

What is a catheter?

Catheters are inserted into the bladder and used to drain urine for people who have difficulty emptying their bladder. There are a wide range of catheters available across different manufacturers, made from a variety of materials, some with different design features. It can also be used to empty the bladder before or after surgery and to help perform certain tests.

Why do I need to use a catheter?

A urinary catheter is usually used in people who have difficulty passing urine naturally. Some people can experience difficulty in emptying their bladder, either partially or fully. There are lots of reasons why someone may be unable to fully empty their bladder. If the bladder does not empty correctly, you may find that you start to leak urine.

The bladder should comfortably hold about 250ml to 350ml of urine.

When the bladder is full, a message is relayed to the brain to inform that the bladder it needs to be emptied. The brain then tells the bladder to hold until a convenient location is found.

When an appropriate place is reached, another message is sent from the brain, which stimulates the bladder muscle to squeeze and the urethral opening to relax. This allows the urine to be expelled and the bladder to be emptied. Any interruption in this message system or blockage in the urinary tract may result in the bladder being unable to empty fully. This is when catheterisation may be recommended, helping to avoid potential urinary tract infections and eventual damage to the kidneys.

There are two main types of catheter:

- **Intermittent catheters** – these are inserted into the bladder to allow it to empty; the catheter is then removed once drainage stops. This is usually done by the person themselves or by a carer who has been taught how to do this. This is also known as Clean Intermittent Self Catheterisation (CISC), or intermittent self catheterisation (ISC).
- **Indwelling catheters** – These are designed to remain in the bladder continuously for longer periods of time (indwelling urinary catheter or supra pubic catheter).

A clinical assessment will be undertaken by a healthcare professional of the most appropriate catheter to ensure that the catheter selected is as effective as possible, that complications are minimised and that your comfort, quality of life and choice is promoted.

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Intermittent catheters

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Why would I need to use an intermittent catheter?

There are lots of reasons why someone may be unable to fully empty their bladder. Some people can experience difficulty in emptying their bladder, either partially or fully. If the bladder does not empty correctly, you may find that you start to leak urine.

This may be managed by you being taught to undertake clean intermittent self-catheterisation. This involves passing a catheter into your bladder to help drain urine and then removing it immediately when the bladder is empty. It can be used as a short-term management, for example pre surgery, preparing for procedures such as Botox, or it may be used for longer term bladder emptying. Use of intermittent catheterisation avoids the need for an indwelling catheter. By emptying the bladder in this way, you will prevent a build-up of urine, which in turn will help prevent urinary tract infections and potential damage to the kidneys.

Considering clean intermittent self-catheterisation (CISC)

CISC may be a better alternative to an indwelling catheter (a small tube that stays in place to drain the bladder). It may also be less inconvenient in relation to ambulation (movement) and sexual intercourse and for some may allow for more control than an indwelling catheter, although it is not a suitable option for everyone.

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Who will teach me to use ISC?

Usually, a specialist nurse will explain, guide, and instruct you on this. You will be provided with information, with time for any questions, instructions and supervision from your health care professional and general ongoing support should help you adapt to using CISC successfully, both when you are new to starting and in the long-term.

Is ISC a sterile procedure?

This can either be a sterile or a clean procedure:

- **Sterile procedure** - this is necessary in hospital or a care home, or if the catheterisation is being done by a healthcare professional who has contact with several patients.
- **Clean procedure** - people undertaking self-catheterisation themselves generally follow a clean procedure, which means that you wash your hands and follow usual basic hygiene procedures before, during and after catheterisation.

How often will I have to self-catheterise?

This number of times the catheterisation must be performed varies individually and your health care professional will guide you. For example, you may need to catheterise one to five times per day for incomplete bladder emptying, depending on your symptoms and bladder function. People are usually able to decide the frequency for themselves as they begin to understand their bladder function, alternatively, you will be instructed how to undertake this before having Botox treatment for an overactive bladder. This is to make sure that you are confident that you would be able to manage this if you needed to catheterise after the procedure. Your health care professional will guide and advise you, don't be afraid to ask.

