

My Catheter Passport

Please take this booklet with you to all healthcare appointments and hospital admissions. You should also keep it with you when travelling.



Looking after my urinary catheter with my healthcare providers

Emergency contact details: _____

Special instructions in the event of an emergency:

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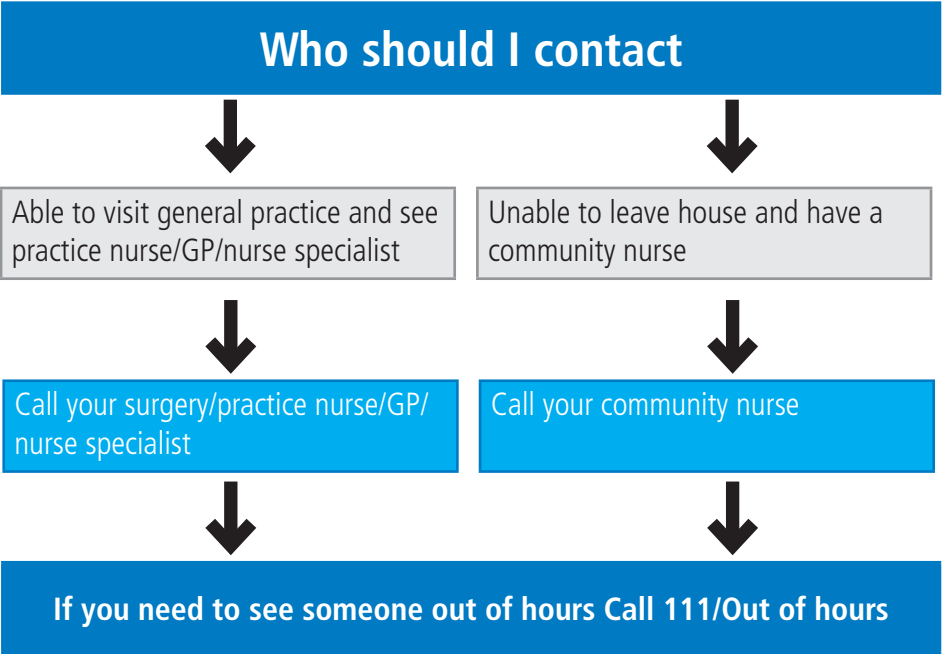
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Contact us

If you have any questions or concerns about your catheter, please contact the appropriate healthcare professional.



Your important contact numbers

Practice nurse community nurse	_____
Clinical nurse specialist	_____
GP	_____
Hospital team	_____
Bladder and bowel health	_____

Your personal information

Name	
Date of birth	
NHS number	
Contact details	
GP (name / telephone number)	
Community Nurse (name / telephone number)	
Other healthcare practitioner	
Consultant	
Reason for catheterisation	
Date first catheterised	
Date of passport issued	
Place of catheter changes	
Concerns at catheter changes	
Known allergies	

For you to read

Introduction

This passport will help you to understand what a catheter is, why you may need one inserted, and how you should look after it. It also has space for healthcare professionals to record important information about your catheter, and for you both to record decisions that you've made together about your care.

Make sure you keep this record of your catheter and have it with you whenever you have your catheter changed, so your lead healthcare professional (this could be your community nurse/practice nurse/other healthcare professional) can update your catheter details.

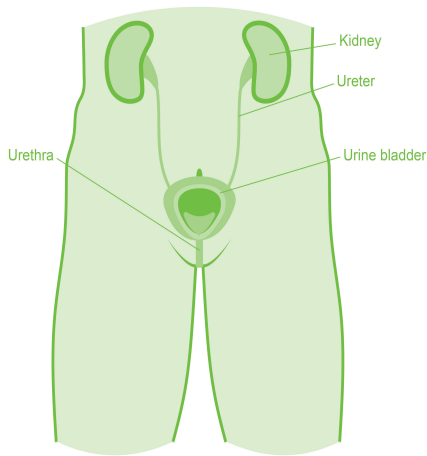
Why do I need a urinary catheter?

