



## Information for Patients

# Clean Intermittent Self-Catheterisation (CISC)

### What is catheterisation?

Catheterisation involves passing a small tube into the bladder to empty it. Temporary catheterisation is commonly required following surgery due to pain, swelling or mobility problems. Some women, for example women with neurological (nerve problems) of the bladder, may need to catheterise permanently.

### How does a normal bladder work?

As urine is produced and fills the bladder, the bladder muscle (detrusor) relaxes and stretches to accommodate the fluid.

When the bladder is filled to a certain level, an urge to pass urine is felt, and when it is appropriate, the brain signals the detrusor muscle to contract and the urethral sphincter to relax, thus allowing urine to be passed. The bladder usually needs to be emptied about 4-7 times per day, and once or twice at night.

### Why is catheterisation needed?

If the bladder is unable to empty properly it can cause a number of problems including:

- Overstretching of the bladder wall. This can lead to permanent damage to the bladder muscle and result in urinary incontinence and a permanent inability to empty the bladder effectively.
- Urinary tract infections or bladder stone formation due to pooling of stale urine.
- Overstretching and urinary tract infections may lead to kidney damage.
- Urgency complaints (a sudden and urgent need to pass urine).
- Urge incontinence: a sudden and urgent need to pass urine that results in leakage.
- Urinary frequency (passing urine frequently).

## What types of catheterisation are there?

There are three types of catheterisation techniques:

- Indwelling urethral catheters: a tube in your bladder through the urethra which will stay in place for a short period.
- Suprapubic catheters: a tube in your bladder introduced through the lower abdominal skin.
- Intermittent catheters: the bladder is emptied periodically, using a small catheter that is removed after each use.

## How long is catheterisation needed?

This will depend on the reason for incomplete emptying; following surgery the bladder normally returns to normal function after one to two weeks. Your doctor or nurse will be able to advise you on the likely length of time catheterisation is required.

## Intermittent catheterisation

This involves passing a small tube called a catheter up into the bladder to allow all the urine to flow out.

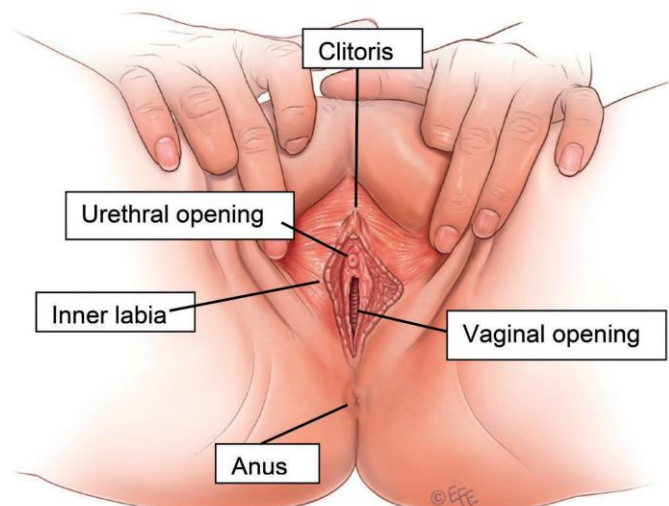
Although it may seem difficult at first, most people find learning to catheterise very easy. With practice emptying the bladder can take only a few minutes. Your nurse or doctor will help you find the right technique and answer questions as you learn.

## What do I have to learn to perform CISC?

Before you learn the technique of CISC you must have an understanding of your anatomy to locate the opening of the urethra. Your nurse will provide you with practical information and a mirror to help you find the urethral opening.

