



Intermittent Clean Self Catheterisation FEMALE

Keywords

ICSC – Intermittent Clean Self Catheterisation

Urethra – The tube through which urine passes from the bladder to leave the body

Catheter – A long plastic tube inserted into the urethra

Void – passing urine

Definition

ICSC is the periodical insertion of a catheter, via the urethra, into the bladder

Purpose

Intermittent Clean Self Catheterisation provides periodical drainage of urine from the bladder when normal bladder function is impaired or absent.

GENERAL INFORMATION

ICSC is a well established procedure that is widely used by many people with voiding difficulties. It allows for safe, effective and complete emptying of urine from the bladder.

Catheters are usually passed at regular intervals. These times may vary and you will be advised as to when you will need to pass the catheters.

The amount of urine in your bladder when you pass the catheter should not be more than 400-500 ml. It is hoped that ICSC will allow you to remain dry between catheterisation.

It is desirable that you do not experience over distension of your bladder (over full). Overdistension of the bladder may reduce blood flow to the bladder wall therefore making you more susceptible to infection from bacterial growth. Overstretching the bladder can also cause long term damage the muscle.

ICSC has the advantage of decreasing the risk of ongoing problems associated with the long-term use of indwelling catheters such as infection.

Self-catheterisation will increase your independence and allow you to maintain a more positive outlook on life. ICSC can decrease the number of incontinence aids you require and allow for normal sexual relations without the problem associated with wetting.

PASSING THE CATHETER

You will be advised if you are required to pass urine into a pan before you insert the catheter. This allows the staff to measure how much urine is remaining in your bladder after your normal void.

EQUIPMENT REQUIRED

Mirror

Female catheter (size 12 is most common size)

Lubricant ie. KY Jelly

Plastic freezer bag

Soap and water, towel and washer or 'baby' wipes

Sandwich box with a lid x 2

Plastic forceps

Alcohol gel for hands

QSCIS CONTACTS

Web
www.health.qld.gov.au/qscis

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3716 2215
3176 5061

SPINAL INJURIES UNIT OUTPATIENT DEPARTMENT

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The Queensland Spinal Cord Injuries Service

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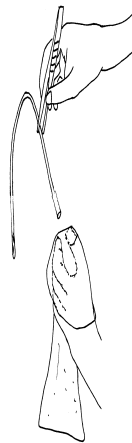
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Procedure

Ensure all equipment is available. Wash and dry the genital area then wash and dry hands thoroughly (use soap and water for approximately 30 seconds for the hand wash).



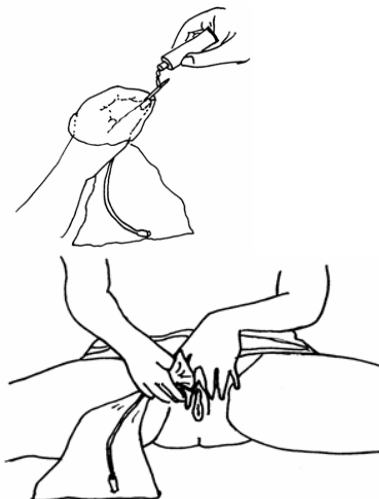
Remove the cap from the tube of lubricant.

Peel the catheter packet open slightly at the large end.

Open the plastic freezer bag over your hand like a glove without touching the inside of the bag.

Place the catheter inside the plastic bag.

At home you will pick up the catheter with a pair of forceps from the cleansing solution.



The lubricant is applied to the top 5cm of the catheter.

With your less dominant hand separate the labia and identify the urethra. You may use a mirror to see the opening or you may be able to find where the catheter needs to be placed by feel.

Once the urethral orifice is identified, the catheter is slowly inserted into the urethra. Take care not to let the catheter touch any other surfaces.

The catheter is inserted until urine begins to flow.

When urine ceases to flow, the catheter is slowly withdrawn to remove the last drops from the bladder.

Straining with the abdominal muscles, hand pressure to the lower abdomen or a small cough, may help to remove the last drops of urine.

While in hospital the catheter is dropped into the plastic bag and then the top of the bag is tied. The nurse will then measure and record the urine amount.

IMPORTANT

Wash your hands thoroughly. Always remember to keep this procedure as clean as possible.

The catheter should not touch your hands.

**Do not let the catheter touch any surfaces other than the inside of the bag.
Ensure that the tube of lubricant does not touch the catheter.**

POSITIONS TO PERFORM ICSC

Lying in Bed

Remove your underwear and position yourself so that the vulva is clearly visible in the mirror. The groin area is washed from front to back then the hands washed and dried. The catheter is inserted in a semi-recumbent position as you rest on pillows.

In a Chair or on the Toilet

Remove your underwear and position yourself so that the vulva is clearly visible in the mirror. The groin area is washed from front to back then the hands washed and dried. You may sit on a comfortable chair/toilet with the mirror placed on a stool/chair/toilet in front of yourself.

Standing

The procedure may be carried out while you are standing with one leg resting on a chair or the toilet seat. All other principles apply.

Personal Hygiene

Good personal hygiene will help reduce any risk of contamination to yourself or your equipment.

Poor Eyesight

Many people learn to pass the catheter without the use of a mirror, judging the urethra by feel and measurement. The first and third fingers of the less dominant hand are used to part the labia and the middle finger locates the urethral opening. You may need to apply firm upward pressure to feel the opening and some practice may be required to cleanly insert the catheter.

At Work

Perform the procedure as usual over the toilet either sitting or standing. Ensure hands are washed before and after the procedure.

