

APPENDIX 8

URINARY CATHETERISATION CLEAN INTERMITTENT SELF CATHERISATION (CISC) FEMALE

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 to wash genitalia prior to catheterisation.

No	Procedure	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.	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 and to ease insertion (Barton 2009).
4	Ensure the patient is in a comfortable position. eg, either sitting on toilet; standing upright or lying on the bed.	To facilitate insertion of the catheter.
5	Using a mirror, if required, ask the patient to locate and spread the labia to expose the urethra. If required the meatus and labia are cleaned from front to back using soap and water and then wash hands.	To enable the urethra being found easier. To reduce the risk of infection.
6	Using less dominant hand ask the patient to find the urethral opening above the vagina. A mirror can be used to help identify anatomy. Gently insert the catheter into the urethra using dominant hand, maintaining an aseptic no touch technique.	To reduce the risk of introducing an infection.
7	Drain the urine into the toilet or suitable measuring container. When the urine stops flowing, slowly remove 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.

No	Procedure	Rationale
8	Dispose of the catheter in a bag in household waste in if own home or according to local trust policy if in communal care setting.	To reduce risk of environmental contamination.
9	Remove PPE if worn and cleanse hands.	To reduce the risk of infection.
10	Record information in relevant documents including catheter type, size and batch number and any problems during the procedure	To provide point of reference or comparison in 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.

Royal Marsden Hospital Manual of Clinical Nursing Procedures (2015) Ninth Edition, (Online). (Accessed March 2018)