Catheter Care in the Community
An information guide
Catheter Care in the Community

This is an information guide for how to look after your urinary catheter at home and is a communication aid between hospital and community, it is therefore important that you give this to any Health professional dealing with your catheter.

Patient details

(Please stick addressograph sticker here)

What is a catheter and how does it work?
A catheter is a hollow tube that goes into the bladder to drain urine from the bladder.

Why are catheters used?
• when there is an obstruction at the exit to the bladder or in the urethra (passage through which urine leaves the bladder) which stops the bladder from emptying properly
• when there is a residual volume, which means that the bladder does not empty properly and a large amount of urine is left in the bladder after passing urine
• when there is a pressure sore, or a wound that is being contaminated by urine, a catheter may be used until the area is healed
• post-operative abdominal surgery until the bladder regains its function and/or when healing takes place
• for urinary incontinence, in extreme circumstances when all other management options have failed.

What are the risks of having a catheter?

When you have a catheter you are at high risk of developing a urinary infection that can make you feel very poorly. You can reduce the risks by following the advice in this leaflet.

What equipment will I need at home?

You will be discharged home from hospital with 1 week supply of catheter bags, further supplies are gained from your Community Nurse.

2 spare catheters: for the next catheter change. These are changed by the community nurse every 4-12 weeks depending on clinical need.

Leg bags: are worn on the thigh (short tube) or on the calf (long tube). They are changed every 5 - 7 days depending on the manufacturer’s instructions and are secured with straps. You should also have a fixation device such as a G strap to keep the leg bag secure to your thigh.

Night bags: are connected to the leg bag at night. These bags are single use and should be disposed of every morning. All night bags must be secured on a catheter stand. Some people who are bed bound have sterile drainable night bags connected to the catheter which are changed every 7 days or as per the manufacturer’s instructions.

Valves: are an alternative to leg bags. These are used to maintain bladder tone, as they allow the bladder to fill and empty. They can
only be used with patients who have good dexterity and are able to open the valve at least every 2-2.5 hours.

**Lubricant gel:** for the community nurse to use when she changes the catheter.

**How do you empty the bags and how often?**

- empty the bag when it is 2/3rds full to avoid trauma (damage) and to prevent the catheter pulling due to the weight. This creates a gap between the catheter and where it enters the bladder, which allows bacteria to get into the bladder
- wash and dry your hands thoroughly
- point the urine outlet tap/lever of the leg bag over the toilet, (if mobility/dexterity allows) or over a clean container. Avoid allowing the outlet tap/lever to touch anything
- open the tap/lever to allow urine to drain out of the bag
- close the tap/lever when the bag is empty, using a clean tissue to dry the end of the outlet tap/lever, and then clean your hands again
- if the urine was emptied into a container, dispose of the urine into a toilet, then clean the container ready for next time the bag needs emptying and clean your hands.
How to change the leg bag and how to dispose of used bags

• wash and dry your hands thoroughly

• empty the bag, as described above. Wash and dry your hands thoroughly again

• remove any leg bag straps

• remove a new leg bag from its packaging and put on any gloves provided with the leg bag

• hold the catheter at the leg bag entry point with one hand, to secure it. Keep the catheter in position to avoid trauma when removing the leg bag. With your other hand gently remove leg bag from the catheter entry point. Avoid touching the connection

• put the leg bag down and pick up a new leg bag

• remove the protective cover from the new leg bag connection point, avoiding touching the connection point

• insert the leg bag connection point into the catheter securely, avoid touching the catheter at the leg bag entry point or leg bag connection point

• write on the leg bag the date it was changed or set a specific day every 7 days to change the catheter bag

• remove your gloves (if worn)

• secure the leg bag with clean leg bag straps

• double wrap the catheter bag together with the removed gloves (if worn) and dispose of them in the household waste

• wash and dry your hands thoroughly.
Night bags

Connecting the night bag: Use a new bag every night.
• wash and dry your hands thoroughly
• remove the protective cover from the night bag connection, avoiding touching the connection point
• insert the night bag connection into the leg bag outlet point, ensuring that it is inserted securely
• open the leg bag tap to allow drainage into the night bag
• secure the night bag on the catheter stand
• remove any leg bag straps
• wash and dry your hands thoroughly.

Disconnecting night bag
• wash and dry your hands thoroughly
• drain any urine from the leg bag into the night bag and close the tap on the leg bag
• secure the leg bag with straps
• remove the night bag from the leg bag outlet point and the catheter stand
• empty the night bag into the toilet through the valve or tear strip
• double wrap the used night bag and dispose of in the household waste (carrier bags can be used)
• wash and dry your hands thoroughly.
How to keep the catheter clean

• wash and dry your hands thoroughly
• clean around the urethra where the catheter enters the body (and under the foreskin in males) with soap and warm water
• rinse with clear warm water twice a day and dry thoroughly using a clean towel. It is all right to bath or shower when you have a catheter but remember to rinse with clear water and dry thoroughly
• if there are any signs of debris on the catheter wash and dry your hands thoroughly, then clean the catheter with warm soapy water, cleaning in a downward direction away from the body without pulling on the catheter
• rinse with clear warm water and dry thoroughly with a clean towel.

What should I expect from the community nurse (District Nurse)?