How often will I have to self-catheterise?

The answer to this depends on the reason why you are performing the catheterisation.

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What are the benefits of ISC?

- Protection of the lower and upper urinary tract, the risk of kidney damage will be reduced and reduced urinary tract infections.
- Complete emptying of the bladder, reducing the risk of a urinary tract infection.
- Visits to the toilet, particularly during the night, may be reduced.
- It can prevent or reduce the overflow incontinence.
- Improvement in quality of life.
- Gives you more control.
- More independence and freedom.

Where can I get catheters?

Your GP or health care practitioner will arrange prescriptions for further catheters. There are a variety of catheters, materials, sizes and packaging options available which will be discussed by your health care professional. You can collect your catheters from your local chemist or many of the catheter companies offer a free prescription collection and delivery service.

Handy tips

Keep hydrated, 1.5-2 litres of fluid intake daily. This fluid flushes the bladder and reduces the risk of urinary tract infection.

Good hygiene is important, and you are encouraged to undertake daily hygiene of the genital area. Washing hands before and after each self-catheterisation.

Travelling and supplies – Ensuring you have catheters and accessories with you when you travel. There is sometimes a risk of luggage getting lost, so we suggest always keeping a few days supply of catheters in your hand luggage.

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Needing help - Some people are unable to self-catheterise, in which case a helper, such as a family member, can be taught to do it.

Indwelling urinary catheters

Some people find it difficult to empty their bladder so an indwelling urinary catheter is inserted to drain the urine away. Catheters are also used before or after surgery and for instilling medication into the bladder.

Indwelling urinary catheters (urethral indwelling catheter) can be inserted either through your urethra, a small opening above the vagina or through the urethra, which runs through the length of the penis into the bladder.

The catheter can also be placed through a small hole in your lower abdomen, usually a few inches below your belly button and into your bladder (suprapubic catheter).

A supra pubic catheter may prove a better option for a number of reasons because of:

- Difficulty and discomfort, particularly if wheelchair bound
- Long term catheterisation damaging the urethra
- Interference with sexual activity
- Ease of management and maintenance of hygiene
- Less likelihood to kink or be pulled out accidentally
- Reduced risk of urine infection

Your catheter will be held in position by an inflated balloon in the bladder.

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Urine drainage

The outside part of the catheter is connected to a drainage bag, so the bladder is kept empty; the bag can be worn on your leg or around your tummy. Alternatively, the outer part of the catheter can be connected to a catheter valve instead of a drainage bag; when the bladder is full, the valve can be released to drain the urine.

Leg, tummy & night drainage bags

The catheter may be attached to a bag into which the urine drains continuously (sometimes called 'free drainage') and can be connected to a leg / tummy bag during the day. Whatever method is chosen, you will also need a night drainage bag to use in bed. This has a larger capacity than the day bag to hold all the urine produced overnight. This is attached to the leg bag without disconnecting it from the catheter. A stand for the night bag will be provided and should be used to promote effective drainage. Your healthcare professional will also help you choose which bags are best for you.

The belly bag is worn as a bum bag and is secured by a soft belt around the waist.

Leg bags can be used up to 7 days, then they should be changed. Night bags are changed each night.

Catheter valve

Alternatively, the use of a drainage bag is replaced by a catheter valve. When a catheter valve is used, the urine is stored in the bladder as normal and then emptied as directed by your health care professional, by releasing and opening the valve. They are not suitable for everyone, so you should ask your nurse for advice on whether a valve would be suitable for you. The catheter valve should be changed every 7 days.

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Can catheter valves be used with drainage bags?

