



Government of **Western Australia**
East Metropolitan Health Service



Male self urethral dilatation

Patient information guide



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Supplies and storage of equipment

The nurse in the hospital will give you some equipment to take home with you. However, after this it is YOUR responsibility to obtain further supplies of catheters and any other equipment you require.

Ask your nurse or Continence Nurse Advisor if you qualify for funding to assist with purchasing your equipment.

Your nurse will give you a list of suppliers from whom you will be able to buy equipment.

1. All equipment should be stored together in a clean and dry box, drawer or cupboard.
2. Your catheters should be stored flat.
3. Keep away from children, pets, fires and direct sunlight.

Equipment and contact details

Catheter type: Size:

Is there a Silver Chain referral? Yes / No

If you have any problems or questions about self-dilatation please contact the Continence Service Nurse Advisors.

Royal Perth Hospital

Monday - Friday 8am – 4pm

Tel: 9224 2836 or 9224 2653 – please leave a message if call not answered

Tel: 9224 2244 and ask for page 2309

Bentley Hospital

Monday - Friday 8am – 4pm

Tel: 9416 3770 – please leave a message if call not answered.

Tel: 9416 3666 and ask for page 222

Self urethral dilatation

Your doctor has recommended self urethral dilatation (SUD). This may be after you have had surgery and may help to reduce the risk of a urethral stricture coming back.

The procedure involves passing a plastic tube, called a catheter, down the urethra (the tube you normally wee down) and leaving it in place for 5 minutes (see Fig 1).

A urethral stricture is a narrowing of the urethra which is the tube that the urine passes through when you empty your bladder. This can happen as a result of trauma, scarring or infection, and can make it difficult for you to urinate. (see Fig 1)

Inserting a plastic tube called a catheter as recommended by your doctor or nurse will keep the urethra wide open and allow urine to flow out freely.

If you don't fully understand why you have to do this procedure, discuss it with your doctor or nurse.

It is important you let your doctor or nurse know if you are taking blood-thinning medications such as **Aspirin, Warfarin, Clopidogrel, Apixaban, Rivaroxaban or Dabigatran.**

Urethral Stricture

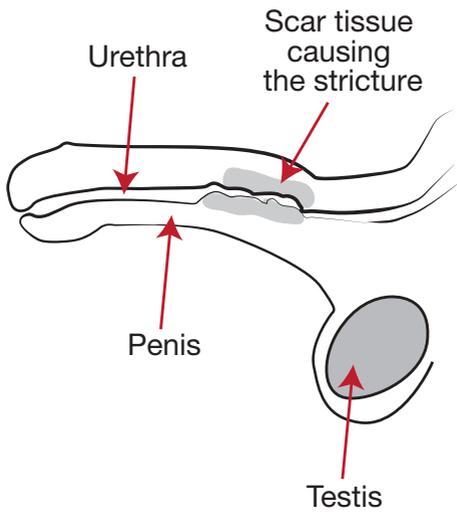
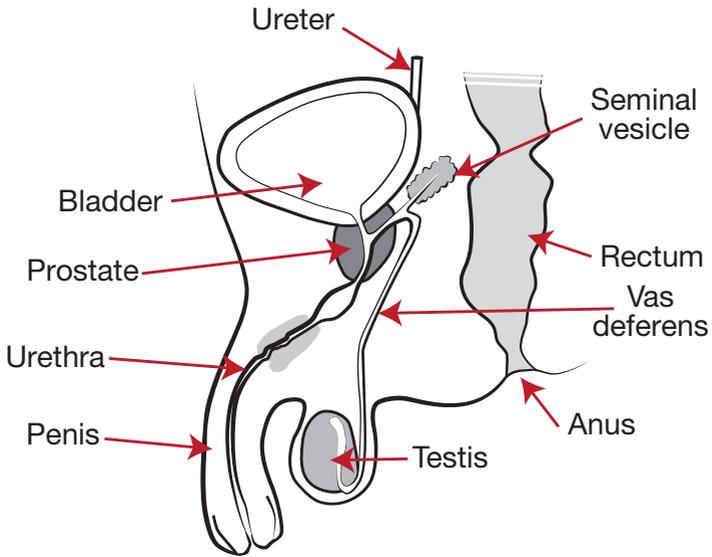


Fig 1

General tips

It is important to maintain a good standard of cleanliness to reduce the risk of infection.

- **Always wash your hands before and after urethral dilatation.**
- Avoid scented soap, perfume, talcum powder, antiperspirants, bubble bath, bath salts or creams/lotions in the genital area.
- Ensure you wash under the foreskin.
 - If you are not circumcised, pull back the foreskin and clean the area underneath.
 - Remember to return the foreskin to its normal position afterwards. If you don't, you may develop a painful swelling called para-phimosis. If this occurs, seek medical advice **immediately**.
 - If you can't pull the foreskin back because it is too tight (phimosis) don't try – you may injure yourself. Tell your nurse who will instruct you how to clean underneath the foreskin using a syringe filled with cool water.
- Maintain a good fluid intake – 6-8 drinks or 1.5L-2L per day – unless otherwise instructed by your doctor or nurse. Water is preferable and you should limit your caffeine based drinks such as coffee, tea and cola.

How often should I dilate my urethra?

