

Intermittent Clean Self Catheterisation FEMALE

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This fact sheet describes the principles and technique of intermittent clean self catheterisation (ICSC) for females.

Intermittent clean self catheterisation is the periodic insertion of a catheter (a long plastic tube) into the bladder, via the urethra (the tube through which urine passes from the bladder to leave the body). ICSC provides periodic drainage of urine from the bladder when normal bladder function is impaired or absent. It is a well established procedure that is widely used by many people with difficulty voiding (passing urine). It allows for safe, effective and complete emptying of urine from the bladder. ICSC has the advantage of decreasing the risk of ongoing problems associated with the long-term use of indwelling catheters such as infection.

GENERAL INFORMATION

Catheters are usually passed at regular intervals. The frequency may vary and you will be advised 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 let your bladder get over full. Over-distension 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 to the muscle and nerves.

BASIC PRINCIPLES OF PASSING A CATHETER

Equipment

- There are many types and styles of products on the market. Some features are:
 - nelaton (plastic) or silicone
 - non-lubricated, pre-lubricated (water soluble gel) or hydrophilic (with or without water added)
 - additional features such as double wrapping, 'slides' or closed bag system.
- Most females will use a 12Fg sized catheter but a 14Fg can be used to allow quicker drainage of urine.
- Ensure all equipment is available prior to commencing catheterisation

Cleaning

- Clean hands with alcohol gel, baby wipes or soap and water prior to touching equipment and setting up.
- Clean the perineal area using mild soapy water or non scented baby wipes – alcohol based solutions should not be used to clean the perianal region as they may cause dryness and irritation. Spread the labia and wipe in a downwards direction away from the urethra.



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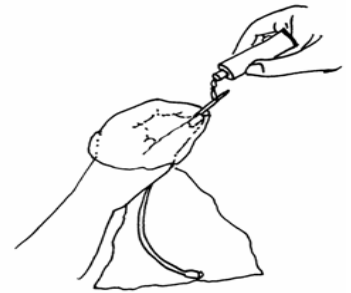
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Lubricant

- If you need to apply a lubricant to your catheter, apply water soluble gel to the top 5cm of the catheter.
- Do not let the tube touch the catheter.
- Alternatively, add water to hydrophilic catheters as indicated by manufacturers instructions



Passing 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.
- If the catheter is placed in the vagina, a new catheter must be used when reattempting catheterisation
- Insert the catheter until urine begins to flow.
- If the catheter is difficult to pass through the sphincter (the muscle that holds the bladder closed and manages urine flow), apply gentle pressure and breathe deeply until the sphincter relaxes enough to insert the catheter.
- 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.



POSITIONS TO PERFORM ICSC

You may perform catheterisation either seated, standing or semi-reclined on a bed. This is a personal preference. You will soon learn what position is best for yourself. Whichever position you choose to do the catheter, please ensure that you have good visualisation of your urethra and that your vision is **not obscured by your clothing**. Mirrors are often useful for women to achieve this. All other principles apply.

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.

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CATHETERISATION TIMES

If you rely solely on ICSC as a means of emptying your bladder, the procedure is performed fourth hourly during the day and sixth hourly overnight

You may need to pass a catheter more often if you are having problems with frequency (or leaking) and depending on your fluid intake. Diuretics (caffeine and alcohol) can increase urine volumes.

If you have swelling in your feet you need to do more frequent catheters overnight to manage the fluid as it drains out. Elevating your feet in the afternoon/evening may help reduce night catheter volumes.

CATHETER CLEANING AT HOME

You should follow manufacturer's guidelines for catheter use. Most catheters on the market are single use items and should not be re-used. However, there is one re-usable intermittent catheter which is silicone. This can reduce costs and environmental waste. Below is a guide on care for this style of catheter.

The catheters are advised to be used for a maximum of **four weeks** and then discarded. The cleaning instructions are as follows:

- After using the catheter rinse under a running tap.
- A plastic container with a lid, such as the one that comes with the product or a sandwich box is used to soak the catheters.
- Mix and use sodium hypochlorite (eg. Milton) according to the instructions on the packaging. **Tank and bore water should be boiled prior to use.**
- The catheter shouldn't be touched by hands when removed from the solution. You can use the cap of the product or forceps to do this.
- The catheter does not need to be dried or rinsed before use.
- The container with the sodium hypochlorite solution needs to be emptied **and the solution changed daily.**
- Gloves may be used to handle the concentrated sodium hypochlorite solution to prevent skin irritations
- Once a week the container and forceps/cap should be scalded with boiling water.

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
- 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. [Urinary Tract Infections \(UTI's\) and Treatment](#)

Fluid Intake

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



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Over-distended Bladder

- If your bladder becomes too full, you risk damaging the bladder muscle while increasing the risk of infection and leaking.
- You may need to catheterise more frequently and review your fluid intake.

Not Able to Pass the Catheter

- Never try and force the insertion of a catheter.
- 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 or seek medical assistance.

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

POINTS TO REMEMBER

- Wash your hands thoroughly before and after each catheter
- Ensure that the tube of lubricant does not touch the catheter
- Keep the catheter clean and avoid touching unnecessary objects such as the chair, toilet or clothing.
- Adherence to times will reduce the risk of complications
- Ensure you empty your bladder completely
- Maintain your fluid intake
- Report problems to your Doctor or Nurse

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.

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

Last Reviewed October 2020
Review Due October 2022

Acknowledgements:

Australia and New Zealand Urological Nurses Society – Catheterization Clinical Guidelines Version 2

Date of Production 2013 www.anzuns.org

