

Urinary catheterisation

A catheter is a thin, clean hollow tube which is usually made of soft plastic or rubber. Catheterisation means to introduce a catheter into a body cavity to inject or remove fluid. For example, people who are suffering from incontinence can use this simple procedure to empty their bladder.

The process is called intermittent clean self-catheterisation (ICSC). It gives the person control over their bladder and keeps them dry. ICSC also reduces the risk of infection and kidney damage by making sure the bladder is emptied adequately at regular intervals. The equipment doesn't interfere with a normal sexual relationship.

Conditions that may require urinary catheterisation

Urinary catheterisation can be useful for people with bladder problems, such as urinary retention or bladder obstruction. It may be suggested for people who have long-term chronic problems that prevent them from emptying their bladder, for example, those with spinal cord injuries and pelvic nerve damage.

Catheterisation can be used on a temporary basis to help people retrain their bladders to empty. It may also be needed after certain kinds of surgery such as trans-urethral resection. An indwelling catheter is often used for the first few days after major surgery or to monitor fluid output in patients receiving intravenous fluids.

Medical issues to consider

ICSC can cause urinary tract infections. Even scrupulously clean equipment can introduce bacteria to the urinary tract. In many cases, the urinary tract may have bacteria but infection doesn't take place. It is important that the person be thoroughly trained in ICSC techniques and hygiene by their doctor or nurse. Patients at high risk of infection (such as those requiring long-term catheterisation) may be prescribed antibiotics.

Catheterisation procedure

The four pieces of equipment needed for ICSC are a catheter, something to clean yourself with (such as a wash cloth or cotton balls), a lubricant (such as water or a water-soluble gel) and a container to hold the drained urine if you are unable to get to the toilet. There is no single 'right' way to perform ICSC.

Be guided by your doctor but general suggestions include:

- Have all the necessary equipment clean and ready.
- Wash your hands with soap and water. Dry them thoroughly before commencing ICSC.
- Clean the opening of the urethra with water using a face washer, cotton balls or moist towelettes.
- Some people may like to smear the urethral opening with local anaesthetic cream.
- Place one end of the catheter into the toilet or container.
- Insert the lubricated catheter slowly and gently until urine starts to flow down the tube.
- Do not rush the procedure. It is important to completely empty the bladder.
- If urine stops flowing, try adjusting the catheter or moving your body into another position.
- Slowly rotate the catheter as you remove it from the bladder.
- Clean your equipment as directed after each use.
- Empty your bladder at least four times a day, or as directed by your doctor or trained continence professional.

Immediately after the procedure

Many people experience an unpleasant dragging sensation as the catheter is removed from the urethra but generally, ICSC is a safe and easy procedure if performed correctly and with clean equipment.

The ICSC equipment is usually cleaned straight after the catheter is removed. Sterilisation techniques vary but may include boiling the catheter, washing it in soap and water, or using disinfectant solution. Some people may prefer to bypass the cleaning stage altogether by choosing disposable single-use catheters.

Possible complications of ICSC

Some of the complications of ICSC include:

- Injury to the urethra caused by rough insertion of the catheter
- Narrowing of the urethra caused by scar tissue
- Injury to the bladder caused by incorrect insertion of the catheter
- Urinary tract infections.

Taking care of yourself at home

Be guided by your doctor or continence professional but general suggestions on how to deal with common problems include:

- **Difficulty introducing or removing the catheter** – this can result from either insufficient lubrication or spontaneous spasm of the sphincter muscles. Check that you are in a comfortable position. Take some deep breaths. Relax. As you slowly exhale, gently but firmly introduce or remove the catheter. Never force the catheter.
- **Infection** – see your doctor immediately if you experience any sign of infection. Symptoms may include feeling unwell, fever, pain or burning sensation when passing catheter or urine, cloudy or offensive-smelling urine, needing to empty the bladder more frequently, leakage between catheterisations, and kidney pain.
- **Wetting between catheters** – this may be caused by a change of fluid intake, such as increased caffeine or alcohol. It may mean that you need to catheterise yourself more frequently. Check for signs of infection. See your doctor if signs of infection are present or if leakage persists.
- **Blood in catheter or urine** – increase your fluid intake. Use more lubricant or, if using water, change to a water-soluble gel. Check for signs of infection. If your urine fails to clear after a few days, contact your doctor.
- **No urine is passed** – check that the eyelet in the catheter is not blocked with lubricant or urine sediment. The catheter may be kinked or the other end of the catheter may be higher than the bladder. Ensure that the catheter has been inserted far enough to reach the bladder or gently pull back on the catheter a short distance. Women need to check that the catheter is not in the vagina. Always clean the catheter before trying to reinsert. If unable to drain any urine, contact your doctor.

Long term outlook for ICSC

In some cases, urinary catheterisation is a short-term option that can be discontinued as soon as bladder control is re-established. However, certain conditions (such as spinal injury) require the long-term use of catheters to aid urination.

In some cases, catheters that stay in place for weeks at a time (chronic indwelling urinary catheters) may be used because of their convenience but these devices carry a degree of risk. For example, some studies suggest the use of chronic indwelling urinary catheters for more than 10 years can increase the risk of bladder cancer and kidney complications. If possible, alternatives to these kinds of 'permanent' urinary catheters are preferred.

Alternative treatment to ICSC

Alternatives may include:

- ICSC performed four times per day is preferable to using chronic indwelling urinary catheters because of the reduced risk of complications.
- In some cases, male patients who are incontinent but not urine retentive may be able to wear a catheter attached to a condom.
- Continence training can help in some cases to re-establish bladder control.

Where to get help

- Your doctor
- Continence specialist

Things to remember

- Catheterisation means to introduce a catheter into a body cavity to inject or remove fluid.
- Urinary catheterisation reduces the risk of infection and kidney damage by ensuring the bladder is emptied adequately at regular intervals.
- Urinary catheterisation can cause urinary tract infections.

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