

APPENDIX 7

URINARY CATHETERISATION CLEAN INTERMITTENT SELF CATHERISATION (CISC) MALE

Equipment

- Appropriately sized catheter
- Mirror (optional)
- Alcohol hand gel
- Waste bag
- Single use disposable apron and sterile/non sterile gloves in case of need
- Suitable container (clean heat disinfected or disposable pulp product)

It is noted this is a clean procedure if the patient is catheterising themselves, but an aseptic technique if a health professional is catheterising the patient.

It is advisable that the patient has a bath or shower on the day they will catheterise or wash their genitalia prior to catheterisation.

No	Action	Rationale
1	Explain and discuss the procedure with the patient using written information booklet or DVD.	To ensure that the patient understands the procedure and gives his valid consent (NMC 2015). To enable the patient to feel as comfortable as possible.
2	Cleanse hands, don single use disposable plastic apron if actively assisting in procedure and ensure access to sterile/non sterile gloves in case of need.	To reduce the risk of cross-infection (Fraise and Bradley 2009).
3	Ask the patient to prepare the catheter as per manufacturer’s instructions.	Ensure correct use of product (Barton 2000).
4	If required clean the glans penis and wash hands. If the foreskin covers the penis it will need to be retracted during the procedure.	To reduce risk of infection and ease insertion of catheter.
5	Ensure the patient is in a comfortable position e.g. either sitting on toilet; standing upright or lying on the bed.	To facilitate insertion of the catheter.
6	The penis should be held straight at an angle of 45 degrees towards the abdomen. A stand up mirror is helpful for patients with a large abdomen	To prevent trauma to the penoscrotal junction.
7	Ask the patient to insert the catheter into the urethra, using aseptic non-touch technique. NB: There may be a change of feeling as the catheter passes through the prostate gland and into the bladder. Explain if a lot of resistance is felt, DO NOT continue; withdraw and seek medical advice.	The prostate gland surrounds the urethra just below the neck of the bladder and consists of much firmer tissue. This can enlarge and cause obstruction, especially in older men.

No	Action	Rationale
8	Drain urine into the toilet or measuring container if possible. When the urine stops flowing slowly remove the catheter, halting if more urine starts to flow.	It is useful to record the volume of residual urine drained to ascertain the frequency with which self-catheterisation is required. To ensure that the bladder is completely emptied.
9	Explain they should slowly remove the catheter when the flow has ceased and the foreskin drawn back over the glans of the penis.	This is to prevent paraphimosis occurring
10	Dispose of the catheter into the appropriate waste stream.	To reduce risk of environmental contamination
11	Remove PPE if worn and cleanse hands.	To reduce the risk of infection.
12	Record information in relevant documents including catheter type, size and batch number and any problems during the procedure	To provide a point of reference or comparison in the event of later queries

References

Barton, R. (2000) Intermittent self-catheterisation. *Nursing Standard*, 15(9), 47–55. [Pubmed link](#)

Fraise, A. P. & Bradley, T. (2009) *Aycliffe's Control of Healthcare-associated Infections: A Practical Handbook*, 5th edn. London: Hodder Arnold.

Mallett, J (2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. 9th Edition. Blackwell Sciences. Oxford