

PATIENT INSTRUCTIONS FOR INTERMITTENT SELF-CATHETERIZATION

If you have been told you need to do self-catheterization, it is because your bladder does not empty completely or perhaps it does not empty at all. There are many causes for this problem: stroke, spinal cord injury, diabetes, spina bifida, and obstruction to the outflow of urine are the most common reasons. Sometimes after an operation on the colon such as a colostomy, the bladder does not empty well and patients may need to catheterize themselves for several weeks or months until the bladder begins to function normally again. On occasion, a woman may need intermittent self-catheterization after a mid-urethral sling operation..

When you are catheterizing yourself or regularly catheterizing someone in your home, it is not necessary to use sterile procedure. Cleanliness is all that is necessary, unless your doctor tells you otherwise indicating a medical reason for sterility. Research has shown that if the bladder is emptied regularly and completely before it gets overstretched, there is little likelihood of infection.

The doctor or nurse who has told you that you need to catheterize and who has taught you the procedure will tell you how often you should drain your bladder with the catheter. As a general rule, you will want to be on a schedule during the day in which you drain the bladder before it has more than 12 oz. (360 ml) to 13 oz. (390 ml). *It is very important to avoid bladder over-distension in order to facilitate the return to normal bladder function. Thus, if your catheterized volumes are above 400 ml, it will be necessary to increase the frequency of the catheterization.*

Self-catheterization sounds frightening to many people. It seems as if it would be painful or embarrassing. In fact, it is amazingly easy and there is rarely any discomfort. You need to relax and take some deep breaths before you start.

Self-Catheterization for Women

Female patients require the following equipment for intermittent self-catheterization:

- *Catheter*—Usually clear, soft plastic or soft red rubber.
- *Lubricant*—This may not be necessary if you moisten the catheter with water.
- *Mirror*—This is helpful when you are learning, but once you know where your urethra is, you will find that a mirror gets in the way.
- *Wipe or washcloth*—Use only mild cleansers in the genital area.

- *Container to drain urine in*—You only need this if you are not close to a toilet.
- *Plastic bag or plastic-lined pouch*—To store urine in.

You may catheterize yourself while standing over the toilet, sitting on the commode, sitting in a wheelchair, reclining in a reclining chair, or lying in bed. If you cannot get up close to a toilet or a place to drain the urine, there are long extension tubes to attach to the catheter.

The procedure for women is as follows:

1. Wash your hands with soap and water. You may wash the catheter at the same time by wrapping it around your hand. Rinse well and shake any excess water out of the catheter.
2. Spread the labia (lips) away from the vagina and urethral opening with your non-dominant hand (the hand you do not write with or use to feed yourself) and wash yourself from front to back with the other hand.
3. Continue to hold the lips open with your non-dominant hand. With the other hand, grasp the catheter 2" to 3" from its tip and dip the catheter tip into the lubricating jelly or run water over it. Insert the tip of the catheter into the urethra. At first, a mirror will be helpful to locate the urinary opening; but try not to depend on it. Slowly and gently advance it until it reaches the bladder and urine begins to drain out. Leave the catheter in place until all urine stops draining. Slowly pull the tube out, stopping whenever urine begins to drain again. Allow the urine to drain completely before beginning to pull the tube out again.
4. Once the catheter is removed, run tap water through it and wash your hands and the catheter with soap and water. Rinse the catheter and your hands well. Dry your hands, shake the catheter, and then place it in its bag or pouch for the next use.

Self-Catheterization for Men

Male patients require the following equipment for intermittent self-catheterization:

- *Catheter*—Usually clear, soft plastic or soft red rubber.
- *Lubricant*—Use a water-soluble lubricant, NOT petroleum jelly.
- *Cleansing packet or washcloth*—Use a cleanser that is mild.
- *Container to drain urine in*—You only need this if you are not close to a toilet.
- *Plastic bag or plastic-lined pouch*—to store the catheter.

You may catheterize yourself while standing over the toilet, sitting on a commode, sitting in a wheelchair, reclining in a chair, or lying in bed. If you cannot get up close to a toilet or a place to drain the urine, there are long extension tubes to attach to the catheter.

The procedure for men is as follows:

1. Wash your hands with soap and water. You may wash the catheter at the same time by wrapping it around your hand. Rinse your hands and the catheter with running water. Dry your hands and shake excess water out of the catheter.
2. Hold the penis with your non-dominant hand (the hand you do not write with or use to feed yourself) and wash the head of the penis.
3. Lift the penis gently upward and outward. With your dominant hand (the hand you write with or feed yourself with), grasp the catheter 2" to 3" from its tip. Dip the catheter tip into lubricating jelly. Pass the lubricated tip of the catheter into the opening in the penis and slowly advance the catheter with constant, steady pressure until the catheter reaches the bladder and urine begins to drain. When the catheter reaches the area of the prostate, it may be difficult to continue. Take some deep breaths to relax and be patient. A special catheter with a slight curve at the tip, called a Coude (KOO-day) catheter, may be helpful. Leave the catheter in place until all urine stops draining and then slowly pull the tube out, stopping whenever urine begins to drain again. Allow the urine to drain completely before beginning to pull the tube out again. The urine may be drained into the toilet or into a container.
4. Once the catheter is removed, run tap water through it and wash your hands and the catheter with soap and water. Rinse the catheter and your hands well. Dry your hands, shake the catheter, and put it in its bag or pouch for the next use.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

What if I see blood?

Occasionally, there is a small amount of bleeding if the catheter has irritated your urethra. Usually there is no cause for alarm. Speak to your health professional if the bleeding is continuous or heavy.

Should I boil or microwave my catheters?

Unless you have a specific condition that requires sterile technique, washing the catheters in soap and water is sufficient. Catheters may be soaked in a solution of 1 part white vinegar to 3 parts tap water once each week to keep urine crystals from forming inside the catheter.

How many catheters do I need?

You may use one at a time for several weeks or rotate two or three at a time. One catheter can usually be used for at least two weeks and sometimes for up to a month. Always replace the catheter

when it gets hard, brittle, cracked or does not drain urine well because of sediment inside.

Is this expensive?

Insurance companies usually cover the cost of the catheters. Speak to the supplier where you get your catheters. You will need a statement of medical necessity or prescription signed by your doctor or nurse practitioner.

What if I leak urine in between?

Speak to your doctor or nurse about this. You may need to wear a pad; you may need to catheterize more often; or you may need a medication that will control bladder spasms that may be causing the leakage.

Are there symptoms or signs of trouble I should watch out for?

Call your health care professional if you...

- Cannot get the catheter to go into your bladder.
- Have severe pain in your lower abdomen.
- Have fever, chills, or symptoms of a urinary tract infection.
- Have extremely cloudy urine or urine that smells foul.
- Have redness or swelling around the urinary opening.
- Have gritty material or thick mucus in your urine.
- See bright red blood or clots in your urine.

