The Royal Wolverhampton NHS Trust

Catheter care – Information and advice for patients with an indwelling catheter

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Reason for catheter:	Type of catheter:

Introduction

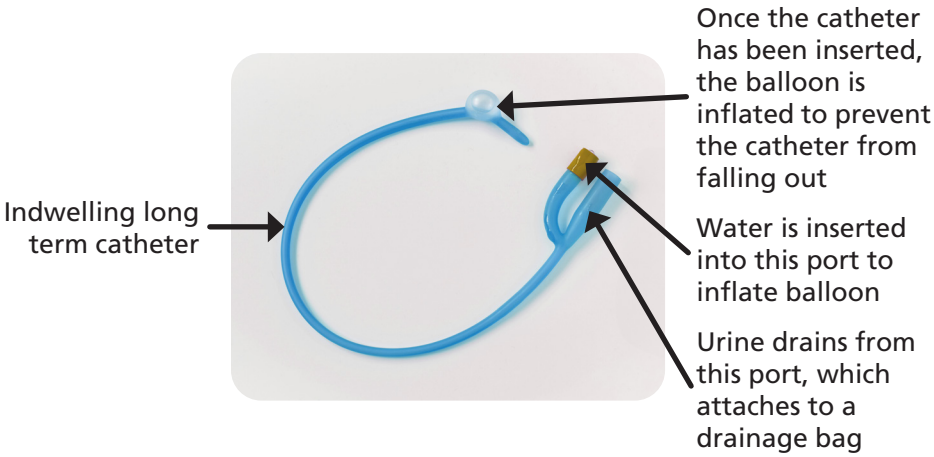
A catheter has been passed through the urethra (water pipe) or suprapubic area into your bladder to drain urine. This leaflet has been written to help you to look after your catheter and manage any problems that may occur. It should be used with verbal information given by your Nurse or Doctor and support from your Community Nurse, Health Care Practitioner or Continence Advisor. If you are unsure, please ask the Nurse or Team looking after you.

What is a catheter and how is it inserted?

An indwelling catheter is a soft hollow tube, which is passed into the bladder to drain urine. A catheter is inserted by a trained Nurse or Doctor under sterile conditions using a lubricating gel which may contain a local anaesthetic (to numb the area). Once inserted, the catheter is kept in place by a small balloon which is inflated inside the bladder which prevents it from falling out. The catheter drains urine from the bladder into a leg bag which is supported at thigh or calf level. Leg bags are discreet enough to be worn under clothing. A larger drainage bag called a night bag can be used to provide more drainage capacity overnight and this should be placed on a stand.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**



Why are catheters used?

Catheters are inserted for many reasons. Usually, catheters are inserted because the bladder cannot empty completely on its own. Sometimes it is necessary to have a catheter following surgery to monitor urine output.

Catheters are also used to insert medication and occasionally to manage urinary leakage to maintain the health of your skin.

How long will I need to have a catheter?

A catheter will need to be in for different lengths of time, and this will depend on why you had your catheter inserted. Sometimes you may need to be started on medication before you have the catheter removed. The bladder may need time to recover following surgery or injury, or a catheter may need to stay in until you are more mobile, or your skin condition has improved. If your bladder does not empty effectively then a permanent catheter may be required. Your Doctor or Nurse should be able to tell you how long you may need a catheter. Wherever possible the catheter will be removed as soon as possible.

What are the benefits of having a catheter?

The most important benefit of having a catheter is the reduced risk of bladder infection and kidney damage. This can be caused by an overfull bladder when the bladder does not empty well. It can be helpful to have a catheter to monitor your urine output and to allow healing after surgery or injury.

What are the risks or disadvantages?

- Infection which could lead to sepsis
- Complications such as blocked catheters due to debris build up or unintentional catheter removal, usually when the balloon has inflated (expelled catheters).
- Quality of life, which could range from pain and discomfort to privacy or restrictions
- Bladder spasms
- Bypassing (urine leaking)
- Bleeding
- Learning how to manage everyday life and management of a catheter

Are there any alternatives to having a catheter and what would happen if I decided not to have a catheter?

Catheters are inserted for many different reasons and therefore you would need to speak to your Doctor or Nurse to find out if any other options were available and the risks involved if you decided not to have a catheter. It may be possible to be taught how to pass a catheter intermittently, this is called clean intermittent self-catheterisation (CISC), to empty your bladder. Your Doctor or Nurse or team will advise you if this is a suitable option. If you need a catheter to manage urinary leakage to maintain the health of your skin, it may be possible to have an appliance which provides a comfortable and secure way to collect urine rather than having a catheter.

