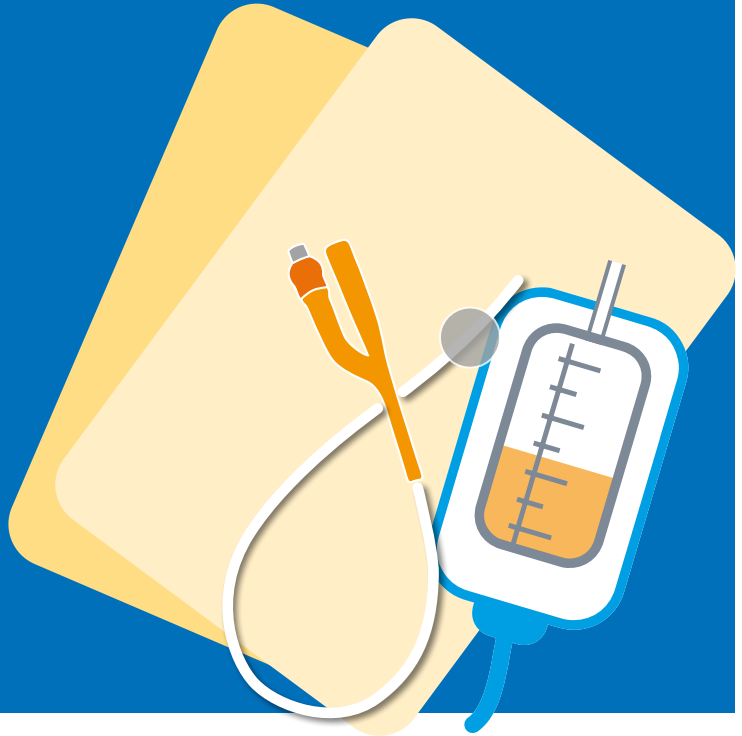


Catheter Passport



This leaflet gives advice on how you should care for your catheter, what problems may arise and what to do if you experience problems.

You may also speak to your community nursing team for advice if you have problems – please see back page of this booklet for contact details.

Your catheter will either be changed in hospital or by a community nurse who will periodically change your catheter to a new one.

This is usually done every 12 weeks.

Before you leave the hospital

Please ensure you know:

- 1.** Why do I have a catheter in place?
- 2.** When is it due for changing? By who?
- 3.** Have I been given my discharge pack?

Patient Details

Name
Date of Birth:
NHS number:

Important contact details
GP:
Community nurse:
Consultant / other health professional:
Reason for catheterisation
Date first catheterised:
Date of passport issued:
Place of catheter changes:
Known allergies:
NHS number:

Catheterisation records – to be completed by your healthcare professional/carer

Reason for initial catheterisation

Reason for catheter (circle) H O U D I N I (Other):	Where catheter inserted (eg hospital):
Trial without catheter(TWOC) history prior to discharge:	Problems during catheterisation: Can the catheter be changed in the community Yes <input type="checkbox"/> No <input type="checkbox"/>

Haematuria – clots and heavy

Obststruction – mechanical urology

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer – to assist the healing of a perianal/sacral wound in an incontinent patient

Input output monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated)

What is a catheter?



- A urinary catheter is a hollow, flexible tube designed to drain urine from your bladder. It is a helpful treatment that many people use when they have a problem emptying their bladder.
- Urine is made in the kidneys and is stored in the bladder before being emptied every few hours.
- Catheters can be needed when the bladder for multiple reasons cannot empty as it should.
- Some people will always need a catheter. For others it will be a temporary solution until the bladder is able to empty again normally.
- The catheter enters the bladder either through the urine tube (a urethral catheter) or a small incision made in the abdomen (a suprapubic catheter).
- A catheter stays in place because it has a small balloon at its tip which is filled with water once it is placed in the bladder.
- Removing the water allows the catheter to be removed.
- The catheter enters the bladder through the urethra (this is the tube that allows urine to flow from the bladder).
- A bag, or in some cases a valve, is attached to the catheter to contain the urine.
- Catheters can stay in place for varying lengths of time. Some catheters can only stay in for four weeks (short-term catheter). All others can stay in for up to 12 weeks (long-term catheter).

- There is a lot of variation in the length of time a catheter has to stay in place before it is replaced by a clean one or removed because you are once again able to pass urine naturally.
- Sometimes problems may occur and proper care of your catheter, as detailed in this leaflet, may reduce these.

