine so that, under normal circumstances, you can pass urine out when you need to.

When you feel the need to empty your bladder, the bladder sends a message to the brain, which tells the bladder muscle to contract and the sphincter muscle around the urethra to relax. This starts the process of urination through the urethra. This will continue until the bladder is completely empty. Normally we urinate about four to six times a day and occasionally at night.

What can go wrong with my bladder?

Backache is generally mild and affects up to half the number of people who have a lumbar puncture. It is caused by the trauma of the procedure and settles over a few days. Simple painkillers such as paracetamol are generally all that is required.

The three main types of bladder problems are:

1. Incontinence – inability to keep urine in the bladder

Reasons can be:
Poor sphincter function – caused by a weakness in the sphincter muscle, which normally keeps the urethra closed when a person is not passing urine. A symptom is urine leakage.

Bladder over-activity – the detrusor muscle contracts uncontrollably. Symptoms are the need to pass urine often, urinary urgency and leakage.

2. Retention – inability to empty urine from the bladder

Reasons can be:

- Outflow obstruction – poor flow when passing urine and high pressures within the bladder. Caused by urethral injury, narrowing of the urethra by strictures, inability to relax the sphincter muscles and enlarged prostate.
- A contractile bladder – the bladder muscle does not have the strength to empty the bladder completely. Caused by injury to the nerves that control the bladder muscle, injury to the bladder and malformations. Symptoms are weak flow and incomplete emptying.

3. A combination of incontinence and retention

Preparing to Catheterise

It is important to sufficiently prepare for catheterisation, to ensure it is a safe and comfortable procedure.

Catheterisation can be performed in a number of different positions – you can sit on a toilet, on the side of a bath or a bed, on a chair or on the floor. Try to push your pelvis forward as much as possible to get a better view. It can be helpful to use a mirror at first, but over time it should be possible to ‘feel’ your way.

You should always make sure you wash your hands with soap and water before catheterisation.

You will find insertion instructions relevant to your type of catheter on a separate leaflet provided by your Community Nurse or the Continence Team.

Questions and Answers

Does ISC hurt?

It may feel like a strange sensation at first, but ISC should not be painful. For some, the urethra is more sensitive when first learning, but ask for advice if this does not settle with time.

Can I do any damage?

If you select the right type of catheters and carefully follow the instructions you received from your Community Nurse or Continence Nurse, catheterisation should not cause any damage to your bladder or urethra, even if you carry out ISC over long periods of time.

How many times a day should I carry out ISC?

The person teaching you should decide this, depending on the amount of urine you pass or drain using the catheter. It can also be affected by your specific bladder problem and medication. Typically the bladder should not contain more than 350-400ml.

How do I fit ISC into everyday life?

To manage ISC without interfering with your normal activities, try to establish times of the day that are convenient such as coffee breaks or before lunch. Leave extra catheters at places you visit often, such as
work, holiday homes or with relatives. Once incorporated into your routine and using the right catheters, ISC will not prevent you from living a normal life.

What if I can’t insert or withdraw the catheter?

Try to relax, as being unable to insert or withdraw is usually due to the sphincter muscle being tense. Coughing may help relax the muscles but do not force the catheter in or out. Never try to cut the catheter – speak to your doctor or nurse if you are having problems.

How long will I have to catheterise?

This is dependent on the individual and the nature of your specific condition. Sometimes ISC is a temporary solution to help the bladder regain normal function, but whatever the reason ISC will help you manage an improve your bladder health.

What happens if I do not catheterise as often as I was told to?

If you miss catheterisation once or twice don’t worry, but if this happens often it can cause urinary tract infections (UTI) and urinary leakage. If the pressure on your bladder becomes too high, there is a risk that your urine will move up to your kidneys, causing more serious health problems.

What do I do if I see blood in my urine?

It is normal to see a few specks of blood in your urine when you are beginning ISC but it should clear up in a few days. If it continues or gets worse, contact your doctor or nurse.

What if no urine drains when catheterising?

If no urine drains, gently remove the catheter and contact your doctor or nurse.

Do my bowel habits affect catheterising?

Being constipated can interfere with your ISC so try to eat a well-balanced diet with plenty of fruit and vegetables.

How often should I wash?

To avoid washing away the normal bacteria that protects us from infection, it is recommended that you wash your genital area once a day with mild soap and water. It is also a good idea to clean your genital area when catheterising after a bowel movement and you can use disposable wet wipes if you wish.

How much should I drink?

The usual recommendation is to drink at least six to eight cups of fluid every day, keeping caffeine to a minimum as this can irritate your bladder.

How do I know if I have a urinary tract infection (UTI)?

If you experience a high temperature, fever, shivering, cloudy and/or smelly urine, you may have an infection. Drink extra fluids, continue to catheterise and contact your doctor or nurse for advice.

Will ISC affect my sex life?

ISC should affect your sex life in a positive way. You should be able to maintain a sexual relationship without embarrassing leakage or discomfort.

Am I still able to travel abroad?

Yes you can!! Just be sure to take enough catheters with you and don’t forget to pack some in your hand luggage.

What do I do if I find a fault with my catheter?

In the unlikely event of a fault please contact your Community Nurse / Continence Nurse for advice.
If you feel Intermittent Self-Catheterisation may be of benefit to you have a chat with your Community Nurse or contact the Continence Specialist Nurse on 01724 298325.

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Moving & Handling
The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

Zero Tolerance - Violent, Threatening and Abusive Behaviour
The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

• Swearing
• Threatening / abusive behaviour
• Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.
Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

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