



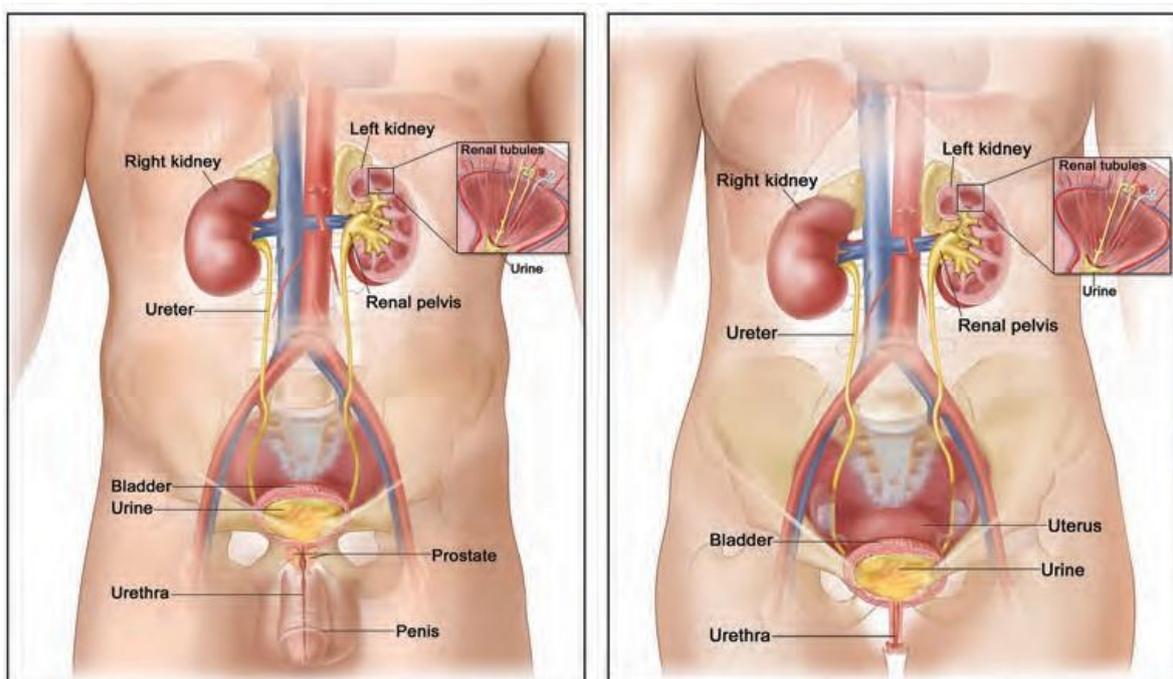
Home management of your catheter

Normal bladder function

This means being able, voluntarily, to pass urine in a socially acceptable place. The kidneys produce urine, which passes down two small tubes called ureters into the bladder where it collects.

As the bladder fills up, an urge to pass urine is felt. The bladder muscle contracts and then urine is passed from the bladder via the urethra (the channel from the bladder) to the outside of the body.

Urinary system anatomy



However...

This doesn't always work properly. There are many different reasons for this such as before or after surgery of the bladder, prostate or other parts of the urinary tract: spinal cord injury, Parkinson's disease, stroke, multiple sclerosis, spina bifida or other medical conditions.

What is a catheter?