• the community nurse will support you with your catheter care as your needs require
• the initial contact tends to be by telephone so that they can assess your needs with your catheter
• they will arrange your first prescription for your supplies and change the catheter on the planned dates.
• the community nurse is the first point of contact if you are having any problems with your catheter and the nurse will try and resolve the problem that you are experiencing. If the nurse cannot resolve the problem they may need to refer you to the GP or hospital.
What should you expect from your GP?
• the GP will continue to be responsible for your overall care and any treatment that the GP decides is appropriate.

The Bladder and Bowel Continence Service and Continence Prescription Service
• your GP/Community nurse or the Continence Prescription Service (this depends on the area where you live please discuss with your Community Nurse) is responsible for the assessment and ongoing prescribing of catheter equipment, on a monthly basis
• the GP or community nurse may refer you to the service if you are experiencing any problems with your catheter. This may be for advice, or for a visit, or for a trial without your catheter.

Getting out and about with a catheter
• there is no reason why a catheter should stop you going out
• anywhere (you are advised not to go hiking at altitude) or going on holiday. You just need to be prepared
• wipes may be useful to carry for hand hygiene and a clean, wide neck bottle may be useful when travelling, in case a toilet is not available in which to empty the leg bag.

Intimate relationships when you have a catheter
• you can still have intimate relationships when you have a catheter
• if you are a female with a urethral catheter, you need to secure the catheter to your lower abdomen whilst intercourse is taking place
• if you are a male with a urethral catheter, you need to fold the catheter down the shaft of the penis and cover it with a condom whilst intercourse is taking place. Remove the condom afterwards
• you may have debris in the catheter or leg bag tubing; drinking plenty of fluids will help prevent the catheter from blocking
• suprapubic catheters do not interfere with intimate relationships, but may need securing to the abdomen whilst intercourse is taking place. Males may get debris as above, drinking plenty of fluids will help prevent the catheter from blocking.

How much fluid should I drink?
• you should drink at least 2 litres (approximately 4 pints) of fluid each day (24 hour period). This is equal to 10 x 200ml glasses or cups of fluid. The fluid can be made up of water, fruit juice, tea, coffee, or milk
• the average mug holds 200 to 250 mls or 7-8 fluid ounces, so eight to 10 of these would be needed each day. It will also be useful to measure how much your usual glass or mug/cup holds then you can easily count up how many to have and how many more you need
• when you first start it is a good idea to count how many drinks you have had each day and to write them down. You will soon find that you get into a routine and no longer need to do this
• if you have a sensitive bladder you may find that drinks containing caffeine, fizzy drinks and large amounts of fruit juice can cause this to get worse. There is caffeine in tea, coffee, coca cola and drinking chocolate. Try decaffeinated drinks instead.
Good personal hygiene helps to prevent infection

- always wash your hands before and after touching your catheter
- wash the skin in the area where the catheter enters the body with mild soap and water at least twice a day
- men should carefully wash under the foreskin (unless you have been circumcised). Dry the area thoroughly and ensure the foreskin is replaced over the end of the penis
- women should always wash the genital area from front to back to prevent contamination from the back passage. Dry the area thoroughly
- avoid the use of talc, antiseptic, bubble bath or bath salts and creams. These can cause irritation
- do not remove your leg bag when you have a bath or shower.
What should my urine look like?
• urine should be a light yellow colour. If it is orange/dark brown, you may not be drinking sufficient fluid
• avoid caffeine as this may irritate your bladder
• some medication and foods may cause discoulouration of urine
• your community nurse will be happy to discuss this with you.

When to ask for help from your Community Nurse or General Practitioner
Your catheter should remain comfortable and pain-free. However, you should ask for help when:
• you experience acute lower abdominal or tummy pain
• urine is not draining and you have followed the self-help instructions advised by your community nurse
• the catheter falls out and you are unable to pass urine
• the catheter falls out and you can pass urine, contact your community nurse for advice
• there is blood in your urine
• urine is cloudy, smelly or you are having a burning sensation, which does not improve after drinking extra fluids
• urine is leaking around the catheter, enough to make your clothing wet
• If you are passing bright red blood you should contact your GP.

Please use this space to record important telephone numbers that you may require to help look after your catheter:
Your team contact details:

Telephone numbers:

Community Nurse:

GP:

Continence Prescription Service
If you have any problems with the catheter your community nurse or GP will usually be able to help. You should keep a note of their telephone numbers in a safe place where you can find them easily, especially if assistance is needed during the night from the night nursing staff.
Ongoing Management of your catheter

Hospital:
NMGH    FGH    RI    ROH

Ward: Community Team:

Date of catheter insertion:

Type of catheter:
Supra pubic       Urethral
Short term (PTFE) Long term (silicone/latex)

All coude/tieman catheters to be changed in Urology Nurse Clinic
NOT community.

Reason for catheterisation:

Trauma          Replacement   Urinary Monitoring
Chronic retention Surgery: state type of surgery

Other (give details)

Any problems with insertion?:

Can this patient be safely recatheterised in the community?:
Yes/No
If no give details:
Catheter details

(use sticker from catheter packing here). If unavailable please complete details below:

Size of catheter:
Standard/female catheter:
Size of balloon:

Patient for Community TWOC
Yes No Date of referral

Name of healthcare professional:

Signed:

Date:
## Future changes of catheters

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TO PROVIDE THE VERY BEST CARE FOR EACH PATIENT ON EVERY OCCASION

If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

Jeżeli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy proszę skontaktować się z załogą Ethnic Health pod numerem telefonu 0161 627 8770

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