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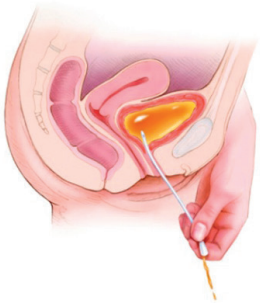


Self-catheterisation woman

patient information

Introduction

Self-catheterisation is a procedure that requires practice. It's important to learn how to integrate this into your daily life so that you can continue enjoying your activities both at home and elsewhere.

At the beginning, self-catheterisation may take some time. As you become more experienced, you will notice that it takes about the same amount of time as going to the toilet normally.

In this brochure, we explain what self-catheterisation is and what it means for your daily routine. The brochure serves as a guide and reminder when you are back at home.

After learning the technique, we ask you to keep a bladder diary for approximately three days and nights to gain insight into the timing and volumes of catheterisation and/or urination. You may send the completed diary to zorgteam.zelfsondage@uzleuven.be.

WHAT IS SELF-CATHETERISATION?

Catheterisation is the emptying of the bladder using a catheter. When you perform this yourself, it is called self-catheterisation.
Other terms used are CISC or Clean Intermittent Self-Catheterisation.

WHO IS TAUGHT TO CATHETERISE THEMSELVES?

Self-catheterisation can be learned at any age.The main reasons are:

- incomplete emptying of the bladder (which can cause infections)
- high pressure in the bladder (which can lead to kidney damage)
- uncontrolled urine leakage

Some patients need to catheterise themselves temporarily, while others may need to do so for the rest of their lives. Your doctor will already have discussed the reason for catheterisation with you during a previous consultation.

ADVANTAGES OF SELF-CATHETERISATION

Motivation is important when learning and maintaining self-catheterisation, as it supports therapy compliance.

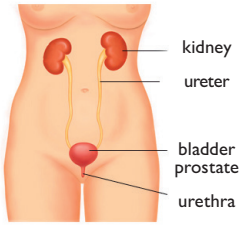
Self-catheterisation offers several clear benefits:

- It improves control over your bladder function and increases your self-sufficiency and freedom.
- It protects the upper urinary tract from increased pressure, helping to maintain good kidney function.
- It reduces the risk of urinary tract infections by preventing residual urine from remaining in the bladder.
- It allows you to maintain a normal sex life, which is not possible with an indwelling catheter.

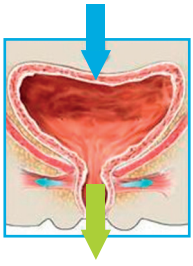
NORMAL FUNCTIONING OF THE URINARY TRACT

Urine is produced by the kidneys and travels via the ureters to the bladder where it is stored.

The size, shape and capacity of the bladder vary from person to person.



An empty bladder can be compared to a flat, deflated balloon. As it gradually fills with urine, it resembles a round balloon. When the bladder is full, you feel the urge to urinate.
The brain signals the sphincter to relax while simultaneously causing the bladder muscle to contract, thus allowing the bladder to empty.



PRACTICAL TIPS

Hygiene

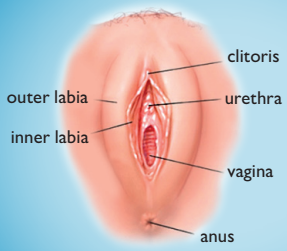
- ✔ Wash your hands with liquid soap **before and after** catheterisation. If this is not possible, use alcohol gel.
- ✔ Wash your genital area daily with water and/or a neutral soap.
- ✔ If you use wet wipes to clean the genital area, wipe from front to back in one movement. This helps prevent infections caused by bacteria from stools.

Position

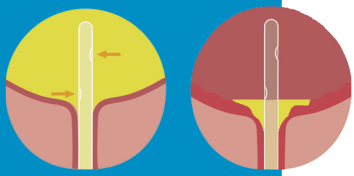
When learning the technique, we will help you find the position that feels most natural and comfortable for you.

Inserting and removing the catheter

- ✔ In women, the urethra is less visible. Spreading the legs properly makes the procedure easier. Each woman's anatomy is different, using a mirror can help.



- ✔ Good separation of both the outer and inner labia helps guide the catheter smoothly into the urethral opening. Spreading only the outer labia is often not sufficient.
- ✔ Once the catheter is inserted, urine will begin to flow. Insert the catheter a further two cm so that all drainage holes are inside the bladder.



