UZ LEUVEN

Going home with a catheter through the lower abdomen

patient information

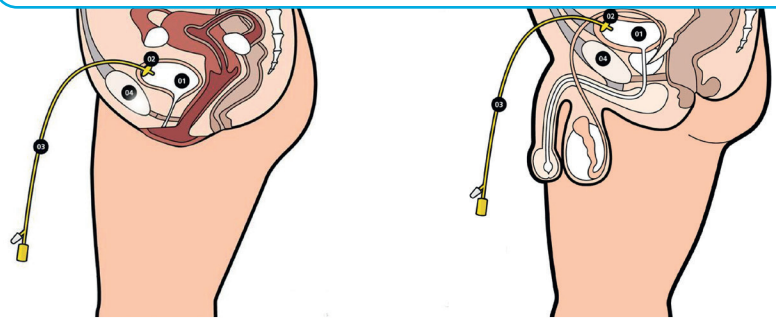
Introduction

You have been fitted with a catheter through the lower abdomen and are now allowed to leave the hospital. This brochure provides some advice on the use and care of the catheter at home. These are general guidelines and not all topics may apply to you.

This brochure does not replace the personal instructions given by your doctor or nurse, but serves as a reference guide for use at home. If you have any further questions, do not hesitate to ask the hospital staff, your doctor or your home visit nurse.

CATHETER

- The catheter is a tube inserted through the abdominal wall into the bladder (fig. 1). The catheter is connected to a collection bag or a catheter valve. Placement is always performed under local anaesthetic by a urologist. If the catheter needs to remain in place for a longer period, it is replaced every six to eight weeks. The first change takes place in the hospital. Subsequent changes can be carried out by a trained home visit nurse, a nurse in a residential care centre or a hospital nurse.
- If your treating doctor advises the use of a catheter valve, you should keep the collection bag attached for two days after the initial placement of the indwelling catheter. This allows the wound in the bladder to heal better. After these two days, you may disconnect the collection bag and use the catheter valve (see 'Use of catheter valve').
- Always ensure you drink enough (1.5 to 2 litres per day). This includes fluids taken during meals.



01 bladder 02 balloon 03 catheter 04 pubic bone

Figure 1. Catheter through the abdominal wall into the bladder

USE OF A URINE COLLECTION BAG

When the catheter is connected to a collection bag, urine continuously drains through the catheter into the bag and your bladder is empty at all times.

There are day and night urine collection bags (fig. 2).

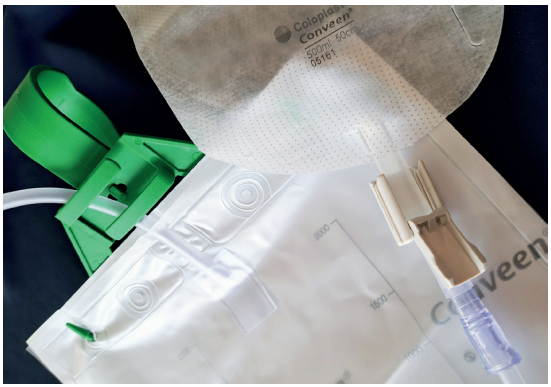


Figure 2. Day and night collection bags

GENERAL POINTS TO REMEMBER

Always wash your hands:

- Before and after changing and emptying the night bag
- Before and after connecting or disconnecting the night bag to the leg bag

DAY BAG OR LEG BAG

You can shorten the tube of the urine bag by cutting a piece off (depending on whether it is worn on the upper or lower leg). Please note that the connector cannot be inserted into the ribbed section of the tube. This is why you should cut off the ribbed section (fig. 3) using clean scissors.

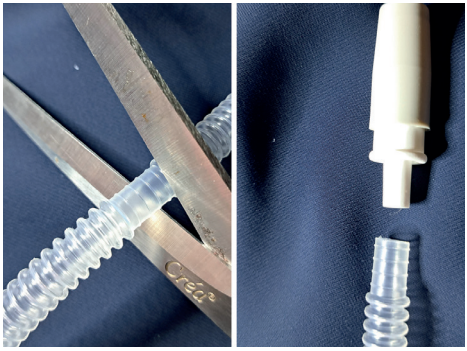
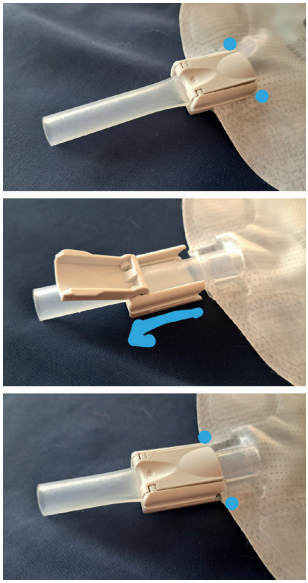


Figure 3. Cut off the ribbed section.

