

Patient's teaching procedure intermittent self catheterisation - female and male

Reproduced from Catheterisation: Urethral intermittent in adults – 2013 – Appendix G

The procedure for female and male urethral self catheterisation is almost the same as for intermittent catheterisation by healthcare professionals.

Procedure

When the patient performs the ISC him/herself a no-touch technique is preferred. When no-touch technique is not feasible clean technique should be used.

Catheter type

The healthcare professional can advise an appropriate catheter and Charrière, depending on the situation.

For instance: female/male/ready-to-use/gel/hydrophilic/lubricated.

Action	Rationale
1. Prepare the patient for ISC with documentation material.	Booklet/DVD.
2. Ask patient's agreement.	
3. Prepare patient verbally for ISC.	
4. Check patient's knowledge of ISC.	
5. Check patient's capability of performing ISC.	Are there special devices needed?
6. Check patient's motivation in performing ISC.	If not enough, try to motivate the patient before the instruction is started.
7. Choose the appropriate catheter.	
8. In consultation with patient choose no-touch or clean method of ISC.	
9. Choose, together with patient, most appropriate place to perform ISC.	Bed, bathroom, toilet, wheelchair.
10. Verbal explanation of insertion procedure.	Use chosen technique, no-touch or clean.
11. Explain and practise cleansing the genitals.	
12. Decide together with patient whether the first attempt will be done by the healthcare professional or by him/herself.	
13. If desired: Perform the insertion procedure in the patient.	As life example for patient.
14. If desired: Patient performs the insertion procedure by him/herself, supported by verbal instruction.	Patient uses the chosen, no-touch or clean technique.
15. Remove catheter before the bladder is completely empty.	Explain to patient he/she should normally wait until bladder is completely empty.

16. Wait short time to recuperate the urethra and to refill the bladder.	Time between practice depends on patient's experience with the procedure.
17. Verbal repetition of the ISC procedure.	Reassure the knowledge of patient before performing insertion procedure him/herself.
18. In case of hospital setting: Accompany patient during day by practising ISC.	If necessary change insertion procedure.
19. Check if patient feels at ease with the procedure.	If desired change procedure or material. If desired change insertion procedure.
20. Check if the patient feels at ease with the ISC procedure and can perform it on his/her own.	If not, seek for the reason and try to solve the problem.
21. Check if the patient feels comfortable to perform ISC him/herself unaccompanied at home.	If not, discuss what is needed to improve patient's self-confidence.
22. Order or give patient catheters until first evaluation.	After evaluation the type of catheter sometimes needs to be changed.
23. Give further information about frequency, availability, difficulty which may occur.	
24. Document the teaching procedure.	To provide a point of reference or comparison in the event of later queries.
25. Give voiding diary to patient.	To visualise the progress of ISC at home.
26. Make appointment for follow-up.	

Adapted from S. Vahr, H. Cobussen-Boekhorst, J. Eikenboom, V. Geng, S. Holroyd, M. Lester, I. Pearce, C. Vandewinkel; members of the European Association of Urology Nurses Guidelines Office. Catheterisation, Urethral intermittent in adults – Evidence-based Guidelines for Best Practice in Urological Health Care. Edition presented at the 14th International EAUN Meeting, Milan 2013. EAUN Office, Arnhem, The Netherlands. ISBN 978-90-79754-59-5.

This resource is produced to support the new edited summary. Supported by an unrestricted educational grant from Wellspect HealthCare.