Living life to the full with an indwelling catheter

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You are not alone; many thousands of people live active lives managing their bladder problem with an indwelling catheter. There are a number of medical conditions that may lead to bladder problems, which may then result in the need for catheterisation.

The urinary catheter
A urinary catheter is a hollow flexible tube, which is inserted into the bladder by your nurse or doctor (this is a simple procedure that you or your carer may learn at some stage). The catheter is kept in place by a special balloon that is inflated inside the bladder after insertion. This may be a long or short-term measure depending on your medical condition.

Your catheter may be urethral (inserted into the bladder from down below) or supra pubic (the catheter is inserted through the abdominal wall just above the pubic bone).

A catheter may take some time to adjust to so do not worry, support is always at hand and you can contact your healthcare professional with any concerns you have.

Catheter comfort
Once your catheter is in place it is important to avoid tension (pulling) and friction thus avoiding pain, discomfort and further complications.

Catheter restraining straps that secure the catheter to the abdomen or leg (e.g. G-strap, Statlock and P-Grip) are available on prescription to help with this.

The drainage system
Following catheterisation a urine drainage bag (leg bag) is usually connected to the end of the catheter.

The sterile bag can be worn on either the calf or thigh and may be held securely in place by Velcro straps or a...
cotton sleeve according to the personal preference. Leg bags are available in differing volumes i.e. 350ml, 500ml, 600ml, 800ml up to 1300ml for wheelchair users and with varying inlet tube lengths. It is important to ensure that there is a clear drainage path from catheter to leg bag. Your nurse will be able to advise you on available products and many manufacturers will provide samples for you to try.

As the catheter is in effect a foreign body it is vital to make every effort to avoid infection, therefore the leg bag should remain connected to the catheter continuously until it is due to be changed (usually every 5-7 days). When the leg bag is full it must be emptied via the tap at the bottom end. Taps also vary and it is important to be aware of what is available as some are easier to operate if finger dexterity is impaired (e.g. if you have arthritis).

Night bags

2 litre drainage bags are available for overnight use. These should be securely connected to the end of the leg bag and the leg bag tap opened to allow through drainage. Night bags are available with or without a tap according to whether you prefer to change them daily or weekly.

Catheter valves

Catheter valves are an alternative to leg bags. They are a simple tap that fits on the end of the catheter. By preventing urine escaping from the catheter when the tap is closed they help the bladder to work as it was intended. They are relatively small and discreet compared to using a leg bag. Catheter valves should only be used on the advice of a qualified healthcare professional where an adequate bladder tone and capacity is present, and following full bladder assessment.

Hygiene

Strict hand hygiene is essential when you are dealing with your catheter. Your catheter and entry site should be washed twice daily with mild soap and water and dried thoroughly. If the entry
site becomes inflamed check for chafing or other potential physical trauma, contact your continence specialist for advice if required.

Underclothes should be changed daily. AVOID THE USE OF CREAMS AND TALCUM POWDER. These may lead to ‘clogging’ and potential infection. When bathing or showering your leg bag should be emptied beforehand and left in place. Many people use a separate pair of straps for the shower, so they have a dry pair ready for dressing.

**Diet**

Continue to eat a normal, healthy and balanced diet. Try to eat foods with high fibre content (fruit, vegetables and whole grains) to avoid constipation.

Constipation can lead to pressure on the bladder and the catheter and result in leakage and/or bypassing.

**Fluid intake**

It is very important to drink plenty of fluids when you have a urinary catheter in place. Try to drink at least $1^{1/2}$ to 2 litres daily. Avoid excess caffeine and alcohol and drink clear fluids where possible. Urine ideally should be a light straw colour, if it is darker increase your fluid intake. However, be aware that some medications can discolour urine and if in doubt ask your doctor or nurse. It is suggested that drinking cranberry juice on a daily basis will help prevent bladder infections; cranberry juice extract tablets are also available if you are not keen on the taste. Do not take cranberry if you are on Warfarin as it can alter your blood results.

**Sexual activity**

Ideally sexual activity should be discussed prior to catheterisation. Although it is possible to maintain active sex life with either a urethral or supra pubic catheter in place, the supra pubic may be preferable.

You or your partner may wish to learn how to change the catheter so it can be removed before sex and replaced after. This also has the added advantage that should the catheter ever get blocked it can be replaced without having to call out a nurse.
Travel and exercise
Having a catheter in place should not limit your ability to exercise and travel. It will help to be aware of products that are available for a specific use e.g. a leg bag to fit under shorts or trunks, or a discreet means of emptying the bag when an accessible toilet is not available. It is particularly important to maintain a high non-alcoholic fluid intake when flying as altitude dehydrates the body. A night bag connected to your day bag, discreetly placed under the seat in a plastic carrier bag for long coach trips or flights may be one solution. Be sure to take spare catheters and other supplies with you when you go on holiday and long journeys.

Problem solving

- **Bypassing – urine leaks out around the catheter instead of down the tube**
  Check there are no kinks in the tubing, that clothing is not too tight and avoid constipation.

- **Discomfort**
  You may need a different size catheter, one made from a different material with a different coating.
  Check your catheter is well supported with a catheter retaining strap.

- **Pain**
  This is unlikely but may be slight immediately after catheterisation.
  If you have persistent pain contact your healthcare professional.

- **Dark, offensive urine**
  This may be a sign of infection. Try to increase your fluid intake and if you start to feel unwell and the colour and odour of your urine does not improve consult your nurse. Be aware that some forms of medication may affect the colour of your urine. Do not be alarmed but do mention any concerns you may have.

- **Blockage**
  If your catheter drains no urine for 2-3 hours and you are experiencing abdominal discomfort check that there are no kinks in the catheter, bag or tubing and that the bag is below the level of the bladder. If all is correct and the problem persists call your healthcare professional.
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