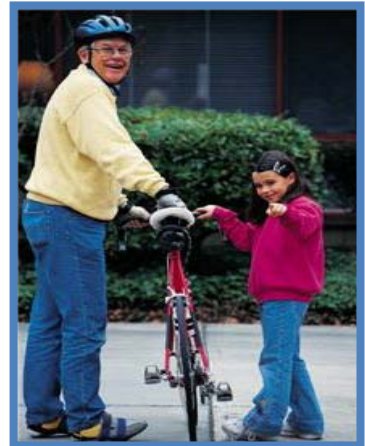

Intermittent Self-Catheterization

A Guide for Men and Women





©1986 – 2012

Contributors:

Jennifer Skelly, Paula Eyles, Linda Hilts, Jane Worrall, Linda Campbell & Janice North

Artwork by:

Elizabeth McMahon, Noah Fallis, Terra Nicolle and Jessica Combate

Inside this book:

Some words in this book 1

What is Intermittent Catheterization (IC)? 2

Why do Intermittent Catheterization? 2

When to catheterize 2

Helpful hints..... 2

Record book 4

Eating and drinking..... 5

Medications 6

Where to get the equipment..... 8

Looking after the equipment..... 8

Steps to follow if female 9-12

Positions for females 13-14

Steps to follow if male..... 15-18

Positions for males 19

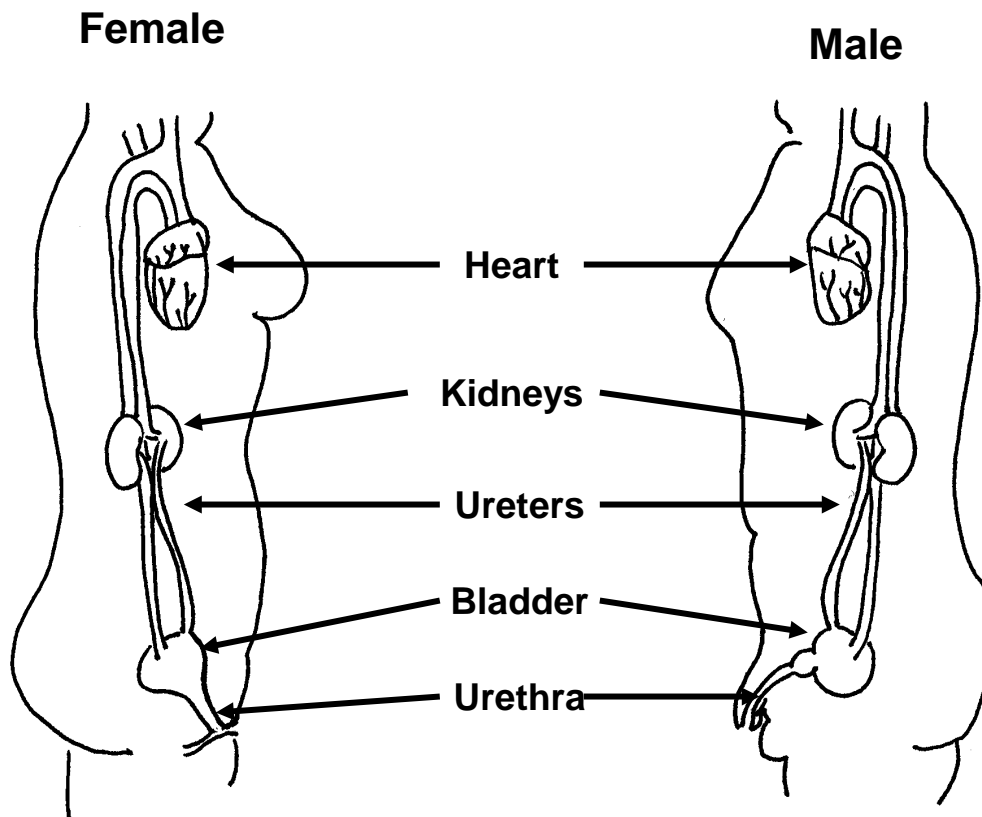
What to do when there is a problem 20-21

Going out or travelling 22

When you have questions or concerns 23

Some words in this book:

- **Bladder:** the part of the body that holds urine
- **Catheter:** a narrow, plastic tube that helps urine flow from the bladder to outside the body
- **Overdistended:** a word used to describe the bladder when there is more than a normal amount of urine in it and you cannot void. A more than normal amount of urine is over 500 mls or 2 cups (More on page 3).
- **Perineum:** the part of the body between the scrotum and the rectum in a man, and the pubic bone and the rectum in a woman.
- **Urethra:** a smooth passage that goes from your bladder to the outside of your body through which you pass urine. The catheter is put into the urethra to go to the bladder to let the urine out.
- **Void:** a word used to describe when you try to empty your bladder by passing urine through the urethra. The bladder has a small amount of urine left in it after voiding. This is called residual.



