Wellness education

The basics of intermittent self-catheterization
Coloplast Consumer Care Advisors can assist you with your intimate healthcare needs. They are available Monday through Friday from 7 a.m. to 7 p.m. (CST).

**Phone support**
Advisors ready to answer questions and provide support by phone

**Website and emails**
A dedicated website and emails with articles and reliable advice, relevant for your situation

**My Continence Check**
Keep track of your bladder issues through regular self-assessment

**Product access and guidance**
Access to product samples and help finding a supplier that meets your insurance needs

1-866-226-6362
bladder.coloplastcare.us
samples@coloplast.com
Intermittent self-catheterization is a way to completely empty your bladder on a regular schedule. It helps keeps the bladder healthy—and it’s one of the keys to independence. Managing your intermittent self-catheterization regimen offers more control of your daily schedule. It also allows you to pursue an active social life and the freedom to seek out the activities you enjoy.

When you’re first learning the process of intermittent self-catheterization, small setbacks can happen. The good news is that thousands of people have also had setbacks and still managed to master the catheterization technique. It just takes training and practice. So be patient – you will be an expert in no time! Here is some basic information about intermittent self-catheterization.
1. **How does urine pass through the excretory system?**

Urine is made in the kidneys and passes to the bladder by way of the ureters. The bladder stores urine until the brain sends a signal triggering the bladder that it is getting full. You then pass urine out of the body by way of the urethra. The body needs an intact, healthy spinal cord for all of this to happen.

You may be one of the many people who have injuries to the spinal cord. Depending on the location of the injury, your bladder may have limitations related to either emptying or storing urine (the same may be true of emptying the bowels.) It is for this reason that intermittent self-catheterization may be the best way for you to empty your bladder and to help keep your urinary tract system healthy.
2. **Why do people rely on intermittent self-catheterization?**

People perform intermittent self-catheterization for any number of reasons:

- Spinal cord injury
- Certain diseases or conditions such as spina bifida, Parkinson’s disease, diabetes or multiple sclerosis (MS)
- A result of surgery or certain medications
- Problems with urinary retention (being unable to empty your bladder completely)
- Urinary incontinence (leaking of urine, or inability to control when you urinate)
3. How do I insert the catheter?

Assemble equipment together and place in an accessible area. Equipment needed: catheter, moist towelette or soap and water, and a dry hand towel. When using an uncoated catheter, a water-soluble lubricant is recommended.

For women

1. Separate the labia and gently clean the area around the urethral opening (use soap and water or moist towelette). Wash from front to back.

2. If using a hydrophilic coated catheter, no additional lubricant is needed; however, there may be a need to activate the coating (see manufacturer IFU.). If using an uncoated catheter, use a water-soluble lubricant and lubricate the tip and the first 2” of the catheter.

3. Slowly insert the catheter into the urethra about 1-1.5 inches, until urine starts to flow. Insert the catheter another 1 inch and keep it there until the urine stops flowing.

4. Begin to withdraw the catheter slowly while slightly rotating it. (If you are using a coudé or curved tip catheter, do not rotate.) Stop briefly each time more urine drains out.

5. Throw away the catheter after using it (put in a plastic bag or wrap in a paper towel) and wash your hands once more.
For men

1. Gently clean the head of the penis and the penis tip (use soap and water or moist towelette). Use a circular motion, starting at the urethra.

2. If using a hydrophilic coated catheter, no additional lubricant is needed however there may be a need to activate the coating (see manufacturer IFU.) If using an uncoated catheter, use a water soluble lubricant and lubricate the tip and the first 6” of the catheter.

3. Slowly insert the catheter into the urethra about 6-8 inches, until urine starts to flow. Insert the catheter another 1 inch and keep it there until the urine stops flowing.

4. Begin to withdraw the catheter slowly while slightly rotating it. (If you are using a coudé or curved tip catheter, do not rotate). Stop briefly each time more urine drains out.

5. Throw away the catheter after using it (put in a plastic bag or wrap in a paper towel) and wash your hands once more.
4. What if I’m in a public bathroom?

The same rules of hygiene apply whether you’re at home, at a friend’s house or in a public restroom. If you need to touch anything after you wash your hands – your wheelchair rims or the door – it’s important to use hand sanitizing gel or wash again! If a sink and water aren’t available, you can use an antiseptic towelette to clean the urethral area before you insert the catheter. Many people find it helpful to keep needed supplies in a plastic bag. When you are finished, you can discard your used items in the bag.
5. What options do I have with catheters?

There are many types and brands of intermittent catheters made from different materials that offer various lengths, sizes, tips and position of the opening. There is also an option to use a more compact, discreet catheter for both men and women. Men or women who are experiencing trouble inserting a straight tip catheter may require a coudé tip catheter.

