Urinary catheterisation

Summary

- 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 continuously or at regular intervals.
- Catheterisation can be used on a temporary basis to help people retrain their bladder, and it may also be needed after certain kinds of surgery.
- Your continence professional will help you choose the right catheter and equipment for you.

A catheter is a thin, clean hollow tube which is usually made of soft plastic or rubber. Urinary catheterisation means to introduce a catheter into the bladder to inject or remove fluid. A urinary catheter can give a person control over their bladder and keeps them dry.

Conditions that may require urinary catheterisation

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

- urinary retention – inability to completely empty the bladder
- bladder obstruction – for example, caused by bladder stones or narrowing of the urethra.

It may also be suggested for people who:

- have long-term chronic problems that prevent them from emptying their bladder
- have a condition that impairs their mental function, such as dementia.

Catheterisation can be used on a temporary basis to help people retrain their bladder. It may also be needed after certain kinds of surgery in the genital area, such as prostate gland or hip surgery or a hysterectomy.

An indwelling catheter is often used for the first few days after major surgery or to monitor fluid output in patients receiving intravenous fluids. In some cases, urinary catheterisation is a short-term option that can be discontinued as soon as bladder control is re-established.

Certain conditions (such as spinal injury) require the long-term use of catheters to aid urination.

Choosing the right catheter and equipment

Your continence 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 stabilise 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.

Different types of urinary catheterisation

The two main types of urinary catheter are:

- indwelling catheter – inserted through the urethra 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 urethral catheter

This is the most commonly used type of urinary catheter but is also associated with the highest risk of infection. An
indwelling catheter is inserted through the urethra into the bladder, and is 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 suprapubic 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, maintaining good bladder function. 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.

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
elasticized 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 catheter

Use of an intermittent catheter is also known as Clean Intermittent Self Catheterisation or CISC. CISC 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.

An intermittent catheter is inserted through the urethra into the bladder, as required, to drain urine. You can do this
yourself, or it can be done by your healthcare worker or carer.

Any carer or person performing CISC themselves should be thoroughly trained in CISC techniques and hygiene by
a continence professional, and should have their technique reviewed periodically. This will help you refine your
technique and prevent problems. A review could result in a simple change to a product that is more suitable or
preferable for you.

Alternative 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.

Taking care of yourself at home

It is the responsibility of your prescribing health practitioner or continence professional to provide you with the
necessary information on catheter management at home. This includes how to deal with common problems that
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may arise, such as an infection.

**Where to get help**

- Your doctor
- Continence professional

**Things to remember**

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Victorian Continence Resource Centre

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