Is it possible to have sexual intercourse with a urethral catheter?

It is possible to have intercourse with a urethral catheter. Speak to your Doctor or Nurse for more information.

Before sexual intercourse:

- Wash hands before and after touching your catheter
- Empty your leg bag

Advice for men:

- Once erect, fold back your catheter along the length of the penis, leaving a loop. This will stop the catheter from pulling
- Apply a condom to help secure the catheter
- If you need a lubricant, use a water-based gel

Advice for women:

- Secure or tape your catheter out of the way, for example, fold up towards your stomach and consider use of a valve

For more information, please liaise with your Community Nurse or Specialist.

What happens if I go home with a catheter?

Before you are discharged from hospital you will be advised how to change your leg bag and night bag. Your Nurse will give you a 5-day supply of both leg bags and night bags to take home. A catheter stand will be sent to you on your first delivery order. The discharging ward will then refer you to a Home Delivery Service who will then provide all your ongoing supplies to your home address; you will also have a free number to contact the delivery service yourself when needed.

You will also be referred to the Community Nurses who will arrange to see you either at home or in clinic to ensure you can care for your catheter, manage any problems that may occur with your catheter and will perform a change of catheter if needed. If the catheter can be removed, you will be given details of when this will be done and contact details of the Nurses that will perform this.

How do I care for my catheter when I go home?

Although the Community Nurses will manage most problems that occur with your catheter, it is important that you try to follow the guidelines below to minimise these problems.

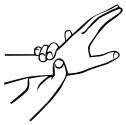
Hygiene:

Good personal hygiene is important when you have a catheter in place to prevent a urine infection. It is important you wash your hands before and after handling the catheter or drainage bags. It is important to wash around the area where the catheter enters the body daily with soap and warm water. Men should wash under their foreskin and then replace their foreskin. Women should always wash from front to back, and then wash the catheter downwards away from the body. Avoid using talc or cream around the catheter unless recommended by a Doctor or Nurse. If possible, have a shower or bath every day; leave your bag attached to the catheter but remember to empty the drainage bag and remove support straps or sleeves before getting wet. If you notice any discharge around where the catheter enters the body, inform your Community Nurse and they will swab this area.

Hand hygiene:

Hand washing is the simplest, most effective way of preventing the spread of infection, therefore it is important that you wash your hands thoroughly prior to and after handling your catheter and drainage bag (see figure 1).

Figure 1

	1. Wet hands under running water. Take a measure of soap
	2. Work into hands, palm to palm. Right hand over back of left and vice versa
	3. Rub palm to palm, fingers interlaced
	4. Back of left fingers to right palms, fingers interlocked and vice versa
	5. Rotational rubbing of right thumb clasped in left hand and vice versa
	6. Rub left palm with clasped fingers of right hand and vice versa
	7. Left wrist with right hand and vice versa
	8. Rinse hands under running water and dry thoroughly

Fluid Intake:

Unless you have been advised otherwise by your Doctor or Nurse it is recommended that you drink plenty of water. Try to drink 2 litres of fluid a day, this will dilute your urine, flush out any debris in your bladder and possibly reduce the risk of infection. Eat a well-balanced diet and try to avoid constipation as this can interfere with catheter drainage.

Remember when exercising or in a hot climate you will need to increase your fluid intake.

Figure 2 – Recommended daily fluid intake guidance

Patient's weight stones	Patient's weight kg	mls per day	Fluid oz	Pints	Mugs
6	38	1190	42	2.1	4
7	45	1275	49	2.5	5
8	51	1446	56	2.75	5-6
9	57	1786	63	3.1	6
10	64	1981	70	3.5	7
11	70	2179	77	3.75	7-8
12	76	2377	84	4.2	8
13	83	2575	91	4.5	9
14	89	2773	98	4.9	10
15	95	2971	105	5.25	10-11
16	102	3136	112	5.5	11

What should my urine look like?

Urine should be a light yellow colour (see figure 3). If it is orange or dark brown, you may not be drinking enough fluid.

Some medication and foods may cause discoloration of urine. Your Nurse will be happy to discuss this with you.