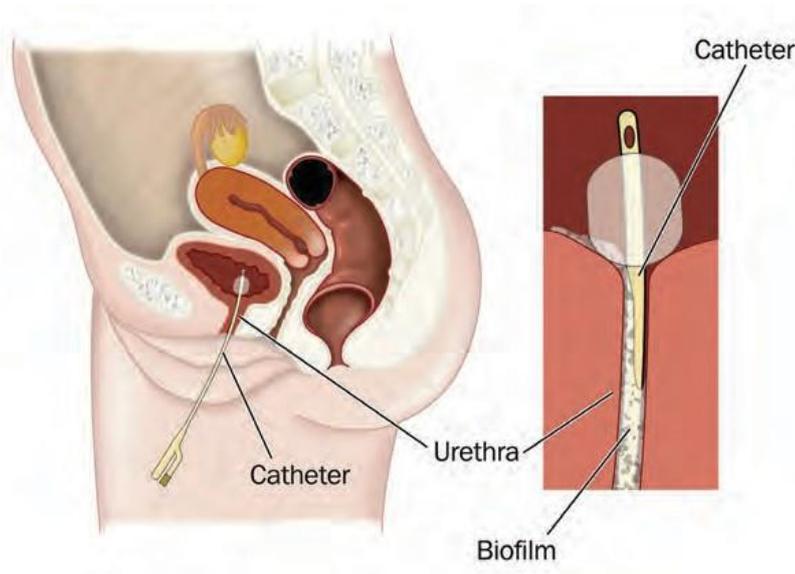
A catheter is a narrow, hollow, flexible tube introduced into the urinary tract and bladder to drain urine. It is held in place by a small balloon at the catheter tip inside the bladder. The balloon is inflated with a few millimetres of water. As urine fills your bladder, it drains down the catheter into the bag. You do not need to pass water while you have a catheter in place.

Your catheter can be left in place for up to three months, but will usually be changed every six weeks depending on what your doctor, continence advisor or community nurse determines is appropriate for you.

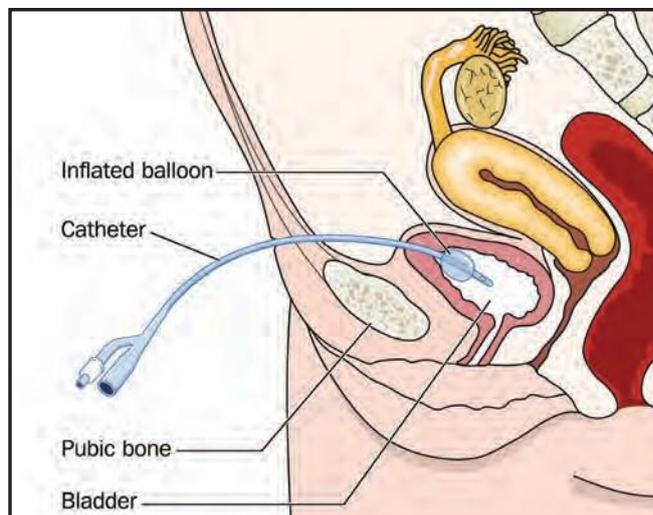


Insertion

An indwelling catheter is introduced either via the urethra or via a surgical opening in the abdominal wall, called a suprapubic site.



A suprapubic catheter



Care of your catheter

- Always wash your hands with warm soapy water and dry them well before and after handling your catheter and drainage bags.
- Wash the area around your catheter with mild soap and water and pat the area dry morning and night, and after you have opened your bowels. Avoid soaps that contain a high PH because they may cause irritation to the site.
- Don't use powder, deodorant or creams around your catheter or on the suprapubic site.
- Anchor the catheter to the skin to avoid pulling.
- Always keep your bag below bladder level to ensure good drainage and prevent back flow. Avoid kinking the tubing.
- Avoid disconnecting your leg bag from your catheter, other than for routine bag changes (even when bathing or showering) because this will increase your risk of an infection.



Other useful information

- Drink at least two litres of water or other fluid per day (unless your doctor has instructed you to restrict fluid intake for other medical reasons). This means one glass or cup every waking hour.
- Eat a well balanced high fibre diet to prevent constipation. Constipation can cause your catheter to bypass (leak) and increase the risk of urinary tract infection.
- Keep as mobile as you can and change your position regularly.

Urine bags

There are two types of bags provided to you, the **leg bag** and the **night bag**.



