Performing clean, intermittent self-catheterisation on a male

This leaflet is designed to help clients or carers performing intermittent catheterisation in a home setting.
What is a catheter?

A catheter is a hollow tube, which when placed in the bladder will drain urine. It is used for people whose bladder is unable to empty completely during urination and it can either be inserted and left in place for continuous drainage, or used intermittently.

What is intermittent catheterisation?

Intermittent or ‘in and out’ catheterisation, is the use of catheters for intermittent drainage of the bladder. They are generally used to manage neurogenic bladders, where the bladder still retains some continence control and function (for example patients with multiple sclerosis may experience this), or temporary bladder dysfunction after certain types of surgery.

A small plastic catheter is passed into the bladder via the urinary meatus. Once the bladder has been drained of urine (this usually only takes a couple of minutes), the catheter is discarded.

The frequency of catheterisation will vary and will depend upon your residual bladder function. Your continence nurse adviser, G.P. or specialist will discuss this with you.
Why perform intermittent catheterisation?

Intermittent catheterisation has many benefits over permanent catheterisation. It lowers the risk of urinary tract infections. It also helps people with chronic conditions or those following surgery to gain more control and less dependence on health care professionals.

Many people with urinary problems such as retention or severe urinary dribbling are able to manage their problem at home, regain their independence and socialisation, and even sometimes return to work, without the worries and embarrassment associated with being incontinent.
Important points to read before you start

- always wash and dry your hands thoroughly before commencing the procedure
- gather all the required equipment before you start
- please follow manufactures instructions on the packaging, recommend catheters to be used - ‘Single Use Only’ and then discard
- our service recommends, single use only and then discard to prevent the risk of urinary infections
- drinking eight glasses of water and taking cranberry capsules daily will help to reduce the risk of urinary tract infections. Ask the Continence Nurse Adviser for more information.
Procedure to be followed when intermittently catheterising:

1. Wash your hands and gather together the following equipment, soapy washcloth or non alcohol wet wipe, towel, urine collection container if not catheterising on the toilet, a water-soluble lubricant and a sterile dry catheter.

2. Gently roll back your foreskin and wash the area around your urinary meatus (opening of the urethra) at the tip of your penis, with soapy water or a disposable non-alcohol wipe and pat dry with a clean towel.

3. Lubricate the catheter by placing it under running tap water or apply a small amount of lubricant gel to the tip.

4. Ensure that you are comfortable before you start. Sitting on the toilet or on the edge of the bed, are probably the best positions. If you performing the catheterisation on the bed, place a towel underneath your hips to protect your bedding.

5. Using your non-dominant hand, hold your penis upright. Hold the catheter in your dominant hand and insert the tip into your urinary meatus (opening of the urethra). Gently insert the catheter by using a downward and inward motion until it enters the bladder and urine starts to drain. Occasionally the catheter may ‘stick’ as it passes through the prostate gland or enters the bladder.

If this happens, remove the catheter, wait a moment for the muscles to relax and try again. If you are performing the catheterisation on your bed, ensure that you have the urine collection container on hand to stop leakage of urine onto the bed.
6. Hold the catheter in place and point the penis and catheter downward to drain the urine into the toilet or container. When the urine flow stops, slowly withdraw the catheter until it has been removed, then discard catheter. Roll your foreskin back into place.

7. It is important that the bladder be completely empty.

8. Check the colour, smell and clarity, of the urine, to be aware of any changes you may need to report to your doctor or nurse.

9. Please contact the Continence Nurse Adviser or Community Health Nurse, or contact your doctor without delay if you have any problems following this procedure or you experience any of the following.

How often should I catheterise?

This will depend on your bladder function
• whenever your doctor or urologist recommends
• first thing in the morning
• last thing at night
• two to three times during the day
• when you pass 150-200mls, you will need to catheterise more often.
Infection

Make sure you drink six to eight glasses of fluid per day, this will maintain good health.

If you experience:

- fever
- pain or a burning feeling when passing the catheter or urine
- cloudy or offensive smelling urine
- needing to empty the bladder more often
- leakage between catheterisations
- kidney pain
- you will need to see your G.P.
If you would like to talk to someone confidentially about your incontinence you can also contact

The National Continence helpline on
1800 33 00 66 (freecall)
Monday to Friday 8.00am to 8.00pm