Performing clean, intermittent self-catheterisation on a female
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 fully during urination and it can either be inserted and left in place for continuous drainage, or used intermittently.

What is intermittent catheterisation?

Intermittent catheterisation 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 this may be experienced by patients with multiple sclerosis), or temporary bladder dysfunction after certain types of surgery.

A small plastic catheter is passed into the bladder via the urinary meatus (opening of the urethra). Once the bladder has been drained of urine (this usually only takes a couple of minutes), the catheter is removed. 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 issues 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.
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 water 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 GP
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
• drinking eight glasses of water and taking cranberry capsules daily may help reduce the risk of urinary tract infections
• please follow manufacturers instructions on the packaging - recommend catheters to be used - ‘Single use only’ and then discard
• we recommend ‘Single use only’ to prevent the risk of urinary infections.
Procedure to be followed when intermittently catheterising

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

2. Wash the area around your vagina and urinary meatus (from front to back), with soapy water or a disposable non-alcohol wipe then 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.
5. Ensure that you are comfortable before you start. Sitting on the toilet or on the edge of the bed, is probably the best position if you are self-catheterising. If someone else is performing the catheterisation for you, it may be easier if you lie on your back on the bed with your knees drawn up and legs apart. Place a towel underneath your bottom to protect your bedding.

6. Using your non-dominant hand, gently separate the labia. Hold the catheter in the dominant hand and insert the tip gently into the urethral orifice as shown overleaf.

7. Direct the catheter tip into the bladder by using an upwards and forwards direction, until urine flows down the catheter. If you are performing the catheterisation on your bed, ensure that you have the urine collection container to hand to stop leakage of urine onto the bed.

8. Once the urine has stopped draining, slowly withdraw the catheter, until it has been removed and then discard the catheter.

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

10. 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.
Diagram of external female genital organs.

Notes:
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