

Information

The aim of good bladder management is to:

- Empty the bladder regularly
- Prevent overstretching of bladder muscles
- Keep urine sterile
- Prevent infections
- Maintain continence

Intermittent Clean Self Catheterization (ICSC)

For a variety of reasons the bladder may not empty properly, and some urine may be left in the bladder after voiding. This is called residual urine. If the residual volume is too high or if the bladder is not emptied enough there is a higher risk of developing urinary tract infections (UTI's)

ICSC's are performed to ensure the bladder is fully emptied at least once per day using a "clean/no touch" technique.

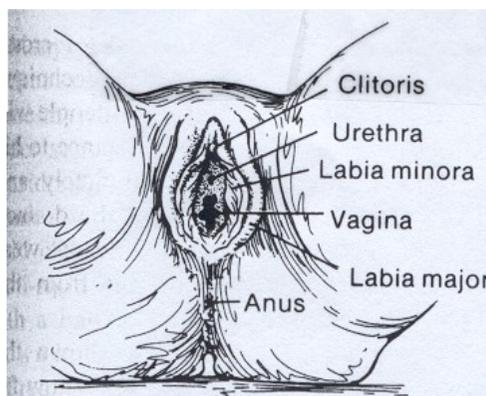


Figure 1 Female Anatomy

Management and Care (female)

Equipment needed:

- Nelaton catheter
- Lubricant
- Chux wipes/wash cloth
- Catheter bag/container
- Mirror (optional)

Procedure:

- Wash hands thoroughly
- Ensure all equipment is within reach
- Squeeze lubricant onto end of catheter
- Position self either over toilet or comfortable sitting position with hips forward and knees flexed apart
- Wash labia and urethral opening using Chux, wiping front to back
- Find urethral opening, spread labia apart with 2nd and 4th fingers, urethra is just below clitoris and above the vagina
- pass catheter slowly until urine starts to flow (3-7cm)
- Allow urine to flow into container or toilet
- When flow stops press firmly over suprapubic area to expel excess urine
- Remove catheter slowly
- Wipe labia dry
- Wash hands thoroughly
- Clean equipment
- wash hands thoroughly

Cleaning of Nelaton Catheters:

- We recommend single use of catheters only, but if you chose to reuse catheters the following is recommended:
 - Clean directly after each use
 - Rinse inside of bag under running water
 - Fill sink with warm, soapy water, wash catheter, ensuring soapy water enters catheter
 - Shake catheter for 15 seconds
 - Rinse again under running water
 - Hang catheter, allow to dry
 - Store in container ready for next use

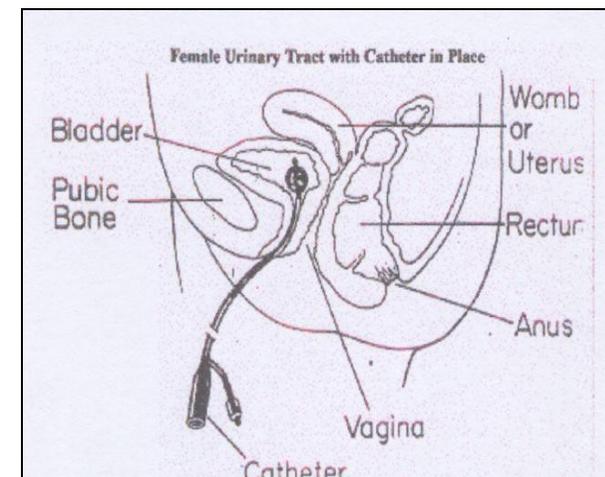


Figure 2 Insertion of indwelling catheter

Problem Solving

- **Wetting in between catheters**
 - cut down on caffeine
 - drink small amounts of fluid hourly
 - DO NOT stop drinking, continue to drink 2 litres per day
- **Difficulty in passing the catheter**
 - relax, deep breaths
 - gently, but firmly pass catheter, sometimes the muscle around the urethra tightens, gentle coughing may overcome resistance
- **Blood in urine or catheter**
 - do not be alarmed
 - drink more fluids
 - use more lubricant
 - if it does not clear contact your nurse or doctor
- **Signs of infection (seek medical advise)**
 - feeling unwell, fever
 - pain or burning when passing catheter
 - feeling the need to go to toilet more often
 - foul smelling urine

Helpful hints

- Maintain good hygiene
- Never pull on catheter
- Drink at least 2 litres of fluid per day
- Maintain a high fibre diet
- Research shows that cranberry juice may help prevent infection
- Wetting in-between ICSC, cut down on intake of caffeine, such as tea, coffee, alcohol

You should contact your doctor if you:-

- Pass bright red blood
- Have low urine output
- Have fever, shivers, shakes
- Urine becomes offensive or cloudy

Recommended Suppliers of Equipment

- Independence Solutions
Ph: 1300 788855
Fax: 1300 788811
- Health Care at Home
Ph: 9540 0199
- Australian Home Health Care
Ph: 9326 6511

Are you eligible for funding?

Contact your Urology Nurse for more information.

National Continence Helpline

Freecall 1800 33 00 66



7 Chester Street
East Bentleigh 3165

Donna Cowan-Urology Nurse
9563 7899



Mr. Scott Donnellan-Urology Surgeon 9563 7899

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Patient Information Leaflet

INTERMITTENT CLEAN SELF CATHETERISATION (Female)