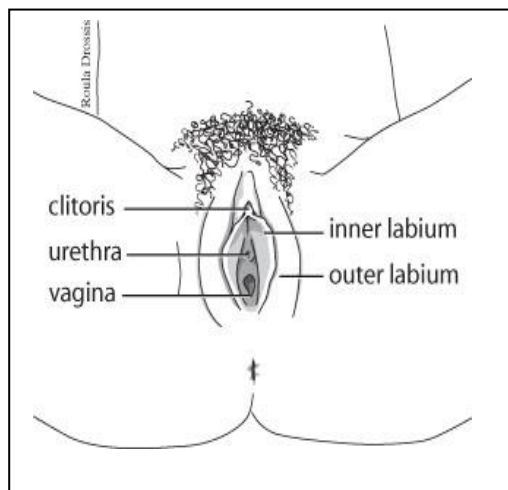


## **SELF CATHETERISATION AFTER INCONTINENCE SURGERY**

Your specialist has recommended intermittent self-catheterisation to help you empty your bladder. Urine is produced by the kidneys and carried to the bladder where it is stored. When emptying is appropriate, the bladder outlet control muscle (sphincter) normally relaxes while the bladder muscle contracts to expel the urine through the urethra (urine passage).

Sometimes, the bladder may not empty completely or at all, usually because of obstruction of its outlet (occasionally seen after pelvic surgery) or weakening of the bladder muscle. The bladder must then be emptied through a hollow plastic or rubber tube, a catheter, passed through the urethra.

Self-catheterisation is a method used by people who are unable to empty their bladder completely. When a bladder does not empty completely and regularly. Urinary tract infections (UTI's), stone formation, reduced bladder tone, and sometimes urinary incontinence may occur. Incomplete emptying is a risk after gynaecological surgery and resolves spontaneously over time as you heal from your surgery. You may need to use self-catheterisation for a short time during your recovery from surgery.



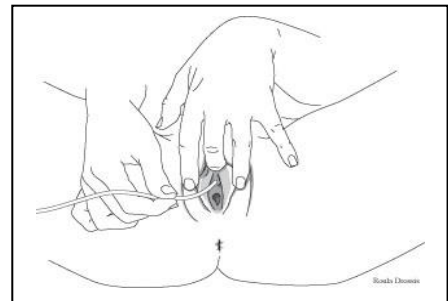
## **Equipment Needed**

1. Catheter
2. Soapy wash cloth or chlehexidne
3. Cotton balls
4. Disposable wipes
5. Dry towel
6. Hand mirror
7. Measuring jug
8. Lubricant eg KY jelly (water soluble) – not petroleum jelly eg Vaseline

## **Self-Catheterisation Technique**

Proper “clean” technique (no disinfectant or gloves required) will usually prevent infection without the need for absolute sterility. Catheterisation may be performed in any clean washroom, counter space within reach is useful.

1. Assemble the necessary supplies and have them close at hand.
2. If possible, try to void without straining.
3. Wash your hands thoroughly with soap and water, then, rinse and dry. It is best to keep your fingernails short and clean.
4. Get into a comfortable position; you may catheterise yourself standing with one foot supported on a stool or the toilet rim, sitting in front of or on a toilet, sitting on the floor against a wall and squatting.
5. Spread your thighs wide apart and separate your vaginal labia with one hand. Wash from front to back (ie. Towards anus) never from back to front, with soap and water, then rinse with water and dry. A damp towelette (baby wipe) can be used as an alternative.
6. Lubricate about 2cm (one inch) of the catheter tip with water soluble lubricant, if you feel the need.
7. With you non-dominant hand (ie left hand for right handed women), spread your labia with your index and ring fingers to expose the urethral opening. You may feel for the urethral opening with the tip of your middle finger.
8. Using your dominant hand, slowly insert the catheter into the urethra until urine begins to flow about 5cm or two inches, directing it upwards towards your bladder. It is important to breathe slowly and relax your muscles. Advance the catheter another 3cm (about one inch) to ensure that the tip is well into the bladder.
9. Drain urine into a contained or directly into the toilet. Gentle straining may help bladder emptying. Take note of the amount of urine obtained.
10. When urine stops flowing, withdraw the catheter slowly. Urine may flow irregularly as additional pockets are drained.
11. You may wish to wipe the urethral opening with tissue paper.
12. Dispose of catheter in general household garbage. Wash your hands. Your doctor or nurse will tell you how often you need to catheterise. The frequency of bladder emptying depends on the volume and type of fluid consumed and the bladder storage capacity. Restricting your evening fluid consumption may prevent the need to empty during the night.



Often, a sensation of bladder fullness will tell you when you need to catheterise. Most women who empty only with a catheter will self catheterise four or five times daily, about every four to six hours when the bladder contains 400 to 500ml (13-17oz) or urine.

If you obtain volumes greater than 600ml (20 oz) you will need to increase the frequency of catheterisation. When you drain less than 200ml (7 oz) at a time, you may catheterise less often, sometimes no more than one or twice daily if you are voiding as well. If you are not sure whether the bladder is full, catheterise. Soon, you will learn to recognise a full bladder reliably. In time, you will develop a regular schedule. A record of the times and volumes obtained will help your doctor fine tune your schedule.

### **Other Important Information**

1. Use a clean catheter every time. If the catheter is accidentally dropped, goes into the vagina, or touches the toilet, use another one.
2. Do not force the catheter into the urethra (a lubricant may be helpful)
3. Find a position that suits you. This might be standing in front of the toilet or sitting on a chair or bed. Placing a foot on a raised surface may also help.
4. Bath or shower daily in the usual manner.
5. Drink six to eight glasses of fluid each day.
6. Catheters can be disposed of in your normal garbage.

### **How Often Should I Catheterise?**

As instructed by your specialist or the Practice Nurse.

### **When to seek medical advice**

1. If there is any abnormal discharge from the urethra +/- vagina.
2. Signs of a urinary tract infection (eg. frequency, burning on passing urine, pain in lower abdomen, fever or chills, cloudy urine – with or without odour, blood in urine.
3. Signs of itchiness, soreness, redness at urethra
4. Problems inserting catheter
5. If you have frequent loss of urine from the bladder.

If you have any of the above signs or symptoms, please contact Care Gynaecology on 02 6058 6188.