

CLEAN INTERMITTENT CATHETERISATION - BOYS

HEMOCARE GUIDELINE °

Intermittent catheterisation is used for people with incomplete bladder emptying, to improve their urinary control, reduce the incidence of urinary infection, and to help relieve pressure on the kidneys thus assisting the kidneys to remain healthy.

It is not a sterile procedure but cleanliness is essential. The method entails the insertion of a catheter (plastic or silicone tube) of an appropriate size and type through the urine passage (urethra) into the bladder. See attached diagrams. The catheter then drains the urine from the bladder as completely as possible. The catheter is then slowly removed. The same technique is repeated 4 times a day at regular intervals, approximately every 4 hours, during the daytime, but usually not at night while the child is asleep. For infants this procedure is done with the infant lying down on a bed. When the child is able, this procedure can be done with the child sitting on the toilet. Most children aged less than 8 years need to be catheterised by either a member of their family or another appropriate person when away from home.

From the age of 5 - 6 years the children can be given instruction and supervision in self-catheterisation, and children aged more than 8 years are encouraged to catheterise themselves.

CLEAN INTERMITTENT CATHETERISATION FOR BOYS

- A clean plastic or silicone catheter of appropriate size
- KY Jelly (Water soluble Gel) or Lignocaine Gel to lubricate catheter (see 'points of emphasis' about using lignocaine gel)
- Moistened wipes can be used instead of liquid soap and water
- Liquid mild soap or Sanitizing antibacterial gel (if hand washing facilities are unavailable)
- Paper Towel for drying hands
- A plastic container into which the urine can be drained if needed
- Clean Contenance Pad of appropriate size
- Gloves are optional for parent's - preferably non latex for children who have Spina Bifida or a Spinal Cord Injury as they can build an intolerance to latex from repeated exposure to it over time

Technique

1. Have all of the equipment and a clean pad or napkin ready on the table beside child.
2. Lay the child on a bed or a change table.
3. Remove the pad or napkin.
4. Clean the skin well if it has been soiled.
5. Wash your hands well with liquid soap and water. Dry with a paper towel.
6. Pull the foreskin back gently.
7. Clean the penis with moistened wipe, wiping from around the head of the penis and down the penis.
8. Pick up the catheter, being careful not to touch the end, which is to be inserted into the urethra and then apply lubricant (KY Jelly or Lignocaine Gel).
9. While holding the penis upright, insert the catheter gently. Just before the bladder you may feel some resistance. Do not push the catheter in and out if resistance is met. Rather, hold the catheter and continue to advance it slowly, using gentle but firm pressure until the muscle relaxes.
10. Sometimes encouraging your child take a deep breath in and slowly let it out helps. Continue to insert the catheter until urine begins to flow. Then insert the catheter approximately 1cm further and hold it there until the urine stops flowing.
11. Gently press abdomen with the other hand and sit the child forward to remove any remaining urine in the bladder.
12. When no more urine is coming out, withdraw the catheter SLOWLY. Stop and allow drainage if more urine flows again.

13. Wipe the child's skin dry and put on a clean pad or napkin.
14. Wash hands well and dispose of soiled napkins and urine appropriately.
15. Never reuse a catheter that appears rough or damaged in any way.

ADAPT THE ABOVE PROCEDURE FOR OLDER CHILDREN WHO DO THE PROCEDURE SITTING ON A TOILET

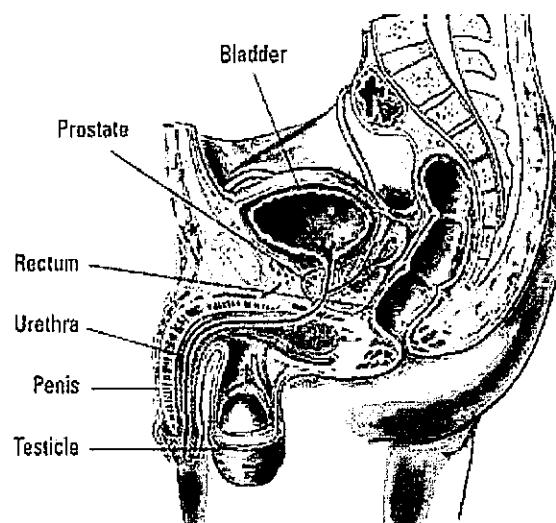


Diagram copied from website: http://www.mmc.org/mmc_body.cfm?id=3657

POINTS OF EMPHASIS

Emptying the bladder and Signs of Urinary Tract Infection:

