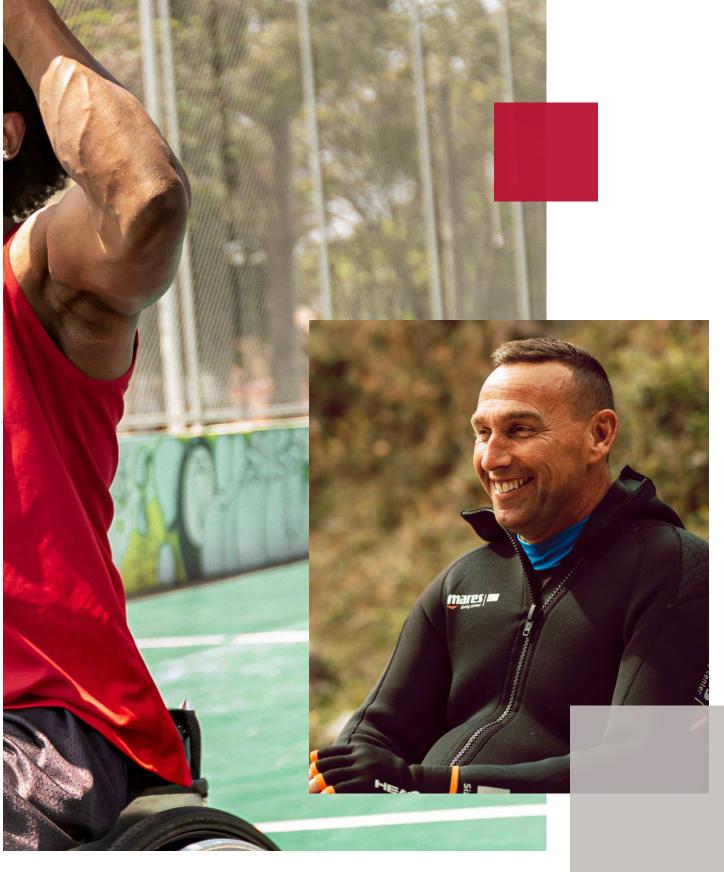
Intermittent Catheterisation Advocacy Guide

Feel empowered to ask more. To know more. To do more.







Welcome. You're in the right place.

This guide aims to provide support to empower you to have liberating experiences with the right products. You have choices to enhance your confidence to live life on your terms.

We want to make a difference in your journey, so that your bladder dysfunction fits around your lifestyle, and not the other way around.



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Urinating, it's something we all do.

Most of us probably haven't given much thought into how it happens.

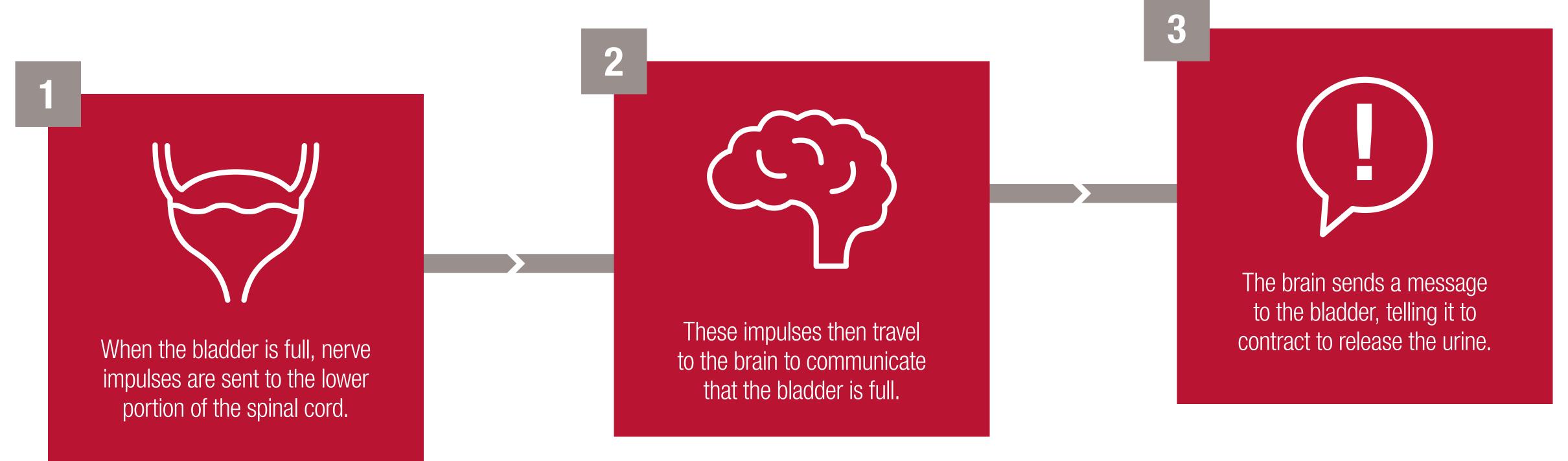
Understanding some of the basics will help you to feel more in control of managing your bladder.



