

CONT 013

Patient Information Leaflet

Indwelling Catheters

This leaflet provides advice and support to patients and carers about indwelling urinary catheters and key contact details.

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For any queries or concerns you have regarding your catheter please discuss with your healthcare professional who can give you further detailed information and individualised care and advice.

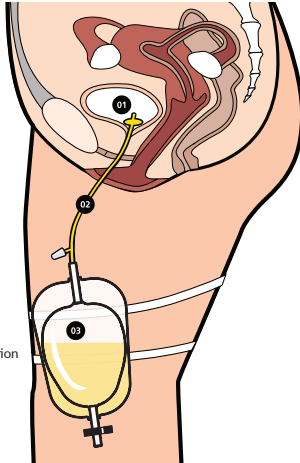
CONTACT NUMBERS

Ward / department	Tel:
Community nurse	Tel:
GP	Tel:
Out of Hours:	Tel: 111

What is an indwelling Catheter?

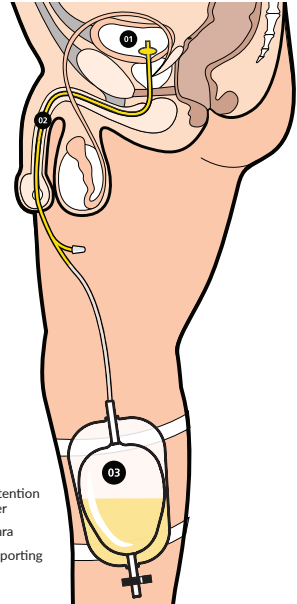
A catheter is a thin, hollow, flexible tube designed to drain urine from the bladder. The catheter is kept in place by a small balloon at its tip filled with sterile water, which prevents it from falling out. It is inserted into the bladder through the urethra (water pipe). This is a small opening above the vagina in women and runs through the length of the penis in men.

Female at birth:
side view



- 01 Catheter with retention balloon in bladder
- 02 Catheter
- 03 Leg bag with supporting straps

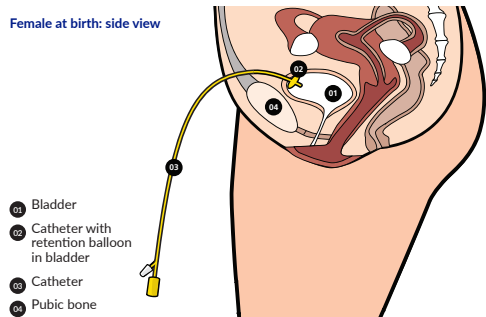
Male at birth:
side view



- 01 Catheter with retention balloon in bladder
- 02 Catheter in urethra
- 03 Leg bag with supporting straps

In some people it may be necessary to insert the catheter into the bladder through an incision (cut) through the abdominal wall. This is called a supra pubic catheter:

Female at birth: side view



- 01 Bladder
- 02 Catheter with retention balloon in bladder
- 03 Catheter
- 04 Pubic bone

Why are catheters used?

Some people find it difficult to empty their bladder, so a catheter is inserted to drain urine away. Catheters are also used before or after surgery, for instilling medication into the bladder and occasionally for managing urinary leakage if this cannot be managed in another way.

Caring for your Indwelling Catheter

1. **Maintain hygiene**

Good personal hygiene is important when you have a catheter in place to help prevent a urine infection.

- Wash and dry your hands before and after handling the catheter or drainage bag.
- With mild soap and water wash the skin in the area where the catheter enters the body front to back and, in men, under the foreskin (but ensure this is rolled back in place after washing to prevent complications) at least daily and/or after a bowel motion.
- Avoid using talc or creams on the area around the catheter.
- You can bathe, but a shower is advisable, if possible, to help prevent infection. Before you shower or bathe, empty the drainage bag, but leave it connected.
- For supra pubic catheters, initially you may need to wear a dressing around the incision site, usually for the first 24-48 hours, however once healed this is not necessary and should be cleaned daily with mild soap and water.



