



Clean Intermittent Self-Catheterization (CISC): Procedure for Women

Clean Intermittent Self-Catheterization (CISC) is a way to empty the bladder by using a clean catheter. It involves putting the catheter in and taking it out several times a day. CISC helps people who cannot empty their bladders the usual way. By emptying your bladder regularly, you can help prevent bladder infections.

Catheterization

Unless you are told otherwise, try to urinate before you use the catheter. The number of times you need to use the catheter depends on your fluid intake. Usually, you must catheterize yourself at least every 6 hours and at bedtime. Your doctor or nurse will change your schedule depending on how much urine you pass and how much you get from catheterization. If your bladder is routinely allowed to become too full, infection can occur. So do not allow your bladder to hold more than 400 mL of urine.

How to do CISC

When you are at home, use clean equipment and clean technique. Sterile equipment is used when you are in the hospital and is sometimes needed for people with recurrent or chronic urinary

tract infections. Practice CISC with a nurse until you can do it by yourself.

Recording your intake and output

Record the amount of liquid you drink, the amount you urinate, and the amount you get from catheterization (the post-void residual). Notify your doctor about any changes in your urine such as urinating a smaller amount than usual, difficulty doing CISC, or signs of urinary tract infection (fever, blood, chills, back pain, strong-smelling or cloudy urine). Your intake and output record will help the doctor and nurse take care of you (See attached sample intake and output record).

Managing urinary tract infections

It is not unusual for your urine to contain some bacteria. Using clean hands really lowers the chance for infection when you do CISC. If you tend to get urinary tract infections, you may need to boil your catheters before using them, but ask your medical team, first. If you have a urinary tract infection and need to do CISC, your medical team will give you treatment.

Preparing for CISC

1. Gather your equipment

■ Straight catheter

A new catheter is needed about once a month or when the one you use is brittle. Your nurse or doctor will let you know which type of catheter you need.

■ Soap and water

Use only packaged wipes for trips or when you are in a hurry.

■ Clean washcloth

■ Water-soluble lubricant (such as K-Y)

Do not use a petroleum-based lubricant such as Vaseline.

■ Plastic bag for used catheters

■ Plastic bag for clean catheters

■ Urinal (if measuring urine)

Procedure

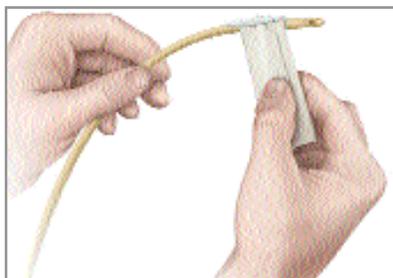
1. Gather equipment and place it on a clean towel.

2. Urinate if you can.

3. Prepare your clothing. Make sure your clothes are away from your body and that you have enough light to see well.

4. Wash your hands well with soap and water. This reduces bacteria and prevents infection.

5. Lubricate the catheter's end to ease insertion.



6. Separate the labia and wash the urinary opening thoroughly with soap and rinse clean with water. This reduces bacteria and prevents infection.



7. Spread the labia (with your second and fourth fingers you can use the third finger to identify the meatus).

Identify the meatus (urinary opening) and



insert the catheter slowly about 2 to 3 inches. Once the urine starts to flow advance the catheter approximately 1 inch. If you feel any resistance just stop for a second, take a deep breath, and gently resume insertion.

8. Place the other end of the catheter into a urinal or container.

9. Allow all urine to drain. Measure drainage if an output record is needed (see sample record).

10. After urine flow stops, remove the catheter slowly.

11. First, rinse the catheter with *cold water* to remove any mucous deposits.

12. Then, wash the catheter with liquid soap and *hot water*, and allow it to dry completely in the air. Store the catheter in a clean, dry, safe location.

Replacing catheters

A CISC catheter may be reused for up to 2 to 4 weeks. To control odor and remove thick mucous deposits, you may want to soak the catheter in a white vinegar solution once a week. Discard catheters when they become discolored, hard, brittle, no longer drain, or become too soft to insert. In some cases, if you are prone to infection, your doctor may want you to sterilize the catheter after each use by boiling it in water for 20 minutes. After it cools, store it in a clean, dry, secure location.

Liquid

- Drink at least 2 quarts of liquid daily. Try to get most of your fluids early in the day.
- Drinking nothing after dinner may help you sleep through the night without needing to empty your bladder.
- Drink 200-750 mL (about 7 ounces to 1 1/2 pints) of concentrated cranberry juice daily to make your urine acid (bacteria cannot grow in acid urine).
- Drink no more than 4 to 6 ounces of citrus juice a day. Citrus juice is acidic, but it makes urine alkaline—just what bacteria like to grow in.
- By drinking enough and emptying your bladder often, you can help prevent urinary tract infection.

For more information

- <http://www.nlm.nih.gov/medlineplus/ency/article/003972.htm>

Medline Plus Medical Encyclopedia:
Clean Intermittent Self-Catheterization

- Newman, Diane K. *Managing and Treating Urinary Incontinence*. Health Professions Press, Baltimore, MD; 2006.



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Sample Intake and Output Record

Date	Intake (mLs)	Output What you collect <i>before</i> using the catheter (mLs)	Post-Void Residual What you collect <i>after</i> using the catheter (mLs)
6 a.m.			
7 a.m.			
8 a.m.			
9 a.m.			
10 a.m.			
11 a.m.			
12 noon			
1 p.m.			
2 p.m.			
3 p.m.			
4 p.m.			
5 p.m.			
6 p.m.			
7 p.m.			
8 p.m.			
9 p.m.			
10 p.m.			
11 p.m.			
12 midnight			
1 a.m.			
2 a.m.			
3 a.m.			
4 a.m.			
5 a.m.			