Catheter Passport

Care of your indwelling urinary catheter in partnership with your nurses
## Contact and catheterisation information

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Introduction
This passport provides information about your indwelling urinary catheter and how to care for it. Please take this passport with you to any related medical appointments so the health care staff has information about your catheter. The passport should be completed and regularly up-dated by health care staff to ensure continuity of your catheter care.

Why do I need a urinary catheter?
Many people need to be catheterised at some stage in their lives, perhaps following an operation or because of a medical condition. Urinary catheterisation is the technique which drains urine from the bladder.

Alternatives to an indwelling catheter could be:
• Intermittent catheterisation (carried out by self or carers)
• Containment products (pads)
• Urinary sheaths (male patients only)
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.

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.

What are the risks of having an indwelling urinary catheter?
An infection can occur within a few days of catheterisation often without any symptoms and bacterial levels increase as long as the catheter remains in place.

Up to 50% of patients who are catheterised for longer than 7 to 10 days develop bacteriuria and of these, 2 to 6% will develop symptoms of a urinary tract infection.

Male catheterisation

Urethral catheter

Suprapubic catheter

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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.

What are the symptoms of a Catheter Associated Urinary Tract Infection (CAUTI)?

- A high temperature above 38.3°C.
- Pains in the loin (kidney area).
- A general sense of feeling unwell.

If you are experiencing any of these symptoms, contact your health care practitioner or community nurse.

When will my catheter need changing?

Your nurse 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.
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. Rub left palm with clasped fingers of right 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.

How can I prevent the catheter from pulling?

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. All indwelling catheters should have a fixation method. If you do not have a fixation device attached to your catheter, please speak to the nurse managing your care.
What types of catheter drainage systems are there?
There are many different types of drainage systems to use with an indwelling catheter, including catheter valves and drainage bags.

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

**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, like drainage bags 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, such as your community nurse, 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 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.

**How do drainage bags work?**

There are 2 types:

- A leg bag
- 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.

How do I wear a leg bag?
A leg bag can be attached to the thigh or calf with a pair of leg bag straps, or worn inside a special leg bag holder against the leg. Leg bags come in different sizes with different tube lengths. The health care practitioner or community nurse will help you to choose the one that suits you best. As the leg bag fills, it becomes heavy. Do not allow the bag to become too full.

How often should the leg bag be changed?
The leg bag should be changed every 5 to 7 days or earlier if it is damaged.

How do I empty the drainage bag?
- Empty the leg bag when it is 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.

What happens at night?
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. The bed bag should then be emptied, rinsed through with water and left to dry ready for the following night.

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.

How often should the leg bag be changed?
The leg bag should be changed every 5 to 7 days or earlier if it is damaged.

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.

Other tips on how to make living with a catheter easier
When you have an indwelling catheter, you might have the feeling that you need to pass urine, or may experience a bladder spasm or abdominal cramp. This usually stops and is nothing to worry about. If this problem persists, contact your healthcare professional who may be able to offer further advice or medication.

You may experience a slight urine leak around the outside of the catheter as a result of a bladder spasm or cramp, known as bypassing. It is not an emergency, provided the catheter is draining. However, you should notify your nurse when you next see them.
**Personal hygiene**

Wash the area where the catheter enters your body with mild soap and warm water at least once a day. Dry thoroughly and never use talcum powder or ointments around the catheter, as some ointments can actually damage the catheter.

**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.

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.

**Can I have sex with an indwelling urethral catheter?**

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. 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.
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.

- **Doing OK. You are probably well hydrated. Drink water as normal.**
- **You are just fine. You could drink a little water now, maybe a small glass of water.**
- **Drink about ½ bottle of water (¼ litre) within the hour, or drink a whole bottle (½ litre) of water if you are outside and/or sweating.**
- **Drink about ½ bottle of water (¼ litre) right now, or drink a whole bottle (½ litre) of water if you are outside and/or sweating.**
- **Drink 2 bottles of water right now (1 litre). If your urine is darker than this and/or red or brown, then dehydration may not be your problem. See a doctor.**

For more information, visit: [www.urinecolours.com](http://www.urinecolours.com)

**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.

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.

Problem solving common catheter related
problems
If no urine is draining into your bag or urine is leaking around
the catheter:
- Check the catheter tubing is not kinked or blocked
- Check the drainage bag is below bladder level
- Check the drainage bag is connected correctly and does not
  need emptying
- Make sure you are drinking enough fluids
- Make sure you are not constipated.

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
Patient Information

- 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:

- The catheter is not draining, despite trying the problem solving advice
- There is no urine in the bag after 4 to 5 hours, or you start experiencing bladder discomfort
- The catheter has fallen out
- Urine keeps leaking around the catheter, despite trying the problem solving advice
- The urine is cloudy, smelly or feels as if it is burning, and does not improve after drinking more fluids
- Any sudden or persistent lower abdominal pain is experience
- If heavy, thick or clotted blood appears in the drainage bag. Light blood stained urine is very common and is not considered to be a medical problem.

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.
What to expect from the care you receive to help reduce Catheter Associated Urinary Tract Infection (CAUTI)

- The continuing need for your catheter should be assessed at every visit or, if you are in hospital, at the nurses shift change
- You or anyone else should wash your hands before and after handling your catheter
- At least once every day, you should be encouraged (or receive help) to clean the catheter where it enters your body and also the perineum (the small strip of skin before the anus) or after passing stools
- The catheter and drainage system should not be disconnected unless necessary
- Your catheter should be secured to the thigh to prevent traction inside your bladder
- Men must **never** have a female length catheter inserted
- Your drainage bag must be below the level of the bladder at all times and remove during transport and activity.

Nurse documentation to be completed if a CAUTI is confirmed (see symptoms of CAUTI on page 6).

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Gloucestershire Continence Service
Level 2, St Paul’s Wing
Cheltenham General Hospital,
Cheltenham, Gloucestershire GL53 7AN
Tel: 0300 422 2222 and ask for Continence Service
Email: ghn-tr.gloscontinenceservice@nhs.net

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Content reviewed: February 2019