Many people need to be catheterised at some stage in their lives for many reasons, including:

- to let urine drain if you have an obstruction in the tube that carries it out of the bladder
- to allow you to urinate if you have bladder weakness or nerve damage that affects your ability to pass urine
- to drain your bladder before, during and/or after some types of surgery.

Alternatives to an indwelling catheter could be:

- Intermittent catheterisation (carried out by self or carers)
- Containment products (pads)
- Urinary sheaths (male patients only)



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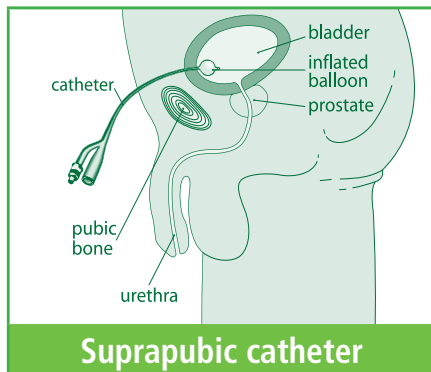
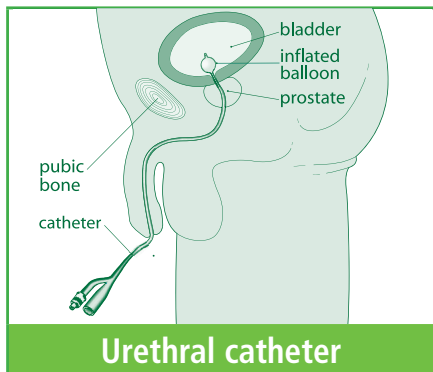
How does the urine system work?

The kidneys filter waste products from the blood to produce urine. Urine enters the bladder via 2 tubes called ureters. When the bladder is full, urine is passed out of the body through the urethra. If the bladder does not work properly or needs to be rested after an operation, a urinary catheter will be inserted to keep the bladder empty. If the bladder is not emptied regularly, and urine stagnates, this can be a risk factor for infection.

What is a urinary catheter?

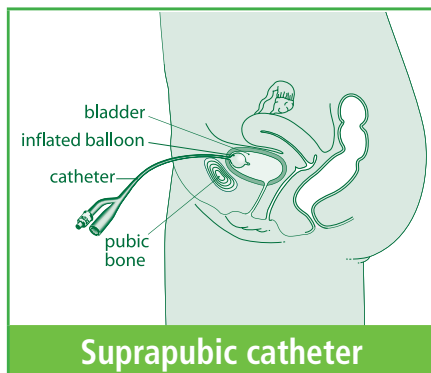
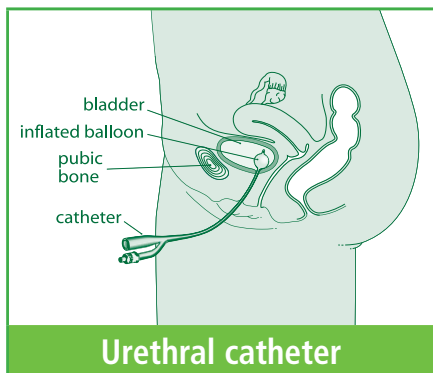
A catheter is a hollow flexible tube, which drains urine from your bladder. The catheter reaches the bladder either by passing through the urethra, or through a channel made in the abdominal wall, just above the pubic bone. This is called a supra-pubic catheterisation. Once the catheter is in place, a small balloon at the catheter tip is inflated with sterile water. This prevents the catheter from falling out. As urine enters the bladder from the kidneys, it continues to drain down the catheter into a drainage bag. With a catheter in place, you should not need to pass urine in the usual way.

Male catheterisation



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Female catheterisation



Your catheter will be attached either to a catheter valve or a leg bag.

With a catheter valve, your urine collects in your bladder, which can be emptied at regular intervals by releasing the valve tap.