- ✔ When the flow of urine stops, remove the catheter gradually so that all remaining urine drains out through the holes in the catheter.
- ✔ With newer catheters using micro-hole technology, gradual removal of the catheter is no longer necessary, as the bladder empties in one go.
- ✔ Ideally, you will learn to catheterise by touch, so that it can be done anywhere. If this is difficult, you may use a mirror until you become confident with the technique.
- ✔ Each catheter has its own instructions for use which will be explained to you.
- ✔ Each catheter is intended for single use.

HOW OFTEN SHOULD I CATHETERISE?

The number of times you need to catheterise each day depends on:

- ✔ the nature of your condition
- ✔ your fluid intake
- ✔ your medication

The number of catheters you're entitled to depends on the indication.

Entitlement to maximum 5 catheters per day:

- Urinary retention with residual urine ≥ 100 ml due to acquired or congenital spinal cord injury
- Urinary retention with residual urine ≥ 100 ml in peripheral neuropathy
- Paraplegia, paraplegia-like conditions, tetraplegia or tetraparesis when incontinence is controlled by parasympatholytic medication combined with self-catheterisation
- Urinary retention without separate neurological disorder: substitute bladder, bladder augmentation

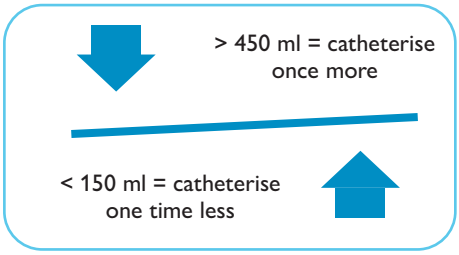
For patients under 18 years of age, the minimum residual urine requirement of 100 ml does not apply.

Entitlement to maximum 8 catheters per day:

- Urinary retention with a capacity not higher than 300 ml
- Neurogenic bladder in patients under 18 years of age

General guidelines:

- ✔ Drink 1.5 to 2 litres per day, evenly spread throughout the day (2 units at breakfast, 1 unit between meals, 2 units at lunch, 1 unit between meals and 2 units at dinner).
- ✔ The bladder volume (urinating and catheterising combined or catheterising only if you are unable to urinate) should not exceed **450 ml**.



- ✔ There are fixed times for catheterising:


When waking up


Before going to bed

- ✔ There are also variable times:


To be adjusted according to your situation

Please note:
The tables below are only examples. Use them as a guide to calculate the number of catheterisations per day.

Example 1: starting with 4 catheterisations – urination is still possible

TIME	VOLUME	CATHETERISATION	TOTAL
8 a.m 	100 ml	200 ml	300 ml
10.15 a.m	50 ml		
1 p.m. 	150 ml	250 ml	400 ml
3 p.m.	50 ml		
5 p.m 	50 ml	300 ml	350 ml
8 p.m	150 ml		
11 p.m 	100 ml	300 ml	400 ml

Conclusion: good results that do not exceed the total volume of 450 ml. The catheterisation schedule may be maintained. Catheterisation is necessary because these volumes exceed 150 ml.

Example 2: starting with 4 catheterisations – urination is possible

TIME	VOLUME	CATHETERISATION	TOTAL AND CONCLUSION
8 a.m 	100 ml	600 ml	**700 ml** get up at night to urinate or catheterise
10.15 a.m	50 ml		
1 p.m. 	150 ml	450 ml	**600 ml** catheterise at an earlier time, e.g. at noon
3 p.m.	50 ml		
5 p.m 	50 ml	500 ml	**550 ml** catheterise at an earlier time, e.g. at 4 p.m.
8 p.m	150 ml		
11 p.m 	100 ml	800 ml	**900 ml** catheterise at an earlier time, e.g. at 8 p.m. + once before going to bed

Conclusion: catheterisation volumes are too high. The total volume of 450 ml is exceeded each time.

Solution: the following day you should schedule an additional catheterisation. You may also need to review and adjust your fluid intake.