What is Intermittent Catheterization (IC)?

Intermittent Catheterization is sometimes called **IC**.

A thin tube, called a catheter, is put into the urethra each time you need to empty your bladder.

Why do Intermittent Catheterization?

Some people have bladders that cannot hold all of their urine.

Some people are not able to empty their bladders completely.

Intermittent catheterization is done to:

- keep you dry
- prevent infection in your bladder
- keep your bladder and kidneys healthy

When do I catheterize?

This depends on how much fluid you drink. Most people need to catheterize every 4 to 6 hours when they are awake.

Helpful hints:

- You should drink 1500 to 2000 mls a day.
This is 6 to 8 large glasses of fluid a day.
- Each time you catheterize, the amount of urine needs to be 400 to 600 mls.
- Avoid becoming overdistended. This means that you have too much urine in your bladder. Pick times during the day that will drain the right amount of urine so your bladder does not get overdistended.



The signs of being overdistended are:

- feeling restless
- sweating
- chills
- headache
- looking flushed or pale
- cold fingers, toes, arms or legs
- the lower part of your abdomen looks bloated



If you have any of these feelings, you need to catheterize as soon as you can. You may then need to adjust the times you catheterize and the amount of fluid you drink so your bladder does not become overdistended.

When you can, try to void before you catheterize. The urine left in your bladder after you void is called residual urine. If you have 200 mls or less when you catheterize after you void, you can increase the time between catheterizations.



As voiding improves, the amount of residual urine will decrease. If the amount of residual urine stays below 100 mls, you may be able to stop doing intermittent catheterization.

Remember:

Be sure to check with your health care professional before you stop catheterizing.



Eating and drinking:

- You do not need to follow a special diet unless advised by your doctor.
- You need to drink 6 to 8 large glasses of fluid each day.
- Change your drinks during the day. For example, drink water, apple or cranberry juice and decaffeinated tea, coffee and pop.
- Avoid caffeine. Caffeine makes you feel the need to void more often and right away. Caffeine is in coffee, tea, colas, pop such as Mountain Dew[®] and chocolate. It is best to check product labels.
- Have something to drink with your meals.
- Drink between meals as well.



Remember:

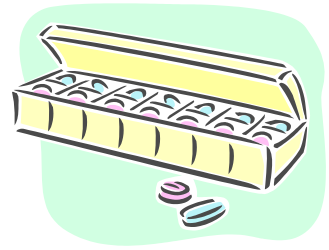
Drink 2 glasses of cranberry juice or the equivalent cranberry capsules each day. This helps keep the amount of **e coli bacteria** in your bladder low and reduces the chance of bladder infection.



Medications:

There are 3 reasons why you may need medication:

- to help you empty your bladder
- to reduce bladder spasms
- to treat an urinary tract infection if you get one



Take medication exactly as your doctor orders it.

Do not stop taking any of these medications without talking to your doctor first.



Medication to help empty your bladder:

Medication such as Urecholine[®] or Duvoid[®] can help empty your bladder by improving the muscle tone of your bladder.

- Take this medication 3 times a day with your meals.
- Allow 2 hours between the time you take this medication and the time you catheterize.
- Try to void before you catheterize each time.



Here are some examples:

- If you take your medication at 8:00 in the morning, void and catheterize at 10:00 in the morning.
- If you take your medication at 12:00 noon, void and catheterize at 2:00 in the afternoon.
- If you take your medication at 4:00 in the afternoon, void and catheterize at 6:00 in the evening.

Medication to reduce bladder spasm:

Ditropan[®] or Probanthine[®] helps reduce spasms in the bladder. This medication can make your mouth dry but you need to keep on taking it.