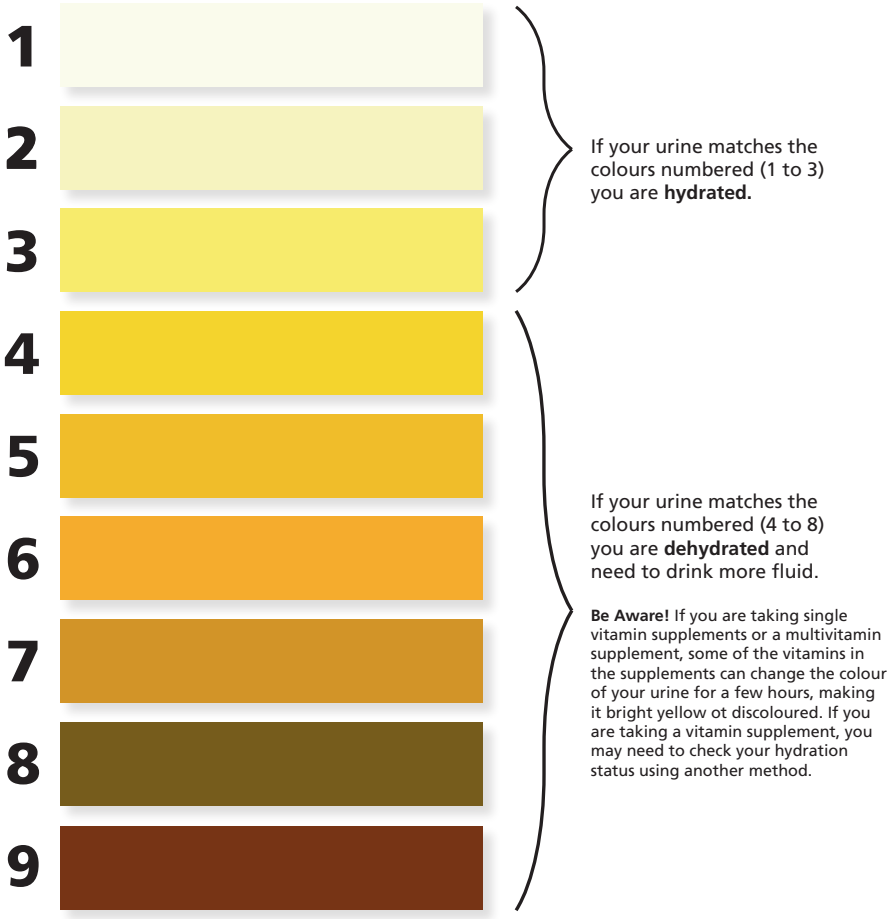
If your urine is cloudy and does not improve after drinking more, is blood stained or has specks of blood in it contact your Nurse.

If you are passing bright red blood, you should contact your Doctor.

Figure 3 – Urine Chart

Am I Hydrated?
Urine Colour Chart

This urine colour chart is a simple tool you can use to see if you are drinking enough fluids throughout the day to stay hydrated.



Your Nose Knows!

While some foods, like asparagus, can cause your urine to smell different, a strong smelling odour can also be a sign of dehydration.

Activity and exercise

Having a catheter in place should not restrict your daily activities. Gentle exercise will help your catheter drain better and therefore reduce the risk of a urine infection. You can go on holiday and travel abroad with a catheter, but it is important that you ask a Nurse or Doctor to ensure you are fit to travel.

Secure catheter

Wear appropriate straps or a catheter bag sleeve to position and secure the catheter to your leg. This will help to prevent the catheter from rubbing and irritating the waterpipe (urethra) and will reduce the risk of penile erosion or sores occurring around the urethra.

Bowels

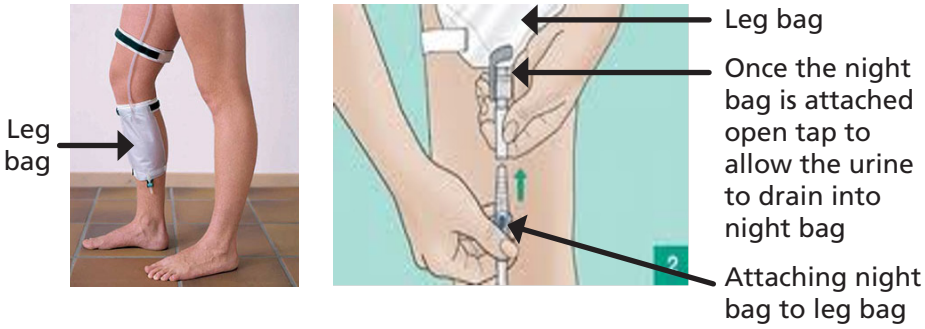
Ensuring you have a normal bowel movement that is regular and normal for you is important to the maintenance of a catheter, as constipation can lead to catheter complications. Seek advice if you become constipated as you may need laxatives.

