

Intermittent Self-Catheterization - Female

Getting Ready to Learn About Self-Catheterization

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you. However, because of the privacy of this procedure, if you don't want someone to learn that is OK.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We may be giving you information in small bits over several days. When there is something you don't understand it's okay to ask us to explain.

What I Need to Learn About Self-Catheterization

By the time I leave the hospital I will be able to:

1. Insert a tube (catheter) correctly into my bladder.
2. Tell the staff when I should insert the tube
3. Tell the staff how to take care of a tube (catheter)
4. Tell the staff signs and symptoms of a urinary track infection
5. Tell the staff when I can stop catheterizing- if appropriate
6. Tell the staff what to do in an emergency

The staff will use three questions to teach me about Self-Catheterization:

1. What is my main problem?
2. What do I need to do?

3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know how to take care of myself.

What is my main problem?

I am not able to urinate or I cannot completely empty my bladder. Having urine remain in my bladder may cause an infection.

What do I need to do?

I will be able to insert a tube (catheter) correctly into my bladder.

- Show the staff that I know how to insert a catheter (tube) to empty my bladder.
 - Gather supplies – # 14 latex-free 16 inch or 6 inch catheter (tube), water based gel (KY-Gel®, Surgilube®), a cup to collect urine.
 - Wash my hands thoroughly with soap and water or wet wipes, then clean opening of the urethra. I may use wet wipes or a clean washcloth to wipe from front to back.
 - Rub water based gel (KY-Gel®, Surgilube®) up 1 inch of the tip of the tube.
 - While sitting on the toilet:
 - Locate the urethral opening. The opening is located below the clitoris and above the vagina. (See picture) It may be helpful to use a mirror to first locate the urethral opening.



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- I spread the lips of the vagina apart with one hand and feel for the urethral opening with my other hand. Or I can also spread the lips of the vagina with the second and fourth fingers, while using the middle finger to feel for the opening.
- Once I can locate the opening, begin to gently insert the tube into the opening.
- Guide it upward as if toward the belly button.
- Once the urine starts to flow, continue to push the tube (catheter) another 1 inch. Hold it in place until the urine flow stops and the bladder empties.
- Slowly remove the tube.

I will be able to tell the staff when I should insert the tube

- Insert the tube when I am unable to pass urine.
- I should insert the tube every 3-4 hours or as directed by my doctor.
- If I am able to pass urine but still feel like there is urine in my bladder.

- Measure urine amount if doctor has requested. If I have over 10 ounces, I may need to do self-catheterization more often. Check with my doctor.
- Record the amount of urine on the Record of Urinary Output sheet.
- As directed by my doctor.

I will be able to tell the staff how to take care of the tube (catheter).

- Wash the tube with soap and water.
- Rinse it well.
- Dry it with a clean cloth or paper towel.
- Store the tube by wrapping it in a paper towel or put in a paper bag. **Do not** store the tube in a plastic bag. Air needs to be able to surround the tube.
- I may reuse the tube (catheter) for 2-4 weeks.

I will be able to tell the staff signs and symptoms of a urinary tract infection (UTI).

- Fever
- Blood in urine (it is normal to have a small amount of blood on the tip of the tube)
- New back pain
- Burning feeling when emptying the bladder
- Urgency to go to the bathroom

I will be able to tell the staff when I can stop catheterizing- if appropriate.

- When I am able to urinate on my own, I need to catheterize myself at least 2 more times to make sure my bladder is emptying.
- The next time I pass urine insert the tube one more time to make sure I am emptying my bladder. If I have no pressure and feel I am emptying my bladder, I may wait until the next day to do this again.
- The next morning insert the tube as soon as I have passed urine the first time. If I get less than 3 ounces of urine, I can stop catheterizing myself.

I will be able to tell the staff what to do in an emergency.

- If I am unable to insert the tube into my bladder myself at the time my doctor has told me to empty my bladder, I will call my doctor.
- If I cannot reach my doctor and I have not been able to empty my bladder for 6 hours, I will go to the local emergency room or urgent care center.

Why is this important to me?

If your bladder is not emptied you may get a bladder or kidney infection. Or you may need to keep your bladder empty to help the healing process after surgery.

As part of my care and to help me understand Self-catheterization, I may receive:

- This Self-catheterization Education Plan
- Chart for recording output

Intermittent Self-Catheterization Education Plan - Female

Resources for Staff

- Stomal Therapy Staff
- [Intermittent Self Catheterization in the Female Patient](#)

Teaching Tools (Items given to the patient)

- [Self Catheterization Female](#)
- Education Plan for Intermittent Self-Catheterization and Chart for recording output
- Equipment:
 - Mirror
 - Q-tip
 - Lubricant
 - catheter - #14 latex-free 16 inch or 6 inch catheter (tube)
 - Washcloths or wet-ones
 - Container for measuring urine (urine hat or plastic triangle container)

References:

- [Intermittent Self Catheterization in the Female Patient](#)- Nursing Reference Center Plus
- [Self Catheterization Female](#)- MedlinePlus
- Newman,D. 1999 The Urinary Incontinence Source Book pg.196-202
- Crowe, H. 2003A Guide to Clean Intermittent Self-catheterisation Australian Nurs.J., Apr.10 (9): Suppl 1-2

Always close each teaching session with the question, “What questions do you have for me?”

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