- You may also become constipated if you take this medication.
- Eat foods high in fibre to prevent constipation.
- High fibre foods include whole grain products, bran, fruit and vegetables.



Medication to treat urinary tract infections:

You will need to take antibiotic medication to clear up a urinary tract infection.

Let your doctor know about any side effects you have while taking this medication. Make sure you know what to do if you get any side effects from the medication.

Increase the amount of fluid you drink when you have a urinary tract infection. This helps to flush the infection out of the kidneys and bladder. When you increase your fluids, you may need to increase the number of times you catheterize.



Where do I get my equipment?

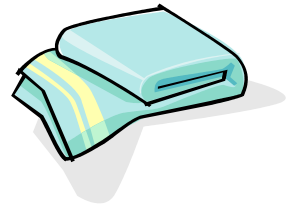
- You can purchase equipment from medical supply stores and some drug stores.
- Some insurance plans cover the cost of equipment.



Looking after the equipment:

It is important to clean and care for the catheters to help prevent urinary tract infections:

- Wash all catheters well with soap and water after each use.
- Wash the catheter by hand using Sunlight® liquid detergent under warm running water. Soap and rub the catheter for 10 seconds, then rinse well.
- Place the catheter on a clean cloth to air dry.
- When the catheter is dry, put it in a clean dry container for the next use.
- Catheters that are not being used again should be thrown away.
- Plastic catheters that are being used again should be thrown away when the plastic looks cloudy. This is about once a week.



Steps to Follow if Female:

Getting Started

Get your equipment ready:

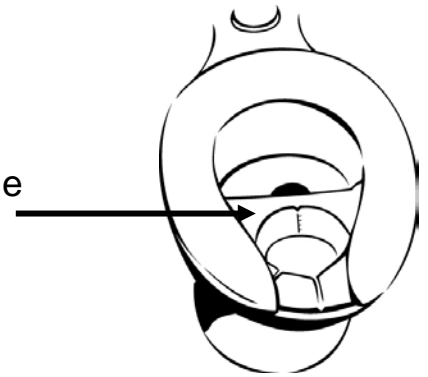
You will need:

- the size and type of catheter your health care provider recommends
- a clean, dry container to store your catheter in. This could be a zip-lock style bag or toiletry bag.
- soap and water
- washcloth or non-scented throw away wipes
- tube or packages of water-soluble lubricant such as Lubrifax[®] or K-Y Gel[®]
- toilet-top plastic measuring container if you sit on the toilet
- bedpan if you catheterize lying down



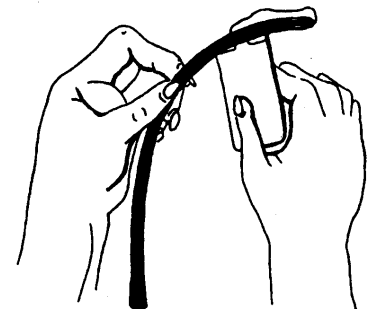
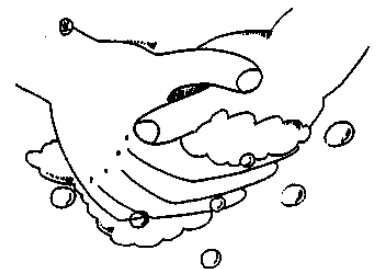
Step 1

- Make sure you can reach your supplies while you catheterize.
- Arrange your clothing so it is out of your way.
- Put the toilet-top plastic measuring container in your toilet if you use one.
- If you are able, try to void before you catheterize.
- If you voided, measure the amount of urine in the container.
- Empty the container into the toilet.
- Flush the toilet.
- Rinse the container with warm water.
- Put the container back in the toilet. This will catch the catheter if you drop it.



Step 2

- Wash your hands with soap and water.
- Rinse your catheter with warm water.
- Lubricate about 5 centimetres or 2 inches at the tip of the catheter.
- Place the catheter on a clean surface within reach.

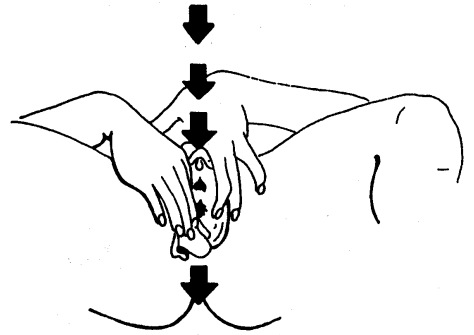


Step 3

- Wash your perineum with soap and water.

