Intermittent Self-Catheterisation (ISC) for adults

Introduction

This leaflet provides you with information about performing Intermittent Self-Catheterisation (ISC). Please feel free to discuss any questions or concerns you may have with your nurse or continence nurse.

What is Intermittent Self-Catheterisation (ISC)?

ISC is an alternative way of emptying the bladder. A small tube (called a catheter) is passed into the bladder, which allows the urine to drain. When the bladder has emptied the catheter is removed and can be discarded. It is not a painful process and, with practice, only takes a few minutes.

Some people are unable to empty their bladder fully for a variety of reasons. This means that they may experience overflow urinary incontinence, recurring urinary tract infections and possible risk of kidney damage. Poor bladder emptying can be a temporary problem (for example after some types of operations), but for other people it can be permanent.

Most people find ISC an acceptable way of managing their bladder dysfunction.

Benefits

There are many benefits to be gained by performing ISC:

- The kidneys are protected, by preventing the back flow of urine to the kidneys. This can happen when the bladder gets too full
- It promotes independence, as you decide when to empty your bladder at a convenient time
- It often reduces urinary tract infections when performed frequently
- It should reduce the urgency to pass urine
It often reduces the amount of visits to the toilet, particularly during the night
- It can prevent or reduce urinary leakage
- Many people feel more confident to go out after fully emptying their bladder
- It should enhance your quality of life.

**Risks**

Performing ISC long term has a low incidence of complications.

The most likely complication is an infection; however this is usually less than the risk of infection associated with the bladder not emptying itself and can be promptly treated if it occurs.

Most people find ISC an acceptable way of managing their bladder; however it is not suitable for everybody. If it does not work for you do not consider this a failure. There are other alternatives. Your continence nurse will be happy to discuss the options with you.

**How the urinary system works**

The kidneys filter waste products and water from the blood (this is urine). The urine passes from the kidneys into the bladder via 2 small tubes called ureters. There is also a tube that extends from the bladder to the outside through which urine is passed. This is called the urethra (Figure 1).

The bladder should comfortably hold 250ml to 350ml of urine. When the bladder is full a message is relayed to the brain to warn that the bladder needs to be emptied. The brain tells the bladder to hold until a convenient location is found. When an appropriate place is reached another message is sent from the
brain, which stimulates the bladder muscle to squeeze and the urethral opening to relax. This allows the urine to be expelled and the bladder to be emptied.

Any interruption in this message system or blockage in the urinary tract may result in the bladder being unable to empty fully. If this is the case then ISC may be recommended.

Frequently Asked Questions (FAQs)

Q. Will the procedure be painful?
No. The procedure should not be painful. Some people experience slight stinging initially and a feeling of wanting to pass water. This is perfectly normal and will pass as you become used to the procedure. Most people are surprised how painless the procedure is.

Q. What if I develop an infection?
Infections are rare. In fact, the incidence of infection is reduced for many individuals. Sometimes you may develop an infection when you first start ISC; do not worry it is because you have not emptied your bladder completely for some time. It does not mean you have done anything wrong. Symptoms of a urine infection may include smelly urine, feeling unwell (hot and feverish), or even having blood in the urine. If you suspect that you have an infection contact your GP/doctor who will consider prescribing antibiotics.

Q. How long will I need to perform ISC?
The answer to this depends on the reason why you are performing ISC. For some people it may be temporary, for others it may be long term.

Q. How often will I need to perform catheterisation?
This will vary depending on the reason for catheterisation. Generally speaking the larger the amount of urine left in the bladder the greater the frequency of catheterisation. Some people perform ISC once daily whilst others may perform ISC up to 6 times a day. People are usually able to decide the frequency for themselves as they begin to understand their bladder function. Your continence nurse will advise you initially. Do not be afraid to ask!
Q. How will I obtain the catheters?
Your GP will write a prescription. You can then either collect the catheters from your local chemist or there are many catheter companies which offer a free prescription collection and delivery service.

Q. Are there different types of catheter?
Yes. The recommended type of catheter is a single use type which has a slippery coating on it. Different brands have slightly different coatings. There are a variety of catheters which come prepared for use. Your nurse will discuss which catheters are best for you.

Q. What if I travel or go on holiday?
Performing ISC should not restrict your travel or holiday choices, you just need to be organised. Make sure you order enough catheters for the duration of your trip and make sure you can get to them whilst travelling. A GP/doctor’s letter may be helpful if travelling abroad, so as to avoid any difficulties with Customs. Some delivery companies will offer supplies to be delivered to your holiday destination.