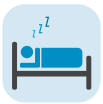
Example 3: starting with 5 catheterisations per day – you are no longer able to urinate spontaneously

TIME	VOLUME	CATHETERISATION	TOTAL
8 a.m 	0	700 ml	700 ml
noon 	0	300 ml	300 ml
4 p.m. 	0	800 ml	800 ml
8 p.m 	0	750 ml	750 ml
11 p.m 	0	660 ml	660 ml

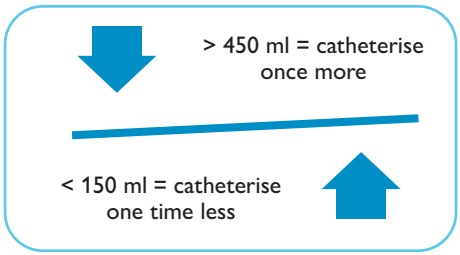
Conclusion: catheterisation volumes exceed 450 ml almost every time.

Solution: you need to adjust your fluid intake or catheterise more frequently. This may mean that you use more catheters than you are entitled to. Any additional catheters will be at your own expense.

Example 4: urination improving, catheterisation volumes decrease

TIME	VOLUME	CATHETERISATION	TOTAL
8 a.m 	350 ml	80 ml	430 ml
1 p.m. 	400 ml	50 ml	450 ml
2.15 p.m	200 ml		
5 p.m 	400 ml	100 ml	500 ml
8 p.m	450 ml		
11 p.m 	350 ml	120 ml	470 ml

How to reduce the number of catheterisations?



Reducing catheterisation starts with adjusting the variable times.

Ask your nurse or doctor for advice.

WHEN SHOULD YOU CONTACT A DOCTOR?

- Severe pain during or after catheterisation
- Increasing difficulty with catheterisation
- Bleeding or blood during catheterisation
- Unexplained fever
- Foul-smelling urine

WHAT ARE THE SYMPTOMS OF A URINARY TRACT INFECTION?

- Fever
- Feeling unwell
- Increased urge to urinate
- Burning sensation or pain when urinating
- Pain in the kidney area or lower abdomen
- Incontinence or worsening of incontinence

SUPPLIERS AND REIMBURSEMENT OF MATERIAL

✔ After learning self-catheterisation, you will receive a discharge kit for a few days.

✔ How to obtain supplies?

- The **first prescription** for ordering your material is issued by a **urologist, rehabilitation specialist, neurologist or paediatrician**.
- For **the next prescriptions** you can contact your **doctor**.
- If you're entitled to reimbursement, you'll receive a certificate for an **application for reimbursement for self-catheterisation** intended for the medical adviser of your health insurance. Send this completed certificate by post or hand it in to an employee of your health insurance.
- You can order the material through your pharmacy or via a company that delivers to your home (you'll receive this information when learning the technique).

> - The first prescription for catheters is issued by a specialist. Afterwards, you can obtain prescriptions from your doctor.
> - Certificates for the extension of reimbursement for catheters are issued by a specialist.

✔ Third-party payment system

- After approval by the medical adviser of your health insurance, you'll receive **authorisation** for self-catheterisation at home.

Take this form with you to the pharmacy or have it completed when the supplies are delivered to your home. Your annual usage will be recorded on it.

- Reimbursement for catheters is arranged through a third-party payment system, meaning you usually do not have to pay anything in advance. In exceptional cases, a pharmacy may request advance payment pending approval. You will then receive a certificate which you can submit to your health insurance for reimbursement. Only submit this certificate after you have received approval. No reimbursement is possible if your file has not yet been opened.
- A list of reimbursed catheters can be found at www.riziv.be.
- Tip: feel free to consult the websites of your chosen catheter brand for updates and tips for daily life and travelling.

FURTHER FOLLOW-UP AND RENEWAL OF AUTHORISATION

✔ An annual check-up with your treating doctor is recommended. In cases of neurogenic bladder, it is advisable to have an annual ultrasound of the bladder and kidneys to rule out damage to the upper urinary tract.

✔ It is advisable to note the expiry date of the authorisation in your diary. Make sure to arrange an appointment in time for renewal of the authorisation with the medical adviser.

CONTACT INFO UZ LEUVEN

If you experience any problems, contact:

- Care team: zorgteam.zelfsondage@uzleuven.be
- Consultation 10 and function tests 4 tel. 016 34 66 85
- Hospitalisation 15 tel. 016 34 66 10

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