Hand-washing technique with soap and water



2. **Have a good fluid intake.**

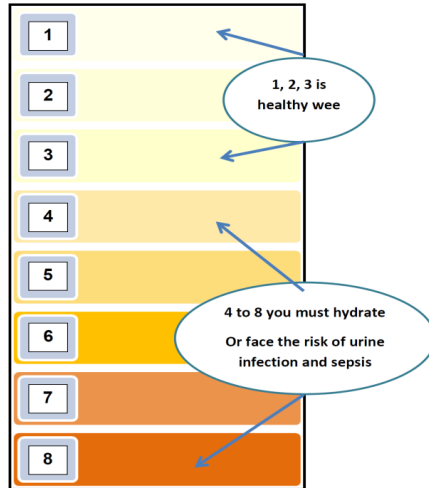
Unless told otherwise by your nurse or doctor, aim to drink 1.5-2 litres (3 pints) of fluid a day to help in the prevention of infection and help avoid constipation. You can use the below guide to ensure you are hydrated:



What colour is your wee?

Dehydration can reduce the flow of blood to the kidneys causing acute kidney injury and infection. In the UK, up to 100,000 deaths a year are associated with acute kidney injury, of which up to a third of those deaths could be avoided (*NHSE 2017)

Keep yourself well and stay hydrated



*NHS England and UK Renal Registry (2017) Acute Kidney Injury and Hydration: A Learning Guide for Care Homes

3. **Diet and bowel care**

A healthy balanced diet rich in fresh fruit, vegetables and fibre is recommended as this will help to maintain a regular bowel pattern. Constipation can prevent your catheter draining freely as a full bowel can press on the catheter. This is a common cause of urinary leakage around the catheter.

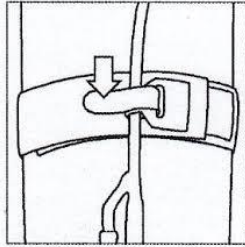
4. **Activity and exercise**

Having a catheter in place should not restrict your daily activities. Gentle exercise will help your catheter to drain. You can swim with an indwelling catheter in place. Ensure your catheter is comfortably secured with a retaining device.

5. Securing the catheter

It is important that both the catheter and leg bag are both well supported to reduce traction and trauma to the bladder neck/urethra and to promote comfort.

A G-strap can be used as a retaining strap which secures the catheter tubing firmly and comfortably against the upper thigh. Ensure positioned to allow for natural movement.



Upper thigh retaining strap

6. Securing the leg bag:

Leg bag straps are supplied within the boxes of leg bags, a longer one to be used at the top of the bag and shorter one for the bottom of the bag- they can be cut to size if required. There are leg bag sleeves available as an alternative (a calf or thigh measurement will determine appropriate size). These are particularly good for frail skin, problems with straps digging in or rubbing, as the weight of the urine is distributed evenly. All the straps and sleeves are washable/reusable.

Talk to your health professional who can demonstrate use and advise.

Drainage Bags

Leg bags should be worn in a comfortable position against the thigh, knee or calf area (according to individual preference) and secured to your leg by straps or a sleeve as discussed above. Short or long tube leg bags are available with t-tap or lever tap drainage systems (patients preference). For some patients who are unable to use a leg bag there is an alternative in the form of a Belly Bag which is worn as a bum bag and is secured by a soft belt around the waist.



Lever Tap

T Tap

To minimize the risk of infection it is essential to wash your hands before and after emptying or changing the bag. You should empty/drain your bag when it is 3/4s full. When emptying the bag try to make sure that the outlet does not come into contact with the toilet or other receptacle and the outlet tap is dried with clean tissue paper following emptying.

The drainage bag should only be disconnected from the catheter when absolutely necessary to reduce the risk of introducing infection. **It should be changed every 5 – 7 days** unless discoloured/soiled. (If using a belly bag, this should be changed every 28 days). When applying a new drainage bag to the catheter it is important, when removing the cap not to touch the sterile connector.