A leg bag is a simple drainage bag to collect your urine. This is strapped to your leg. If you are bed bound, it may be a belly bag or a two litre bag rather than a leg bag. You should avoid the leg bag getting heavy. Empty the leg bag before it's completely full, around half to two-thirds full. See over for more information.

Catheter valves

The catheter valve is a tap-like device, which fits on to the end of the catheter tube (urethral or supra-pubic). The valve can be used whether the catheter is a temporary or permanent arrangement. The bladder is now able to store urine and can be emptied intermittently by releasing the tap on the valve, thus helping to maintain the normal function of the bladder.



The catheter valve is more comfortable and discreet compared to a leg bag. It may also reduce the risk of infections and blockages as it allows intermittent flushing of the catheter with urine when you drain the bladder.

If the catheter is to be used for a short period of time, a catheter valve will help maintain the bladder's capacity.

How do you use a catheter valve?

The catheter valve should be opened to drain urine when the bladder feels comfortably full or approximately every 4 hours. The aim is to empty a volume around 350mls to 500mls, an average bladder capacity. If the volume of urine drained is below 200mls, reduce the number of times the valve is opened to encourage a larger bladder volume to be emptied. If the volume that is drained is over 500mls then increase the amount of times in the day the bladder is emptied. Urine drainage via the valve can be emptied directly into the toilet or suitable container. You should open the valve to empty your bladder before opening your bowels.

Should you experience discomfort or any leakage down the sides of the catheter, try draining the urine more often.

To help prevent infection, only disconnect the valve weekly when it is replaced with a new one.

How do I wear the catheter valve?

The catheter valve will tuck nicely into your underwear; alternatively the valve can be supported on to the upper thigh with a catheter fixation strap which can be supplied by the nurse managing your catheter care.

The catheter valve can also be used with a bed bag at night or with a leg bag during the day if toilet access is likely to be a problem.

How often should the catheter valve be changed?

The catheter valve should be changed every 5 to 7 days or earlier if it is damaged. You should seek advice, support and training by a health care professional, before you attempt to change the catheter valve. If this procedure is not performed correctly, then it could increase the risk of an infection.

Always wash your hands (see page 16 for hand washing technique) before handling the catheter valve. Drain the bladder first, then remove the old catheter valve and replace it immediately with a new one. Avoid handling the section of the valve which is inserted into the catheter to prevent introduction of an infection. Place the old catheter valve into a plastic bag before disposing of it into the household rubbish. Wash your hands again after changing the valve.

Leg bags

Securing your catheter and leg bag

Ensure you use a catheter fixation device. These devices are used to fix the catheter to your thigh to hold the catheter securely. The devices should be used to reduce the risk of catheter/urine infections and prevent the catheter from being pulled, which could cause you urethral trauma. Common forms of fixation devices are adhesive clips or Velcro straps or catheter sleeve. All indwelling catheters should have a fixation method. If you do not have a fixation device attached to your catheter, please speak to the healthcare professional managing your care, who will advise you on the appropriate fixation device for you.



When attaching the leg bag using the straps provided, always ensure they are placed through the slots and behind the inlet tube rather than over as this can block the tube.

The choice and size of the bag and the length of tubing depend on where you want to wear it and how much urine you pass. When wearing trousers, a long tube bag may be more convenient as it is possible to roll up the bottom of the trouser leg and access the tap at the base of the bag for emptying urine. Short tube leg bags can be worn on the thigh and are discreet under skirts, shorts and dresses. Men should try to change the position of the leg bag frequently to avoid damage to the penis from the catheter rubbing in one position.

As the leg bag fills, it becomes heavy. Do not allow the bag to become too full.

How do I empty the drainage bag?

- You should empty the leg bag before it's completely full, around half to two-thirds full of urine.
- Wash your hands thoroughly
- Open the tap at the bottom of the bag and drain the bag into a toilet or suitable container
- Close the tap after you have drained the bag
- Wash your hands again.
- To help prevent infection, only disconnect the leg bag when it is replaced with a new one.
- It's important you or your carers learn to manage your leg bag. If you can not manage you will need to consider a package of care to support this.

