



SELF-CATHETERISATION in MEN

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/43rai>

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KEY POINTS

- Self-catheterisation is used when your bladder cannot empty itself fully
- It is, for most patients, a preferable alternative to a permanent, long-term catheter
- The technique of 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 the urethra (waterpipe) when you need to empty your bladder of urine. Your 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?

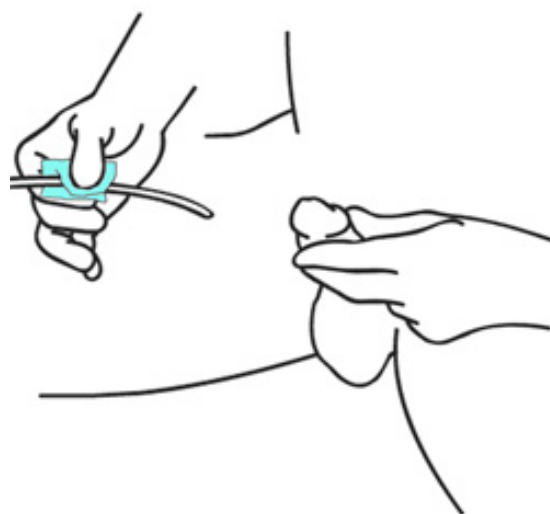
The basic items you need are:

- **the catheter** - initially we supply these from the clinic but you can order them on repeat prescription from your GP or independent catheter service;
- **wet 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); and
- **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).

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 – some men prefer standing in front of, or sitting on, the toilet, whereas others prefer to sit on a chair or bed (you may wish to have a towel or waterproof sheet underneath you at first);
- tuck your clothing out of the way;
- gently pull back the foreskin and clean the end of the penis using plain soap and water or baby wipes;
- follow the preparation instructions for the catheter you have chosen to use;
- if extra lubrication is required, lubricate the first 5 cm (2 inches) of the catheter with a blob of jelly;
- hold the catheter at the “gripper”



or over the catheter sleeve, and gently insert it into the entrance of your urethra (pictured);

- hold the penis straight out from the body and, without allowing the catheter to touch anything else, gently insert it until urine flows out through it;
- if the catheter seems to stick just before it enters the bladder, wait a few seconds. This allows the sphincter muscle to relax. A further, gentle push should then help the catheter to pass into your bladder. You may find coughing or trying to pass urine also helps at this point;
- 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 assistance or a temporary indwelling catheter
- **inability to remove the catheter** - try to 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 burning pain on passing urine or 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 wish to have a copy for your own records. If you wish, they can also arrange for a copy to be kept 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.