It is very important that the bladder is emptied completely at each catheterisation. Any urine that remains in the bladder may cause recurrent urinary tract infections. Signs of a urinary tract infection include fever, cloudy offensive urine, leaking more than normal and pain. If your child is unwell with a urinary tract infection you will need to take your child to the doctor and have a sample of urine tested for the type of bacteria and an appropriate antibiotic may be prescribed. **If your child is not unwell and has cloudy offensive urine**, encourage your child to drink more fluids and perform an extra catheterisation to empty bladder more often until urine becomes clear again. It is important to note that **most** children who are catheterized will be colonised with bacteria in their bladder which will give a positive result on a urine test. Your child should only be prescribed antibiotics if they are **symptomatic** with an infection as continuous or regular use of antibiotics only encourages resistance to them and therefore they may not work in the long term. Constipation can also cause urinary tract infections, so regular bowel emptying is also recommended.

Bleeding:

Notify the appropriate doctor or nurse if bleeding occurs during the catheterisation. Discontinue the program immediately until you receive further instructions.

Blockage or Resistance when passing the Catheter:

This is a rare problem in girls, but can arise when catheterising boys. In boys, about 8-10cms from the urethral opening there is a muscle, which can contract and prevent the easy passage of the catheter into the bladder. If this occurs, no attempts should be made to force the catheter, but one should wait until the muscle relaxes after which it should be easier to pass the catheter. Using **lignocaine gel** to lubricate the catheter often helps this problem. If the problem persists then the program should be discontinued and the appropriate doctor or nurse notified.

Pain or Discomfort during procedure:

Patients with Spina Bifida and Spinal Cord Injuries may have reduced sensation and this is not usually an issue. However, some children are fearful and do experience some discomfort when performing a catheterisation. To alleviate this problem in children over the age of 1 year you can insert 2-4 mL of 2% lignocaine gel into the urethra using a 5 ml syringe (without a needle) and leave for 3 minutes before attempting to catheterise. If discomfort continues to be a problem then talk to your nurse about trialling a different type of catheter.

Leaking in between Catheterisations:

There are a number of reasons for this problem. A current urine infection can increase leaking between catheterisations. Some children leak because their urine controlling muscles are so lax that despite all attempts to use intermittent catheterisation they continue to leak, particularly with straining and activity. If this problem persists please discuss this with your doctor. Other children benefit by avoiding excessive fluid intake, which may cause the bladder to overflow before catheterisation is due. Each child is different and each family learns their own methods and routines to make the program more successful.

Medication:

Most children on a program of clean intermittent catheterisation will require medication to relax the bladder and improve its storage capacity. Medications are not usually prescribed until after the child is 5 years of age. The most common medication currently used is Oxybutynin (Ditropan) which is taken orally in tablet form or medicated patches (Oxytrol) which are changed every few days as prescribed by your doctor. This medication can have some mild side effects such as dry mouth, headaches and blurred vision, which usually diminish in time. Children taking this medication need to be warned about the possibility of heat stroke in hot weather. Extra fluids in summer and staying out of the sun help to minimise this side effect.

Alternate Therapies:

Cranberry tablets or juice taken daily as recommended by a health adviser, have been found to assist in preventing urine infections in some people on a program of clean intermittent catheterisation. Talk to your doctor or nurse before initiating this therapy.

Monitoring Your Bladder:

It is expected that the program of clean intermittent catheterisation will be used indefinitely as a management technique for people with neurogenic bladders.

Regular testing of the bladder function by renal ultrasound will be required as well as regular tests for kidney function to monitoring for any renal scarring. If you have any questions about the program, please contact the appropriate doctor or nurse.

TYPES OF CATHETERS

There are several different types of catheters than can be used for clean intermittent catheterisations. These include:

- Plastic – these are disposable catheters which are used once and then discarded. The catheters have different coloured funnels on the end of them to indicate their size.
- Silicone (Cliny's) - catheters are reusable and last for about a month before needing replacement.

Catheters used for boys are around 40cm long. Make sure you are using the correct size catheter as shown to you by your nurse.

In years gone by it was common practice to use plastic nasogastric feeding tubes if the urinary catheters were not available. This is no longer an acceptable practice as the use of feeding tubes for catheterisation can cause urethral irritation and does not effectively empty the bladder which the urinary catheters are designed to do.

CHOOSING THE RIGHT SIZED CATHETER

Choosing the right sized catheter is very important and should be done in consultation with your child's doctor or nurse. There are several factors that affect the size of the catheter chosen including your child's age, size of their urethral opening and passage, type of catheter used and the speed of the flow of urine at which the bladder can fully empty.

