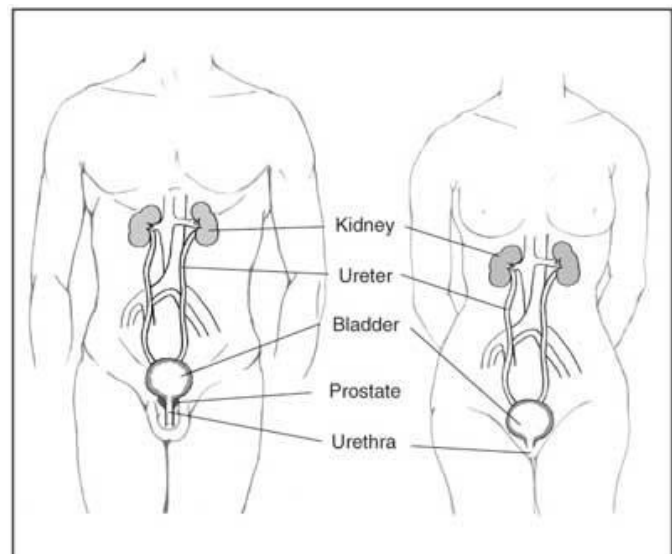


Self-Catheterization Female Clean Intermittent

Urine is produced in the kidneys, and then passes through the ureters to the bladder. The bladder is a muscular organ in the body that stores urine before it leaves the body. Normally, stretch receptors in the bladder tell the brain that you have discomfort and need to empty the bladder. Nerve centers in the brain help the sphincter muscle relax and release urine. This allows urine to pass from the bladder through the urethra and out the body. See Figure 1.

Your doctor has ordered self-catheterization for you. Most often this is done because the normal process for urinating is disrupted and the bladder is not emptying completely. This can cause infections in the urinary tract. Emptying the bladder completely before it becomes overstretched can help prevent injury to the kidneys.



Male

Female

Figure 1

The bladder and nearby organs.
(Reprinted with permission from the National Institute of Diabetes Digestive and Kidney Diseases, NIH)

Purpose

The purpose of self-catheterization is to:

- Empty the bladder completely at regular intervals (usually 4 to 6 hours)
- Make sure the bladder does not fill more than 350 to 500 cc (1 pint)
- Prevent wetness (dribbling) between catheterizations
- Prevent urinary tract infections
- Prevent high pressure within the bladder, which can injure the bladder and/or the kidneys

During self-catheterization, a small catheter (tube) is passed through the urinary opening and urethra into the bladder. It is very important to catheterize regularly to prevent infection. Your doctor wants you to catheterize yourself every _____ hours. When drinking normal amounts of fluid, you should get about _____ cc of urine at each catheterization.

The amount of fluid you drink affects the amount of urine your body makes. The body normally needs about 8 to 10 (8-ounce) glasses daily. However, you may need to regulate the amount of fluid you drink with the amount of urine that drains out when you catheterize yourself. If more than the specified amount drains out when you catheterize, you may be drinking too much fluid.

If less than the specified amount of urine drains out, you may need to drink more fluid. You will probably need to decrease the amount of fluid you drink 3 to 4 hours before you go to bed to prevent catheterizing during the night.

If you receive fluids through one of your veins (IV), you may need to catheterize more often to prevent dribbling (incontinence), injury or infection to your bladder.

Use the “Bladder Management Record Sheet” on page 5 to write down the amount of fluids you drink and the amount of urine collected. Do this until you have adjusted to the proper amounts.

Equipment

- Size #14 or #16 French catheters (for children, size #10 or #12). See the next section for more information on catheters.
- A container to hold equipment, such as a plastic zipper-type or make-up bag.
- Water-soluble lubricant jelly, such as K-Y[®]. Do not use a petroleum jelly product like Vaseline[®]. You may or may not need lubricant. This depends on your type of catheter.
- Antibacterial liquid soap (without perfume or scent), such as Ivory[®] or Dial[®].
- **Warm** water or alcohol-free baby wipes to clean the urinary opening. Wet wipes can be purchased from most grocery or drug stores.
- Clean washcloths.
- Collection container for urine.
- A mirror to help you see.
- Record sheet on page 5 for recording catheterization times and amounts of urine.

Types of Single-Use Catheters

- Red rubber catheters are non-lubricated and require lubrication
- Pre-lubricated catheters
- A closed-system catheter connects by a tube to a urinary drainage bag which the urine flows into. Your doctor may prescribe this catheter system if you have had recent urinary tract infections or if you are at risk for infection. Your care team will give you more details about this.