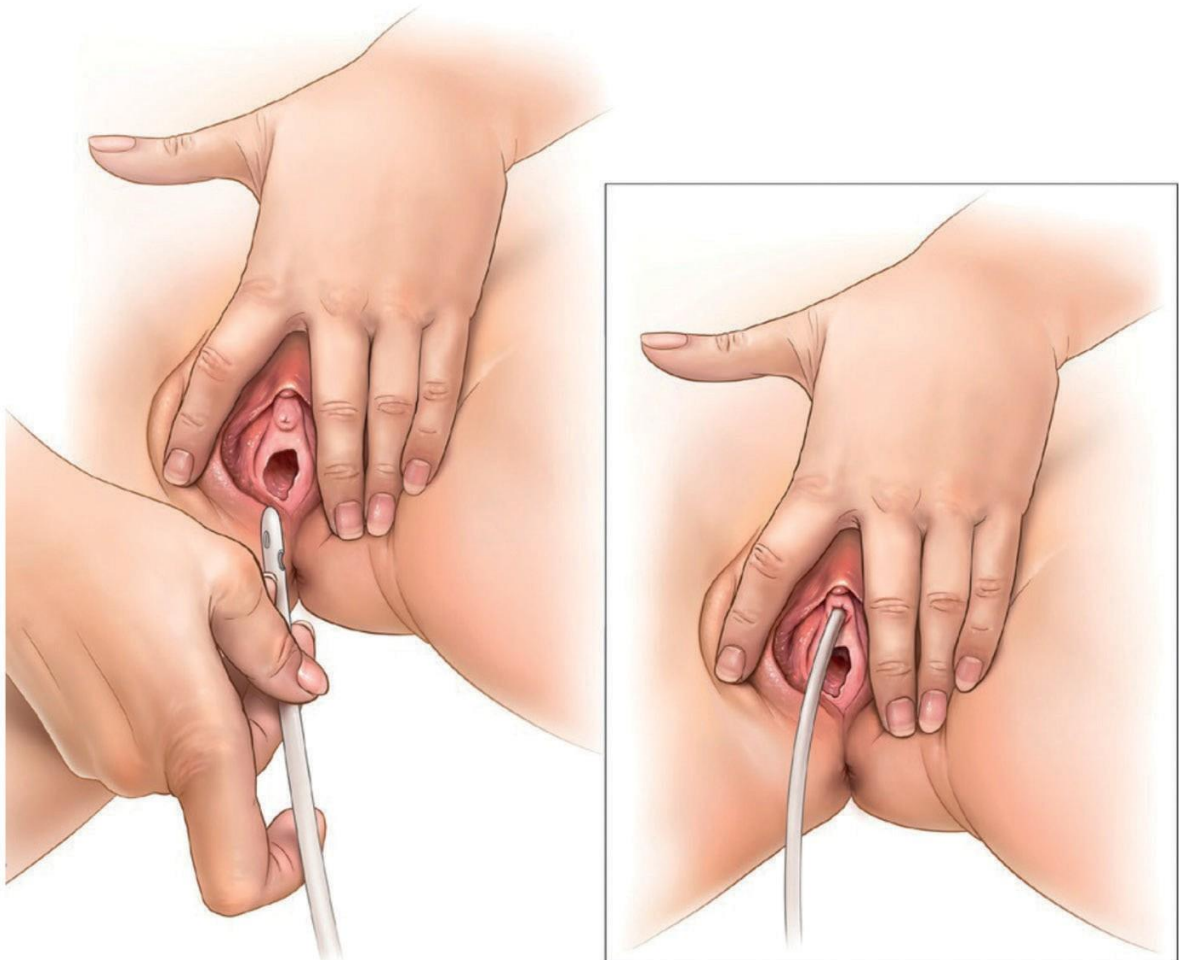
## What do I need to get started?

- Intermittent disposable catheter.
- Container for urine.
- Toilet tissue.



## Step by Step Guide to CISC

1. Wash hands thoroughly.
2. Prepare the equipment, setting everything up on a clean, easily accessible surface.
3. Wash your genital area with wet toilet tissue or a flannel or wipes. Always wipe from front to back and use each tissue or wipe only once. Discard used toilet tissue into the rubbish bag or toilet.
4. **Wash your hands again.**
5. Position yourself in the position that is comfortable for you either sitting or standing. (Until you are familiar and confident with the procedure, you may need to position a mirror to make it easier to see the opening of your urethra).
6. Pick up the catheter, but do not touch the end that is going into your bladder.
7. Part your labia with one hand – you may need to place a finger over (or in) the vagina to prevent the catheter going into the vagina instead of the urethra. Gently insert the catheter into the urethra until urine flows. Leave the catheter in until the moment that urine stops flowing.
8. Remove the catheter slowly after the urine stops flowing.
9. Dry yourself.
10. Wash your hands.



## Tips and Advice

### Drinking

Unless your doctor has told you otherwise, you are advised to drink approximately 1.5 to 2 litres of fluid per day. This will help reduce the risk of urinary tract infections.

### Hygiene

Cleanliness is more important than speed. Always wash your hands when self-catheterising.

### Bowel habits

It is important that your bowel functions regularly for you; this will make it easier to empty your bladder completely. Eat a well-balanced diet with plenty of fruit and vegetables. If you become constipated contact your GP, specialist or nurse.

### Before catheterisation

Whenever possible, always try and pass urine the normal way before you use a catheter. Try to relax your pelvic floor and avoid pressing down with your abdominal muscles or straining.

### Difficulties inserting your catheter

Never use force or be in a hurry when inserting your catheter. If you meet resistance when inserting, stop, take a few slow breaths or gently cough while keeping steady pressure on the catheter. After a while the muscles will relax and the catheter will slide in. If you continue to have difficulties contact your health professional for advice.

### Travelling

If you go away on holiday, remember to take any supplies with you. Don't forget to pack some in your hand luggage.

### Blood on the Catheter

Introducing the catheter can damage the urethral tissue but the damage will soon heal. You can continue to perform CISC. If force is required or CISC gets more painful and blood loss does not stop, please contact your doctor or nurse.

### Recognising infection

With each introduction of the catheter there is a slight chance of urinary tract infection. This is because the catheter will provide a route for bacteria to enter the bladder. You are advised to seek medical help promptly for a possible urinary tract infection if you experience the following symptoms:

- Feeling unwell and/or tired, loss of appetite, vomiting.
- Fever, chills, shivering.
- Pain or burning on passing urine or catheterising.
- Pain/aching back.

- Cloudy or offensive smelling urine.
- Persistent passing of blood in the urine.
- A frequent need to pass urine.

## Guidelines to Frequency of CISC

There may be variations to these guidelines and the nurse will discuss this with you:

Residual	Frequency
More than 400mls	4-6 times a day
400-300mls	3 times a day
300-200mls	Twice a day
200-100mls	Daily

Or as often as your doctor or nurse instructs.

**Please see overleaf for your personal CISC record.**

## Further information

If you have any questions please contact the Warrell Unit Clinical Nurse Specialist on:

(0161) 701 6150, Monday - Friday, 8.30 am – 5.00 pm.

