

Intermittent self-catheterisation (ISC)



Information for patients

Sheffield Teaching Hospitals



PROUD TO MAKE A DIFFERENCE

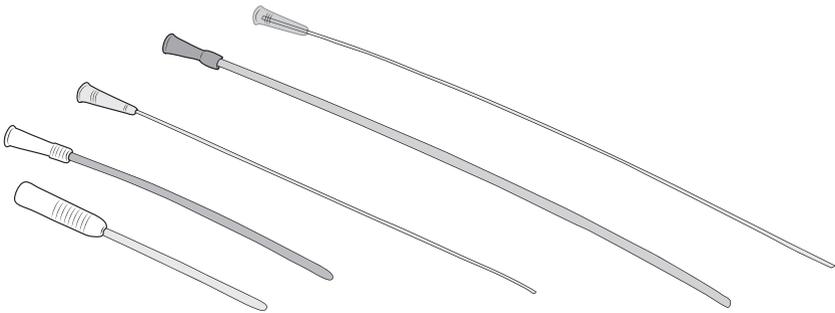
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What is clean intermittent self-catheterisation (CISC)?

Urinary catheterisation is a procedure used to drain the bladder and collect urine, through a flexible tube called a catheter.

Intermittent urinary catheters are inserted into your urethra and left just long enough to drain your bladder before they are removed. This regular filling up and emptying of the bladder mimics 'normal' bladder function.



Female and male self-catheterisation catheters

Clean intermittent self-catheterisation (CISC) is a technique which allows you to perform this type of catheterisation yourself. The technique is often referred to as ISC or CISC and can be easily taught. If you have nerve damage which affects your ability to control your bladder, CISC is considered the gold standard for emptying your bladder.

Why do I need to perform CISC?

Complete or near complete emptying of your bladder is necessary for a healthy urinary system. If excess urine remains in the bladder it can breed bacteria leading to bladder or kidney infections.

What causes the bladder not to empty completely?

Possible causes can be:

- Following pelvic surgery (this may not prevent you from being discharged from hospital. With time your bladder should settle and empty in the normal way).
- Occasionally after long or difficult child birth
- Nerve damage from spinal injury or disease
- Communication problems between the bladder and the brain

What are the advantages of CISC?

CISC is thought to be the best form of bladder control for people who have bladder emptying difficulties:

- There is less risk of urinary tract infection
- Stone formation in the kidneys or bladder is reduced
- There is less risk of damage to the urethra (water pipe) compared to an indwelling catheter
- It preserves bladder capacity
- There is no need to wear sheaths, leg bags or other appliances all the time (this can make day to day activities including sex much easier)

Is CISC right for me?

There are some things to consider before deciding if CISC is right for you. You will need to ask yourself:

Have I got good enough hand function?

You will need to be able to:

- adjust your clothing to access your urethral opening
- clean yourself

- open and fit together the equipment
- guide the catheter down your urethra and into your bladder

What if I go back to work (or into education etc)?

- Your employers (or school/college etc) should be willing to make arrangements for you to access toilet facilities. The difficulty comes when you have a job (or a course of study) that means you have to go to several different sites and environments.

Are there any alternatives to CISC?

There are two main types of urinary catheter:

- intermittent catheters – catheters that are temporarily inserted into the bladder and removed once the bladder is empty
- indwelling catheters – catheters that remain in place for many days or weeks and are held in position by a water-filled balloon in the bladder

Many people prefer to use an indwelling catheter because it's more convenient and avoids the repeated catheter insertions associated with intermittent catheters. However, indwelling catheters are more likely to cause problems such as infections.

Inserting either type of catheter can be uncomfortable, anaesthetic gel can be used to reduce any pain. You may also experience some discomfort while the catheter is in place, but most people with a long-term catheter get used to this over time.

There are more details about the different types of catheter on the following website:

- <https://www.nhs.uk/conditions/urinary-catheters/types/>

What does CISC involve?

The catheter is normally inserted into your bladder via the urethra (the tube that carries urine out of your body). The sterile catheter is usually pre-lubricated and ready to use to reduce any discomfort or damage inserting the catheter.

One end of the catheter is either left open-ended to allow drainage into a toilet or attached to a bag to collect the urine. The other end is guided through your urethra until it enters your bladder and urine starts to flow.

When the flow of urine stops, the catheter can be removed. A new catheter is used each time.

Are there different types of intermittent catheter?

There are a wide range of intermittent catheters available and these can be discussed with your ward staff or District Nurse. Intermittent catheters usually have a standard length (male 40cm, female 20cm), with an option for a shorter version for women (7cm). Adults usually use a 12 (white) or 14 (green) gauge (diameter) catheter.

The companies that make ISC equipment produce a lot of information in different formats (booklets, DVD etc). It is worth looking at this information, and asking for different catheters to try before settling on the one that suits you best.

How often should I catheterise?

If you decide to try CISC you will be taught how to do this by the nurse. These catheters are designed to be used once and then thrown away.

How often intermittent catheters need to be used differs from person to person. You may be advised to use them at regular intervals spaced evenly throughout the day, or only when you feel you need the toilet.

Urine can be drained into the toilet or a catheter bag. Your nurse will discuss this with you.