How often do I change my leg and night bag?

It is recommended that your leg bag which is attached to your catheter is changed every seven days. If the leg strap becomes soiled or damaged, this can be changed as required. A further strap is attached to your thigh which provides additional support around your catheter. This fixation prevents unwanted tugging and pulling on your catheter.

Only remove the leg bag when it is due to be changed and avoid touching the end of the connector to minimise the risk of infection. Your leg bag and night bag must be emptied by opening the valve at the bottom of the bag before they get full. You should wear a single use night bag; this is attached to the bottom of the leg bag at night and provides more drainage capacity overnight. Single use night bags should be disconnected from the leg bag each morning and emptied prior to disposal.

All drainage bags should be disposed of into a plastic bag then into a dustbin.



Is there an alternative to wearing a leg drainage bag?

It may be possible for you to wear a flip flow valve rather than having a catheter leg bag. A flip flow valve is a tap like device which fits into the end of your catheter. The valve can be opened every 2 to 3 hours to drain urine directly from the bladder into the toilet. It allows the bladder to fill and empty as normal. It is very discreet and can be more comfortable than wearing a leg bag. It is recommended that a flip flow valve is changed every 7 days. A flip flow valve can be helpful as it enables the bladder to fill and empty, maintaining normal bladder function. It can also help to prevent blockages and spasms, and also more discreet to wear. A flip flow valve is not suitable for everyone, but your Doctor or Nurse will be able to tell you if this is a suitable option for you.

How often should the catheter need changing?

Most catheters will be changed every 12 weeks. If your catheter requires changing more frequently your Nurse will inform you of this and the reason why you require it to be changed more frequently.

The red seal in the image, may still be in position following your insertion of your catheter. Not all catheters have the bag connected when it is inserted so do not be concerned if there is not one in place. If you do have a seal present on your catheter it is intended to help reduce the risk of bacteria entering your catheter when the drainage bag is changed. This red seal stays in place for 14 days following catheter insertion and can be removed easily by yourself or a carer by tearing the dotted area on the seal when your bag is due for its first change.

Will I have any pain?

The catheter may feel uncomfortable at first. You could experience bladder spasms (sudden contractions of your bladder muscles) which can be painful. This can make you feel like you need to pass urine and cause some urine to bypass the catheter and leak out.

This is your body's way of trying to remove the catheter from your body. If you have spasms, try repositioning the catheter so that it is not pulling on your bladder, try to relax, do not strain or try to push the catheter out. If this feeling lasts, then contact your Community Nurse.

What if I have problems?

Blood in your urine:

When the catheter is first inserted or changed, your urine may be blood stained. If you have had surgery then you may have been told to expect blood in your urine for a few weeks. If you have not been told to expect blood in urine and this continues after drinking extra fluids, then you should contact your Community Nurse.

Cloudy, smelly, thick urine:

Your urine should be light yellow in colour (although some medicines may discolour urine) and should flow freely. If your urine becomes cloudy, smelly or thick, check that you are drinking enough water. If you develop a high temperature with these symptoms, please contact your Community Nurse or GP, as this could indicate that you have a urine infection. See figure 2 image of urine colour chart.

Leaking catheters:

Sometimes the catheter can leak around the entry site. If this happens, make sure the tubing is not blocked or kinked. Move the drainage bag below the level of your bladder and make sure you are not constipated.
You may need to change the bag you are using, or your Community Nurse may need to change your catheter to a different size and type. Having a bowel action can also cause the catheter to leak. This is nothing to worry about and happens to most people. Make sure you are drinking plenty, this will flush out any clots or debris from your bladder which could be blocking the catheter and causing it to leak around the tube. See figure 1 for recommended fluid intake guidance.

When should I contact my Community Nurse or GP?

It is important you contact a Community Nurse or Doctor for advice if:

- No urine or very little urine is flowing into your leg bag, and you feel your bladder is full
- Your urine has changed colour, it is very cloudy, it is bloody or has large blood clots in it and you have not been told to expect this
- You have noticed redness, swelling and irritation around where the catheter enters the body
- Your urine smells of foul odour
- Urine continuously leaks from around the catheter at the insertion site
- You feel feverish
- If your catheter has fallen out or been pulled out

Further Information & Support

If you have any questions or concerns about your urinary catheter, please speak to your Doctor, or contact your Community Nurses. You can also speak to a Nurse from your discharging ward.

Care coordination for Community Nurses contact number:
01902 443322

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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