Clean intermittent self-catherisation (CISC) for women

You have been given this leaflet because your doctor/specialist nurse has recommended you learn how to self-catheterise to help you better manage your health.

This leaflet explains what clean intermittent self-catherisation (CISC) is, why it is performed, its advantages and disadvantages, how to do this and where to obtain support and advice.

Female anatomy
A woman’s urethra is straight and is approximately 4cm long.
It runs from the bladder, to an opening between the vagina and clitoris.

What is CISC?
CISC is a way to empty the bladder by using a sterile catheter. It involves inserting a small catheter (tube) into the bladder via the urethra (see diagram) and once drainage has ceased, removing it. It is not left in situ (inside you). This can be performed several times a day.

Why do I need to perform CISC?
CISC is the procedure for people who cannot empty their bladders completely in the usual way, such as being unable to pass any urine or having high residual (left behind) urine after each voiding (passing urine).

Urine must not be left in the bladder; if it remains there for too long, it can become stale and cause a urinary tract infection (UTI) or kidney infection/injury. By emptying the bladder regularly, you may reduce the risk of these happening.
Reasons why your bladder cannot empty properly:

- The result of an operation on the pelvis/bladder.
- Bladder muscles are too lax.
- Communication problems between the bladder sphincter (circle of muscle that controls opening and closing of the bladder allowing you to pass or hold onto urine) and the brain as a result of nerve damage caused by spinal injury or disease.
- A muscle sphincter that is too tight.

Benefits

- Taking control of your own bladder care improves your quality of life.
- You are less likely to become incontinent.
- CISC maintains the health of your bladder.
- Compared to a urinary catheter that remains inside the body, it reduces the risk of developing an infection.
- It protects the upper urinary tract from the risk of urine flowing backwards, towards the kidneys.
- It helps maintain a positive body image.
- It gives you more freedom to express sexuality and sustain satisfying relationships.

Risks

- Performing the procedure requires the physical and mental dexterity.
- If you are unable to undertake this procedure, someone will need to do it for you.
- You need somewhere to prepare and undertake the procedure. This needs to include access to running water.
- Catheters and equipment need to be carried.
- You may still get occasional infection, urethritis (inflammation of the urethra), and urethral bleeding.

What do I need for CISC?

- Hand washing facilities including hand soap.
- Cleansing wipes.
- Mirror.
- Appropriate catheter and urine collection bag.
- Private space.
- Rubbish bin.
How to perform CISC

Step 1 – Cleansing

1. Wash hands using soap and water.
2. Choose the position that best suits you; you will be shown different positions when you are being taught the procedure.
3. Spread the labia apart (see diagram) and wash around the urethral orifice (opening). Wash yourself with a downwards movement towards the rectum (not away from it, because this can transfer bacteria and cause infection).

Positioning
You can:

- Sit in bed with your knees bent up.
- Squat against a wall.
- Sit on the floor with your back against a wall/chair, with your knees bent up.
- Sit on the edge of the bath, one leg resting on the side of the bath, the other leg in the bath.
- Sit on the toilet, either facing the correct way, or back to front.
- Rest one leg up on the toilet seat, with the other leg remaining on the floor.

Step 2 - Catheterisation

1. Remove the catheter from the container.
2. Gently insert the catheter into the urethra until it reaches the bladder and urine starts to flow. You may need to use a mirror for this, certainly whilst you are learning
3. Bending the catheter before the flow starts will avoid spillage.

Step 3 - Removal

1. When the flow stops, withdraw the catheter a little this may cause further urine to drain. This makes sure that the bladder is completely empty.
2. Slowly remove the catheter.

Step 4 – Disposal

1. Note the amount of urine in the bag
2. Tear the urine bag to release urine and pour it into the toilet.
3. Dispose of the catheter properly, by placing it in a plastic bag, and putting it in your household rubbish. Remember not to flush it down the toilet.
Step 5 – Finishing

1. Wash hands.

How many times a day do I need to perform CISC?

The advice below is a brief guide.

Please contact the urogyaecology specialist nurses for more advice.

CISC should be performed every four to six hours depending on how much residual urine is drained after voiding (passing urine).

That is:

- If your residue after voiding is 200-300mls, you should perform CISC twice a day:
  - morning after getting up
  - evening before going to bed

- If your residue after voiding is 300-400mls, you should perform CISC three times a day:
  - morning after getting up
  - after lunch time
  - evening time before going to bed

- If your residue after voiding is 400-500mls, you should perform CISC four times a day:
  - morning after getting up
  - after lunch
  - mid-afternoon
  - evening before going to bed

How long do I need to perform CISC?

During CISC, you should closely monitor your oral fluid intake and your urine output including your residue. This will help to decide how long you need CISC for and how often you need to perform the procedure. This will be decided between you and the urogyaecology specialist nurses.

Once your residue is less than 150mls on each CISC, you should stop doing CISC.

Where to get supplies from

You will be given some catheters to go home with after you feel competent in doing the procedure.

The urogyaecology specialist nurses will register you with the supplier and order one month’s stock of equipment for you. Once you have been registered, you can order for yourself once your stock is low (allow about two weeks for delivery).
Contacts/further information
If you have any concerns, need support or advice speak to:

- Urogynaecology specialist nurses
  01223 349239 or 01223 245151 and ask for bleep 157 952
  Monday to Friday 08.00 – 18.00

If unavailable contact:

- Clinic 24 (The Emergency Gynaecology Unit/Early Pregnancy Unit)
  Telephone: 01223 217636
  Open 08:00 – 20:00 Monday to Friday
  08:30 to 14:00 at weekends
  Closed on Bank holidays

- Daphne Ward (Inpatient Gynaecology)
  Telephone: 01223 257206
  At all times

References/ Sources of evidence


Useful websites:

- www.nhs.uk
- www.direct.gov.uk
- www.therotherhamft.nhs.uk
- www.baus.org.uk
- www.continence-foundation.org
Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

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