Catheters are prepared prior to going to work by placing them in a plastic bag and carefully folding the bag to prevent contamination of the catheter or the bag.

CATHETERISATION TIMES

If you rely solely on ICSC as a means of emptying your bladder, the procedure is performed four-hourly during the day and six-hourly overnight.

The number of times you are required to pass the catheter may vary if you are able to pass some urine but are unable to completely empty your bladder. You will be advised of varying times if this is relevant to you.

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If you have undergone a surgical procedure, such as a bladder neck suspension, you may be placed on a varying regime. Again you will be advised if this applies to you.

IMPORTANT

**Adherence to times will reduce the risk of complications
Catheters must be checked daily to ensure that they are not
cracked or that they do not have any rough edges.**

CATHETER CLEANING AT HOME

A set of catheters may be used for **four weeks** and then discarded. These catheters are rinsed and cleaned as follows:

- After using the catheters rinse under a running tap
- A plastic container with a lid, such as a sandwich box is used to soak the catheters. It is emptied and rinsed daily.
- An antiseptic solution is poured into the container. We recommend the use of Milton which can be purchased from the supermarket or chemist. Just over ½ a cap full is mixed with 500ml water. **Tank and bore water should be boiled prior to use.**
- The catheters are soaked in the solution along with a set of plastic forceps for at least 1 hour. The forceps are required to remove the catheters from the solution.
- The catheters can be removed from the solution and placed into a clean dry container or plastic bag ready for use. They do not need to be dried before placing them into the container.
- The container with the Milton solution is emptied and rinsed daily.
- Once a week the box and forceps are scalded with boiling water.
- It is okay to soak all catheters at once in the Milton solution, but they still need to be rinsed after each use under a running tap

**You may also want to consider wearing gloves when
handling the Milton solution as some people may
experience skin irritations**

IMPORTANT

Change the cleaning solution every 24 hours

GOING OUT?

Remove the catheter from the solution and drop it into the freezer bag. Fold over the top of the bag to form a seal. This can be carried in a purse or toilet bag ready for use.

All the catheters needed for the day can be prepared this way. Rinse the catheter after use and clean it when you are home.

HOW TO OBTAIN SUPPLIES

- Milton and an air tight container can be bought at any supermarket
- Catheter packs and syringes can be purchased from a distributor
- The Australian Government Bladder and Bowel website provides information on continence products and suppliers.

<http://www.bladderbowel.gov.au/furtherinfo/caps/default.htm>

PROBLEMS AND COMPLICATIONS

Urinary Tract Infections

Pooling of urine in the bladder may contribute to bacterial growth.

Some of the signs of a possible infection are:

- cloudy urine or an increase in mucous or sediment
- changes in the colour and/or odour of the urine



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- blood in your urine
- fever, chills and shaking
- painful urination
- bladder, lower back or flank pain
- increased feeling that you must void
- increased spasticity in spinal cord injured patients

You will be advised if you require regular testing of your urine to identify any infections.

Fluid Intake

Unless contraindicated by your doctor, you should drink 2-3 litres of fluid / day (include plenty of water).

Catheter Damage

You should inspect the catheters before insertion, observing for cracks in the catheter, rough edges or protruding pieces of plastic. Discard any damaged catheters.

Over-distended Bladder

You should not let this occur. If your bladder is becoming too full, you risk damaging the bladder muscle while increasing the risk of infection. You may need to catheterise more frequently and review your fluid intake.

Not Able to Pass the Catheter

You should never try and force the insertion of a catheter.

You should try to relax and try again a little later. A change of position may also assist.

If the catheter will not pass you must report this to your doctor or nurse.

For further information

- National Continence Helpline – 1800 33 00 66
The National Continence Helpline is staffed by a team of continence nurse advisors who can provide information, education and advice to Australians with or caring for someone with bladder or bowel control problems
Visit <http://www.bladderbowel.gov.au/>
- Contact the Queensland Spinal Cord Injuries Service

IMPORTANT

**Report any problems to your doctor or nurse
Maintain your fluid intake**

POINTS TO REMEMBER

- Wash your hands thoroughly before and after each catheter
- The catheter should only touch the inside of the bag
- Don't touch the catheter with your hands
- Don't let anything else touch the inside of the bag
- Ensure that the tube of lubricant does not touch the catheter
- Change the solution every 24 hours
- Adherence to times will reduce the risk of complications
- Catheters must be checked daily to ensure that they are not cracked or that they do not have any rough edges
- Ensure you empty your bladder completely
- Maintain your fluid intake
- Report problems to your doctor or nurse



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*QSCIS acknowledges the
Urology Department,
Princess Alexandra
Hospital for assistance in
updating this information*

BEFORE YOU GO HOME ARE YOU ABLE TO:

Insert a catheter cleanly and safely?
YES / NO

Care for your catheters at home?
YES / NO

Understand the potential complications?
YES / NO

Understand the relationship between fluid intake and urine output?
YES / NO

Obtain replacement equipment?
YES / NO

Discuss any concern that you may be experiencing?
YES / NO

Request home support from Community Nurses?
YES / NO

If you answered **NO** to any of these questions please speak with
your **NURSE** or **DOCTOR** before going home

If you have any problems or concerns please call the
**Continence Advisor on 3176 5563, Urology Ward on 3176 2135 or Spinal Injuries
Unit on 3176 2737** at Princess Alexandra Hospital

The information provided is a guide for information purposes only and does not replace or
remove clinical judgement and professional care and duty necessary for each specific
patient case.

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