Reducing the risk of urine infections

Hand washing

- Your skin is covered in bacteria (germs), too tiny to be seen, and while some are good for us (when they are in the right place), others are not if they get into a part of the body where they should not live.
- Having a catheter significantly increases your risk of getting a urine infection as it is easier for bacteria to enter and live in your bladder.
- Catheter infections can be serious and difficult to treat. **Sometimes the infections can be life threatening.**
- Hand washing and keeping clean significantly helps reduce the risk of getting urine infections.
- **Always** wash your hands thoroughly with soap and water before **and after** dealing with your catheter and drainage bags.
- Carers should do the same and also wear a new pair of disposable gloves each time. Wash hands after removing gloves.



Keeping clean

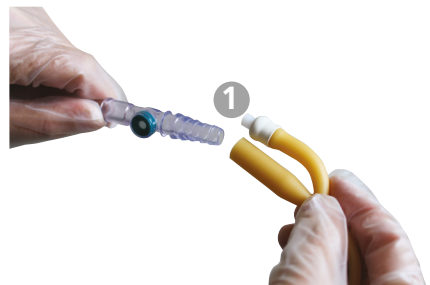
- Empty your urine bag and remove the straps before you shower/bathe.
- Dry your leg bag by patting it with a clean towel and reapply the straps.
- Wash the area where the catheter enters your body every day with mild soap and water and wash the catheter itself, wiping away from the body.
- Wash the area after you have opened your bowels and if the area gets dirty.
- Men should make sure the area under the foreskin is cleaned and then the foreskin pulled back over the glans (tip) of the penis.



! Do not remove your URINE bag when showering/bathing

Changing your leg bag correctly

- Wash your hands before and after changing the bag.
- Change your leg bag every seven days, or sooner if it gets dirty or damaged.
- **Do not touch the tip 1 of the tube which gets pushed into your catheter.**



! Never reuse a leg bag after it has been disconnected from the catheter.

Emptying your leg bag

Wash your hands before and after emptying the bag.

! Do not let your leg bag get too full and heavy.

Support bag with straps and sleeve to help prevent it pulling and damaging your body and bladder.

Empty your bag when it is two thirds full into a clean toilet, jug or urinal



Connecting your night bag correctly

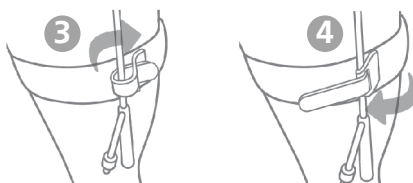
! Do not touch the tip of the night bag tube **1** which gets pushed into your leg bag.

- Connect a new night bag to your leg bag every night. Open the tap of the leg bag once the night bag is connected.
- **Some night bags only need changing every seven nights.** Such bags are usually used if a leg bag is not needed, eg. because the person does not get out of bed.



Securing and supporting your catheter and drainage bags with a fixation device is VITAL

- Secure the catheter to your leg or tummy with a securing device as shown in **3** and **4**. This helps reduce the risk of pulling and causing harm to your body and bladder.

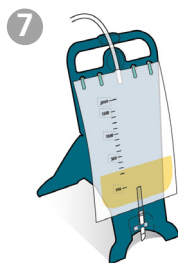


- Support your leg bag by either elastic straps **5** or a stretchy sleeve **6**.



! Speak to your nurse if you do not have a securing or supporting device!

- Support your night bag on a floor stand/bed hanger **7**.
- Ensure your drainage bags are always positioned below the level of your bladder to help the urine drain.



! Never leave your drainage bag touching the floor as it may pick up bacteria.

Bowels

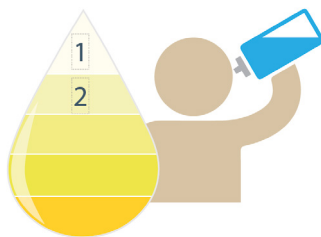
- Eat a healthy diet and maintain an active bowel to avoid constipation as this may cause blocking or leaking of your catheter.



+ Speak to your nurse or doctor if you suffer from constipation (have not had your bowels opened for several days).

Fluids


- Drink enough fluids, (6-8 glasses/cups per day) unless advised otherwise by a healthcare professional.
- During the day urine should be very pale and clear – if not drink more!
- Check the colour of urine in the bag and drink enough to achieve either 1 or 2 on the above chart.



If you feel unusually unwell and have any of the following symptoms

- A fever
- Blood in your urine
- Sudden confusion
- Unusual tiredness
- Pain near your bladder or lower back pain
- Feeling like you want to vomit or you are vomiting.




