

## INTERMITTENT SELF-CATHETERIZATION

Intermittent self-catheterization is a safe and effective method of completely emptying the bladder at regular intervals. Self-catheterization should be done every 3 to 8 hours, or as recommended by your physician. Never stop self-catheterization unless instructed by your physician.

### The following may be an indication that it is time to catheterize:

- Distended bladder
- Feeling of fullness
- Restlessness
- Perspiration
- Chills
- Headache

### How to clean your catheter

- Always wash hands before and after procedure.
- Wash catheter after use in warm soapy water.
- Run tap water through the catheter. Place the catheter on a paper towel to air dry.
- Alternating catheters is a good idea.
- Replace your catheter in a clean container.
- Catheters should be discarded when they begin to lose their flexibility, or become brittle or discolored.
- An option to cleaning your catheter is to soak it in a solution of 1 part vinegar to 3 parts tap water once each week to keep urine crystals from forming inside the catheter.

### Equipment

- Catheter -- #14 French or the size specified by your physician.
- A container to carry the catheter.
- Cotton balls moistened with soap and water.
- Water soluble lubricant
- **Do not use mineral oil or petroleum lubricant.**

### Procedure

- Prepare equipment.
- Wash hands with soap and water.
- Urinate if you can.
- Stand, sit or lie down, whichever is easier for you.

- Remove catheter from clean container.
- Lubricate the catheter end that will be going into the urethra. **Lubricant must be water-soluble.**
- **Males** — Hold penis up with one hand and cleanse the tip with a cotton ball moistened with soap and water. Wash in a circular motion starting at the urethra and working outward. Holding the penis upward, gently insert the catheter through the external meatus. Once you have passed one half length of the catheter through external meatus, lower the penis and slide the catheter the rest of the way into the bladder until urine flows.
- **Females** — Spread labia and lift up. Cleanse the urethral opening using downward strokes, front to back, with a cotton ball soaked with soap and water. Spread labia apart and gently inset the catheter into the urethra in and upward and backward direction approximately 2 inches, until urine flows.
- Allow the bladder to empty completely.
- To remove the catheter, slowly rotate it as you withdraw it. Stop each time more urine drains.
- To completely remove the catheter pinch off the end and pull it out. This will prevent urine from flowing back into the bladder.
- Check for any unusual odor and/or cloudy hazy urine. Be aware of any changes that need to be reported to your physician.

## Remember

- Catheterize regularly, every 3 to 8 hours to keep urine volumes low.
- Do **not** skip a catheterization for any reason.
- **Always** wash your hands before and after the procedure.
- Fluid intake is directly related to urine output and the frequency of catheterization. Normal intake is six to eight 8-ounce glasses per day.
- If the catheter is accidentally dropped and cannot be washed properly, it may be wiped off to remove any possible grit and then used to catheterize.
- It is more important to empty your bladder.
- You are more likely to get an infection from a full bladder than an unwashed catheter.

## Call your physician if you have any of the following:

- Fever
- Nausea
- Pain in the back
- Cloudy urine
- Urine with a foul odor
- Blood in urine
- Sudden pain or bleeding when inserting the catheter
- Inability to keep urine volume within recommended amount

- Inability to urinate or presence of abdominal distention
- Absence of urine for 6 to 8 hours
- People with spinal cord injuries should call their doctor if they have a severe pounding headache (this may indicate unresolved autonomic dysreflexia) and immediately catheterize themselves to empty their bladder.