How do we urinate?

The bladder and sphincter muscles need to work together in order to urinate. A healthy functioning nervous system and brain are essential to ensure the bladder and sphincter muscles coordinate. The urinary system plays a unique role in the filtering process.

Understanding this complex process may help guide conversations with your healthcare professional, giving you the confidence to control your own care:





The anatomy

The urinary system plays a unique role in the filtering process. Understanding your own body and how it works enables you to be more informed.

1 Kidneys

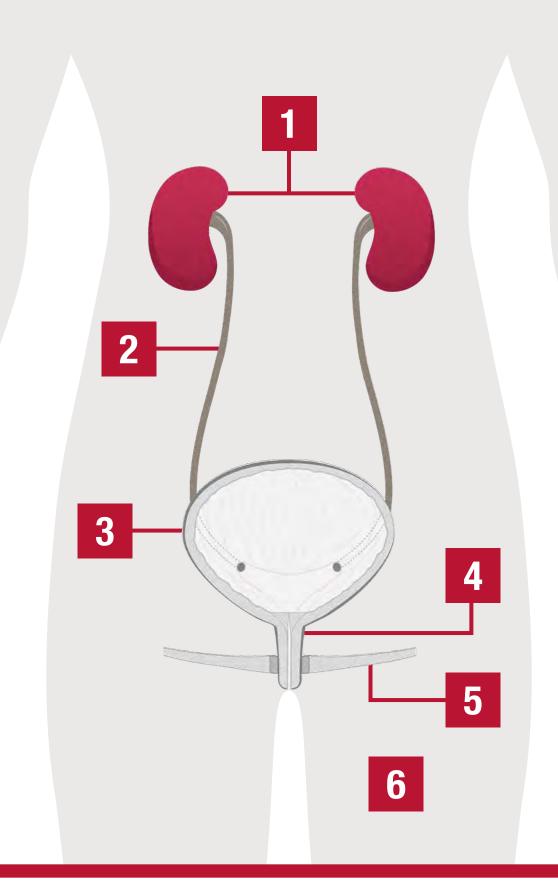
Kidneys filter excess water and waste from the blood to make urine. They can produce 30–80ml of urine each hour. It's carried from the kidneys through tubes called ureters to the bladder, where it's temporarily stored until you urinate.

2 Ureters

Ureters are approximately 28—36cm long in adults. Designed to keep urine from flowing back up to the kidneys. Muscular contractions in the ureters push urine down from the kidneys to the bladder.

The bladder

The bladder is a hollow organ with a muscular wall and two primary functions — the storage, and emptying, of urine. Bladder size, shape and capacity to store urine are different for each person.



4 The urethra

The urethra is a muscular tube lined with a mucous membrane that carries urine from the bladder out of the body.

5 Sphincters

Two ring-like muscles (called the internal and external sphincters) surround the urethra. The external sphincter is the one that is voluntarily contracted to control when you urinate.