Leg Bag (day)



Leg Bag (Night)

The **leg bag** is a sterile bag and should always stay connected unless being changed (weekly). The leg bag is worn under your usual clothing and is usually attached to your leg above your knee with a pair of straps. It should be strapped securely to prevent the bag trailing or dragging on the catheter. It needs to be emptied into the toilet when it is just over 1/2 full or every two hours. Do not let the leg bag become more than 3/4 full.

The **night bag** is attached directly on to the leg bag for use over night. It holds more urine so you don't have to get up and empty it at night.

To attach the night bag

- wash and dry your hands
- empty the leg bag into the toilet



- do not remove the leg bag from the catheter
- check that the night bag outlet is closed
- attach the night bag to the outlet of the leg bag



- open the leg bag outlet
- wash hands
- hang the night bag on the side of the bed or sit it inside a clean bucket at the side of the bed

- don't lay the bag on the floor, because it may increase the risk of an infection



In the morning

- wash and dry your hands and carefully pull the night drainage bag apart from the leg bag
- close the outlet on the leg bag
- the night bag should be cleaned every day and reused, it is also changed weekly.



To clean the night bag



- run warm, soapy water into the bag (a small funnel may help)
- do not use strong detergents or sterilising agents such as Milton or bleach because they may damage your bag and also may cause irritation to your urethra, bladder or skin
- wash out and then rinse well with water
- add one tablespoon of white vinegar into the final rinse because this will help to reduce any odour
- hang bag up to dry completely
- discard the night bag weekly and replace with a new one
- wrap the old one in two plastic bags and place in the rubbish bin
- wash your hands.



Weekly changing of the leg bag

- wash your hands



- empty the leg bag into the toilet



- holding the catheter firmly in your hand, carefully disconnect the leg bag from the catheter.



- connect the new sterile leg bag onto the catheter ensuring you do not touch the end you are inserting into the catheter
- make sure the outlet is closed on the leg bag



- strap the new leg bag securely to your leg above the knee



- place the old leg bag inside two plastic bags and discard
- wash hands.



Ongoing supplies for home

- two leg bags and two night bags

Short term

If you are only expected to have a catheter for a few weeks and are comfortable with self management of your catheter care, you will be provided with an appointment for removal and trial of void either before discharge or within the week after discharge from hospital.

If you do require follow up for the management of your catheter care, the ward staff will arrange for the CHIP (Community Hospital Interface Program) nurse to see you and refer you to a community health or domiciliary nurse.

If you fail your trial of void you will be given another few weeks supplies and have an appointment made with the urology team.

Long term

If your catheter is for long term or permanent, you will be referred to either a domiciliary nurse or G.P. practice nurse to assist in arranging ongoing supplies, and catheter changes at six to 12 weeks.

The common schemes are

- CAPS (The Continence Aids Payment Scheme) is an Australian Government subsidy scheme that is available to eligible clients, who have a permanent continence problem as a consequence of a neurological disorder or intellectual disability.
- DVA (Department of Veterans Affairs) provide continence supplies to holders of a DVA Gold Card or White Card Condition Specific.

If you are not eligible for subsidy funding and need to purchase privately, or you need to purchase an interim supply while you are awaiting delivery of supplies ordered via any of the below chemists and local health equipment suppliers who sell urinary equipment to the public.

It is however important that you buy sterile equipment of the correct size and type. If unsure always ask the advice of the continence nurse before purchasing:

- **Continence Foundation of Australia**

Free phone helpline 1800-330-066 or more information, see the website:
www.continence.org.au/

- **Independence Australia** - a not for profit provider of services to older Australians and those with a disability.

Ph 1300 788 855 or www.customerservice@independenceaustralia.com

- Your **G.P.**

Minimising risk of infection

When you have a catheter inserted, personal hygiene becomes extremely important. The most common problem when using a catheter is urinary tract infection due to bacteria entering the bladder via the catheter.