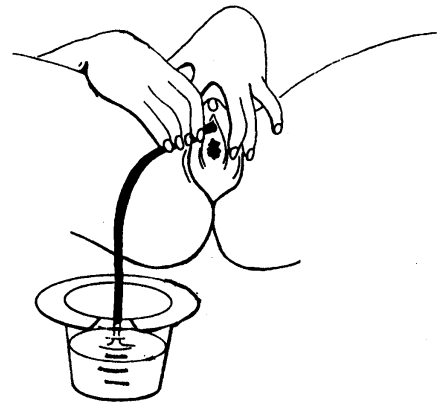
Be sure to:

- separate your labia
- wash from front to back only
- use non-scented soap or throw away wipes



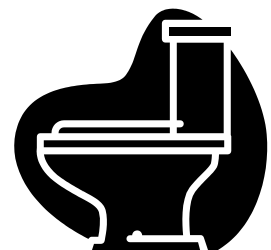
Step 4

- Get into a position that is best for you.
- Separate your labia.
- Slowly put the catheter about 3 inches or 8 centimetres into your urethra.
- When urine begins to flow, push the catheter in about 1 more inch or 3 centimetres.
- Allow all of the urine to drain from your bladder.
- Push down with your abdominal muscles to help empty your bladder.



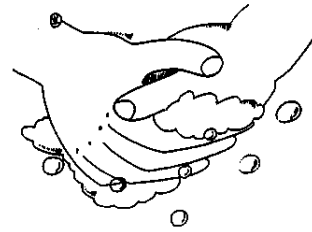
Step 5

- When the urine stops flowing, gently and slowly take the catheter out of your urethra.
- If the urine begins to flow again as you are removing the catheter, stop pulling it out and wait for the urine to stop flowing. Then slowly pull the catheter out.
- Using toilet paper, wipe from front to back only.
- Measure the amount of urine in the container.
- Empty the container into the toilet and flush.



Step 6

- Rinse the container with warm water.
- Wash your catheter with soap and water.
- Wash your hands.
- Let the catheter air dry.
- When dry, put the catheter in the bag.
- Clean up your work area.



Step 7

In your book, record:

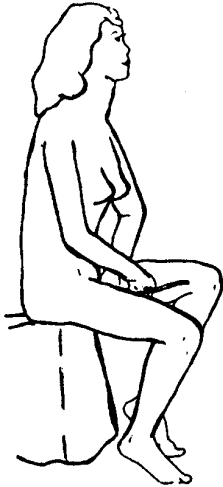
- the amount you voided
- the amount you catheterized



Positions for females:

You can use these positions:

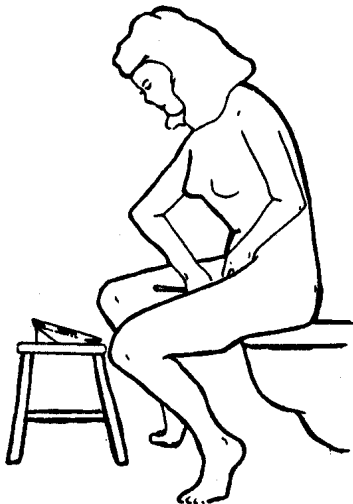
Sit forwards on a toilet, wheelchair, chair or side of a bed.



Sit backwards on the toilet with a mirror between the lid and the seat.



Sit on a toilet facing forward with a mirror on a low stool.

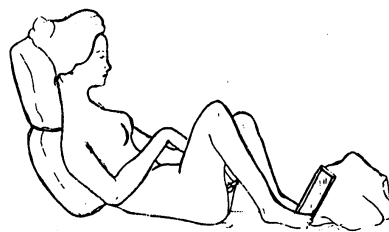


Stand beside the toilet with one foot resting on the toilet rim.



Lying in bed with:

- pillows behind your neck and back
- legs bent
- ankles touching each other
- knees apart



Put a make-up mirror with lights or a magnifying mirror on the bed to look into.

