



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

INTERMITTENT SELF-CATHETERISATION (ISC)

WHAT IS INTERMITTENT SELF-CATHETERISATION (ISC)?

Self-catheterisation is a way to empty your bladder when you have difficulty passing urine. As the name suggests, you perform the procedure yourself. Self-catheterisation, also called clean intermittent self-catheterisation (CISC) or intermittent self-catheterization (ISC), involves inserting a thin, hollow tube called a catheter into the bladder through the urethra (the tube from which the urine exits your body).

Urine drains out of the catheter into a toilet or container. When your bladder is empty, you remove the catheter. You repeat these steps at regular intervals (intermittently) throughout the day as required.

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?

Catheterisation is needed when the bladder is unable to empty properly.

If the bladder is unable to empty properly it can cause 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.
- Urinary urgency (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).
- Nocturia (when you wake up more than once each night to pass urine)

There are different reasons why you may need to self-catheterise such as following surgery, following Botox injections into your bladder, prolapse or neurological problems. Your nurse will explain the reasons why you are being taught to catheterise with you in more detail at or before your appointment.

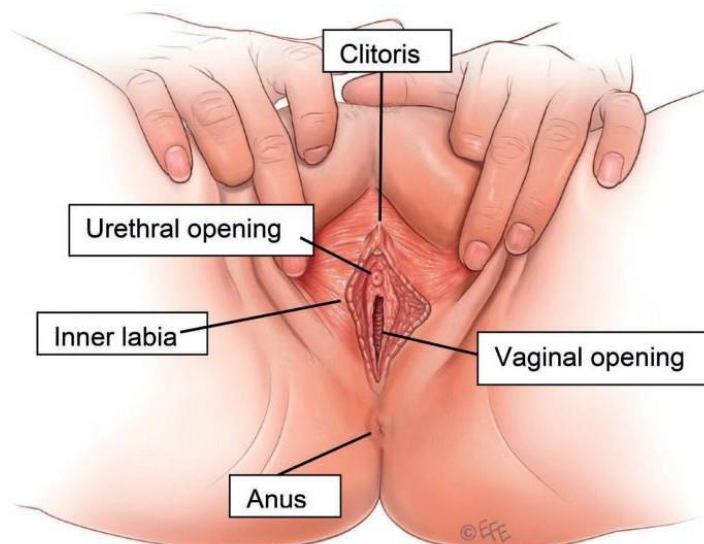
Patients often find the idea of ISC quite daunting, but most patients manage it quite easily and your nurse will adapt the technique and type of catheters used according to your needs. Please speak to your nurse if you have any concerns.

HOW LONG WILL I NEED TO SELF-CATHETERISE FOR?

How long catheterisation is needed will depend on the reason for incomplete emptying. This may only be a short-term requirement, however, in some cases it may be required long term. Your nurse will discuss this with you at your appointment.

WHAT DO I NEED TO LEARN TO PERFORM ISC?

Before you learn the technique of ISC you must understand your anatomy and be able to locate the opening of the urethra (the tube from which the urine exits your body). Your nurse will provide you with practical information and a mirror to help you find the urethral opening. It is useful to look at your anatomy yourself at home with a mirror before you attend the clinic but if you are unable to do this then don't worry the nurse will go through it with you when you attend.

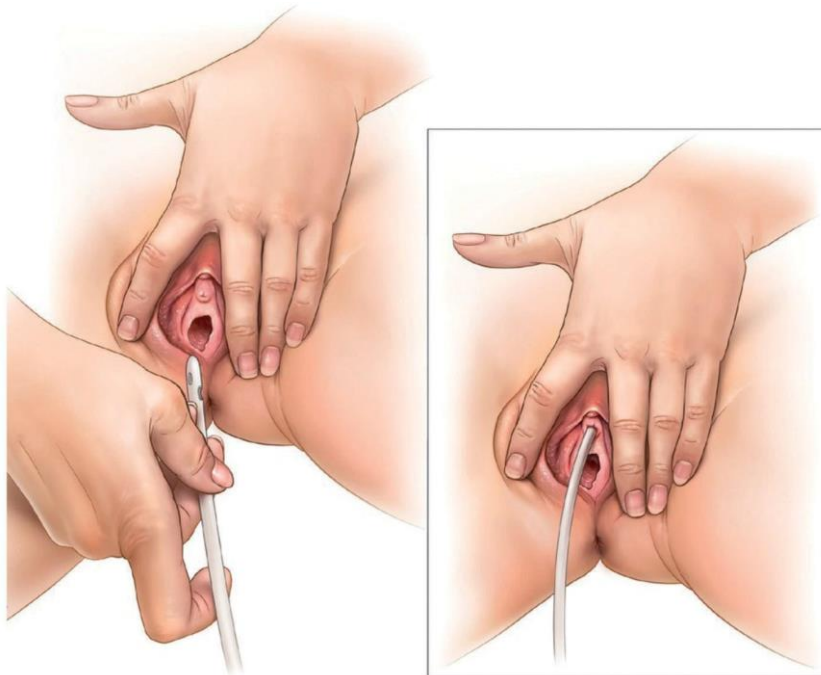


WHAT DO I NEED TO GET STARTED?

- Intermittent disposable catheter.
- Container for urine.
- Toilet tissue.
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YOUR STEP-BY-STEP GUIDE TO ISC

- Wash hands thoroughly.
- Prepare the equipment, setting everything up on a clean, easily accessible surface.
- 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.
- **Wash your hands again.**
- 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).
- Pick up the catheter, but do not touch the end that is going into your bladder.
- 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.
- Remove the catheter slowly after the urine stops flowing.
- Dry yourself.
- Wash your hands.



Tips and Advice

- **Drinking.** Unless your doctor has told you otherwise, you are advised to drink 1.5 - 2 litres of fluid per day. This will help reduce the risk of urinary tract infections.
- **Hygiene.** Safe handling is more important than speed. Always wash your hands thoroughly when performing the technique and when cleaning your equipment.
- **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.

- **Before Catheterization.** Always try to pass urine the normal way before using a catheter. Try to relax your pelvic floor and avoid pressing down with your stomach muscles.
- **Difficulties Inserting the Catheter.** Never use force or be in a hurry when inserting the 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 nurse.
- **Traveling.** If you go away on holiday, remember to take any supplies with you. Do not forget to pack some supplies 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 ISC. If force is required or ISC gets more painful and blood loss does not stop, contact your nurse.

Recognizing Infection

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

- Feeling unwell and/or tired, loss of appetite, vomiting
- Fever, chills, shivering
- Pain or burning on passing urine or catheterizing
- Pain/aching back
- Cloudy or offensive smelling urine
- Persistent passing of blood in the urine
- A frequent need to pass urine

The chart below gives a guide to the frequency of ISC but this can vary for each individual:

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

Your nurse may ask you to keep a record of your catheterisation when you first start to do it. This is to assess how much urine is being retained in your bladder so that we can establish how frequently you need to catheterise. You can use the chart below to record this:

ISC RECORD & INSTRUCTIONS

- Drink at least 8 cups of fluid every 24 hours.
- Measure how much urine you pass before each catheterisation and record the amount passed (voided) as well as the amount drained by the catheter.
- CISC as frequently as your doctor or nurse instructs.