Following these simple guidelines can minimise this risk.

- Always wash and dry your hands before and after handling the catheter.
- Wash the catheter with a soft wet cloth using downward strokes away from the body and then wash the area where your catheter enters your body - this must be done at least twice a day or more if there is discharge.
- Men should pull back the foreskin carefully to wash under, remembering to replace the foreskin immediately.
- Women should wipe from the front to the back to prevent contamination.
- Don't use strong soaps, powder, cream, antiseptics, antiperspirants, bubble bath or bath salts.

Living with your catheter

Having a urinary catheter does not prevent you from having a social life and leisure activities. Intercourse with a urinary catheter is possible.

- Before intercourse both partners should wash their genitals thoroughly and dry
- Do not remove your catheter unless instructed to by your doctor or nurse
- Men can fold their catheter along the side of the erect penis and hold it in place with a condom
- Women can tape their catheter up onto the abdomen with surgical tape making sure that it is not pulled tight
- Avoid rough intercourse
- Use plenty of **water-soluble** lubrication, such as K-Y Jelly
- **Do not** use petroleum jelly such as Vaseline
- After intercourse both partners should wash and dry their genitals again
- If you experience any problems, discuss it with your doctor or nurse
- Do not feel embarrassed to ask them, because they are there to advise you.

Potential problems

Bladder cramps

These are not uncommon, particularly when the catheter is first inserted. These will generally settle within a couple of days. Try taking some simple analgesia like paracetamol. If they do not settle or if they accompany any of the following symptoms, contact your continence nurse or local doctor.

Discoloured or strong smelling urine

Dark strong smelling urine usually means that you are not drinking enough. Drink at least two litres of water per day.

Urinary tract infections

Signs of an infection include:

- cloudy, bloody or smelly urine
- feeling unwell, fevers, chills or shaking
- bladder, pelvic, lower back or flank pain.

If any of these symptoms occur, arrange an appointment to see your local doctor as soon as possible.

No drainage from catheter

Troubleshooting:

- is the tubing bent or kinked?
- is the bag below the bladder level?
- is there sediment in the tubing which is blocking the catheter?
- have you been drinking enough?
- try moving around, this may dislodge the blockage.
- if no urine has passed in four hours, contact your local doctor.

Leaking around the catheter

This is not serious, but if it persists, report it to your continence nurse or local doctor.

If the catheter falls out

Contact your continence nurse or local doctor immediately so that a replacement catheter can be inserted. Take your spare catheter with you. If unsuccessful, go to the nearest hospital.

References:

1. Coloplast. "All you need to know about Catheter Care" (2006) (brochure)
2. Bard. "At home with your biocath catheter" A guide for patients. (brochure)
3. Catheter, suprapubic urinary, removal and replacement (internal procedure)
4. <http://qheps.health.qld.gov.au/schsd/docs/proc/000315.pdf>
5. Catheter, indwelling urethral, removal and replacement (internal procedure)
6. <http://qheps.health.qld.gov.au/schsd/docs/proc/000316.pdf>

Hunter New England Local Health District Contacts:

- **East Maitland Community Health**
Phone: (02) 4931-2004
- **Hunter Continence Consultation Service**
Phone: (02) 4924-2590
- **Muswellbrook Continence Service**
Phone (02) 6542-2050.
- **Singleton Continence Service**
Phone (02) 4931-2003
- **Tablelands Continence Service**
Phone (02) 6776–9820.
- **Tamworth Continence Service**
Phone (02) 6767-8100.
- **Taree Continence Service**
Phone: (02) 6592-9315

This resource has been adapted from Sunshine Coast University Hospital March 2021

To provide feedback please go to HNE Patientinfo (www.patientinfo.org.au) and use the feedback icon.)



Partnering with Consumers - Standard 2

Consumers and/or carers provided feedback on this patient information.



Service Delivery - Standard 11

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.



Provision of Care - Standard 12

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.



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