Looking after your urethral indwelling catheter at home

Gateshead Primary Care Trust
South Tyneside Primary Care Trust
Sunderland Teaching Primary Care Trust
What is a urethral indwelling catheter?

A urethral indwelling catheter is a hollow, flexible tube designed to drain urine from the bladder. Once it is inserted into the bladder, a small balloon at the end of the catheter is inflated with water. This stops it from slipping out. This type of catheter is commonly referred to as an ‘indwelling’ catheter.

Why might I need a catheter?

Anyone who cannot empty their bladder may need to have a catheter. It is important to be able to empty your bladder regularly and completely. If the bladder fails to empty properly there is an increased risk of urinary tract infection and back pressure that can potentially damage the kidneys. Occasionally, it may be appropriate for people with incontinence to have a catheter but only if this cannot be managed in any other way.

Where is the catheter inserted?

A catheter is usually inserted into the bladder through the urethra. This is a small opening above the vagina in women. This is shown opposite in diagram 1.

In men the urethra runs through the length of the penis and this is shown in diagram 2.

This procedure can be carried out by your healthcare professional at home or alternatively at a local health centre, general practitioners surgery.

In some people it may be necessary to insert the catheter into the bladder through the abdominal wall. This is called a suprapubic catheter.
What problems may I experience?

- **Initial discomfort**

When you start using your catheter you will probably have the feeling that you need to pass urine, or may experience a bladder spasm or cramp from time to time. This usually stops within 24-48 hours and is nothing to worry about.

You may also experience a slight urine leak around the outside of the catheter as a result of bladder spasm. **This is not an emergency** provided the catheter is still draining.

- **Infection or blood in the urine**

People with an indwelling urethral catheter have an increased risk of urinary tract infection. Urinary tract infections can cause you to experience stinging or burning on passing urine, give you a temperature and make you feel generally unwell. It is helpful to be aware of the colour and odour of your urine. Normal healthy urine is usually pale yellow in colour. Should your urine become cloudy, contain blood, smell offensive or it becomes painful when you pass urine, increase your fluid intake to at least 2 litres of fluid in 24 hours and speak to your district nurse.

- **Blockage of the catheter and by-passing of urine**

This may occur if your indwelling urethral catheter or tubing becomes kinked. Check that your drainage system is flat against your leg and secured appropriately.

**Please do not attempt to remove your catheter under any circumstances without professional advice.**

**Please discuss any problems with your district nurse who can give you further detailed information and individualised care.**
Unfortunately, about half of all people with an indwelling urethral catheter have ongoing problems with recurrent blockage and by-passing of urine caused by bladder spasm and a build-up of mineral deposits (encrustation). You can minimise this occurring by avoiding constipation and drinking well. However it is important that you know who to contact for help and advice in usual daytime hours and out-of-hours if this occurs.

Sometimes special dissolving solutions introduced into the indwelling urethral catheter on a short treatment term basis are helpful in reducing the build-up of the mineral deposits that are frequently responsible for blockage. It is not advisable to use these solutions long term as they can sometimes cause further problems such as bladder irritation, infection, bleeding.

Alternatively, your healthcare professional (district nurse or general practitioner) may advise a programme of more frequent catheter changes to pre-empt the blockage from occurring.

- **No urine drainage**

In very rare instances the amount and volume of urine produced by the kidneys may become reduced. On average a healthy adult bladder should store around 1500mls of urine produced from the kidneys over a 24 hour period. It is important to observe and monitor how much urine is drained into your drainage bag when it is emptied.

You should expect to see between 60-90mls of urine drained into your drainage bag per hour if you are drinking well. If you detect that no urine has drained into the catheter drainage bag over a 2-3 hour period and or you have passed less than 400mls of urine over a 24 hour period then please contact your district nurse as a matter of urgency for further advice and help.
What are the potential risks?

People with a urethral indwelling catheter in place have an increased risk of:

• Urinary Tract Infection
• Stricture (narrowing of the urethra)
• Kidney or bladder stones
• Trauma and/or bleeding
• Kidney failure in very extreme cases

The Department of Health recommends that all unnecessary catheterisations should be avoided and urinary catheters should be removed as soon as possible to avoid any complications.

Your healthcare professional should regularly discuss and review the reason for having a urethral indwelling catheter with you. Where possible a planned trial without a catheter should take place.

What can I do to reduce any problems?

Remember to always wash your hands before touching your catheter and after emptying or changing the drainage bags and after every bowel motion.

• Personal Hygiene

It is advisable to have a bath or shower daily, always emptying your drainage bag beforehand. If a bath and or shower are not possible, then men should wash under their foreskin, then wash the area around the indwelling urethral catheter using a clean cloth and some mild soap and water and dry thoroughly. Women should ensure they wash from front to the back passage to keep bacteria away from the catheter. Do not use anti septic soaps, talcum powder or creams.
• Fluids

Urine should be a light straw colour. If it is orange/dark brown in colour you may not be drinking sufficient fluid.