All drainage bags attached directly to the catheter are designed for single use only and must not be re-used. For what ever reason a drainage bag is disconnected from the catheter a fresh bag must always be re applied.

At night it is recommended that you connect a single use larger capacity bag onto the leg bag. The outlet tap on the leg bag should be in the open position to allow the urine to flow into the night bag. When removing the protective cap from the night bag do not touch the sterile connector which attaches to the outlet tap. A stand for the night bag should be utilised to promote effective drainage and hygiene by preventing the bag from being on the floor.

To disconnect the night bag from the leg bag, wash your hands, close the outlet tap on the leg bag and disconnect the tubing from the tap. Dry the outlet tap with clean tissue paper. Empty night bag according to manufacturer's instructions and dispose of the bag. A new night bag should be used each night.

If you are immobile/always in bed, you will not use a leg bag. You will use a drainable 2 litre bag, attached directly to your catheter, which will need changing every 5-7 days.

Disposing of Drainage Bags

Drainage bags may be disposed of in the normal household waste, provided they have been emptied and wrapped in newspaper or a plastic bag.

Catheter Valves



Catheter valves are used as an alternative to a leg bag for some people. They are not suitable for everyone so you should ask your nurse for advice on whether a valve would be suitable for you.

A catheter valve is a tap that is connected directly to the catheter. It allows drainage of urine from the bladder to be controlled and helps maintain bladder muscle tone and a good bladder capacity.

It is very important that the valve is opened at regular intervals throughout the day, every 3 – 4 hours to allow the bladder to empty. If you do not empty the bladder regularly you may experience some abdominal discomfort as the bladder becomes full or you may experience leakage of urine around the catheter.

Care of the Catheter Valve

Change the catheter valve every 5 – 7 days. In order to minimize the risk of infection it is essential to wash your hands before and after emptying or changing the valve. When emptying the valve try to make sure that the outlet does not come into contact with the toilet or other receptacle and the outlet tap is dried with clean tissue paper following emptying.

You should attach an overnight bag to the valve. Once the night bag is connected, the valve should be in the open position to allow urine to drain.

Disposing of Catheter Valves

Catheter valves may be disposed of in the general household waste, provided they have been wrapped in newspaper or a plastic bag.

Frequently Asked Questions:

- ***How often does the catheter need changing?***

Indwelling catheters need changing at regular intervals between 4 – 12 weeks. It will be changed by a health professional. The frequency of changes will depend on the material the catheter is made of and whether you experience problems with it blocking. Your nurse will discuss with you when and where your catheter will be changed.

- ***How long will I have my catheter in for?***

You might need an indwelling catheter temporarily, for example before or after an operation. You may need to have one for a longer period or even the rest of your life. Please discuss this with your doctor or nurse as you should know why you need a catheter and when its use will be reviewed.

- ***Is it possible to have sex with a catheter in place?***

Yes. However, it may be helpful to discuss further with your nurse as there may be alternatives available such as the use of a supra pubic catheter or you could be taught to remove and replace the catheter yourself.

But men and women can continue to have a normal love life with a catheter in place. In women, be reassured that the catheter is in the urethra and not the vagina. An indwelling catheter can be taped out of the way, across the abdomen in women or along the penis in men. It is also advisable for men to use a condom and water based lubricating gel to reduce the risk of soreness developing. Men should be aware that after ejaculation their urine may be cloudy. Because of this, catheter blockage can occur so you may want to discuss catheter maintenance solutions with your healthcare professional.

- ***What should I do if the Catheter falls out ?***

Do not try to replace your catheter yourself. Contact your nurse, doctor or out of hours service as soon as possible.

