



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



Royal Perth
Hospital



Male clean intermittent self-catheterisation

Patient information



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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 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.

- › All equipment should be stored together in a clean, dry box, drawer or cupboard.
- › Your catheters should be stored flat.
- › Keep away from children, pets, 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 do this is to help empty the bladder when it cannot work well enough to empty 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**.

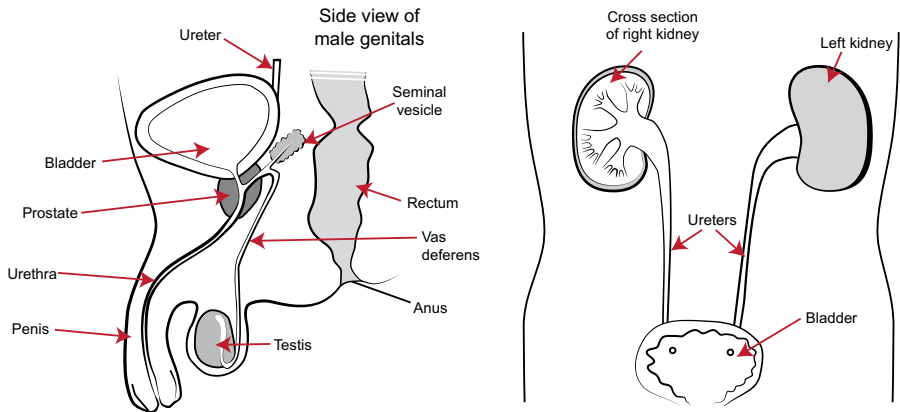


Fig 1

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). 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 (see page 10).

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 catheterisation

- › 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 your foreskin and clean the area underneath to avoid a smegma ring forming which can cause irritation and soreness.
 - Remember to return your foreskin to its normal position afterwards. If you don't, you may develop a painful swelling called para-phimosis. If this should occur, seek medical advice **immediately**.
 - If you can't pull your 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 your foreskin using a syringe filled with cool tap 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. 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 insert 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 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 perform 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.
- › Wash and dry your hands
- › Collect your equipment and place it in a clean, dry area that is easy to reach.
- › Adjust your clothing so that you can get to your penis easily.
- › 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 your foreskin first and then wash yourself (see page 6).
- › 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 and 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 for about 5cms along the tube.
- › Adjust your clothing. Get into a comfortable position ie. sit/stand, bed/chair.
- › Wash and dry your hands.
- › 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.
- › With your other (non-dominant) hand grasp hold of your penis and hold it at an angle (see Fig 2).
- › Gently but firmly push the catheter into the penis 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.
- › 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.
- › You can now remove the paper completely and wait for the urine flow.
- › Direct the flow of urine into the toilet or container.

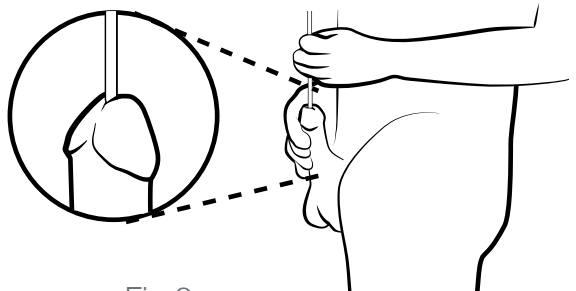


Fig 2

- › Return the penis to its natural position and hold onto the catheter until the flow of urine stops. 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.
- › Replace your foreskin.
- › 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.

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 can be:

- › 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.

The catheter won't go in

If you cannot get the catheter in **DO NOT FORCE** it. Remove the catheter and try again in another 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 blood in the urine

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

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

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 far enough? There should be approximately 10cms of catheter visible.

If you cannot get urine to drain, remove your catheter slowly and seek advice from your doctor or nurse. **However if your bladder is full and you are uncomfortable you will need to visit your nearest emergency department for assistance immediately.**





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

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Continence Bentley Hospital, January 2019
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