

**Patient  
Information**

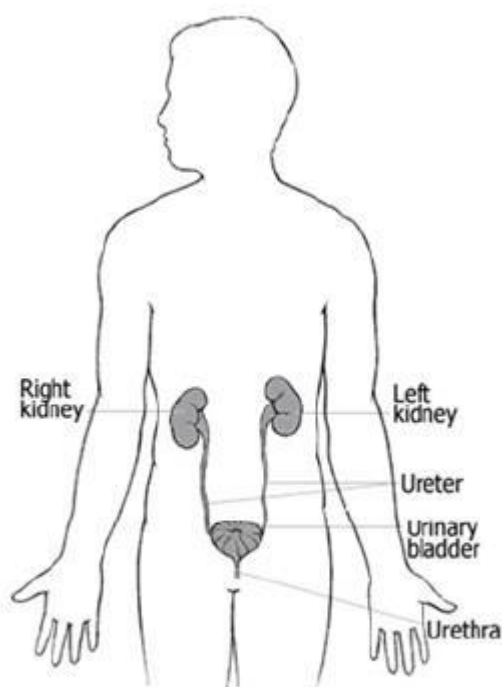
# Intermittent Self-Catheterisation (ISC) for adults

## Introduction

This leaflet provides information about performing Intermittent Self-Catheterisation (ISC).

## 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 (see Figure 1).



**Figure 1**

Reference No.

**GHPI0855\_07\_25**

Department

**Continence**

Review due

**July 2028**

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.

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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.

## What is Intermittent Self-Catheterisation (ISC)?

ISC is a simple and safe way of emptying your bladder. A small soft tube (called a catheter) is passed into the bladder through the urethra, which allows the urine to drain. When the bladder has been emptied the catheter is removed and thrown away. With practice this will only take a few minutes. ISC is an alternative to a permanent long-term catheter.

## Why ISC?

There are lots of reasons why someone may be unable to fully empty their bladder. If the bladder does not empty correctly, you may find that you start to leak urine. This is called overflow incontinence. Incomplete emptying of the bladder can lead to the urine tracking up the tubes to your kidneys. This can cause kidney damage and repeated urinary tract infections.

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 of ISC

We hope that ISC will improve your confidence and quality of life. Other benefits include:

- The risk of kidney damage will be reduced by lowering the pressure on the kidneys.
- You are able to choose when you want to empty your bladder allowing you more control.

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- Urinary tract infections are often reduced.
- The feeling of quickly needing to pass urine may be less.
- Visits to the toilet, particularly during the night will be reduced.
- It can prevent or reduce the overflow incontinence.
- Avoids the need for a permanent catheter which can increase the risk of urinary tract infections.
- It is often more comfortable than a permanent catheter
- Natural voids can be encouraged between ISC
- The build-up of old urine in the bladder is removed that can cause infection

## Risks of ISC

Performing ISC for many years has very few complications.

The most likely complication is a urinary tract infection; however, this is usually less than the risk of infection associated with the bladder not emptying.

## Frequently asked questions

### Q. Will the procedure be painful?

No. Some people experience slight stinging and a feeling of wanting to pass water. This is perfectly normal and will pass as you become used to the procedure. People are surprised how painless the procedure can be.

### Q. What if I develop an infection?

You may develop an infection when you first start ISC. This is usually 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 include cloudy urine, pain or tenderness in the lower part of your tummy or kidney area, feeling unwell (hot and feverish), or even having blood in the urine. If you suspect that you have an infection, contact your GP who will consider if you need antibiotic treatment.

### Q. How long will I need to perform ISC?

The answer to this depends on the reason why you are performing ISC.

**Patient  
Information****Q. How often will I need to perform catheterisation?**

Generally, the larger the amount of urine left in the bladder the greater the frequency of catheterisation. Some people perform ISC once daily while 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 or healthcare practitioner will write a prescription. You can collect your catheters from your local chemist or many of the catheter companies offer a free prescription collection and delivery service.

**Q. Are there different types of catheters available?**

Yes. The recommended catheter is a single use type which has a slippery coating. 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 that you order enough catheters for the length of your trip and make sure you can get to them while travelling. A GP/doctor's letter may be helpful if you are 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.

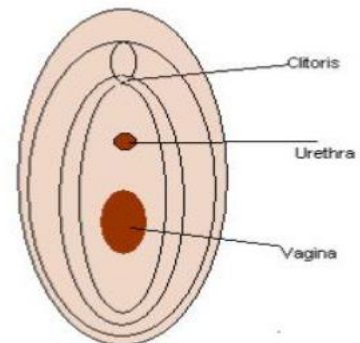
**Q. What equipment do I need?**

Catheters, hand wipes or soap and water and something to drain urine into if you are not using the toilet. Some catheters have drainage bags attached for use if toilet access is difficult. A rubbish bag is always useful to dispose of the equipment after use.

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### Steps to ISC for women

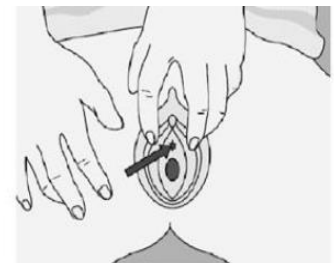
ISC is known as a clean procedure. Positions for the procedure are an individual choice, you may prefer to stand, lie or sit. You can watch a video link which will show you what to do. Before you start using ISC, it is helpful if you examine your genitals with a mirror to locate the urethral opening. The urethral opening can be found between the clitoris and vagina (Figure 2).



