

Intermittent Self-Catheterization - Female

Getting Ready to Learn About Self-Catheterization

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you. However, because of the privacy of this procedure, if you don't want someone to learn that is OK.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We may be giving you information in small bits over several days.

What I Need to Learn About Self-Catheterization

By the time I leave the hospital I will be able to:

1. Insert a tube (catheter) using clean technique
2. Tell the staff how often I should insert the tube
3. Tell the staff the care of a tube (catheter)
4. Tell the staff signs and symptoms of a urinary track infection
5. Tell the staff when to stop catheterizing- if appropriate
6. Tell the staff what to do in an emergency

The staff will use three questions to teach me about Self-Catheterization:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my disease and how to take care of myself.

What is my main problem?

I am not able to urinate or I cannot completely empty my bladder.
Having urine remain in my bladder may cause an infection.

What do I need to do?

1. I need a way to get urine out of my bladder by learning self-catheterization (By inserting a tube into my bladder).
 - Gather supplies – # 14 latex-free 16 inch or 6 inch catheter (tube), water based gel (KY-Gel®, Surgilube®), a cup to collect urine
 - Wash my hands thoroughly with soap and water or wet ones, then clean opening of the urethra. May use wet-ones or clean washcloth.
 - Rub water based gel (KY-Gel®, Surgilube®) up 1 inch of the tip of the tube.
 - Locate the urethral opening. The opening is located below the clitoris and above the vagina. (See picture) It may be helpful to use a mirror to first locate the urethral opening.



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- I spread the lips of the vagina apart with one hand and feel for the urethral opening with my other hand, OR spread the lips of the vagina with the second and fourth finger, while using the middle finger to feel for the opening. Once I can locate the opening insert tube while sitting on the toilet.
 - Begin to gently insert the tube into the opening.
 - Guide it upward as if toward the belly button.
 - Once the urine starts to flow, continue to push the tube (catheter) another 1 inch. Hold it in place until the urine flow stops and the bladder empties. Slowly remove the tube.
- 2. Tell the staff how often I should insert the tube
 - Insert the tube when I am unable to pass urine.
 - Insert tube every 3-4 hours
 - If I am able to pass urine but still feel like there is urine in my bladder.
 - As directed by your doctor
- 3. Tell the staff the care of a tube (catheter)
 - Wash the tube with soap and water. Rinse well. Dry with a paper towel or clean cloth towel. Store by wrapping in paper towel or put in a paper bag. **Do not** store the tube in a plastic bag. Air needs to be able to surround the tube.
 - Measure urine amount if doctor has requested. If I have over 10 ounces, I may need to do self-cath more often. Check with my doctor.
 - Record the amount of urine on the Record of Urinary Output sheet.
 - I may reuse the tube (catheter) for 2-4 weeks.
- 4. Tell the staff signs and symptoms of a urinary tract infection and how I would know if I have a urinary tract infection
 - Fever
 - Blood in urine (it is normal to have a small amount of blood on tip of the tube)
 - Back pain
 - Burning when emptying bladder
 - Urgency to go to the bathroom
- 5. Tell the staff when to stop catheterizing- if appropriate
 - If I get less than 3 ounces of urine when I do a self-cath, I can stop catheterizing myself.
 - Insert the tube one more time the next time I pass urine to make sure I am emptying my bladder. If I have no pressure and feel I

am emptying my bladder, I may wait until the next day to do this again. The next morning insert the tube as soon as I have passed urine the first time in the morning. If you still get less than 3 ounces I can stop catheterizing myself.

- If I am passing urine often in small amounts there is no need to put the tube in my bladder more than once every 3-4 hours unless I am uncomfortable.
6. Tell the staff what to do in an emergency
- If I am unable to insert the tube into my bladder myself, call my doctor.
 - If I cannot reach my doctor, go to the local emergency room or urgent care center.

Why is this important to me?

If your bladder is not emptied you may get a bladder or kidney infection. Or you may need to keep your bladder empty to help the healing process after surgery.

As part of my care and to help me understand Self-catheterization, I may receive:

- This Self-catheterization Education Plan
- Chart for recording output