Steps to Follow if Male:

Getting Ready

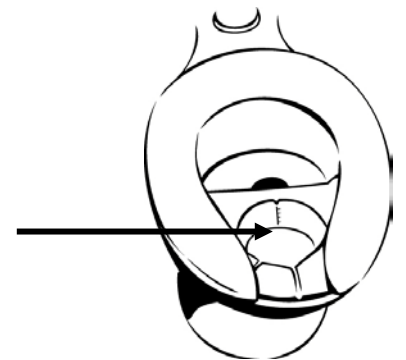
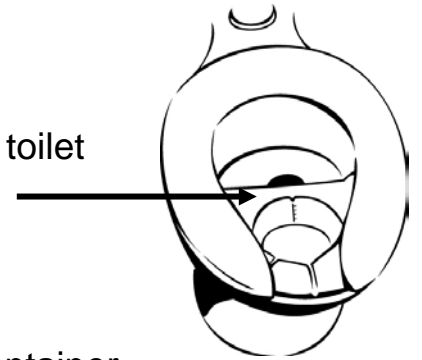
You will need:

- the size and type of catheter your health care provider recommends
- a clean, dry container to store your catheter in. This could be a zip-lock style bag or toiletry bag
- soap and water
- washcloth or non-scented throw away wipes
- tube or packages of water-soluble lubricant such as Lubrifax[®] or K-Y Gel[®]
- toilet-top plastic measuring container if you sit on the toilet
- bedpan if you catheterize lying down



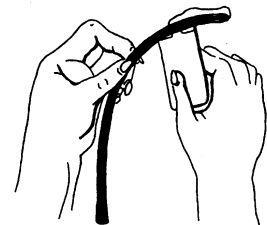
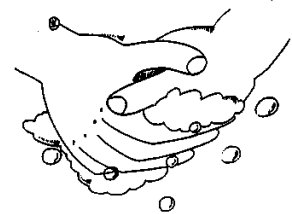
Step 1

- Make sure you can reach your equipment while you catheterize.
- Arrange your clothing so it is out of the way.
- Put the toilet-top plastic measuring container on the toilet if you use one.
- If you are able, try to void before you catheterize.
- If you voided, measure the amount of urine in the container.
- Empty the container into the toilet and flush.
- Rinse the container with warm water.
- Put the container back on the toilet. This will catch the catheter if you drop it.



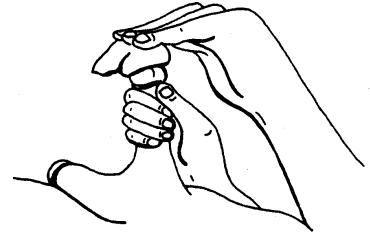
Step 2

- Wash your hands with soap and water.
- Rinse the catheter with warm water.
- Lubricate 15 centimetres or 6 inches of the catheter.
- Put the catheter on a clean surface within reach.



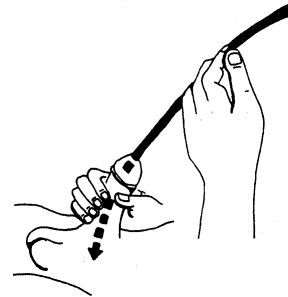
Step 3

- Get into the position that is best for you.
- Hold your penis in one hand and wash it well with soap and water using a circular motion. Move from the tip of your penis to the base.
- Men who are not circumcised should pull the foreskin back and wash well with soap and water.



Step 4

- Hold your penis at a 60 degree to 75 degree angle.
- Slowly put the catheter in your urethra until urine begins to flow. This will be at about 20 to 25 centimetres or 6 to 8 inches. Sometimes the catheter is hard to push just before it goes into the bladder. This is normal. Use gentle but firm pressure on the catheter until it passes this point and the urine begins to flow.
- When the urine flows, push the catheter in about 2 centimetres or 1 inch more.
- Relax and let all the urine drain from your bladder.
- Push down with your abdominal muscles to help empty your bladder.



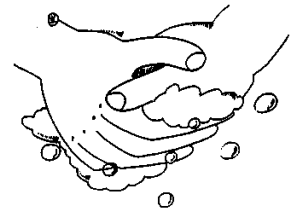
Step 5

- When the urine flow stops, gently and slowly remove the catheter. If the urine begins to flow as you are taking out the catheter, stop and wait for the urine to flow to stop. Then slowly pull the catheter out.
- Using toilet paper, wipe the lubricant off your penis. If you are not circumcised, pull your foreskin forward.
- Measure the amount of urine in the container.
- Empty the container in the toilet and flush.



