

If you obtain volumes greater than 600 ml, (20 oz.) you will need to increase the frequency of catheterization. If you are voiding on your own and you catheterize for less than 200 ml (7 oz.) at a time, you may be instructed to catheterize less often. If you are not sure whether the bladder is full, catheterize. In time, you will develop a regular schedule. A record of the times and volumes obtained will help your doctor fine tune your schedule.

Sample record:

Time	Volume Voided	Volume by Catheter
7:30 AM	225 ml	350 ml
12:00		475 ml
4:30 PM	125 ml	375 ml

You need not restrict any of your usual activities, including sexual activity. It may be best to empty the bladder before engaging in sex. Bowel function should not be affected and you should be able to take all of your usual medication.

## Catheter care

Generally, a catheter can be reused and cleaned for about a week or so unless it becomes rough, cracked or damaged. Inexpensive replacement catheters may be purchased from your medical supply store or pharmacy. Keep two or three catheters on hand at all times.

Immediately after using a catheter, wash it with warm, soapy water and rinse it thoroughly, inside and out. Liquid hand or dish soap is effective and safe. Allow it to air dry on a clean surface or towel. Store the catheter in a dry, paper towel or clean plastic bag.

## Possible problems

- **Difficulty finding the urethral opening** may be helped by using a small hand mirror. If urine does not flow, make sure that the catheter is not in the vagina. A tampon in the vagina may prevent placing the catheter there while you are learning to self-catheterize. Use a clean catheter if the first one goes into the vagina.

- **Pain or resistance** with the passage of a catheter may indicate that you are not using enough lubricant. Occasionally, it may be a sign of scar formation in the bladder outlet.
- **Blood** on the catheter or in the urine suggests the possibility of injury to the urethra or bladder. Concern arises when bleeding is continuous, frequent or heavy.
- You may have bacteria detected in your urine, but in the absence of symptoms, this may not require treatment.
- Symptoms of painful urination, fever (over 38.5°C or 101°F), chills or abnormal sweating may indicate **infection**.
- If you are unable to insert the catheter after several attempts, you should go immediately to your hospital emergency room.

Please contact your doctor or urology nurse if you have any of these problems.

CIC is a safe and effective way of emptying the bladder when necessary. With practice, your ease of catheterization will improve, usually within a few weeks. Most women will find that quality of life is minimally affected and, often, improved with CIC.

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# Clean intermittent self-catheterization for women

CIC is a safe and effective way of emptying the bladder when it fails to empty completely on its own. Many women find that their health and quality of life are improved with CIC.

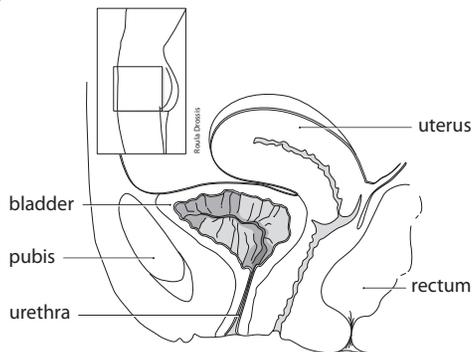


Your doctor has recommended clean intermittent self-catheterization (CIC) to help you empty your bladder. Urine is produced by the kidneys and carried to the bladder where it is stored. When emptying is appropriate, the bladder outlet control muscle (sphincter) normally relaxes while the bladder muscle contracts to expel the urine through the urethra (“urine passage”).

Sometimes, the bladder may not empty completely or at all, usually because of obstruction of its outlet (occasionally seen after pelvic surgery) or weakening of the bladder muscle. The bladder must then be emptied through a plastic or rubber tube, a catheter, passed through the urethra.

In some cases, a catheter may be left in place, draining urine continuously into a collection bag. After several weeks, this may lead to urinary infection and stone formation, as well as the discomfort of having a catheter in the urethra and the inconvenience of carrying a urine collection bag. For many women with incomplete bladder emptying, it is possible to learn to insert and remove a catheter themselves, decreasing the risk of infection and minimizing discomfort with little inconvenience.

### Bladder anatomy

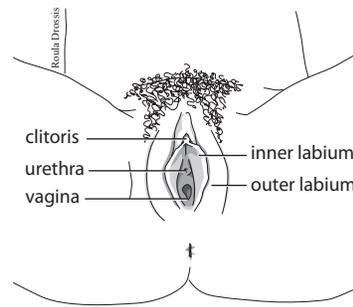


## Supplies required

- A clear plastic or soft rubber catheter, size 12, 14 or 16 French (as directed by your doctor)
- Water soluble lubricant (e.g. KY Jelly™, Muko™, etc.). **Do not use petroleum jelly (e.g. Vaseline™,) or mineral oil.**

- Soapy wash cloth, disposable towelettes or unscented diaper wipes
- Clean, dry towel
- Urine collection container, if desired
- Hand mirror, if required
- Catheter storage container (e.g. Ziploc® bag or travel toothbrush holder)

### Female genital anatomy



## Self-catheterization technique

Proper “clean” technique (no disinfectant or gloves required) will usually prevent infection without the need for absolute sterility. Catheterization may be performed in any clean washroom; counter space within reach is useful.

1. Assemble the necessary supplies and have them close at hand.
2. Wash your hands thoroughly with soap and water, then, rinse and dry. It is best to keep your fingernails short and clean.
3. Get into a comfortable position; you may catheterize yourself standing with one foot supported on a stool or the toilet rim, sitting in front of or on a toilet or propped up in bed.
4. Spread your thighs wide apart and separate your vaginal labia with one hand. Wash from front to back with soap and water, then rinse with water and dry. A damp towelette can be used as an alternative.
5. Lubricate the catheter tip with water soluble lubricant.

View of left hand spreading the labia with right hand inserting a catheter into the urethra



6. With your non-dominant hand (i.e. left hand for right-handed women), spread your labia with your index and ring fingers to expose the urethral opening. You may feel for the urethral opening with the tip of your middle finger.
7. Using your dominant hand, slowly insert the catheter into the urethra until urine begins to flow (about 5 cm or two inches). It is important to breathe slowly and relax your muscles. Advance the catheter another 3 cm (about one inch) to ensure that the tip is well into the bladder.
8. Drain urine into a container or directly into the toilet. Gentle straining may help bladder emptying. Take note of the amount of urine obtained.
9. When urine stops flowing, withdraw the catheter slowly. Urine may flow irregularly as additional pockets are drained.
10. You may wish to wipe the urethral opening with tissue paper.
11. Clean and store your catheter before washing your hands again.

Your doctor or nurse will tell you how often you need to catheterize. The frequency of bladder emptying depends on the volume and type of fluid consumed and the bladder storage capacity. Restricting your evening fluid consumption may prevent the need to empty during the night.

Often, a sensation of bladder fullness will tell you when you need to catheterize. Most women who empty only with a catheter will self-catheterize four or five times daily, about every four to six hours when the bladder contains 400 to 500 ml (13-17 oz.) of urine.