1.5 - 2 litres (approximately 2-3 pints) of your choice of fluid per day to keep your urine clear and help to avoid constipation.

Limited evidence exists to support the use of cranberry juice as a preventative measure in people experiencing recurrent urinary tract infection. In order to have this effect two glasses per day are required. However cranberry juice is not a treatment for infection.

Cranberry juice should not be taken if you are also taking warfarin (a medication prescribed by your doctor to reduce problems caused by blood clots).

Cranberry juice is not recommended for everyone so speak to your district nurse for further advice.

• Diet and Bowel Care

A diet rich in fresh fruit, vegetables and fibre is recommended as this will help you to maintain a regular bowel pattern. It is suggested that you avoid becoming constipated as a full bowel can press on the catheter, preventing urine from draining freely. This can be another common cause of urine by-passing and leakage around the catheter.
• Changing and caring for drainage bags

When the urine reaches the bladder it drains down the indwelling urethral catheter and is collected into a leg drainage bag. The drainage bag 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 and or a sleeve/holder.

In order to minimise the risk of infection it is essential to wash your hands before and after emptying, or changing your drainage bag. When emptying the bag try to make sure that the outlet pipe and the toilet and or urinal, bed pan etc do not come into direct contact with each other.

The drainage bag should only be disconnected from the indwelling urethral catheter when absolutely necessary to reduce the risk of introducing infection. The leg bag should only be changed once every five-seven days unless discoloured/dirty. It should be emptied, wrapped in newspaper and or placed into a small plastic bag and disposed of in the dustbin.

At night it is recommended that you connect a larger 2 litre drainage bag directly onto your leg bag. The outlet tap should be in the open position to allow the urine to flow through the smaller bag and be collected in the larger, night bag.
Leg drainage bags and 2 litre bags for overnight drainage are designed for single use only and **should not be re-used** once they have been disconnected from your indwelling urethral catheter. Drainage bags should be thrown away and disposed of as mentioned earlier.

A stand for the night drainage bag should always be used to encourage effective drainage and prevent contamination.

Alternatively, you might be shown how to use a catheter valve. A catheter valve has the advantage of maintaining the bladder’s ability to store urine and may be considered more discreet than having to use a catheter drainage bag. It could useful to discuss this option with your healthcare professional as catheter valves are not a suitable for everyone.

**How long will I need to have a catheter?**

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

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

Indwelling catheters need changing at regular intervals of between 4-12 weeks. The frequency of changes will depend on the material your indwelling urethral catheter is made of and whether you experience problems with it blocking. Your district nurse will discuss with you when and where your catheter will be changed.
Can I still have sex?

Yes. Men and women can continue to have a normal healthy love life with a catheter in place. An indwelling urethral 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 to reduce the risk of soreness developing. The drainage bag should always be emptied before sexual activity and both partners should wash their genital area thoroughly. It also helps to use plenty of water-based lubrication, such as K-Y jelly.

Going on holiday?

If you are going on holiday, make sure that you have a spare catheter and plenty of catheter drainage bags and or valves to take with you. Pack these in your bag for the plane as well as in your luggage just in case your luggage gets lost.

Where to get catheter and drainage bag supplies from?

The products are prescribed by your doctor and or community nurse and the prescription can be obtained from either a pharmacy or delivered direct to you through a home delivery service. Speak to your district nurse for more advice and information about script-delivery services.

Store any catheters, valves and or drainage bags in their original packaging; in a dry safe place away from direct heat and sunlight.
Reminder - When to call for help?

Contact your district nurse via the general practitioners surgery in the day or ring the emergency 24/7 phone number between 5pm - 8am if:

- If urine is still not draining after 2-3 hours
- If there is blood in your urine and it does not clear after drinking extra fluids
- If urine keeps leaking around the catheter
- You have prolonged pain or cramps
- If blood is leaking around the catheter
- If you have an unusual offensive discharge from around the catheter
For further information or copies of this leaflet contact:

Sunderland Teaching Primary Care Trust - Continence Service:
Telephone number 0191 502 5599

Gateshead Primary Care Trust - Continence Service:
Telephone number 0191 488 6777

South Tyneside Primary Care Trust - Continence Service:
Telephone number 0191 451 6459

NHS South of Tyne and Wear (serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and Sunderland Teaching Primary Care Trust) is committed to raising the standard of written information for patients, their carers, people who use the NHS and the general public.

This information can be made available in another format or language on request. Please contact the Communications and PR Team Tel: 0191 529 7118 Email: mopil@sotw.nhs.uk