Step 6

- Rinse the container with warm water.
- Wash your catheter with soap and water.
- Wash your hands.
- Let the catheter air dry.
- When dry, put the catheter in the bag.
- Clean up your work area.



Step 7

In your book, record:

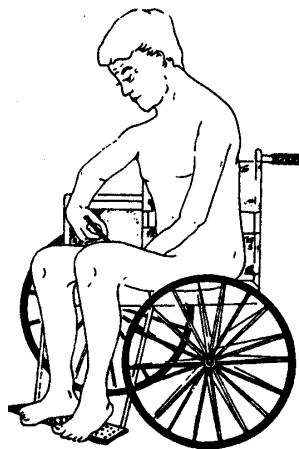
- the amount you voided
- the amount you catheterized



Positions for males:

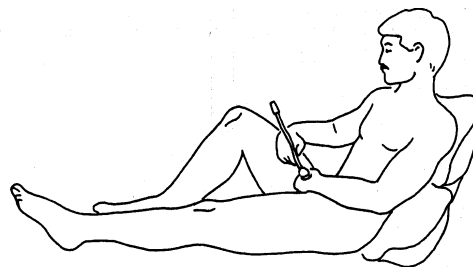
You can use any of these positions:

Sitting on a toilet, wheelchair, chair, or side of a bed:



Lying in bed with:

- pillows behind your neck and back
- feet apart
- knees apart





What to do when there is a problem:

What you see or feel	Why this happens	What you do
<p>When you cannot push the catheter along your urethra, it is called meeting resistance.</p>	<p>Sometimes the catheter is harder to insert just before it enters the bladder.</p> <p>This is normal and can be caused by bladder spasm.</p>	<p>Try to relax.</p> <p>Apply gentle and firm pressure until the catheter passes further and urine begins to flow.</p> <p>Men can try changing the angle of the penis during insertion from 60 degrees up to 75 degrees. This often helps the catheter pass smoothly.</p>
What you see or feel	Why this happens	What you do
<p>You cannot remove the catheter when you finish catheterizing.</p>	<p>This could be caused by a spasm in your bladder.</p>	<p>Wait 5 to 10 minutes.</p> <p>Try to relax. Try to remove it after you have relaxed.</p> <p>If you still cannot remove it, contact your health care provider.</p> <p>If you find that you often have trouble removing the catheter, talk to your health care provider.</p>



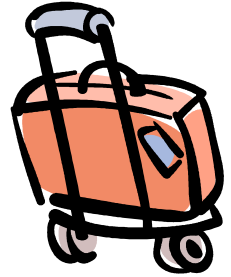
What you see or feel	Why this happens	What you do
<p>You feel or see the signs of a urinary tract infection:</p> <ul style="list-style-type: none"> • high fever not caused by a sore throat, cold or flu • pain or burning when you void or catheterize • blood in your urine • voiding more often than your normal such as every hour or less • cannot wait to void or you feel you have to void right away • foul smelling or cloudy urine • wetting yourself more often than usual 	<p>This could be caused a combination of factors such as:</p> <ul style="list-style-type: none"> • poor hand washing before catheterizing • not cleaning your catheter properly after using • not drinking enough causing concentrated urine which is a good place for bacteria to grow 	<p>Contact your health care provider. You may need to take a urine sample to the lab for testing.</p> <p>If you have a urinary tract infection, you will be given medication to treat it.</p> <p>Increase your fluid intake and adjust your catheterizations.</p>

Going out or travelling:

You need to make a travel kit up and take it with you.

The amount of equipment you take depends on how long you will be away. For example, if you go away for the day, you can carry your equipment in a zip-lock style bag, toiletry bag, purse or small bag.

If you will be away longer, you may need to carry your equipment in a shopping bag, back-pack, gym bag or suitcase.



Your travel kit should include:

- a supply of catheters in separate plastic bags the amount depends on how long you will be away
- a bag to store the catheter in
- non-scented, throw away wipes
- water-soluble lubricant - take 1 package for each time you will catheterize if you use lubricant in single packages

When you have questions or concerns:

Contact a member of your health care team.

This may be:

- Family Doctor
- Nurse Continence Advisor
- Other: _____