How often should the leg bag be changed?

Most leg bags are changed on a weekly basis (but sooner if damaged); it is best to change your leg bag on the same day of the week. Empty the attached leg bag before changing to your new one.

- Wash your hands before and after.
- Open the new leg bag, but don't remove the protective cap.
- Remove the attached leg bag carefully. Don't pull or use excessive force.
- Point the end of the catheter upwards as you detach the leg bag to prevent leakage. Dispose of old leg bag into a plastic bag (follow your local council's policy for disposal).
- Carefully remove the protective cap from the new leg bag. Do not touch the nozzle once you have removed the cap.
- Gently insert the new leg bag connector to the catheter. Take care not to touch the plastic nozzle.

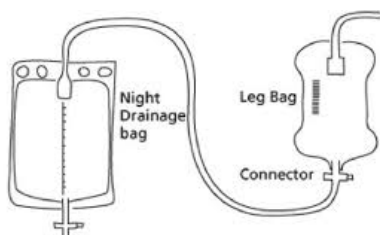
How should the drainage bags be disposed of?

Both the leg and bed bags should be emptied and placed into a plastic bag before disposing of it into the household rubbish.

What happens at night?

- A bed bag or overnight bag - This is used at night. The bed bag is larger than the leg bag and is connected to the bottom of the leg bag or valve to collect the urine, which drains from the bladder overnight. This is known as the link system.

Remember, you must open the leg bag valve or catheter valve to allow drainage and when the bed bag needs to be removed, close the valves to prevent any accidental leakages.



At night, connect the bed bag to the bottom of the leg bag and open the tap of the leg bag to allow urine to drain freely into the bed bag. Support the bed bag on a stand, which should be supplied with your catheter supplies, or hanger and always keep the bed bag down lower than your bladder, because urine cannot drain up hill. Do not allow the bed bag to lie directly on the floor. Remember to check that the bed bag tap is closed. The following morning, close the tap on the leg bag and remove the bed bag.

If you are a patient in a hospital or a communal living environment, the bed bag should be only used once and thrown away in a clinical waste bin.

In shared living circumstances (such as care homes, shared housing, hostels etc) the risk of infection increases, so the bag should be single use, and disposed of after each night.

If your bag is re-usable: In the morning, disconnect the night bag, empty it, wash through with soapy water and store it in a clean place until you reconnect it. This bag should also be changed according to the manufacturer's instructions.

When will my catheter need changing?

Your healthcare professional will advise you on how often your catheter needs changing and how to obtain further supplies of catheter equipment. It is always important to keep spare equipment in your home.

Does a supra-pubic catheter need special care?

The usual advice for caring for any catheter also applies to a supra-pubic catheter. The area around the insertion site should be washed with plain soap and water daily. Again, avoid using any creams or talcum powder around the entry site keeping the area dry and free of a dressing.

Going on holiday

If you are going on holiday make sure that you have a spare catheter and plenty of catheter valves and/or drainage bags to take with you. Pack these in your bag for the plane as well as in your suitcase, in case your suitcase gets lost.

Collect your supplies from where ever you normally get your prescription from or speak to your healthcare professional about arranging a delivery to your home address by a delivery appliance company.

Storing your catheter supplies

Store the catheters, catheter valves or drainage bags in their original packaging. Keep them in a dry safe place away from direct heat and sunlight.

Always keep a spare catheter at home in case of an emergency.

Daily catheter care

Hand washing techniques before and after touching your catheter

Decontaminate hands using soap and water following these 6 steps. If using soap wet hands first. Visibly clean hands may be decontaminated using alcohol hand rub following these 6 steps. Each step consists of 5 strokes rubbing backwards and forwards.