**Figure 2**

If it is difficult to see the urethra, gently draw your genital folds of skin (labia) forward and upwards with your fingers. It may be possible to feel the urethral opening like a small raised mound.

1. Try and pass urine in the toilet before ISC if possible.
2. Wash your genital area with mild soap and water.
3. Wash your hands thoroughly. Hand wipes are useful if you are using public toilets.
4. Prepare the catheter as per the manufacturer's instructions. Place in a position of easy access near the toilet or along with a jug or catheter bag to drain urine in to. Open the genital folds of skin (labia) with your thumb and forefinger to expose the urethra (Figure 3).

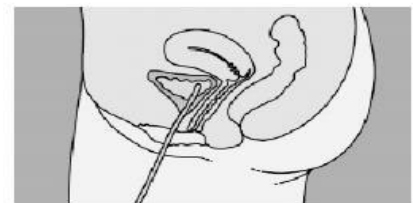


**Figure 3**

5. Hold the catheter half way down the tube in your dominant (preferred) hand.

Do not touch the end to be inserted into the urethra.

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



**Figure 4**

7. If the catheter enters your vagina by mistake, just remove it and start again with a new catheter; this will not cause any harm.

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8. When the urine stops dripping from the catheter, it can be removed.
9. Dispose of the catheter in a sealed plastic bag and place in the dustbin.

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

Your continence nurse will use the 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.

## Steps to ISC for men

ISC is known as a clean procedure.

Positions for the procedure are an individual choice, you may prefer to stand or sit. Try and pass urine in the toilet before ISC if possible.

1. Clean your genital area with mild soap and water.
2. Wash your hands thoroughly. Hand wipes are useful if you are using public toilets.
3. Prepare the catheter as per the manufacturer's instructions. Place in a position of easy access near the toilet or along with a jug or catheter bag to drain the urine into.
4. Retract the foreskin (if present) and gently pull the penis into an upright position (Figure 5).
5. Insert the catheter into the urethral opening. The catheter should insert easily with gentle pressure. Remember the urethra is about 20 cm 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). While you are performing the procedure you may feel the sensation to pass urine.

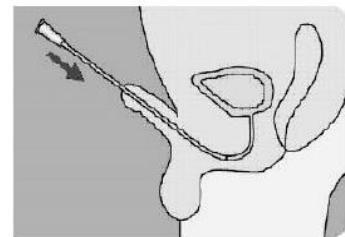


Figure 5

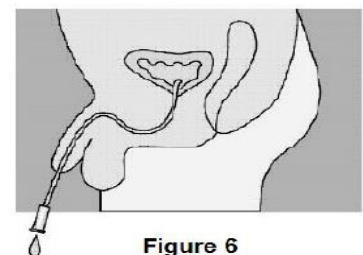


Figure 6



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

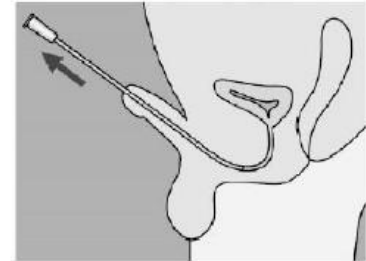


Figure 7

When you are successfully managing to empty your bladder on a regular basis you will be asked to measure the urine drained for a period of time. Your continence nurse will use the measurements to advise you on an appropriate ISC regime. 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 there is a large volume of blood loss, please contact your GP for advice. If this happens after you have been catheterising for some time, take a urine sample to your GP's surgery for testing 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, please contact your healthcare professional or GP.

**Patient  
Information****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 healthcare professional or GP.

**I can't get the catheter out**

Try to relax; you are most likely experiencing a bladder spasm. Coughing while you try to remove the catheter can help. A warm bath can also be helpful. If this does not resolve, contact your healthcare professional 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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Size: \_\_\_\_\_

Occasional use catheter: \_\_\_\_\_

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Size: \_\_\_\_\_

Other: \_\_\_\_\_

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Instructions: \_\_\_\_\_

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Your Continence Nurse is: \_\_\_\_\_

Contact number: \_\_\_\_\_

Your GP/doctor is: \_\_\_\_\_

Contact number: \_\_\_\_\_

Your District Nurse is: \_\_\_\_\_

Contact number: \_\_\_\_\_

Pharmacy or delivery company: \_\_\_\_\_

\_\_\_\_\_

Contact number: \_\_\_\_\_

**Specialist Bladder and Bowel Service**

Gloucestershire Bladder and Bowel Health

Cheltenham General Hospital

Oakley Suite

2<sup>nd</sup> Floor, Centre Block

Sandford Road

Cheltenham

GL53 7AN

Tel 0300 422 5305

Email [ghn-tr.gloscontinenceservice@nhs.net](mailto:ghn-tr.gloscontinenceservice@nhs.net)

Or

**Specialist Uro-gynaecologist Department**

Uro-gynaecology Department

Gynaecology Outpatients

Women's Centre

Gloucestershire Royal Hospital

Great Western Road

Gloucester

GL1 3NN

Tel 0300 422 6246

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>