urology associates

Information for Patients

Intermittent Self-Catheterisation and Dilatation for Men

Intermittent Self Catheterisation (ISC)

Intermittent Self Catheterisation (ISC) is a simple way to empty the bladder.

It involves passing a small tube called a catheter through the urethra (the opening where urine normally drains) into the bladder to allow the urine to empty.

The type of catheter commonly used is called a Nelaton Catheter.

ISC may be used for a short- or long-term basis.

This booklet is designed to give you an overview of the technique, what to watch for, and other helpful information.

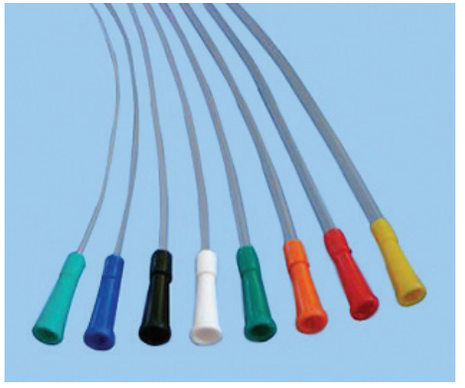
Urethral Dilatation

Urethral dilatation is a simple procedure used to gently stretch (dilate) the urethra.

It involves inserting a small tube called a catheter into the urethra (the tube through which urine normally leaves the body) and then removing the catheter.

The type of catheter commonly used for this procedure is called a Nelaton catheter.

Urethral dilatation may be recommended for either a short period of time or as a long-term treatment, depending on your condition.



Why is ISC necessary?

When going to the toilet it is usual to pass most of the urine that is in the bladder. There are some situations where the bladder may not fully empty.

Most commonly due to

- Bladder muscles that cannot contract effectively.
- The effect of bladder surgery.
- Injury to the spinal nerves.
- Blockage of the urethra.

How often should the bladder be emptied?

You should catheterise whenever you feel full. If you cannot feel if your bladder is full, you should catheterise when you wake in the morning, 2-3 times during the day and just before you go to bed at night.

Measure the amounts you drain off occasionally to see that your bladder is not holding more than 300-400 mL. If the amount is more than this, you need to catheterise more often.

The Urologist, Continence Advisor or specialist Nurse will work with you to determine the frequency of catheterisation.

Why is dilatation necessary?

Normally, urine is stored in the bladder. When it is time to pass urine, the brain sends signals that cause the bladder muscle to contract and the sphincter muscles to relax. This allows urine to flow out of the body.

Sometimes the urethra becomes narrowed. This narrowing is called a urethral stricture and can make it difficult for urine to pass.

Urethral dilatation helps to gently stretch the urethra, which can improve urine flow and help the bladder empty more easily.

How often should I dilate?

Perform urethral dilatation as often as directed by your urologist, continence advisor, or specialist nurse.

You may be advised to dilate once or twice daily for the first two weeks, and then once daily until your specialist advises otherwise.

If the frequency of dilatation is reduced and you notice increased resistance when inserting the catheter, you may need to dilate more often.

Your urologist, continence advisor, or specialist nurse will work with you to determine the most appropriate ongoing schedule for dilatation.

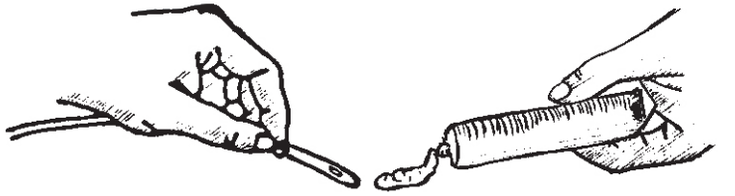
Does ISC or dilatation lead to infection?

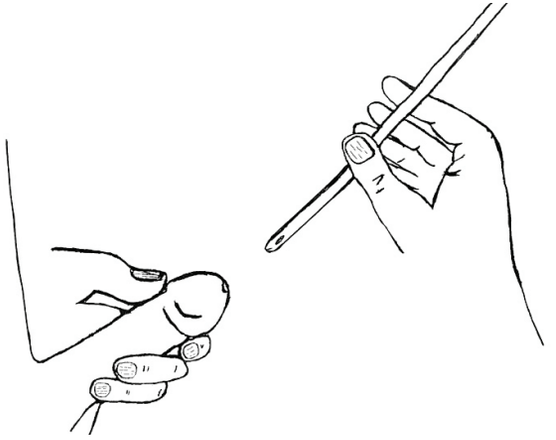
There is always a risk of infection when using a catheter. However, as you become more skilled with the technique the chances of developing an infection reduce.

Catheterisation is not a sterile procedure, but good hand hygiene is important to reduce risk of infection. Always wash your hands before and after catheterisation.

Getting started

- Collect the necessary equipment
  – Nelaton Catheter
  - Water soluble lubricant
  - Container for the urine (if not using the toilet)
- Wash your hands, using soap and water or antibacterial hand sanitiser.
- Setup your equipment on a clean, easily accessible surface
  - ensure the catheter is within reach
  - apply lubricant onto a tissue.
- Get into a comfortable position. This may be lying on your bed, sitting on the toilet or wheelchair or standing over the toilet.
- If needed, set up a mirror to see your urethra.
- Remove the catheter from the packet or clean container. Try not to touch the catheter tip.
- Dip or roll the catheter tip into the lubricant.





- Grasp your penis and gently pull it out at a right angle from your body
- Insert the catheter into the urethral opening or meatus slide the catheter further into the urethra. Never force the catheter. Continue to slide until urine starts to drain.
- Pass urine into toilet or container.
- When urine stops flowing, slowly withdraw the catheter. If more urine starts to drain, stop removing the catheter, allowing the bladder to empty. When there is no urine draining, remove the catheter
- Dispose of single use catheter
- Wash your hands.

Troubleshooting

Blood in the Catheter or urine

Occasionally, you may see blood in the urine or catheter. This is not uncommon, particularly when you are learning this technique.

- Try using more lubricant.
- Check for signs of infection.

A small amount of blood is usually not a concern. However, seek medical advice if bleeding continues or becomes heavy.

Difficulty introducing or removing the catheter

This may occur because of an awkward technique or spasm of the sphincter muscles.

- Check that you are in a comfortable position.
- Take some deep breaths, relax as you slowly exhale and gently but firmly introduce or remove the catheter.
- Try using more lubricant.
- Take a break and walk away for several minutes before attempting to insert the catheter again.

No urine is draining

- Ensure that the catheter has been inserted far enough to reach the bladder.
- Gently try pulling the catheter back a short distance. Sometimes the lubricant can delay the urine from flowing out the small drainage holes at the catheter tip.

Urinary tract infection

Signs of a possible infection include:

Cloudy or strong-smelling urine

Increased pain or burning when inserting the catheter

If you suspect that you have a urinary infection it is important to seek advice from your GP or Urology Associates promptly. Do not wait until you get sick.

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