Some people experience frequent urinary tract infections (UTIs), and may benefit from the use of a closed catheter system. Each system comes with a sterile catheter and a urine collection bag all in one unit. In addition some of the closed systems come as kits which also include gloves, drape and prep pads.

Note: Speak with your physician or clinician when considering these new options. Some catheters may require a new prescription to qualify for insurance coverage.
6. **What should I look for in the urine?**

Normally urine is clear yellow and has little to no odor. However some foods – such as asparagus, onions, and food from the cabbage family such as broccoli – can produce odor in urine. Medications may also produce odor or color changes in urine, so check with your pharmacist about the medications you take. If you see darker, more concentrated urine that has a stronger odor; it may indicate that you are not drinking enough liquids.

You might also notice sediment or mucus shreds in the urine, which is usually normal. Sediment or mucus shreds are caused by a natural process of the body regularly shedding dead cells from the bladder lining. Small amounts of blood in the urine may occur from the process of inserting the catheter into the urethra. Large amounts of blood, however – enough to make the urine the color of cranberry juice – can be a symptom of another problem, possibly a urinary tract infection. In this case you should call your physician or clinician immediately.
Signs of a symptomatic urinary tract infection (UTI):

- Fever
- Chills
- Unexpected urine leakage
- Increased spasms of the legs, abdomen or bladder
- Pain in the bladder area above the pubic bone
- Headache
- Nausea
- Fatigue, tiredness
- Just feeling poorly
- Increased episodes of Autonomic Dysreflexia (AD)
- Leaking between catheterizations
- Foul smelling urine
- Increasing sediment/cloudiness

Be proactive. These symptoms should always be reported to your doctor. Untreated UTIs can lead to the spread of infection to other body systems, and lead to more severe consequences.
8. Troubleshooting tips

When you’re first learning to do intermittent self-catheterization, it’s not unusual to encounter difficulties. Some people find they’re successful if they pause, take a deep breath and try one more time. Some common issues others who catheterize have dealt with include:

Finding the urethral opening: A handheld mirror can be very useful.

Experiencing pain when inserting the catheter: It may be uncomfortable when first starting to use intermittent catheters. Try to relax if using an uncoated catheter, use plenty of lubrication. If the discomfort continues or you are experiencing pain, you should inform your physician or clinician immediately. Many catheter options are available that may help such as a hydrophilic-coated or coudé catheter.

Reaching the toilet: This type of challenge can occur especially if you’re in a wheelchair. Try extension tubing with your catheter. This extra tubing connects to your catheter and extends to the toilet.
Handling the catheter: People with limited hand dexterity may have find self-catheterization more difficult. If you experience problems handling the catheter, try a different type such as:

- **Funnel-end catheter** – it offers a wider end you can grasp

- **16-inch catheter** – for females, it allows the ability to loop catheter around the hand for a better grip

- **Closed catheter system** – this self contained, one piece unit may be easier to handle

If you continue to experience difficulty due to dexterity issues ask your physician or clinician about seeing an occupational therapist, who may be able to offer additional one-on-one advice.

**Note:** Speak with your physician or clinician when considering these new options. Some catheters may require a new prescription to qualify for insurance coverage.
9. Are there tips to help me keep on schedule?

At first some people use charts, which are a good visual cue. Charts are also helpful if your physician wants you to keep track of the amount of urine you pass. Other suggestions might be to set a watch or a cell phone alarm. Remember that it’s very important to maintain your intermittent self-catheterization schedule. This helps keep your bladder healthy, can help avoid leaking and possibly help prevent urinary tract infections.
10. Special considerations

What advice do you have for using an external (condom) catheter? At times, people may experience leakage between intermittent self-catheterizations, often during the night. Men may be advised to use a male external collection system. The system consists of a male external catheter (sometimes called a condom catheter) which is a sheath that fits over the penis and is attached to a urine collection bag (sometimes called a drainage bag).

The key to success when using a male external catheter is getting the right diameter size of catheter, as well as the sheath length. This can help prevent leakage. A sizing guide is available for each type of male external catheter from the manufacturer or from your supplier.

There are different types of male external catheters. One of the most often used is a self-adhesive male external catheter that has a clear sheath. The clear sheath allows you to see the skin of the penis to ensure that there are no changes or irritation. A male external catheter must always be connected to a urine collection bag. There are different types of drainage bags. One type of drainage bag attaches to your bed or chair and holds larger amounts of urine. There is also a drainage bag that attaches to the leg and is more discreet for daytime use. The bag will need to be replaced on a regular basis. Check with your insurer for monthly usage guidelines.
If you have any questions regarding intermittent self-catheterization, product usage or availability please contact a Coloplast Consumer Care Advisor at 1-866-226-6362.

Coloplast does not practice medicine. The recommendations and information in this material are not medical advice. Contact your healthcare professional for personal medical advice or diagnosis. IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 911.