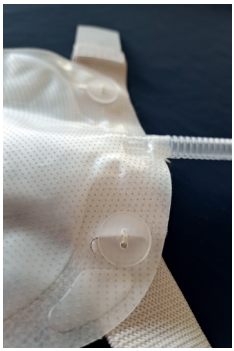


There is a drainage tap at the bottom of the leg bag (fig. 4) along which the bag can be emptied. Before first use, slide the grey tap of the collection bag downwards so that the top aligns with the bottom of the bag. This prevents leakage due to small tears at the bottom of the leg bag. Then close the tap.

Figure 4. Slide the drainage tap before first use.

The leg bag is secured to your leg using leg straps (fig. 5) and is worn under your clothing. The leg bag can be worn on either the lower or upper leg (for example, if you want to wear a skirt or shorts).

Each corner of the leg bag has an opening through which you thread the leg strap. Fasten the leg straps around your leg (fig. 6) and press the Velcro firmly together. If the leg straps are too long, you may cut off the excess, but leave a few extra centimetres as the leg straps may shrink when washed.



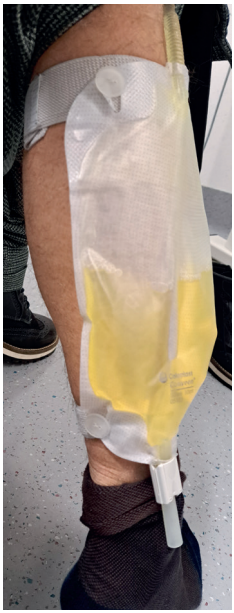


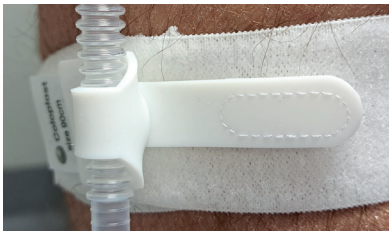
Figure 5 and 6. Leg bag with leg straps

If you suffer from swollen legs or oedema, the straps may become tight and irritate your skin. In that case, you can attach a leg bag holder or sleeve (fig. 7) around your leg. This is an elastic holder that can be worn on either the lower or upper leg.

The sleeve is double-layered, stretchable and available in different sizes. It has an opening for the drainage tap to make emptying easier.

Figure 7. Leg holder or sleeve

It's best to position the catheter and tube (fig. 8) towards your hip, preferably along the outside of the lower leg. Passing through the groin may cause a kink in the catheter. You can use a fixation strap to secure the tube.



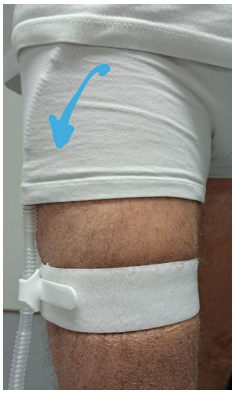


Figure 8. Catheter and tube secured with a fixation strap

You can empty the urine bag into the toilet (placing one foot on the rim of the toilet – see fig. 9), or first empty it into a measuring jug or bucket. To empty the urine bag, push down the tap of the collection bag. If necessary, you may loosen the lower leg strap to make emptying easier.

Once the collection bag is empty, close the drainage tap again by moving the tap upward. Empty the bag regularly (when it's about three-quarters full).

Figure 9. Emptying the urine bag

NIGHT COLLECTION BAG

The night bag has a larger capacity (2 litres).

Using a bed hook (fig. 10), you can attach the night bag to the side of your bed. Make sure the night bag is always positioned lower than the leg bag. If the bed hook does not fit your bed, place the night bag in a bucket next to the bed.

Connect the leg bag and night bag (fig. 11) by attaching the connection of the night bag to the drainage tap of the leg bag. Do not forget to open the tap afterwards.

The next morning, close the tap again and disconnect the night bag from the drainage tap of the leg bag.

Figure 10. Bed hook

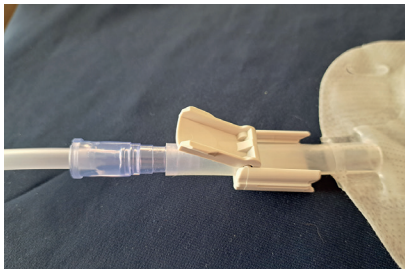


Figure 11. Leg and night bag connection

After emptying via the drainage tap, rinse the night bag (fig. 12).

