

Adult Intermittent Self-Catheterization Instructions

The bladder is a hollow muscular organ shaped like a small balloon that is located in the lower abdomen. The kidneys, (beanshaped organs near the middle of the back), normally remove excess water and waste products from the bloodstream and store it as urine in the bladder. The rate at which urine is produced depends on fluid intake, activity, and environmental temperature. As the bladder fills with urine over several hours, a normal bladder will send signals to the brain that the bladder is full and needs to empty.

Most people empty their bladders by voluntarily going to the bathroom four or five times a day. This is called urinating or voiding. When the bladder is not emptied of all urine, problems can occur.

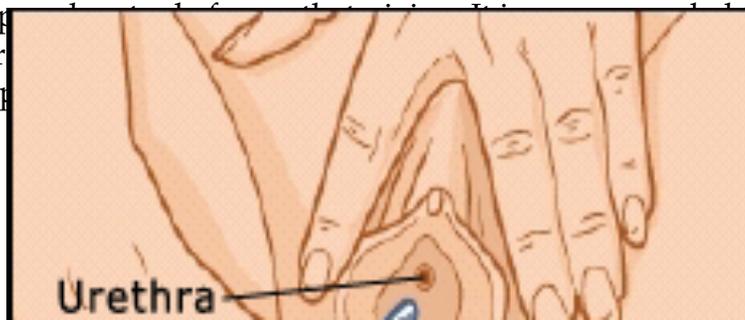
Intermittent Self-Catheterization (ISC) is a safe and effective alternative method to empty the bladder. ISC involves inserting a catheter (a flexible hollow tube) into the urethra (the urine channel that drains urine from the bladder) several times a day. ISC is used to help protect the kidneys, prevent incontinence (urine leakage) and lessen the number of infections by promoting good drainage of the bladder while lowering pressure inside the bladder. It has been used successfully for individuals with injury to the nerves of the bladder, spinal cord and brain as well as in persons with diabetes, multiple sclerosis, spina bifida, myelodysplasia, enlarged prostate and continent urinary diversion. It can be done on a short or long term basis, depending on the bladder's ability or inability to return to normal function.

How to Perform ISC

ISC is performed by intermittently inserting a catheter into the urethral opening (meatus) and advancing it into the bladder to allow the bladder to empty. Only persons who know the correct technique of proper insertion and care of the catheter should perform catheterization.

It is recommended that ISC be performed at regular intervals throughout the day depending on the person's fluid intake and as directed by the healthcare provider. The ability to perform catheterization and adhere to a schedule is essential to success of the ISC program. You may need to catheterize every four to six hours to keep the amount of urine in your bladder less than 400-500 milliliters (13 to 15 ounces). If you are urinating but continue with high residual urine volumes (the amount left in your bladder after urinating) your healthcare provider may ask you to increase the number of times per day you catheterize.

Many persons will catheterize using a "clean" method, which means you do not need to wear gloves, just wash your hands with soap and water. It is important that you use new catheter each time you catheterize and discuss this with your healthcare provider who



Materials Needed to Prepare

Please gather all the necessary products before beginning the procedure. Men and 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 (male or female). The size of the catheter should be the smallest size (called a “French” size) to pass easily into the bladder and allow adequate drainage.
- The correct type and size of the catheter to be used will be determined by the healthcare provider.
- Lubricant (water soluble jelly) packet or tube.
- Urinal or appropriate container to collect drained urine (if not emptying into a toilet).
- Mirror (for women to locate the opening of the urethra).

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.

Intermittent Self-Catheterization Tips

- Never force the catheter. Difficulty inserting a straight catheter or being unable to catheterize may require you to see a urologist. Coudé tipped catheters often are able to successfully pass into the bladder when catheterization with a straight catheter is difficult. Coudé catheters have a special curve at the tip that makes passage through the urethra easier.
- If you are at home and unable to pass the catheter and feel that your bladder is full, you will need to go to your nearest Urgent Care Center/Emergency Room for appropriate evaluation.
- It is not uncommon to have an abnormal urinalysis (urine test). You should only be treated for a urinary tract infection if you have signs and symptoms of an infection such as tenderness in your lower abdomen or pelvic area, back pain, malaise, confusion, cloudy or foul-smelling urine, urgency (pressing need to urinate), frequency (urinating more often than usual), pain with urination, fever higher than 100.4 F, and/or chills, nausea and vomiting. Contact your healthcare provider if these symptoms occur.
- For patients who have Multiple Sclerosis or other conditions that may compromise their immune system, ISC may need to be performed using sterile technique which is when you use sterile gloves, antiseptic to wipe the area where the catheter is inserted and a sterile catheter each time you catheterize. Contact your Urologist for guidance.

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.
- A prescription or order from a healthcare provider is needed to state the number of times an individual catheterizes each day. Check with your individual insurance carrier to see which benefits are available to you.
- This fact sheet focuses on the adult patient. Children require special assessment and teaching to be successful.
- If you perform ISC and encounter any problems, please call Alaska Urology for assistance.