

## Instructions for Intermittent Self Dilation

Intermittent catheterization for self dilation is done to keep the urethral passage open and prevent recurrence of a urethral stricture. A urethral stricture is an abnormal narrowing of the Urethra. It can be caused by a build-up of scar tissue following infection, trauma or injury to the urethra. This narrowing may restrict the flow of urine, causing a poor urinary stream/flow, dribbling after the main flow has finished, needing to strain to pass urine, passing urine frequently and occasionally “spraying”.

Usually a stricture is treated by an operation to open the urethra called an ‘optical urethrotomy’, meatal or urethral dilatation. Following this procedure the urologist will ask that you learn to perform ISD on a regular basis to prevent the stricture reforming. Your Urology Nurse Specialist will tell you how often you need to perform ISD. ISD is performed by passing a hollow tube, called a catheter into the urethra on a regular basis. The catheter is well lubricated so that it slides in easily. You can perform ISD over a long period of time and the catheter will not harm the delicate tissues of the urethra. Only use gentle pressure to insert the catheter, never force it. Continue to perform ISD until your Urologist tells you to stop.

## Materials Needed to Prepare

Please gather all the necessary products before beginning the procedure. Women must be instructed on the locations of basic structures in the area of the genital anatomy and urinary opening with proper procedure before they do the procedure on their own.

- Soap and water to wash hands and the urethral opening. If soap and water are not readily available, waterless alcohol-based hand rub or towelettes may be used.
- Urethral catheter: \_\_\_\_\_ French
- Lubricant (water soluble jelly) packet or tube.
- Urinal or appropriate container to collect drained urine (if not emptying into a toilet).



## Performing Intermittent Self Dilatation Instructions for Women

- Wash hands thoroughly with soap and water or use a waterless alcohol-based hand rub or towelette.
- Find a comfortable position.
- Spread the labia apart using the hand you will *not* be using to hold the catheter.
- Clean the entire urethral opening (meatus) area from front to back with warm, soapy water and a clean washcloth or towelette (when away from home).
- Use a mirror initially to aid in the location of the meatal opening if needed. It is located below the clitoris and just above the vagina in most females, visually seen as “^”.
- Lubricate the tip of the catheter with the water-soluble jelly.
- Rotate the tip to spread the lubricant along the entire length of the catheter.
- With a collection container ready, slowly and gently insert the catheter (2-4 inches) into the meatus until urine begins to flow. If resistance is felt at the internal sphincter, hold firm, gentle, steady pressure and the muscles should relax allowing the catheter to pass. You can also cough or take a few slow, deep breaths to relax your sphincter.
- Allow the urine to empty into the collection container or into the toilet.
- When the urine flow stops, slowly withdraw the catheter allowing the lower parts of the bladder to drain. When there is no further flow of urine, remove the catheter.
- If requested by the healthcare provider prescribing the catheterization, record the amount of urine.
- Wipe yourself with tissue from front to back. If using disposable catheters, please discard the used catheter. Should you be using reusable catheters, please clean the catheter as instructed.
- Wash hands thoroughly with soap and water.
- **Care of your catheter:**
- After using catheter wash with soap and water, let air dry. Place each catheter in it's own zip lock baggie and then put them into the microwave with a cup of water on one side and the baggie on the other. Cook on high power for five minutes. DO NOT forget the water or the catheters will melt. Keep the catheter in the baggie until it's time to use the catheter again.

**IMPORTANT! YOU MUST REMOVE THE CATHETER AFTER DILATATING YOUR STRICTURE. IT MUST NOT BE LEFT IN PLACE.**

## Questions and Answers

### **Q. Does ISD hurt?**

A. It may feel a little strange at first, but ISD should not be painful. The urethra is more sensitive when first learning and you may feel some resistance at the stricture site to begin with, but this usually becomes less of a problem as the urethra dilates.

### **Q. How often should I perform ISD?**

A. Please perform \_\_\_\_\_ daily, per Dr. \_\_\_\_\_ instructions.

### **Q. What do I do if I can't insert the catheter?**

A. Leave it a while before trying again. Try to relax and get into a comfortable position. If you remain unable to insert the catheter contact Alaska Urology. Never force the catheter in.

### **Q. Can I cause damage to my urethra?**

A. Providing you follow the instructions and do not force the catheter it is not harmful.

### **Q. What if there is blood in my urine?**

A. It is common to notice a few specks of blood after performing ISD. This is nothing to worry about and the urine should clear within a few hours. If the bleeding persists or you feel unwell, feverish or experience pain you may have an infection so contact Alaska Urology.

## Handy Hints for Self Dilatation

Try to stay relaxed when inserting the catheter. If you feel tense, your sphincter muscle may tighten and make it difficult to insert or withdraw the catheter. Don't force the catheter in or out. Coughing may help to relax your sphincter muscle. If you have any difficulties inserting or removing your catheter you should consult Alaska Urology.

## Points to Remember

- Do not remove the catheter from the package until ready to use.
- Check the catheter for defects such as cracks or color changes before use.
- Avoid touching the tip of the catheter and avoid letting it touch other surfaces.
- If you perform ISC and encounter any problems, please call Alaska Urology for assistance.