1 →

Work soap/alcohol into hands, palm to palm



← 2

Right hand over back of left and vice versa



3 →

Rub palm to palm, fingers interlaced



← 4

Back of left fingers to right palms, fingers interlocked and vice versa



5 →

Rotational rubbing of right thumb clasped in left hand and vice versa



← 6

Rotational rubbing of right thumb clasped in left hand and vice versa



If using soap and water rinse hands under running water and dry thoroughly. If using alcohol get use above technique until alcohol has evaporated.

Personal hygiene

Washing

- Wash your hands with soap and water before and after touching your catheter using the method above.
- If possible, have a daily shower (preferably) or bath. Do this with your leg bag or valve attached.
- Wash the skin in the area where the catheter enters the body with unperfumed or mild soap and water at least daily and after using the toilet if possible. Use a clean flannel or cloth for this purpose only.
- Wash around the catheter tubing, moving in a direction away from the body.
- Avoid using talcum powder or ointment or creams around the catheter.

If you have a urethral catheter:


- Men should be careful to wash under their foreskin, replacing afterwards, unless you have been circumcised.
- Women should always wash the genitals from front to back, to avoid moving faeces from your bottom to the catheter.

If you have a suprapubic catheter:


- Some people may experience a slight discharge from around the catheter site. If this happens then contact your healthcare professional who will tell you the best way to treat it.
- Avoid pulling or restricting your catheter by wearing loose comfortable clothing. Tight clothing can cut off the flow of urine and cause skin irritations.




Diet and fluid intake




People with catheters need to take care to keep their bladders and bowels healthy. It is important to avoid constipation.




Constipation can cause obstruction of the catheter, and drainage problems can occur. It is recommended that you follow a healthy diet, including eating 5 fruit or vegetable portions daily, as recommended by the Department of Health.



Do not strain on the toilet. Relax and allow yourself enough time and privacy to empty your bowels fully.



Drinking approximately 8 cups or 2 litres of fluid daily, is strongly recommended to ensure the catheter drains well and helps keep the urine clear. If your urine is orange/dark brown, you may not be drinking enough fluid. However, some medication and foods can discolour urine. Your nurse will be able to discuss this with you.