Q. Can I still have sex?
Yes. Performing ISC should not affect your sex life.

Instructions for ISC
Women

ISC is a clean procedure. Washing of the genitals is adequate as part of ISC preparation. Positions for the procedure are an individual choice, you may prefer to stand, lie or sit. You can discuss this further with your continence nurse. You can also watch a DVD. Prior to performing ISC it is advised that you examine your genitals with a mirror to locate the urethral opening. The urethral opening can be found between the clitoris and vagina (Figure 2).
1. If you are able, always try and pass urine in the toilet prior to ISC

2. Wash genital area with soap and water

3. Wash your hands thoroughly. Hand wipes are useful if you are using public toilets

4. Prepare the catheter as per manufacturer’s instructions. Place in a position of easy access. You will also need a container to collect the urine if you are not performing ISC over a toilet

5. Open the genital folds of skin (labia) with your thumb and forefinger to expose the urethra (Figure 3). With practice, people often perform ISC by touch.

6. Hold the catheter in your dominant (preferred) hand. Keep your hand half way down the tube for maximum control without touching the end to be inserted into the urethra.

7. Once you have located the urethral opening, insert the catheter, aiming upwards until urine drains out of the catheter (Figure 4)

8. If you accidentally placed your catheter into your vagina do not panic, but you **must** discard the catheter and use a new one

9. Dispose of the catheter in a sealed plastic bag and place in the dustbin

10. Wash your hands.

When you are managing to empty your bladder on a regular basis, you will be asked to measure the urine drainage for an agreed period of time.

Your continence nurse will use these measurements to advise you on an ISC regime. Once you have settled into this regime there will be no need to measure the urine routinely.
Instructions for ISC
Men

ISC is a clean procedure. Washing of the genitals with soap and water is adequate prior to the procedure.

Positions for the procedure are an individual choice, you may prefer to stand or sit. You can discuss this further with your continence nurse. Whilst performing the procedure you may feel a sensation to pass urine. This is normal and will pass as you become used to the procedure.

1. If you are able, always try and pass urine in the toilet prior to ISC

2. Clean genital area

3. Wash your hands thoroughly. Hand wipes are useful if you are using public toilets

4. Prepare the catheter as per manufacturer’s instructions. Place in a position of easy access. You will also need a container to collect the urine if you are not performing ISC over the toilet

5. Retract the foreskin (if present) and gently pull the penis into an upright position (Figure 5)

6. Insert the catheter into the urethral opening. The catheter should insert easily with gentle pressure. Remember the urethra is approximately 20cm in length, so you will probably need to insert most of the catheter. You will feel some resistance as the catheter passes through the prostate. At this point, coughing or trying to pass urine can help. Urine will drain as you enter into the bladder (Figure 6)

7. Once all the urine has drained withdraw the catheter slowly, pulling the penis upwards (Figure 7). A small amount of urine may drain at this stage
8. Dispose of the catheter in a sealed plastic bag and place in the dustbin

9. Wash your hands.

When you are successfully managing to empty your bladder on a regular basis you will be asked to measure the urine drainage for an agreed period of time. Your continence nurse will use these measurements to advise you on an appropriate ISC regime for you. Once you have settled into this regime there will be no need to measure the urine routinely.

**Troubleshooting common problems**

**There is blood in my urine when I pass a catheter**
A small amount of blood when you first start to catheterise is perfectly normal. This will improve after the first week or so. If the blood loss is large you should contact your GP. If this occurs after you have been catheterising for some time, take a urine sample to your GP’s surgery so they can test your urine to rule out an infection.

**It stings when I pass urine**
You may have a urine infection. Take a urine sample to your GP’s surgery for testing.

**I experience a stinging sensation when I catheterise**
This is a common sensation when you first perform ISC. If this continues it may be worth trying a different brand of catheter. Discuss this with your continence nurse.

**I am unable to pass the catheter when I have previously had no problem**
Do not worry; sometimes this can happen. Try to relax; a warm bath can be helpful.

If you are still unable to perform ISC contact your continence nurse or GP surgery. You may need some medication to help ease the passing of the catheter.
No urine drains out of the catheter
- Your catheter may not be in your urethral opening
- You may be experiencing a bladder spasm (contraction)
- The bladder may be empty. Try again later, if there is still no drainage contact your continence nurse or GP.

I can’t get the catheter out
Try to relax; you are most likely experiencing a bladder spasm. A warm bath can be helpful. If this does not resolve contact your continence nurse or GP. Medication to relax the bladder may be given to prevent this from happening again.

Catheter type

Type of catheter (daily use)

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Occasional use catheter

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Other

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Contact information
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Your GP/doctor is

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Contact number

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Your District Nurse is

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Contact number

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Pharmacy or delivery company

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Contact number

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