



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



Royal Perth  
Hospital



# Female clean intermittent self-catheterisation

Patient information





# Contents

Supplies and storage of equipment	2
Equipment and contact details	3
Self-catheterisation	4
General tips	5
How often do I need to do my catheter?	6
Performing catheterisation	7
Common problems	9



## Supplies and storage of equipment

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

Ask your nurse or Continence Nurse Advisor to see 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, dry box, drawer or cupboard.
2. Your catheters should be stored flat.
3. Keep all equipment away from children, pets, fires and direct sunlight.
4. Keep away from fires and direct sunlight.



# Equipment and contact details

Catheter: Type ..... Size .....

Drainage bag (if used):

Type ..... Volume .....

Silver Chain referral? Yes / No

**If you have any problems or questions about self catheterisation, please contact the Continence Service Nurse Advisors**

## **Royal Perth Hospital**

Monday-Friday 8am-4pm

Tel: 9224 2836 - 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



## Intermittent self-catheterisation

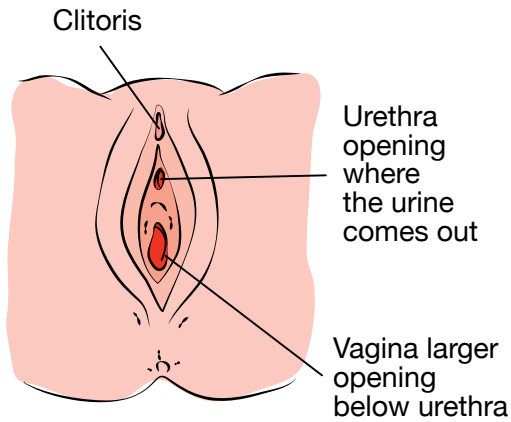
Your doctor has recommended that you insert a tube called a catheter into your bladder at regular intervals to drain your bladder of urine. This is known as intermittent self-catheterisation. It is a non-sterile clean procedure which has a low risk of infection when performed in your own home.

The most common reason for needing to perform self catheterisation is to help empty the bladder when it cannot work by itself, for example:

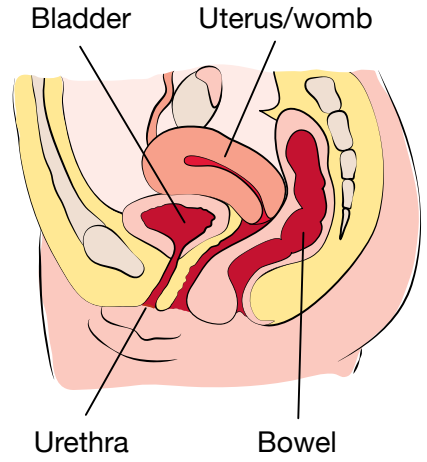
- › after surgery – most commonly bladder, bowel or urinary tract surgery
- › conditions such as stroke or multiple sclerosis
- › as a complication of diabetes
- › following an episode of urinary retention
- › spinal injury
- › conditions which affect the nerves that supply the bladder

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

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



**Figure 1**



**Figure 2**

The procedure involves passing a plastic tube, called a catheter, down the urethra (the tube you normally urinate down) and into the bladder (see Fig 1+2). This allows urine to drain freely and the bladder to be emptied, after which the tube is removed.

Don't be afraid to ask your nurse questions concerning the procedure itself and/or the equipment used.

Despite the low risk of infection, you may still get a urinary tract infection (UTI). This can make you feel very unwell, with hot sweats and cold chills or a fever. You may notice a burning sensation when you urinate or the urine may become cloudy or smell different.

## 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 self-catheterisation.
- › Avoid scented soap, perfume, talcum powder, antiperspirants, bubble bath, bath salts or creams/lotions in the genital area.
- › Always wipe/wash yourself from front to back
- › 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. Limit your caffeine based drinks such as coffee, tea and cola.
- › Avoid constipation as this can prevent your bladder from draining properly.

## How often do I need to do my catheter?

The frequency of your catheterisation depends on:

- › the amount of urine drained by the catheter **after** you have passed urine naturally which is known as **residual urine** **or**
- › for those people who do not pass urine naturally, the amount of urine you drain with the catheter.

Volume of a natural wee + volume of urine drained by catheter = **Total Volume**

The preferred **total volume** of urine in the bladder is 500mls.

This means that you should insert a catheter and drain your bladder often enough to prevent the bladder filling to over 500mls.

As a general rule, you should insert a catheter four times a day OR as directed by your doctor or nurse.



# Performing catheterisation

Your nurse will teach you how to do self-catheterisation and will explain to you how often you need to insert your catheter.

## Equipment required:

Catheter

Water based lubricating gel

Measuring container if required

Clean flannel, soap and water or moist towelettes

- › Try to pass urine naturally (if appropriate)
- › Wash and dry your hands
- › Collect your equipment and place it in a clean, dry area that is easy to reach
- › Using soap and water/moistened towelettes wash and dry the area.
- › Wash and dry your hands thoroughly.
- › Place the unopened catheter packet, clear side facing downwards, on a flat surface.
- › 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.
- › Slowly peel back the paper side of the packet and remove completely without touching the catheter. The catheter should remain in the clear packet.
- › Drop lubricant onto the tip of the catheter and about 5cms along the tube.
- › Adjust your clothing. Get into a comfortable position sit/stand, bed/chair.



- › Without touching the catheter (ie 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.
- › With your non-dominant hand, gently part the labia (or lips) to expose the urethra (the hole you normally urinate through).
- › Gently insert the catheter into this hole and continue to gently push it in until you drain urine.  
If it is stuck DO NOT FORCE the catheter. Remove the catheter and try again later.
- › Hold on to the catheter until the flow of urine stops. Make sure you direct the flow of urine into the toilet or container.
- › When the flow has stopped, have a cough and press gently over your bladder as more urine may flow out by doing this.
- › Slowly pull out the catheter and dispose of it in the bin.
- › Wash and dry yourself 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

If you cannot get the catheter in **do not force** it. Remove the catheter and try again in an hour. **However if your bladder is full and you are uncomfortable you will need to visit your nearest emergency department for assistance immediately.**

### There is no urine draining

This can happen sometimes 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 will help start the flow of urine.

Have you inserted the catheter into the vagina by mistake? If you have you should remove the catheter and try again using a new catheter. Do not reuse the catheter that has been in the vagina as you may transfer germs from the vagina into the bladder and you may become unwell with a urinary tract infection.

Have you inserted the catheter far enough?

If you cannot get urine to drain, remove your catheter slowly and seek advice from your doctor or nurse.

If your bladder is full and you are uncomfortable you will need to visit your nearest emergency department for assistance **immediately.**



## There is blood in the urine

There should not be any blood in the urine except following some surgical operations on the bladder.

**Any blood in the urine should be assessed by your doctor or nurse.**

## 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 loin 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.







This document can be made available  
in alternative formats on request.

Reviewed by: K. Allingham CNC & B Keating CN Continence Service RPH and J. Thompson CNS & S. Quartermaine CNS  
Continence Bentley Hospital, January 2019  
Authorised by: D John, Surgical Division Nurse Director, October 2010  
Endorsed by: Service 4 Nursing Practice Committee, March 2019

© State of Western Australia, East Metropolitan Health Service 2019.