

SPHERE Bladder and Bowel Service

Intermittent Self-Catheterisation (ISC)

- Intermittent catheters are for patients who require to use a catheter to empty their bladder and they are used as an alternative to an indwelling catheter. Intermittent Self Catheterisation (ISC) empowers suitable people to regain control of their own toileting habits and is used to drain urine at intervals throughout the day.
- Self-catheterisation is often a bit awkward to start with, but many people find it quite easy once they have had some practice
- It is important to make sure that the vulval area in women or the area around the tip of the penis in men, is clean. It may be that a daily shower or bath is sufficient but it is useful to keep a small pack of moist/baby wipes in a handbag or pocket as back-up.
- It is important to wash your hands before touching or inserting the catheter – again a fresh moist wipe can be used if there is no wash hand basin available After washing hands please remember not to touch the sterile part of the catheter that enters the body.
- Many ISC catheter packages have a sticky back patch which allows it to stick onto the wall once opened, making it easier to access. Women can use several positions to catheterise – they can learn to insert the catheter while sitting on the toilet, when standing up, or by putting one foot up onto the toilet seat to enable them to find the urethra more easily. Women should be encouraged to experiment and decide which way feels most comfortable. Men will sit down on the toilet or stand over the toilet to pass the catheter. All single use prescribed catheters come with the manufacturers' instructions for use.
- To insert the catheter, remove it from the package by touching the drainage end of the catheter – this is the only part that can be touched before inserting it into the bladder, then gently insert the sterile part of the catheter into the urethra. If women cannot find the urethra they can use a mirror to find the urethra just above the vaginal entrance. Once women have practiced several times they will probably not need to use a mirror. ISC can also be done over the bath if it's easier. After insertion of the catheter the urine will start to drain out when it reaches the bladder. When the urine stops draining, gently twist and pull the catheter down and slowly remove it to completely empty the bladder.
- If, on removal of the catheter, it doesn't come out first time, try again, continuing to pull gently.
- The teaching of ISC should only be carried out by a competent practitioner who is skilled and educated in the medical intervention of catheterisation.
- The practitioner has a duty to recognise their own limitations and where appropriate to refer to specialist services.

Indications for using ISC

- Neurogenic bladder conditions (damage to the nerve supply)
- Hypotonic bladder conditions (incontractile detrusor or post treatment for OAB)
- Immediately post operative after bladder surgery or any post-operative urinary retention
- Bladder outflow obstruction
- Management of urethral strictures along with Intermittent Self Dilation

Assessment of Patient

A full clinical assessment should be carried out for all patient/ carers presenting for training in ISC. This should include:

- Bladder diaries
- Bladder scan
- Urinalysis
- Environment – where will the person be carrying out ISC, is the person independent, working, at home
- Consider what type of neurological problems the patient may have.
- Is their condition likely to change over time?
- Is the patient experiencing any sensory loss, limited manual dexterity, hand/eye co-ordination or spatial awareness at present?
- What support is needed?
- Don't let disability be a barrier
- Is it appropriate for someone else (carer or partner) to assist, with the consent of the person who requires ISC?
- If currently using an Indwelling catheter, what is the clinical reason for using this? How long has the catheter been in place?
- Is the patient motivated to practice using single use ISC?
- What is their emotional and cognitive ability?

The Healthcare Professional carrying out the assessment must: -

- Demonstrate a high level of competency in the procedure of urinary catheterisation
- Recognise conditions that require immediate referral or further investigations
- Critically evaluate and discuss the importance of recording all relevant steps in the process of teaching ISC
- Engage in evaluation and critical analysis of post procedure outcomes.
- Discuss and debate professional issues in relation to catheterisation
- Develop clinical and peer supervision for practice

Comparison of suitability of different types of urinary catheterisation

Treatment	Advantages	Disadvantages
<p>INTERMITTENT SELF CATHETERISATION</p> <p>Catheters that are temporarily inserted into the bladder and removed once the bladder is empty. Intervals between each catheterisation to be determined during assessment.</p>	<ul style="list-style-type: none"> - Lowest risk of urinary tract infections (UTIs), blockages and leaks - Don't need to constantly have catheter in place or wear urine collection bags - Everyday activities largely unaffected - Patient can be taught to insert and remove the catheter themselves 	<ul style="list-style-type: none"> - Inserting catheters regularly throughout the day can be inconvenient and patient may find it fiddly or uncomfortable - Repeated catheter insertions could damage the urethra
<p>INDWELLING URINARY CATHETER</p> <p>Catheters that remain in place for several days or weeks and are held in position by a water-filled balloon in the bladder.</p>	<ul style="list-style-type: none"> - Avoids the inconvenience of inserting and removing catheters throughout the day - Emptying or draining urine is relatively quick and simple - It may be possible to train the patient to remove and replace it themselves 	<ul style="list-style-type: none"> - Higher risk of UTIs, blockages and leaks than intermittent catheters - Catheter needs to be left in all the time - Patient is likely to need to wear a urine collection bag all day and night - Can make certain activities more difficult, such as sexual intercourse - A nurse will need to visit patient when catheter is scheduled to be changed if patient hasn't been trained to do this themselves
<p>SUPRAPUBIC CATHETER</p> <p>A type of indwelling catheter that is inserted through a small opening made in the lower abdomen.</p>	<ul style="list-style-type: none"> - Avoids inconvenience of inserting and removing catheters throughout the day - Emptying or draining urine is relatively quick and simple - Easier to access and clean than indwelling catheters - Reduced risk of damage to the urethra or genitals - Sexual intercourse is easier than with indwelling catheters - Less likely to be accidentally pulled out of position - Allows a larger catheter to be used, meaning the risk of blockages may be lower than with urethral indwelling catheters 	<ul style="list-style-type: none"> - Higher risk of UTIs, blockages and leaks than intermittent catheters - Catheter needs to be left in place all the time - You may need to wear a urine collection bag all day and night - Operation needed to fit it, which may involve a short hospital stay and leaves a small wound in your abdomen - Small amounts of urine may still leak from the urethra - Not always possible to train you to remove and replace it yourself, so you may need to see a nurse every few weeks for this to be done

Before commencing assessment, consider whether any of the following Red Flag symptoms are present: frank haematuria, microscopic haematuria, recurrent urinary tract infections, post-void residual – is it definitely urine and not something else? Saddle numbness (cauda equina syndrome)

If any of the above are present, refer to urology immediately.