



SELF-CATHETERISATION in WOMEN

Information from The British Association of Urological Surgeons (BAUS) about self-catheterisation

You have been given this leaflet because you are having (or are due to start) clean intermittent self-catheterisation of your bladder. The aim of the leaflet is to provide you with information about what this involves.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



<http://rb.gy/olc5h>

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KEY POINTS

- Self-catheterisation is used when your bladder cannot empty itself fully
- For most patients, it is a preferable alternative to a permanent, long-term catheter
- The technique of self-catheterisation is simple, safe and easily learnt
- If you do have problems, your district nurse or GP can usually resolve the issues for you

What is self-catheterisation?

Self-catheterisation means that you (or your carer) put a small, soft tube (catheter) into your bladder through your urethra (waterpipe) when you need to empty it. The urine flows out through the tube until your bladder is empty; you can then remove the catheter. Most self-catheterisation catheters are single use. They should be thrown away after use and a new one used each time the bladder has to be emptied.

Self-catheterisation is used when your bladder is not able to empty fully by itself. It is an alternative to having a [permanent catheter](#), which stays in place in your urethra and drains continuously.

By emptying your bladder completely, you stop a build-up of old urine and help prevent urine infections or back pressure on the kidneys. It is often more comfortable than a permanent catheter. Some people find that it can also help prevent incontinence (urine leakage) due to an over-filled bladder.

What equipment do I need to do this?

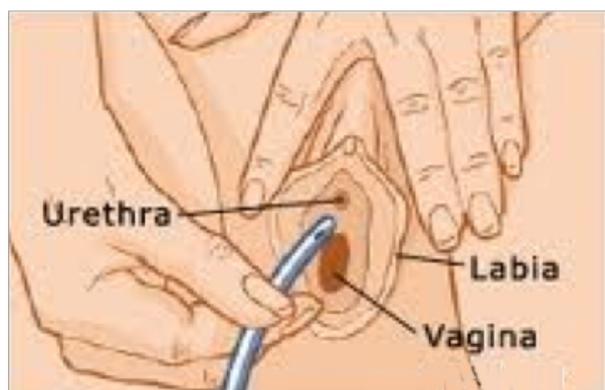
The basic items you need are:

- **the catheter** - initially we supply these from the clinic but you can order them on repeat prescription from your GP or independent catheter service;
- **baby wipes;**
- **lubrication** - most catheters are self-lubricated but, if you are having problems inserting the catheter, you may wish to use extra lubricating jelly (available from your chemist or GP);
- **access to the toilet or a plastic urine bottle** - to catch the urine as it drains out (some catheters come with bags attached for this purpose); and
- **a portable mirror & a good light** – helpful particularly when you are first learning how to do self-catheterisation.

How do I do the catheterisation?

We will show you the basic technique first and then watch while you do it yourself. The technique we normally advise is:

- wash your hands with soap and water, or use an alcohol cleansing gel
- find a comfortable position – this could be sitting on the toilet or lying on the bed (you may wish to have a towel or waterproof sheet underneath you at first);
- remove your underwear and tuck your clothing out of the way;
- ensure your knees are apart to make insertion easier;
- use a light and mirror to help you find the opening of the urethra in front of the vagina and behind the clitoris (pictured);
- if it is difficult to see the urethra, gently draw your labia forwards &



upwards with your fingers; it may be possible to feel the urethral opening like a small pit on a sensitive mound;

- clean inside your labia (from front to back) using baby wipes or plain soap and water;
- follow the preparation instructions for the type of catheter you are using;
- hold the catheter 5 cm (2 inches) from its tip and gently insert it into the entrance of your urethra until urine flows; then advance it another 2 to 3 cm (one inch);
- if no urine comes out, you may have put it accidentally into your vagina; this causes no harm so take it out and look slightly further forwards for the urethra;
- when urine seems to have stopped flowing, withdraw the catheter slowly, rotating it gently, to allow all the urine to drain out;
- dispose of the catheter and urine; and
- wash your hands again when you have finished.

Most catheters are single-use and should be thrown away in a disposal bag with your household rubbish or in a sanitary bin. **Do not flush your catheters down the toilet.**

What should I do if I have any problems?

- **difficulty using the catheter** - take some time to relax before trying again
- **inability to self-catheterise** - contact your catheter nurse or district nurse as you may need a temporary indwelling catheter
- **inability to remove the catheter** - relax and wait a few moments before trying again; coughing whilst you draw back the catheter can help
- **symptoms of a urine infection** – if you have pain in your lower abdomen (tummy), you feel unwell in yourself, or you are having hot and cold spells, you should contact your GP

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.