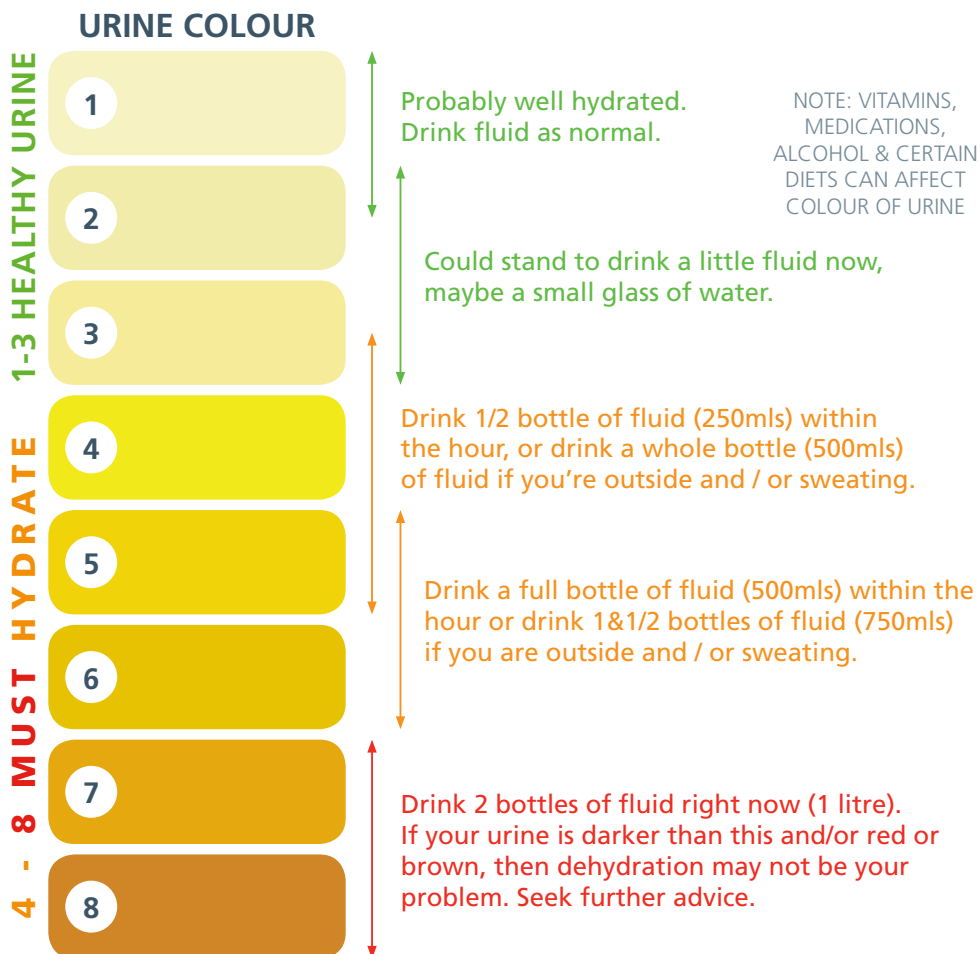


Drinking alcohol will not affect your catheter. However, if you are taking certain medicines or recovering from surgery, your doctor may advise against drinking alcohol. This depends on your individual circumstances. Please ask your healthcare professional if you are uncertain.

Dehydration Urine Colour Chart

The following Dehydration Urine Colour Chart will help you use your urine colour as an indicator of your level of dehydration and what actions you need to take to help return your body back to a normal level of hydration.

For more information visit www.urinecolours.com



Frequently asked questions

Can I work and exercise as normal?

You can return to work, exercise or go on holiday as soon as you feel able to and your doctor has said you are fit enough to do so.

Can I have sex with an indwelling urethral catheter in place?

Intercourse is usually possible with a urethral catheter for both men and women.

Men can tape the catheter along the shaft of the penis and secure it in place with a condom.

Women can tape the catheter up onto the abdomen.

The drainage bag should always be emptied before sexual activity and both partners should wash their genital area thoroughly before and after intercourse. It helps to use plenty of water-based lubrication, such as K-Y® jelly (but not Vaseline®).

A supra-pubic catheter may make sexual intercourse easier.

Troubleshooting

If you are worried about your urine, or that your catheter is leaking/not draining, here are some checks.

- Are your food and fluid intake adequate?
- Are you eating a healthy, diet?
- Are you constipated? If you are already following the previous tips seek medical advice.
- Is the drainage bag below the level of the bladder, particularly when sitting in a low or reclining chair?

- Is the tubing twisted, or restricted by tight clothing?
- Is the tubing extended or pulled tight towards the bag?
- Is the catheter tube connected to the drainage bag correctly?
- Are the leg straps stopping urine flowing into the bag?
- Is the bag too full? If in doubt empty the bag.
- Change your position and walk around if you are able and it is safe.
- If your catheter is leaking but still draining some urine, this may be due to bladder spasms—where the bladder contracts as a result of irritation from the catheter. Bladder spasm can make you feel like you need to pass urine or you may experience abdominal cramps. This usually stops and is nothing to worry about. If the problem persists, contact your health care professional for advice. Sometimes patients who have bladder spasms can be treated with medication.
- If your catheter is not draining, you need to contact your health care professional.

If your catheter is painful:

- Check that your catheter and drainage system are adequately secured
- Check that the catheter and tubing is not kinked or that you are not sitting on the tubing
- For men, check that the foreskin is in the correct position and not swollen
- Observe for any redness, inflammation or pus or discharge at entry site
- Inform your GP or nurse of any pain experienced with your catheter.

If you have any questions please speak to the nurse managing your catheter care.

