1. **Definition:**
Intermittent self-catheterisation is an invasive procedure whereby the client intermittently passes a non-retaining catheter into the bladder to assist in the drainage of urine when normal voiding is not possible. The catheter is removed when the bladder has been emptied. It is a clinically clean technique when performed by the clients on themselves. ¹

2. **Purpose:**
To relieve urinary retention
To check urinary residuals where the bladder scanning results are inconclusive.

3. **Benefits of Intermittent Self-catheterisation:**
   - Complete emptying of the bladder
   - Reduction in recurrent urinary tract infections and preserved renal function
   - Elimination of the effects of bladder outflow obstruction
   - A preferred option to indwelling systems when considering sexuality and self awareness

4. **Expected outcome:**
To prevent bladder or kidney problems by emptying the bladder and to keep the client dry.
Promote the client to obtain the skills to do the procedure independently.

5. **Staff:**
Registered Nurse or Enrolled Nurse who is approved and confident in female urinary catheterisation.
A medical order for the procedure and verbal consent is required to perform and teach intermittent self-catheterisation.

6. **Patient Group:**
6.1 Intermittent catheterisation is required on any patient whose bladder residual volume is greater than 200mls.

6.2 Patients with any of the following medical conditions may benefit from intermittent self-catheterisation.
   - Urethral stricture causing outflow obstruction resulting in incomplete emptying of the bladder
   - Bladder reconstruction
   - Continent urinary diversion
   - Acute or chronic retention of urine
   - Dysynergia- lack of co-ordination of the micturition cycle, causing the sphincter to fail to relax and micturition to be incomplete or non-existent
   - Some forms of bladder neuropathy
   - Pelvic/rectal surgery

6.3 Client group to be taught to self-catheterise.
In order for instruction to be successful, the following are required to be taken into consideration:

- Medical history
- Extent of bladder dysfunction
- Normal fluid intake
- Bladder capacity and measured residual
- Physical ability of the client to carry out the procedure
- Psychological aspects, including motivation and cognitive ability of the client
- The client has access to appropriate facilities to perform the procedure
- The client has the time and opportunity to perform the procedure
- The clients bladder capacity (the bladder must be able to store at least 100mls)
- Competence of the clients urinary sphincter mechanism
- The client should recognise the sensation of bladder filling or be able to adhere to a strict regime to empty the bladder
- The client must be able to understand the benefits, the procedure and the technique

Nursing support must be able to be provided to support the client until she is competent and confident with the procedure.

7. Equipment:
7.1 Inpatients
- Plastic flat sheet
- Dressing pack
- 10ml N/Saline
- Nelaton catheter
- KY lubricating gel
- Sterile gloves
- Bag for rubbish
- Kidney dish for urine drainage
- Disposable plastic gown
- Goggles

7.2 Home clients
- Clean wash cloth or antibacterial wipes
- Urine collecting container
- Catheter
- Lubricant if using Nelaton catheter
- Clean hand towel
- Resealable plastic bag (if using non-disposable catheter)

8. Procedure:
Intermittent catheterisation is a sterile procedure if attended by the RN or EN.
Intermittent self-catheterisation is a clean procedure if attended by the patient.

Refer to “Learning to self-catheterise” booklet

cont'd ..../3
INTERMITTENT SELF-CATHETERISATION (ISC) – GUIDELINES FOR PRACTISE cont’d

Teaching Intermittent Self-catheterisation

Where clients are unable to perform this procedure for themselves, relatives/carers may perform this procedure with the consent of the client following appropriate training and education by a competent professional.

1. Programme for teaching Intermittent Self-catheterisation:
   1.1 Client selection- well motivated, good cognitive skills, manual dexterity, physical ability
   1.2 Medical order and client consent
   1.3 Client discussion- knowledge regarding anatomy and reasons for ISC
   1.4 Client watches “ISC DVD” and discussion afterwards, any questions answered.
   1.5 “Learning ISC” booklet given and read with client
   Discussion includes-
      General discussion- Personal hygiene, storage and disposal of catheters, life styles
      Health issues- ISC problem solving, diet, sexual activity, exercise
   1.6 Observation- observes technique.

2. Frequency of Self-Catheterisation:
   2.1 ISC should follow a regimen designed to meet the needs of the client. The client should maintain a bladder diary, until told otherwise form a healthcare professional
   2.2 A useful guideline is a frequency of catheterisation that maintains a voiding urinary volume plus residual urine of no more than 500mls. It is also advisable not to exceed a urinary residual of 250mls as this potentially leads to recurring urine infections.
   2.3 ISC should not be performed more frequently than 2hourly
   2.4 In cases where inefficient voiding leads to a gradual collection of large residual, ISC may only be required daily
   2.5 An extra catheterisation may be appropriate prior to an activity that may limit access to a toilet for some time, or prior to sexual activity.

3. Education Notes:
   3.1 The instructor needs to be supportive and skilled, stressing the positive values of ISC.
   3.2 ISC is an extremely intimate procedure and those teaching must be skilled in interpreting both the verbal and non-verbal behaviour of the client.
   3.3 The instructor needs to be aware and alert of any sexual anxieties of the client.
   3.4 The instructor must take into account any language/communication issues
   3.5 Other healthcare problems must be taken into account
   3.6 Difficulties may include- manual dexterity, hip deformity, poor sight, hearing loss, co-ordination, and spatial awareness problems.

4. Poor client compliance:
   4.1 This may be related to the client finding the procedure unacceptable, low tolerance to change, inadequate facilities, and deterioration in clients mental/physical condition.
   4.2 It is vital the client is committed and although the instructor can use firm persuasion, the client should never be coerced into performing the procedure.

cont’d ..../4
5. Discharge advice:
5.1 Ensure patient has the following:
   • “Learning to self-catheterise booklet”
   • Supplies
   • Product information

6. References:
6.1 South Somerset Primary Care Trust, NHS, 2004. Best Practise Guidelines for Teaching Intermittent Self-Catheterisation and Intermittent Self- Dilation
6.3 Park Brown, J. 2005 The art of Self-Catheterisation, Teaching Guideline, SBAA Conference, Greenville

7. Cross References:
8. 7.1 Catheterisation Clinical Policy and Procedures 2004²

² Draft Only September 2007, Revised May 2008