Let water run into the bag via the connector or using a funnel (fig. 13). You may add a small amount of vinegar to prevent odours. Shake well and empty. Store the night collection bag in a dry place.

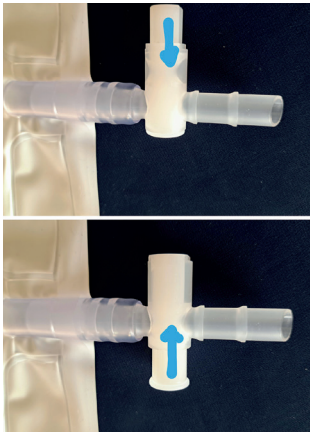


Figure 12. Rinse the night bag via the drainage valve.

Figure 13. Let water run into the bag via the connector or using a funnel.

USE OF CATHETER VALVE

- This system is NOT suitable for everyone. Your doctor will determine whether it is appropriate for you.
- A catheter valve is connected directly to your catheter (fig. 14). No collection bag is needed for this and the bladder functions as a collection bag. This allows training of bladder filling and emptying to maintain or improve bladder capacity.

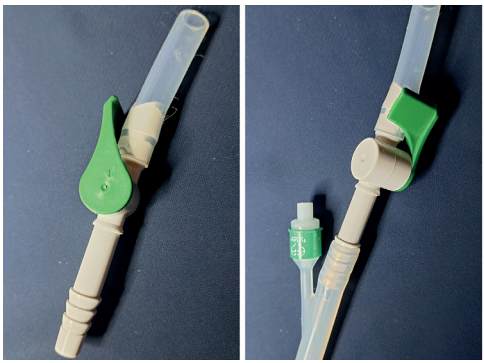


Figure 14. Catheter valve

  - The catheter valve is attached to the end of the catheter.
  - How does it work?
    - If you do NOT feel the urge to urinate, it is important to open the valve every three to four hours to empty the bladder, depending on your fluid intake.
    - If you feel the urge, first try to urinate normally, then open the catheter valve to fully empty the bladder.

- If urine leaks next to the insertion site during bowel movements due to increased abdominal pressure, you can briefly open the valve. Do not forget to close it again after leaving the toilet.

- If you produce a large amount of urine at night, you may, in consultation with your doctor, connect a night bag to the catheter valve.

To assess whether the catheter and catheter valve can be removed, you will be asked to record your urine volumes and residual urine over two days and nights. During these nights, do NOT connect a night bag to the catheter profile. Record all volumes and bring the results to your next hospital appointment.

Example

date	time	volume	residue
25 January	*5 p.m*	*250 ml*	*50 ml*

DAILY CARE

HYGIENE

- Wash your hands before and after disconnecting or changing the collection bag.
- Care of the insertion site:
  - Inspect the dressing every day.
  - The home visit nurse will apply a dry, aseptic dressing every two days (three times a week).
    ✔ Applying the dressing (fig. 15)

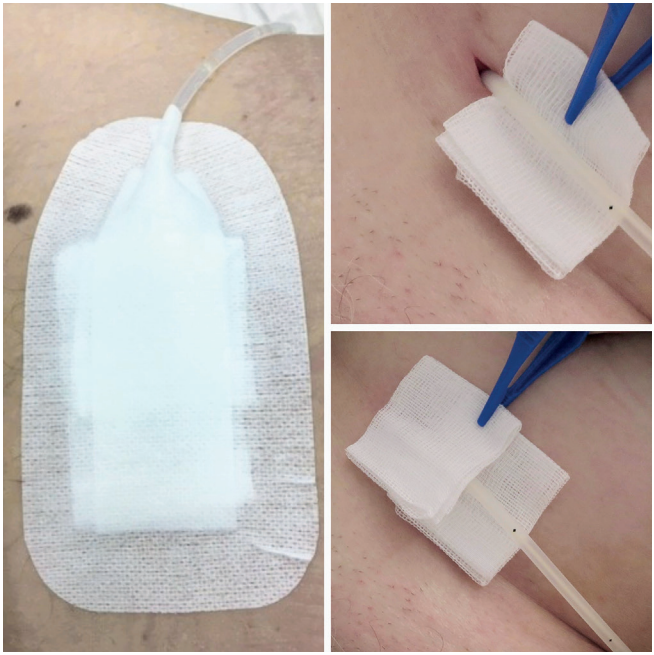


Figure 15. Cover the insertion site with a woven dressing or, if you wish to shower daily, with a plastic dressing.