- ***What problems may I experience? /Possible complications:***

Initial discomfort/blood in urine:

Initially people with a catheter can experience bladder spasm or cramp and / or the desire to pass urine. These sensations usually subside within a few days. If they persist it is advisable to discuss this with your nurse. It is quite common to notice small flecks of blood in your urine after being catheterised/re-catheterised. This should resolve within a couple of days. If it does not resolve, or if you are concerned about blood in your urine contact your district nurse or out of hours service

Paraphimosis:

Paraphimosis occurs when the retracted foreskin of an uncircumcised man cannot be returned to its normal position. Occasionally this can occur after catheterisation or cleansing of the penis. If you are not able to return your foreskin yourself, you need to seek medical advice urgently as this can cause serious complications.

Urinary tract infection (also known as a UTI):

People with an indwelling catheter have an increased risk of developing a urinary tract infection. Urinary tract infections can cause you to experience stinging or burning in your bladder, abdominal or lower back pain, give you a temperature and make you feel generally unwell. Your urine may become cloudy, contain blood, or smell offensive. You may experience new or worsening confusion. If you are concerned you have a urine infection you should contact your GP or out of hours service.

Blockage of the catheter / leakage around catheter:

This may occur if your catheter or tubing becomes kinked, there is irritation in the bladder, a build-up of debris in the catheter or if you are constipated. You should:

- Check your catheter and tubing, release any kinks.
- Check the drainage bag is not too full.
- Follow previous dietary and fluid advice mentioned to avoid constipation.
- Movement can dislodge minor blockage, walking around may help.
- Medication can sometimes help relieve bladder spasm. Although it is not suitable for everyone this would need to be discussed with your doctor or nurse.
- Make sure your leg or night bag is positioned below the level of your bladder / waist to allow urine drainage.
- If no urine drains from your catheter and you become uncomfortable you should contact the district nurse or out of hours service. If urine is draining from your catheter but leaks around it, do not worry this is not a medical emergency, follow the previous advice mentioned in this document and it may resolve. Discuss with your district nurse if it persists.

Equipment you should have via prescription:

- X2 catheters
- X2 lubrication gel for use during change of catheter
- Retaining strap ie G Strap- available in packs of 5- are washable and reusable.
- One box of sterile leg bags.
- Leg bag straps (a new set of 2 comes in each box of leg bags) or sleeve- both are washable and reusable.
- One months supply of single use night bags
- Night bag stand (available via your prescription dispensing appliance contractor (DAC) or by calling freephone 08000854957 or emailing info@clinisupplies.co.uk)

PLEASE DO NOT ATTEMPT TO REMOVE YOUR CATHETER UNDER ANY CIRCUMSTANCES WITHOUT PROFESSIONAL ADVICE

Catheter Card

When you are initially catheterised, your healthcare professional should complete a catheter card.
This acts as a form of communication regarding the details of your catheter between healthcare professionals in different care settings (including at home).



What colour is your wee?



Shropshire and Telford:
Reducing infection for all

1	1,2,3 is healthy wee
2	
3	
4	4 to 8 you must hydrate or face the risk of urine infection and sepsis
5	
6	
7	
8	

Patient name
Patient NHS number
GP Practice.....
Phone no
District nurse phone no
Out of hours contact number 111

CARRY THIS CARD WITH YOU AT ALL TIMES AND PRESENT IT WHEN YOU ATTEND HOSPITAL, YOUR GP PRACTICE OR WHEN YOU SEE YOUR DISTRICT NURSE

V.1 June 2019



Indwelling Urinary Catheter Card

REASON FOR CATHETERISATION:

- **Retention – state reason for retention (e.g. spinal injury, neurological illness, benign prostatic hyperplasia/other).....**
- **Intractable urinary incontinence**

Date of initial insertion / /

Location of patient at initial insertion e.g. hospital

Site: suprapubic / urethral Size of catheter:.....ch

Type of catheter: 28 days PTFE / 12 week all silicone/hydrogel

Length of catheter: female/standard

DATE OF PLANNED TRIAL WITHOUT CATHETER: / /