Steps to performing CISC

1. Before you perform CISC it is always advisable to try to pass urine normally first.
2. Please wash your hands with soap and water and dry them thoroughly.
3. Prepare the catheter according to the manufacturer's instructions.
4. You will need to wash the urethral opening with soap and water or a disposable wipe.
5. Choose a comfortable position. If you have been asked to measure the urine you will need a jug.
6. Wash your hands again.
7. Holding the catheter firmly near the 'funnel', pass it gently through the urethra up into your bladder.
8. When urine starts flowing, insert the catheter further by another 2 to 3cm.
9. When the urine stops flowing, slowly withdraw the catheter. If more urine begins to flow wait until it finishes before finally removing the catheter.

Are there any risks associated with CISC?

The main problem caused by urinary catheters are infections in the urethra, bladder, or less commonly the kidneys.

These types of infection are known as urinary tract infections (UTIs) and they usually need to be treated with antibiotics.

Catheters can also sometimes lead to other problems, such as bladder spasms (similar to stomach cramps), leakages, blockages and damage to the urethra.

Is there anything I can do to improve the success of CISC?

The success of CISC is largely dependent on keeping dry in between catheterisation and avoiding the risk of infection. It is important to remember, however, that occasional incontinence (getting wet) can happen with any form of neurogenic bladder dysfunction, regardless of how you manage your bladder. This can happen at any time. The following steps may help to reduce this:

Think about the times you catheterise

A diary may be helpful in recording how often you catheterise. At first when you are learning ISC you are taught to empty your bladder every 4-6 hours. Your bladder fills at different rates throughout the day, according to what and when you drink, how active you are and so on. So you have to learn to judge when to empty your bladder: when it's likely to be full, before you exert yourself, etc.

Treatment for urinary tract infections (UTIs)

You may have a mild UTI which can make your bladder irritable. If this is the case, you should get a sample of your urine checked so that an appropriate antibiotic can be prescribed if needed. If you get repeated UTIs speak to your GP or nurse for further advice.

It is important with any form of catheter to develop good hygiene practices. Your nurse will have shown you how to wash your hands properly before and after catheterising and how to keep any equipment clean.

What happens if I try CISC but continue to get wet between catheterisations?

The above steps are things you can do at first to try and avoid getting wet between catheterisations. However, there may be underlying reasons why this is happening. These can often be identified by a discussion with the nurse who can advise you on a selection of products and specific treatment options which can be considered.

In some cases, further investigation may need to be considered. Video-urodynamics (VUD) is a procedure performed in the x-ray department which shows how your bladder fills up and empties. This can often identify other physiological reasons for your incontinence, such as too much reflex activity in your bladder.

If reflex activity is identified as a cause of your incontinence you can still continue with CISC but may need medication to help. These medication are called anticholinergics. If this is not sufficient to keep you dry we may suggest Botox (Botulinum Toxin) injections into your bladder to suppress this activity. (See separate information leaflet on botox).

You may have a weakness in the muscles of your pelvic floor, or in your sphincter. This will mean that you pass urine when you cough or sneeze, or do anything to cause your abdominal muscles to press on your bladder. Your nurse or urologist will be able to provide further advice if this is the case.

Is there anything I should look out for?

The regular passing of a catheter can sometimes cause damage to the urethra and the sphincters. If this is severe, an abscess may form or the urethra may become narrowed. A little blood on the tip of the catheter when you remove it is often an early warning sign of damage. You can often reduce the damage by taking the following steps:

- Don't catheterise while sitting up straight - lean right back or lie down to make the urethra curve more gently
- For men, pulling your penis straight and away from your body when passing the catheter can also help
- Use a different type of catheter - the nurses can advise you on this

Other things you should watch out for include:

- severe or persistent bladder spasms (similar to stomach cramps)
- catheter becoming blocked, or urine leaking around the edges
- persistent blood in your urine, or passing large clots
- symptoms of a UTI, such as pain, a high temperature (fever) and chills

If you notice these symptoms you should contact your GP or District Nurse.

Some useful tips

- The catheters are single use and disposable in any household waste bin.
- Avoid touching the tip of the catheter as this may contaminate it.
- If you accidentally catheterise the vagina, you must use a new catheter.
- You should aim to drink between 1½ and 2 litres of fluid (6 - 7 cups per day).
- Constipation can make CISC more difficult so try to have you bowels open regularly. You can help this by eating a diet with plenty of fruit and vegetables.
- If you notice a few spots of blood during or after performing CISC please don't worry, this can happen. However, if the bleeding continues please contact your District Nurse or GP.

What if I find the catheter difficult to insert?

This may be because the sphincter muscle is not relaxed. This can happen if you are tense. It is a good idea to abandon this attempt and try again later.

What if I find the catheter difficult to remove?

Again this may be because the muscle is tense. Please wait a couple of minutes and try coughing as this may help the muscle to relax.

Who should I contact if I have any concerns?

If you have any concerns or wish to discuss your bladder management further please contact:

Ward:

District Nurse:

GP:

Where can I find further information?

The British Association of Urological Surgeons (BAUS) website has more detailed leaflets on self-catheterisation:

Self-catheterisation in men

- https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/ISC%20male.pdf

Self-catheterisation in women

- https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/ISC%20female.pdf



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