Directions

1. Assemble the equipment listed above.
2. Wash your hands with soap and water.
3. Choose the position best for you. If needed, your occupational therapist can help you find a position that works best for you.
 - a) You may lie on your back with your head raised and your thighs spread apart in order to reach the urinary opening. It may help to let your heels touch in order to keep your legs spread wide.
 - b) You may sit or squat over a toilet positioning the trunk of your body either forward or towards the back of the toilet seat. Make sure you can see your genitals.

- c) You may also sit on a chair or wheelchair facing the toilet with one foot on the toilet seat.
4. Using a wet washcloth and antibacterial soap, clean yourself thoroughly. You may also use a wet wipe.
 - a) To clean the urinary opening, separate the labia (lips) with your thumb and finger.
 - b) With your other hand, clean the urinary opening using a soapy washcloth or wet wipe. Always wipe with single **downward** movements. (Never wipe up. This can carry germs from your rectum and might infect your bladder.) Use the washcloth or wet wipe only once.
 - c) Rinse well with another clean washcloth or wet wipe.
5. Wash your hands with soap and water.
6. Open the catheter:
 - Red rubber catheter - Open the lubrication pack and insert the catheter tip into the pack.
 - Pre-lubricated catheter - Open the package.



Keep the part of the catheter that goes in the body clean at all times. Avoid touching within 4 to 6 inches of the tip of the catheter.

7. Insert the catheter gently into the urinary opening (urethra). If you are not sure where the urethra opening is, use a mirror to help you find it. Some women use the clitoris as a landmark because the clitoris lies just above the urethra. The urethra can be described as a dimple between the clitoris and the vaginal opening. See Figure 2.

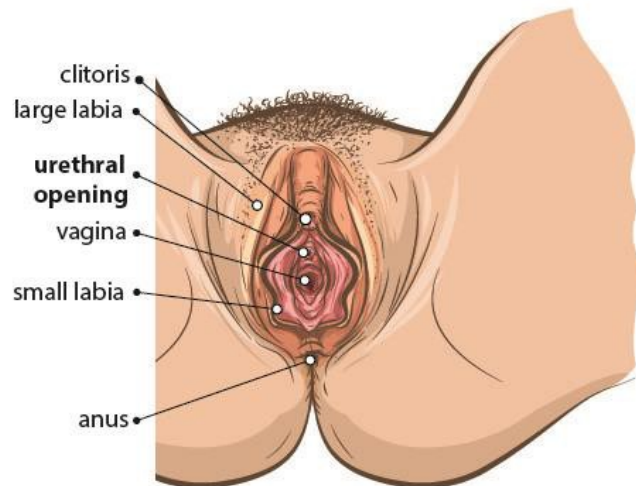


Figure 2
Location for catheter placement
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- a) Holding the labia apart with one hand, place the tip of the catheter into the urethra. Gently push in the catheter until urine flows freely from the catheter into the collection container or the toilet.
- b) After urine begins to flow, gently push in the catheter another inch.
- c) When urine stops flowing, remove the catheter slowly to empty as much urine as possible. Several more ounces can be drained this way.
- d) When removing the catheter, pinch the end of the catheter and hold the tip up to avoid soiling your clothes.
- e) Wash yourself with antibacterial soap using a washcloth or use a wet wipe.
8. Your health care provider may ask you to use the sheet on page 5 to measure and record the amount of urine collected in the collection container.

9. Discard the urine in the toilet.
10. Wash your hands with soap and water.

Special Instructions

If you notice any of the following problems, contact your home clinic to speak with a nurse.

- Pain in your mid-back (kidney) area
- Fever over 101°F (38.3°C) and/or chills
- Changes in the color of your urine (cloudy or dark amber) and/or an unpleasant odor of your urine
- Blood in the urine
- Burning or painful urination
- Increased frequency of urination with decreased amount of urine
- Difficulty inserting the catheter
- Residue in your urine
- Wetting
- Sudden or sharp pain in your lower belly

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Bladder Management Record Sheet (Use One Sheet Per Day)

Time	Type of fluid drink	Fluid Drink in ounces or cc's	Ounces or cc's of urine collected
6 a.m.			
7 a.m.			
8 a.m.			
9 a.m.			
10 a.m.			
11 a.m.			
12 noon			
1 p.m.			
2 p.m.			
3 p.m.			
4 p.m.			
5 p.m.			
6 p.m.			
7 p.m.			
8 p.m.			
9 p.m.			
10 p.m.			
11 p.m.			
12 midnight			
1 a.m.			
2 a.m.			
3 a.m.			
4 a.m.			
5 a.m.			
Totals			