You may have a urine infection. Contact your nurse or doctor.

If you are prescribed antibiotics for a urine infection, you should contact your neighbourhood team and ask them to arrange to change your catheter while you are taking antibiotics.



Antibiotic Guardians

Taking antibiotics encourages harmful bacteria that live inside you to become resistant. That means antibiotics may not work when you need them next time. This puts you and your family at risk.



Possible problems – what to do if:

Your catheter is not draining

- Have you had anything to drink today?
Your catheter will not drain if your bladder is empty!
- Consider if you need to drink more or open your bowels.

- Check your drainage bag is not full and in need of emptying.
 - Check your drainage bag is below the level of your bladder.
 - If possible, try changing your position or walking about.
 - Check the tubing is not kinked or squashed.
- + If it is still not draining, contact your nurse as your catheter may need to be changed.**

Your catheter is leaking where it enters your body

- Check the tubing is not kinked, pulled or squashed.
 - Make sure your bag is fully supported and not pulling.
 - If possible, try changing your position or walk about.
 - Avoid caffeine, fizzy drinks and alcohol as these can irritate the bladder and then cause problems with your catheter.
- + If leaking is an ongoing problem, contact your nurse.**
- Leaking can also be called “Bypassing” and a small number of patients can experience this, and a catheter change will not resolve this. However if your skin is sore and affected you must contact your nurse.

Your skin is sore and being affected by urine leakage.

- This is called MASD/IAD – Moisture associated skin damage/ Incontinence associated dermatitis. Please contact your nurse, the community continence team or the neighbourhood team so they can support you.

Your catheter is pulled out or falls out

- + Contact your nurse to have a new catheter inserted.**

This is essential in the event of a suprapubic catheter, contact your nurse immediately.

+ Discuss the following options with your nurse:

- Trying without your catheter (TWOC) as not all are permanently needed.
- Using a catheter valve (a discreet product to use instead of a leg bag).
- Intermittent catheterisation (using a removable catheter to periodically drain urine from your bladder – this will help reduce the risk of urine infections).

Storage of catheters and catheter products

- Store your products in a clean, cool and dry place out of direct sunlight and in their original packaging.
- Dispose of products if they are past their expiry date or if the packaging has been damaged.

+ **Stock:** Discuss with your nurse how stock is ordered. Bags are dispensed in 10s. Most people need a box of leg bags (10) every 10 weeks but will need 30 single use night bags each month. It is advisable to always have three catheters, but not more, available.

Disposal of used catheters and catheter products

Place used products into two bags before putting them into your household waste bin.



+ **If you have an infection,** ask your nurse for advice as you may need to use a special bin.

+ Contact your nurse if you would like advice on:

- Sex, body image and your catheter
- Traveling abroad with your catheter
- Alternative product options

Trial without catheter (TWOC)

Date of TWOC:	
Successful	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary (eg voiding record, urine description, discomfort)	
Patient recatheterised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date of next TWOC:	
Follow up:	Referral:

Date of TWOC:	
Successful	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary (eg voiding record, urine description, discomfort)	
Patient recatheterised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date of next TWOC:	
Follow up:	Referral:

Catheter details and future plans

Date and time inserted:	
Catheter details: ADD STICKER	Formulary product: Yes <input type="checkbox"/> No <input type="checkbox"/> Rationale if no:
Balloon size:	
Lubrication/ anaesthetic gel:	Batch no./Expiry:
Valves in use:	
Fixation device: Yes <input type="checkbox"/> No <input type="checkbox"/> type:	
Securing device: Yes <input type="checkbox"/> No <input type="checkbox"/> type:	
Drainage system:	
Reason for change (tick & circle):	Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> H O U D I N I
Antibiotic prophylaxis used on catheter change Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, authorised by:
Planned location of future changes:	
Date of next planned change/TWOC/review:	
Onward referral:	
Problems:	
Name of professional responsible for the decision to re-catheterise:	

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Help us to get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone contact the Patient Experience Team: on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email lch.pet@nhs.net

We can make this information available in Braille, large print, audio or other languages on request.

Contact us

Hospital:

Community Nurse:

Continence, Urology and Colorectal Service

Halton Clinic, 2a Primrose Lane, Halton, Leeds LS15 7HR

Tel: **0113 843 3715** Email: info.cucs@nhs.net

www.leedscommunityhealthcare.nhs.uk

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