



Patient Information

Mokowhiti whakangaotanga whaiaro mō te wāhine

Intermittent Self-Catheterisation for Women



Te Whatu Ora

Health New Zealand

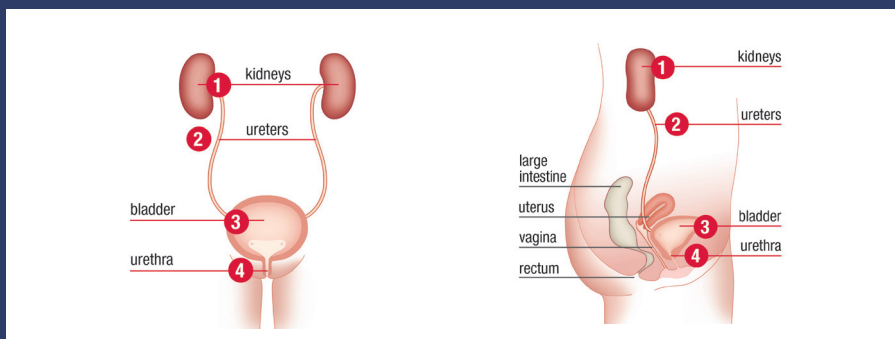
Tairāwhiti

What is intermittent self catheterisation?

Intermittent self-catheterisation (ISC) is a simple procedure to empty your bladder. It involves passing a temporary small tube called a catheter up the urethra (from where urine normally drains) into the bladder to allow the urine to empty. It can also be used to dilate your urethra if you have a stricture.

The type of catheter used is called a Nelaton catheter. ISC may be undertaken on a short or long term basis.

This booklet is designed to give you an overview of the technique, things to watch for, and other useful information.



How the urinary system works

1. Urine is produced by the kidneys, which filter out the waste products from your body.
2. The liquid waste is passed via tubes called ureters to your bladder, the organ that stores the urine.
3. When the bladder becomes full, a signal is sent to the brain to tell the urethral sphincter muscle to relax and the bladder to contract.
4. Urine flows down the urethra, the natural tube through which urine exits the bladder, and out of the body.



Why is ISC necessary?

When going to the toilet it is usual to pass most of the urine that is in the bladder. There are some situations where the bladder may not fully empty.

Most commonly due to:

- Bladder muscles that cannot contract effectively
- The effect of bladder surgery
- Injury to the spinal nerves
- Blockage of the urethra i.e., strictures

Your nurse will explain your problem with you.

How often should the bladder be emptied?

You should catheterise whenever you feel full. If you cannot feel if your bladder is full, you should catheterise when you wake in the morning, two to three times during the day, and just before you go to bed at night.

Measure the amounts you drain off occasionally to see that your bladder is not holding more than 300–400ml. If the amount is more than this, you need to catheterise more often.

The urologist, continence advisor, or specialist nurse will work with you to determine the frequency of catheterisation.

Does ISC lead to infections?

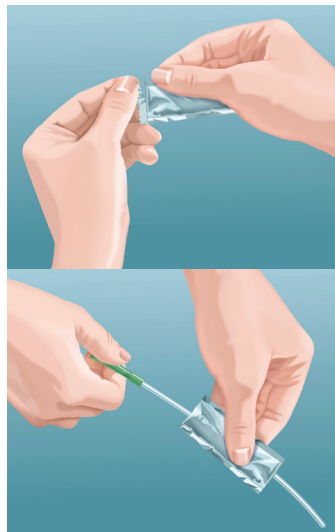
There is always a risk of infection when using a catheter, however, as you become more skilled with the technique, the chances of developing an infection reduce. ISC aims to reduce the risk of kidney damage and urinary tract infections.

Self-catheterisation is not a sterile procedure and it is important to wash or sanitise your hands before and after catheterising.

What to do when you need to catheterise yourself

Getting started

1. Collect the necessary equipment.
 - Nelaton catheter
 - Water soluble lubricant
 - Container for the urine (if not using the toilet)
 - Tissues/wipes
 - Rubbish bag/bin
2. Wash your hands using soap and water or antibacterial hand sanitiser.
3. Set up your equipment on a clean, easily accessible surface.
 - Ensure the catheter is within reach
 - Apply lubricant onto a tissue
4. Get into a comfortable position. This may be lying on your bed, sitting on the toilet or wheelchair, or standing over the toilet. Arrange your clothing so it is out of the way
5. If needed, set up a mirror to see your urethra
6. Spread labia with one hand. Wash around urethral opening above vagina with water or a towelette
7. Wash hands again.



8. Remove the catheter from the packet or clean container. Try not to touch the catheter tip
9. Dip or roll the catheter tip into the lubricant
10. Part the labia with one hand, then holding the catheter in the other hand gently insert the catheter into the urethra. Direct the catheter upward until urine flows
11. Pass urine into toilet or container
12. When urine stops flowing, slowly withdraw the catheter. If more urine starts to drain, stop removing the catheter, allowing the bladder to empty. When there is no urine draining, remove the catheter and discard. Do not flush down the toilet
13. Wash your hands when finished
14. If keeping a bladder diary, measure and record amount of urine drained.





Troubleshooting

Blood in the catheter or urine

Occasionally you may see blood in your urine or catheter. This is not uncommon, particularly when you are learning this technique.

- Try using more lubricant.
- Check for signs of infection.

Only be concerned if the bleeding persists or becomes heavy. Seek medical advice if this occurs.

Difficulty introducing or removing the catheter

This may occur due to your body position or spasm of the sphincter muscles.

- Check that you are in a comfortable position.
- Take some deep breaths, relax as you slowly exhale, and gently but firmly introduce or remove the catheter.
- Try using more lubricant.
- Take a break and walk away for several minutes before attempting to insert a catheter again.

No urine is draining

- Ensure that the catheter has been inserted far enough to reach the bladder.
- Gently try to pull the catheter back a short distance.
- If no urine drains for six to eight hours contact your doctor.

Urinary tract infection

If your urine becomes cloudy or has an odour, or you have increased pain or burning when inserting the catheter, you may have an infection.

If you suspect that you have a urinary infection it is important to seek advice from your GP promptly. Do not wait until you get sick.

- Try to drink six to eight cups of fluid each day.
- Avoid constipation.
- Always store products in cool dry area.



Information for your District Nurse or GP

Date commenced ISC:

Catheter type:.....

Catheter size:

Ensure you have supplies available. Your nurse will set up a supply from:

- ☐ USL
- ☐ ACC

Your urine volume diary

DATE	VOLUME (MLS)	DATE	VOLUME (MLS)

References

Hollister – hollister.co.nz | Coloplast– coloplast.us | Urology Associates – urology.co.nz

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