

Information for Patients

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# Intermittent Self-Catheterisation and Dilatation for Men

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## Intermittent Self Catheterisation (ISC)

Intermittent Self Catheterisation (ISC) is a simple procedure to empty the bladder. It involves passing a small tube called a Catheter up the urethra (from where urine normally drains) into the bladder to allow the urine to empty.

The type of Catheter used is called a Nelaton Catheter. ISC may be undertaken on a short or long term basis.

## Urethral dilatation

Urethral dilatation is a simple procedure to stretch or dilate the urethra. It involves passing a small tube called a Catheter into the urethra (from where urine normally drains) and then removing the Catheter.

The type of catheter used is called a Nelaton Catheter.

Urethral dilatation may be undertaken on a short or long term basis.



## Why is ISC necessary?

When going to the toilet it is usual to pass most of the urine that is in the bladder. There are some situations where the bladder may not fully empty.

Most commonly due to

- Bladder muscles that cannot contract effectively.
- The effect of bladder surgery.
- Injury to the spinal nerves.
- Blockage of the urethra.

## How often should the bladder be emptied?

You should catheterise whenever you feel full. If you cannot feel if your bladder is full, you should catheterise when you wake in the morning, 2-3 times during the day and just before you go to bed at night.

Measure the amounts you drain off occasionally to see that your bladder is not holding more than 300-400 mL. If the amount is more than this, you need to catheterise more often.

The Urologist, Continence Advisor or specialist Nurse will work with you to determine the frequency of catheterisation.



## Why is dilatation necessary?

Normally urine is stored in the bladder and when the time is right, the brain sends a message to contract the bladder muscle and relax the sphincter muscles, allowing urine to be expelled.

Sometimes there is a narrowing in the urethra which makes emptying the bladder difficult. A way of managing urethral narrowing or stricture is to dilate the urethra.

## How often should the bladder be emptied?

Perform the dilatation as often as directed by your Urologist, Continence Advisor or specialist Nurse.

The frequency may be on a daily or twice daily basis for 2 weeks and then on a daily basis until directed by your specialist.

If after reducing the frequency of dilatation, you notice an increase in resistance, then you may need to dilate more frequently.

Your Urologist, Continence Advisor or specialist Nurse will work with you to determine the ongoing frequency of dilatation.

## Does ISC or dilatation lead to infection?

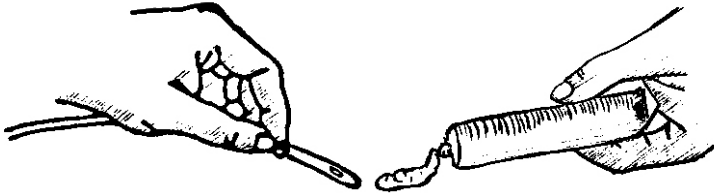
There is always a risk of infection when using a Catheter, however as you become more skilled with the technique the chances of developing an infection reduce.

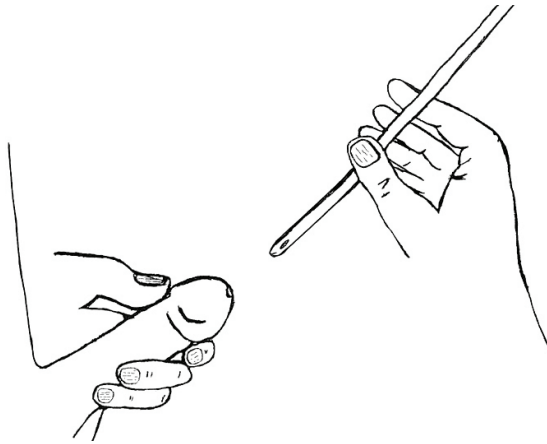
Catheterisation is not a sterile procedure and it is important to wash your hands before and after catheterising.

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## Getting started

- Collect the necessary equipment
  - Nelaton Catheter
  - Water soluble lubricant
  - Container for the urine (if not using the toilet)
- Wash your hands, using soap and water or antibacterial hand sanitiser.
- Setup your equipment on a clean, easily accessible surface
  - ensure the Catheter is within reach
  - apply lubricant onto a tissue.
- Get into a comfortable position. This may be lying on your bed, sitting on the toilet or wheelchair or standing over the toilet.
- Remove the Catheter from the packet or clean container. Try not to touch the Catheter tip.
- Dip or roll the Catheter tip into the lubricant. If using lubricant in a syringe, then instil directly into the urethral opening of the penis.





- Grasp your penis and gently pull it out at a right angle from your body.
  - Insert the Catheter into the urethral opening or meatus. Slide the Catheter further into the urethra. Never force the Catheter. Continue to slide until urine starts to drain.
  - Pass urine into toilet or container.
  - When urine stops flowing, slowly withdraw the Catheter. If more urine starts to drain, stop removing the Catheter, allowing the bladder to empty. When there is no urine draining, remove the Catheter.
  - Clean the Catheter by rinsing it under clean running water, tip end upward.
  - Shake dry and store in a clean, dry, sealed container ready for the next use.
  - Wash your hands.
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# Troubleshooting

## **Blood in the Catheter or urine**

Occasionally, you may see blood in the urine or catheter. This is not uncommon, particularly when you are learning this technique.

- Try using more lubricant.
- Check for signs of infection.

Only be concerned if the bleeding persists or becomes heavy. Seek medical advice if this occurs.

## **Difficulty introducing or removing the catheter**

This may occur because of an awkward technique or spasm of the sphincter muscles.

- Check that you are in a comfortable position.
- Take some deep breaths, relax as you slowly exhale and gently but firmly introduce or remove the Catheter.
- Try using more lubricant.
- Take a break and walk away for several minutes before attempting to insert the catheter again.

## **No urine is draining**

- Ensure that the catheter has been inserted far enough to reach the bladder.
- Gently try pulling the catheter back a short distance.

## **Urinary tract infection**

If your urine becomes cloudy or has an odour, or you have increased pain or burning when inserting the catheter, you may have an infection.

If you suspect that you have a urinary infection it is important to seek advice from your GP or Urology Associates promptly. Do not wait until you get sick.



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