
Urinary catheterisation

Summary

- A catheter is a flexible tube inserted into your bladder to empty it of urine. This process is known as urinary catheterisation.
 - Urinary catheterisation reduces the risk of infection and kidney damage by making sure that your bladder is emptied, either continuously or at regular intervals.
 - Catheterisation can be used when a person cannot empty their bladder without assistance, either permanently or on a temporary basis (such as after certain kinds of surgery).
 - Your health professional will help you choose the right catheter and equipment for you.
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A catheter is a thin, clean hollow tube, usually made of silicone. Urinary catheterisation means to introduce a catheter into the bladder to inject or remove fluid. A urinary catheter can give a person more control over their bladder and keep them dry.

Different types of urinary catheterisation

The two main types of urinary catheter are:

- **indwelling catheter** – inserted through the urethra, or through the wall of the stomach, into the bladder and left in place for a period of time
- **intermittent catheter** – inserted through the urethra into the bladder to empty it, then removed, several times a day.

Indwelling catheters

Indwelling catheters remain in place continuously and are changed regularly, as required (for example every eight weeks), by a nurse.

They are inserted into the bladder either through the urethra (urethral catheter) or the wall of the stomach above the pubic bone (supra-pubic catheter).

A urethral catheter is the most commonly used type of indwelling catheter, but is also associated with the highest risk of infection. Both types of indwelling catheters are held in the bladder by a water-filled balloon.

Indwelling catheters may be drained:

- **continuously via a tube into a drainage bag** – for example the supra-pubic catheter, which is the preferred choice for people with cervical spinal cord injury or other conditions that limit hand dexterity and where clean intermittent self-catheterisation is not an option
- **intermittently via a catheter valve** – which can be opened, when required, to allow urine to drain into a toilet, then closed to allow the bladder to refill. This avoids the need for a permanently attached drainage bag and allows the bladder to fill and empty intermittently, helping maintain good bladder shape. The valve must be released regularly to prevent over filling of your bladder. It is usually connected to a larger bag for drainage at night. A catheter valve is discreet and comfortable and can provide greater independence. It also reduces the possibility of trauma and infection in your bladder.

There is a variety of urine drainage bags to suit different situations. Your nurse will help you select the bags that best suit your needs.

If you are unable to walk and need to use a collection bag, there are collection bags that can hold up to two litres of urine. They can be hung on your bed, your wheel chair or on a stand.

If you are able to walk, there are collection bags that can be placed discreetly on your leg or belly, held by

elasticised straps. These are usually worn during the day as they fit discreetly under trousers or skirts, and are easily emptied. The length of the tube can be customised to suit where you want to wear it.

Larger bags can be used at night time. They are usually hung on the bed or placed on a stand on the floor.

Intermittent catheters

An intermittent catheter is when a new catheter is inserted each time you need to drain urine. It is then immediately removed. This is done at intervals similar to those at which you would go to the toilet to pass urine. This process may be referred to as 'clean intermittent self-catheterisation' or CISC.

CISC reduces the risk of infection and kidney damage by making sure your bladder is emptied adequately at regular intervals. The equipment doesn't interfere with a normal sexual relationship.

An intermittent catheter is inserted through the urethra into the bladder. You can do this yourself, or it can be done by your healthcare worker, carer, or urology nurse.

If you develop recurrent urine infections while doing CISC, see your nurse for a review.

Conditions that may require urinary catheterisation

Urinary catheterisation can be useful for people with bladder problems, such as:

- urinary retention – inability to empty the bladder, for example due to neurological conditions such as stroke and multiple sclerosis, or other factors such as faecal impaction or enlarged prostate
- bladder obstruction – for example, caused by bladder stones or narrowing of the urethra (the passage from the bladder to the outside).

It can also be useful on a temporary basis, such as:

- to help people to retrain their bladder – catheterisation can be discontinued as soon as bladder control is re-established
- after surgery to the genital area – such as prostate gland or hip surgery or a hysterectomy
- (as an indwelling catheter) for the first few days after major surgery or to monitor fluid output in patients receiving intravenous fluids.

Choosing the right catheter and equipment

Your health professional will help you choose the right catheter and equipment for you. This will depend upon the reason you need the catheter, how long it is expected to remain in place, and what will best suit you and your lifestyle.

Decisions involved in choosing the correct catheter include:

- external circumference of the catheter
- inside space of the catheter (the lumen) – the right size for you is the smallest size possible to drain your bladder adequately
- material – for example, silicone, latex or Teflon, or a combination of these. The material selected will depend on how long the catheter will be in place
- length, shape, design and structural features – decisions about the length of the tube, the size of the collection bag and the means of attachment will depend on factors such as whether you are able to walk, how and where you intend to store or wear your collection bag, and how frequently you will be able to empty it
- how to secure or anchor your catheter – to make you comfortable and reduce possible trauma. Catheter supports prevent unnecessary tugging of the catheter tubing on the bladder and irritation of the urethra and its opening
- lifestyle needs – your catheter should be customised to your lifestyle choices – for example, it may need to be easily portable, discreet, and have all the necessary features for you to be able to use it confidently, such as a handling aid.

Alternative catheter treatments

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, with no further need for catheterisation.

Using a catheter – taking care of yourself at home

Your prescribing health practitioner or your continence, urology or community nurse will teach you how to manage your catheter at home. This includes how to deal with common problems that may arise, such as an infection.

Where to get help

- Your **GP (doctor)**
- Your **urologist**
- Your continence, urology or community nurse

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Victorian Continence Resource Centre

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