TIPS:

- Shower before the home visit nurse arrives so the dressing can be replaced.
- Place the urine bag and leg straps in a plastic bag while showering (fig. 16)
- Do not walk around with a wet dressing.

Figure 16. Place the urine bag and leg straps in a plastic bag while showering.

EVERY DAY TIPS

✔ Urine drainage:

- The collection bag must always be lower than the bladder, whether you're sitting or lying down.
- Make sure you drink enough (1.5 to 2 litres per day)
- Empty the bag regularly (when it's about three-quarters full).
- Avoid direct pulling on the catheter.

✔ To prevent pressure sores and the formation of 'proud flesh' (scar tissue) at the insertion site, reposition the catheter fixation slightly higher or lower each week to not always cause the same pressure point.

POSSIBLE COMPLAINTS

Below is a list of possible complaints that may occur but do not necessarily apply to you. If you experience any of these complaints, consult your doctor.

✔ Bladder cramps. These are painful contractions of the bladder, often caused by the bladder attempting to expel the catheter because it is a foreign object. The urologist may prescribe medication to reduce these complaints.

Warning signs:

- Constant urge to urinate
- Persistent pressure with little or no urine when opening the catheter valve
- Leakage alongside the catheter or via the urethra
- Men may experience sharp pain in the penis or glans.

✔ Urinary tract infection The risk of a urinary tract infection is more common with a catheter present. In this case it's important to flush the bladder through adequate fluid intake. A urinary tract infection must first be ruled out on the basis of a urine culture.

- Contact a doctor urgently if you have a high fever (above 38.5°C), chills, confusion, low blood pressure or rapid pulse.
- A small amount of blood in the urine is NOT abnormal.

If a urinary tract infection is confirmed, the doctor will decide on prescribing antibiotics. If you show signs of a urinary tract infection and you use a catheter valve, connect a collection bag and leave the catheter valve open. A good fluid intake and a continuous outflow of urine will flush away the bacteria.

If the urine culture shows an infection but you feel well and have no fever, antibiotics are not necessary immediately. The home visit nurse may flush the bladder with diluted Braunol® of Iso-Betadine® as prescribed by the doctor for a couple of weeks.

✔ Blocked catheter: possible signs

Please note: these signs are often mistaken for bladder spasms. Request advice!

- Urge to urinate
- Bloated abdomen
- Persistent lower abdominal pain
- No urine in the collection bag or from an open catheter valve
- Leakage alongside the catheter

➔ Sediments in urine or cloudy urine may block the catheter. In this case contact your nurse or doctor to rinse the catheter.

➔ The catheter is only flushed if a blockage is suspected, not systematically.

✔ Catheter dislodgement

- Contact your home visit nurse, doctor or urology emergency service immediately.

- Who should you contact and when?

  - If the catheter was inserted following a procedure to the bladder or urethra and is important for healing and the success of the procedure, the catheter must be reinserted in hospital as soon as possible. Contact the urology department and go to the hospital immediately.

  - If the catheter was inserted for another reason, it must be replaced within two hours. Your home visit nurse or doctor can insert a new catheter or place a single-use catheter to keep the insertion site open. At the time of the initial placement in hospital, you will usually be given this 'emergency catheter' to take home. It's important that, while waiting for a nurse or doctor, you remain seated or lying down calmly to prevent shifting of the skin and muscle layers.

✔ 'Proud flesh'

- Proud flesh (scar tissue) may develop due to friction from the catheter at the insertion site. This is usually caused by insufficient fixation of the catheter. Treatment is only required in case of pain or bleeding and will be carried out before the next catheter change using silver nitrate.

✔ Sexual activity

- A catheter through the lower abdomen does not prevent sexual activity.
- However, the presence of a collection bag may be experienced as inconvenient. Ask your doctor whether you may use a catheter valve at such times.

COST

Home nursing operates under a third-party payment system and is therefore arranged directly through your health insurance, provided you have a doctor's prescription.

There is a reimbursement system through the health insurance provided you have a doctor's prescription. Collection bags are available from pharmacies, medical supply stores or home care shops.

CONTACT IN CASE OF PROBLEMS

If you have any questions or problems after your discharge from hospital, contact:

- daytime: urology consultation, tel. 016 34 66 85
- weekend: urology hospitalisation, tel. 016 34 66 10

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3000 Leuven
tel. 016 33 22 11
www.uzleuven.be