When to call for help

Help should be sought if any of the following occurs:

- your catheter is draining little/no urine despite adequate fluid intake and following the troubleshooting guide (on page 20)
- there is no urine in the bag after 4 to 5 hours, or you start experiencing bladder discomfort
- you feel warm, flushed or shivery, as you may have an infection
- your urine has a strong smell, is dark in colour or becomes thick and/or cloudy and does not improve with taking more fluid (if able or advised)
- you experience lower stomach or back pain
- you have increased stomach swelling with no other cause
- there is bright red blood in your urine
- the catheter entry site becomes red and sore
- you have bleeding into or around the catheter
- you have enough urine leaking around the catheter to make your clothing wet and you have already followed these self-help measures
- your catheter falls out.

Are there any risks with having a catheter?

What are the risks of having an indwelling urinary catheter?

An infection can occur within a few days of catheterisation often with-out any symptoms and bacterial levels increase as long as the catheter remains in place.

How will I know if I have a UTI?

Having a catheter in your urinary tract significantly increases your chances of getting a UTI, which is why it is so important to care for it following the advice in this passport.

Signs and symptoms associated with a UTI:

- feeling unwell
- fever with or without uncontrollable shaking
- new pain at lower tummy or back
- becoming agitated or newly confused
- pain around the area where the catheter is put in and/or pus like discharge in the urine
- unusual tiredness
- Nausea and headache

If you have any of the above signs or symptoms, please contact your healthcare professional.

If you are prescribed antibiotics for a UTI:

You should make sure you are drinking plenty of fluids (2L/8cups) and make contact with your healthcare professional.

- Make sure you follow the instructions given with the antibiotic and finish the course.
- Using antibiotics only when we need to helps reduce the chances of bugs causing the infection becoming resistant to them.
- This helps protect our antibiotics so we can rely on them to work when we really need them
- If a antibiotic has been prescribed for a Catheter Associated UTI , your healthcare professional will need to remove your existing urinary catheter and a new catheter replaced after the first dose. You may need to contact your healthcare professional to inform them that you need your catheter changing with the new prescription of antibiotics.



How can I reduce the risk of getting an infection?

- Wash your hands before and after you touch your catheter.
- Do not remove the catheter bag or valves unnecessarily such as when you have a bath or shower
- Avoid the use of talcum powder, perfumed soaps and lotions around the catheter site
- Wash the skin area where the catheter enters the body with mild soap and water at least once a day

Contact information

If you require further information on catheter care during office hours you can contact your health care practitioner or community nurse. If out of office hours please contact NHS 111.

Catheterisation records

This section is for your healthcare professional to fill in.

Catheterisation records

All healthcare professionals should record details of urinary catheterisation in the sections below, as well as the appropriate nursing/medical records.

Please use pages **26–32** to record any catheter changes. Pages **35–40** should be used by both the patient and healthcare professional to document any problems and subsequent interventions.

Completion of the booklet will enhance continuity of care for the patient between community and hospital settings.

Please document any important infections information below and whether prophylactic antibiotics are given. Please refer to the Trust guideline for information regarding catheter management.

Is the patient known to be MRSA positive Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of positive result for MRSA in the urine if applicable
Known allergies?	Details
Antibiotic to be given at insertion* Yes <input type="checkbox"/> No <input type="checkbox"/>	Details and review date
Signature	Date

*Antibiotics should only be given routinely at insertion after discussion with a Consultant Medical Microbiologist (CMM). This would usually be after evidence of a catheter-change-associated bacteraemia or repeated catheter-change-associated-CAUTI. This should be reviewed after 6 months with a view to stopping routine prophylaxis unless specified otherwise by a CMM or continence nurse specialist.

Nurse documentation to be completed if a CAUTI is confirmed

Taking a Catheter Specimen of Urine (CSU).

If a CAUTI is suspected urinalysis should NOT be performed and a CSU should be taken, documented as such and escalated to medical staff. The process for doing this is available in the Trust Policy A0075 "Adult Urinary Catheterisation as Action **Card UCA10**.