Below is a guide to **catheter** size:

- Neonate or Newborn baby Size fg 6
- 3-5 years of age Size fg 8
- 6-8 years of age Size fg 8-10
- 9-12 years of age Size fg 10–12
- 12–15 years of age Size fg 12, 14 or 16

Always trial a smaller sized catheter for the initial period of catheterisation and grade up to the larger sizes in consultation with your child's continence nurse. There are some slight variation in sizes between the disposable catheters and the reusable catheters so again, consultation should be sought from your nurse when changing to reusable catheters.

CARE OF CATHETERS

Silicone Catheters (Cliny):

Always store the catheter in container provided. Use Milton® solution, dilute 1 part of Milton® to 80 parts of water e.g. 3mL Milton® to 240mL water. **Note:** Do not use a stronger solution of Milton® as this can cause urethral irritation. **Change Milton® solution every 24 hours** and wash tube out in warm soapy water using a small bottle- brush or tooth brush and rinse with cool water. Do not place the Milton® in metal containers.

TEACHING CHILDREN TO SELF-CATHETERISE

Children usually learn to catheterise themselves by 7 - 8 years of age. This has usually been preceded by a long period of supervised instruction in order to achieve independence.

Some children will be ready to learn at 5 years of age and others are later. Each child needs individual consideration given in regards to:

- the child's age;
- parental willingness and time to devote to teaching the procedure;
- the interest and motivation of the child;
- the child's ability to understand what he has to do and why;
- the child's dexterity, sitting balance and mobility.

Setting the stage for learning:

Children learn best in a calm and relaxed atmosphere. You will need to take advantage of times when your child seems interested in learning to self-catheterise. Good times to practise are on weekends, evenings and school holidays. Some children are more motivated to learn with the teacher's aide at school.

Some guidelines you may find helpful:

- Begin at an early age to teach hand washing and personal hygiene to your child.
- Your child can learn sitting on the toilet or on a bed with good back support, wherever he/she feels safe and comfortable.
- Drawing a diagram of the relevant anatomy can be helpful.
- Have the child make a chart or write the procedure down in simple steps often helps them to learn the procedure.
- Keep to a routine with lots of positive reinforcement. Do not vary the procedure.
- Ask your child's nurse to show you some of the DVD resources that are available to assist with showing children the right way to do the procedure.

For example the child can learn to:

- Wash hands properly with soap and water and dry with paper towel.
- Prepare equipment ready for use within easy reach.
- Cleanse skin with moistened wipes or Soap and Water.
- Hold the catheter after it is inserted.
- Remove catheter when urine has finished draining.
- Find the urethral opening with some guidance by parent guiding the catheter.
- Attend to all tasks of self-catheterisation.

Each step may take some time to learn.

The child should also learn to dispose of pads appropriately and how to care for the catheters.

Reward your child for attempting or succeeding at a task. The reward can be as simple as a smile, hug or positive comments.

Remember that each child is different and each family learns their own methods in making self-catheterisation successful.

When your child is admitted to HOSPITAL you will be required to perform the procedure using a sterile dressing pack, single use catheter and gloves to reduce the risk of a hospital acquired urinary tract infection.

SUPPLY OF CATHETERS

Catheters may be purchased from **Brightsky NSW** – 6 Holker Street, Newington NSW 2127 Phone: 02 8741 5600 or 1300 886 601 or visit www.brightsky.com.au **OR** Independence Australia – Phone: 1300 788 855 or visit www.independencesolutions.com.au

All children (under 16 years) with permanent and severe incontinence are eligible to be supplied with catheters through **ENABLENSW** (which incorporates the program formerly known as **PADP**). This program has an annual co-payment of \$100 per person. Phone 1800 362 253 or visit www.enable.health.nsw.gov.au

People over the age of 5 years with permanent and severe incontinence and have an eligible condition can apply to the **Continence Aids Payment Scheme (CAPS)** which provides families a set amount of money each year paid through the Medicare system into the family's bank account to go towards the purchase of continence supplies for their child. Contact Medicare Australia – 132 011 (Select option 1) or visit www.bladderbowel.gov.au/ to find out more information about CAPS.

Checklist for clean intermittent catheterisation (Boys)

- **Collect equipment:**

- Clean Continenence Pad
- Clean Catheter
- Lubricant
- Wet Wipes
- Rubbish bag

- **WASH AND DRY HANDS**

- Remove underclothing and dirty continence pad.
- Sit comfortably on toilet.
- Wipe tip of penis with wet wipe in a circular motion.
- Apply lubricant to catheter tip.
- Take a deep breath, relax and insert catheter into urethra until urine begins to drain.
- **SLOWLY** remove catheter once urine has stopped draining.
- Put on clean continence pad and get dressed.
- Clean up and dispose of dirty pad and catheter into rubbish bag.
- **WASH AND DRY HANDS**