As a general rule, you should do dilatation as directed below OR **as advised by your doctor or nurse:**

- twice a day for two weeks then
- once a day for a further two weeks then
- every second day for the next six weeks then
- twice a week until your doctor advises you differently.

Performing self-dilatation

Your nurse will teach you how to perform self-dilatation and will explain to you how often you need to do this.

Equipment required:

- Catheter
 - Water based lubricating gel
 - Clean flannel
 - Soap and water or moist towelettes
 - Watch or clock
1. Try to pass urine naturally.
 2. Wash and dry your hands.
 3. Collect your equipment and place it in a clean, dry area that is easy to reach.
 4. Adjust your clothing so you can get to your penis easily.

5. Using soap and water or moistened towelettes wash and dry the tip of your penis. Note: If you have not been circumcised you will need to pull back the foreskin first and then wash yourself. (see page 6)
6. Wash and dry your hands thoroughly.
7. Place the unopened catheter packet on a flat surface with the clear side facing downwards.
8. Peel back from the coloured end of the catheter for 5cms. Gently grasp hold of the funnel to stabilise the catheter and prevent it from flicking out of the packet.
9. Slowly peel back the paper side of the packet and remove it completely without touching the catheter. The catheter should remain in the clear packet.
10. Drop lubricant onto the tip of the catheter and for about 5cms along the tube.
11. Adjust your clothing and get into a comfortable position.
12. Wash and dry your hands.
13. Without touching the catheter (grasp hold of it through the packet) pick it up and hold it like a pen in your dominant hand and peel back the clear packet to reveal the tip of the catheter.

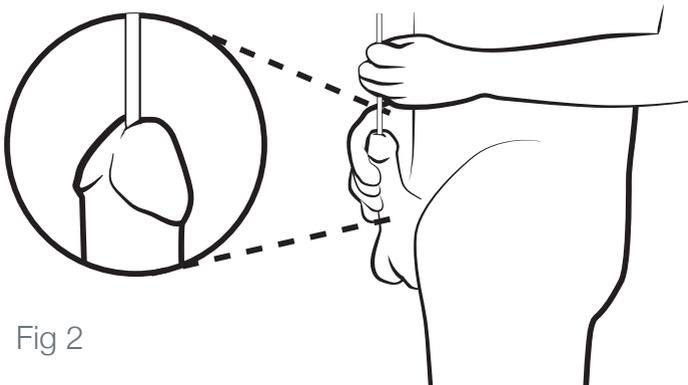


Fig 2

14. With your other (non-dominant) hand grasp hold of your penis and hold it at an angle as per Fig 2.
15. Gently but firmly push the catheter into the penis about 5cms. Hold the shaft of the penis firmly so that the catheter does not fall out and peel back the paper to expose another 5cms of catheter to be inserted. Continue to insert the catheter in this way.
16. You may encounter some resistance at the point where the catheter reaches the prostate gland and the closed sphincter muscle. If it is stuck DO NOT FORCE the catheter but try coughing, bearing down (as though you want to pass urine) or deep breathing whilst keeping gentle pressure against the resistance. You will then feel the catheter 'give' and it can be pushed into the bladder.
17. You can now remove the paper completely and wait for the urine to flow.
18. Hold the catheter in place for 5 minutes. Do not guess the time. Use your watch or clock.
19. After 5 minutes slowly pull out the catheter and place it in the bin.
20. Replace the foreskin.
21. Wash and dry your penis and then wash and dry your hands.

Common problems

This section covers the most common problems you may encounter. However, if you have a problem which is not covered here and/or you need advice please contact your doctor or nurse.

The catheter won't go in

This can happen sometimes and it is important that you DO NOT force the catheter in. Forcing the catheter in can be painful and you may cause damage to the urethra. You should use the contact details on page three for further advice.

There is blood in the urine

There should not be any blood in the urine except following some surgical operations on the prostate or bladder. You may find that there is a small amount of blood present on the catheter after you have used it. Generally this should not be a cause for concern. However, if you are concerned, please use the contact details on page three for further advice.

Your doctor or nurse should assess any blood in the urine.

There is no urine draining

This sometimes happens because the lubricating gel has blocked the drainage holes on the catheter. As the gel is water-based it will dissolve in the urine but this may take a minute or two. Try coughing as this may help start the flow of urine.

If you cannot get urine to drain and you are confident you have inserted the catheter far enough, leave it in place for 5 minutes as per the above instructions.

Cloudy, smelly or discoloured urine, pain and discomfort

If you experience any of these symptoms you may have a urinary tract infection (UTI). The signs and symptoms of a UTI are:

- cloudy, strong offensive smelling urine
- burning sensation around the catheter
- bleeding
- itching and soreness
- high temperature
- feeling unwell
- discomfort in the lower back or groin areas.

If you have any of these symptoms you should see your doctor immediately. Your doctor may need to send a specimen of urine to the laboratory for testing and you may need a course of antibiotics to treat the infection.

Increasing your fluid intake (unless advised otherwise by your doctor or nurse) may help to flush the bacteria through the system quickly.

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Authorised by: D John, Surgical Division Nurse Director, November 2010
Endorsed by: Surgical Division Nursing Practice Committee, September 2020
Reviewed by: K. Allingham, CNC Continence and B Keating, CN Continence July 2020



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