Symptoms/ Signs	Culture and sensitivity	Antibiotics/ Dose and Duration	Catheter changed	Date/ Signature

Reason for catheterisation		
Date catheterised		
Residual urine after 10mins of catheter insertion		
Any difficulties experienced during the catheterisation procedure		
Type of catheter Long term/short term		
Expiry date	Size	Batch no
Urine drainage system in use		
Leg bag/bed bag/valve		
Type of stabilisation device used		
6/12 month review date		
Date of next planned catheter change		
Signature		
Print name		
Job title/Designation		
Contact telephone number		

Date	
Type of catheter	
Size	Add sticker
Batch number	
Expiry date	
Reason for catheter change	
Problems	
Date of next planned change	
Signature	
Print name	
Position	

Date	
Type of catheter	
Size	Add sticker
Batch number	
Expiry date	
Reason for catheter change	
Problems	
Date of next planned change	
Signature	
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Position	

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Size	Add sticker
Batch number	
Expiry date	
Reason for catheter change	
Problems	
Date of next planned change	
Signature	
Print name	
Position	

Date	
Type of catheter	
Size	Add sticker
Batch number	
Expiry date	
Reason for catheter change	
Problems	
Date of next planned change	
Signature	
Print name	
Position	

If the patient is prescribed a catheter irrigation solution please fill out details below:

36

Details of traumatic catheter removals

Date	Action

Planning a Trial Without Catheter (TWOC)

Your healthcare practitioner may discuss removing your catheter, if it is no longer needed.

To remove the catheter:

Holding the catheter in place, the water balloon will be deflated using a syringe attached to the end of the catheter.

You will be encouraged to drink at a steady pace up to a litre of fluids in the following 4 hours.

You will need to write down what the amount of fluids you have drunk and record what you have voided out.

At the end of the trial, if you are passing urine well you will not need another catheter. If you are unable to pass urine, you will have another catheter put in and further management options will be discussed.

See catheter care policy for further information and troubleshooting actions.

HOUDINI: This is a tool to help you decide if the urinary catheter can be removed. If any of these signs, symptoms or reasons exist then the urinary catheter should remain in situ.

- Haematuria - clots and fresh bleeding
- Obstruction – mechanical urology
- Urology/gynaecology/perianal surgery eg enlarged prostate/prolonged surgery
- Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient
- Input output monitoring accurate less than hourly or acute kidney injury when oliguric
- Nursing at the end of life
- Immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated)

If catheter is no longer required arrange a date for trial without the catheter (TWOC)

For the patient and the healthcare professional

Problems and follow-up actions

The section below is a space for you to record any problems you have with your catheter and the actions that you agree with your healthcare professional.

Record any problems you have experienced or any issues you would like to discuss. When you visit your healthcare professional, discuss the problem and agree together how this will be resolved. The actions should be recorded as well.

Date		
What problem would you like to discuss with your healthcare professional?		
Joint agreed action		
Name of healthcare professional	Signature	
	Print name	Date

Date		
What problem would you like to discuss with your healthcare professional?		
Joint agreed action		
Name of healthcare professional	Signature	
	Print name	Date

Date		
What problem would you like to discuss with your healthcare professional?		
Joint agreed action		
Name of healthcare professional	Signature	
	Print name	Date

Date		
What problem would you like to discuss with your healthcare professional?		
Joint agreed action		
Name of healthcare professional	Signature	
	Print name	Date

Date		
What problem would you like to discuss with your healthcare professional?		
Joint agreed action		
Name of healthcare professional	Signature	
	Print name	Date

Date		
What problem would you like to discuss with your healthcare professional?		
Joint agreed action		
Name of healthcare professional	Signature	
	Print name	Date

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Bladder and Bowel Health Service

Oakley, 2nd Floor Centre Block

Cheltenham General Hospital,

Cheltenham, Gloucestershire GL53 7AN

Tel: 0300 422 2222 and ask for Continence Service

Email: ghn-tr.gloscontinenceservice@nhs.net

Urology Nurse Practitioners

Cheltenham General Hospital

Tel: 0300 422 5193

Monday to Friday, 8:00am to 4:00pm

Content reviewed: February 2025



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Department: Gloucestershire Continence

Review due: February 2028

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