Yes, you can attach leg bags or 2 litre night drainage bags to the catheter valve – but you must remember to leave the tap open to enable the urine to drain. Some people use catheter valves in the day and also at night. If you produce a lot of urine at night it may be better to attach a 2 litre night drainage bag to the end of the catheter valve and use the bag over night. Some people use a combination of a valve and a leg bag.

How do I secure my catheter and drainage bag?

It is very important that your catheter is secured safely. It can be secured with a catheter fixation device, this will reduce the risk of the catheter causing damage to your bladder and urethra and will also minimise the risk of the catheter being accidentally pulled out.

A leg bag support can be used to secure the positioning of the bag to our leg.

A G-strap is placed on the thigh and stops the catheter from being pulled out. This is made of a velcro strap which holds the catheter in place.

It is important to rotate the position of the leg strap on a regular basis (every 12 hours) to minimise the risk of damage to the skin and the strap should be changed if it becomes dirty.

How do I dispose of drainage bags?

Bags may be disposed of in the dustbin, provided they have been emptied and can be placed in a plastic bag.

How do I manage my indwelling catheter at home?

Your healthcare professional will give advice on how to safely look after your catheter at home. The most common problem with a urinary catheter is a urinary tract infection (UTI)

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Training on how to safely look after your catheter at home. The most common problem with a urinary catheter is a urinary tract infection (UTI). To reduce this risk you need to:

- Always wash your hands before and after handling the catheter, bag or valve.
- Do not let the bag get completely full of urine and remember to release the catheter valve regularly if used. Your healthcare professional will guide you.
- Keep the area around the catheter entry point clean and dry and avoid the use of scented creams or talc.
- Drink at least 1.5 – 2 litres of fluid a day and avoid drinking too much caffeinated tea, coffee or fizzy drinks as they can irritate the bladder. Dark urine may indicate you're not drinking enough fluid.
- Use supports to secure the catheter and leg bag. These are used to prevent the catheter being pulled out by holding the catheter firmly in position. Leg bag supports can be used to securely attach to your leg.
- Avoid compressing / kinking the catheter tubing which could prevent flow.
- Avoid constipation by eating high fibre foods including brown bread and plenty of fruit and vegetables (at least 5 portions).

A completed catheter passport with details on the history and planned date for change or removal of your catheter and information on catheter care, problems to watch out for and contact details for advice.

A supply of products, including leg and night bags at home. Your GP / Nurse will continue to prescribe your new bags and equipment.

Will I still be able to have sex?

Yes, is the simple answer. An indwelling catheter can be taped out of the way, across the abdomen in women or along the penis in men. It is also advisable for men to use a condom and water based lubricating gel to reduce the risk of soreness developing. However, it may be helpful to discuss this with your nurse as there may be alternatives available.

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Can I go swimming?

Yes. When you go swimming, it is important to check that the catheter is securely positioned. Your health care professional will be able to advise on smaller urine drainage bags / catheter valve consideration.

If you have a suprapubic catheter you will need to check with your doctor or nurse when it is ok for you to start following suprapubic catheter insertion, as you need to ensure the site has fully healed, clean and dry.

There are a number of swimwear manufacturers that produce swimwear that are designed to discreetly disguise the use of appliances – contact Bladder & Bowel UK for further information.

Potential problems

With each use of the catheter, there is a slight chance of urinary tract infection. This is because the catheter can provide a direct route for bacteria to enter the bladder. Speak to your GP or health care professional, e.g. District Nurse, Specialist Nurse, if you have any concerns and for example if you :-

- Feel unwell.
- Have a raised temperature.
- Have pain or burning on passing urine or catheterising.
- Have pain/aching back.
- Have cloudy or offensive smelling urine.
- Have blood/debris in the urine.
- Have a frequent need to pass urine.
- Your catheter stops draining/blockage.
- Bladder spasms, medication may be prescribed to help manage this.
- Leakage around the catheter.
- Catheter falls out, contact your nurse as soon as possible.

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Further Information

Find more information about adult bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline](tel:01612144591) (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.