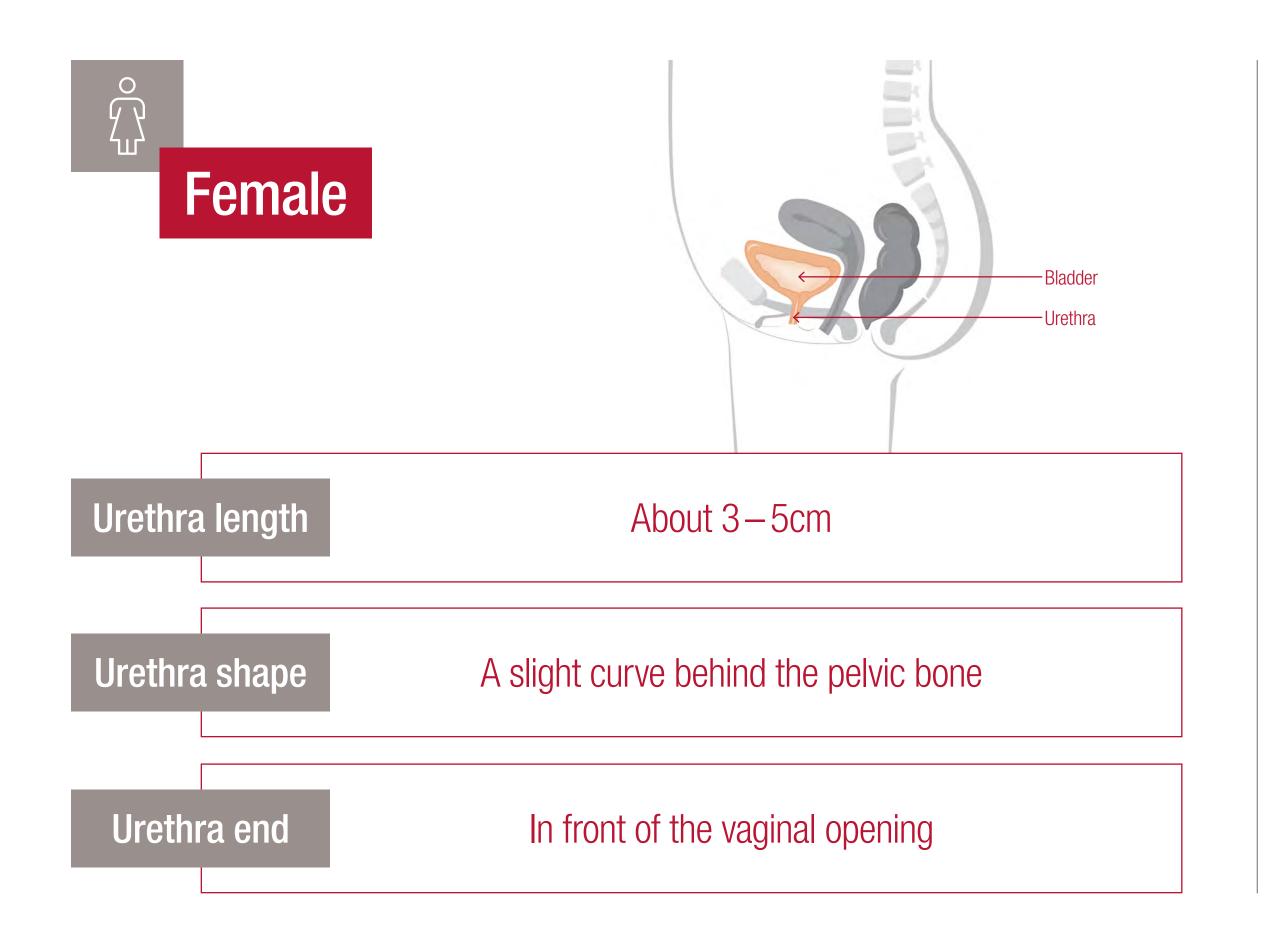
6 Muscle contraction

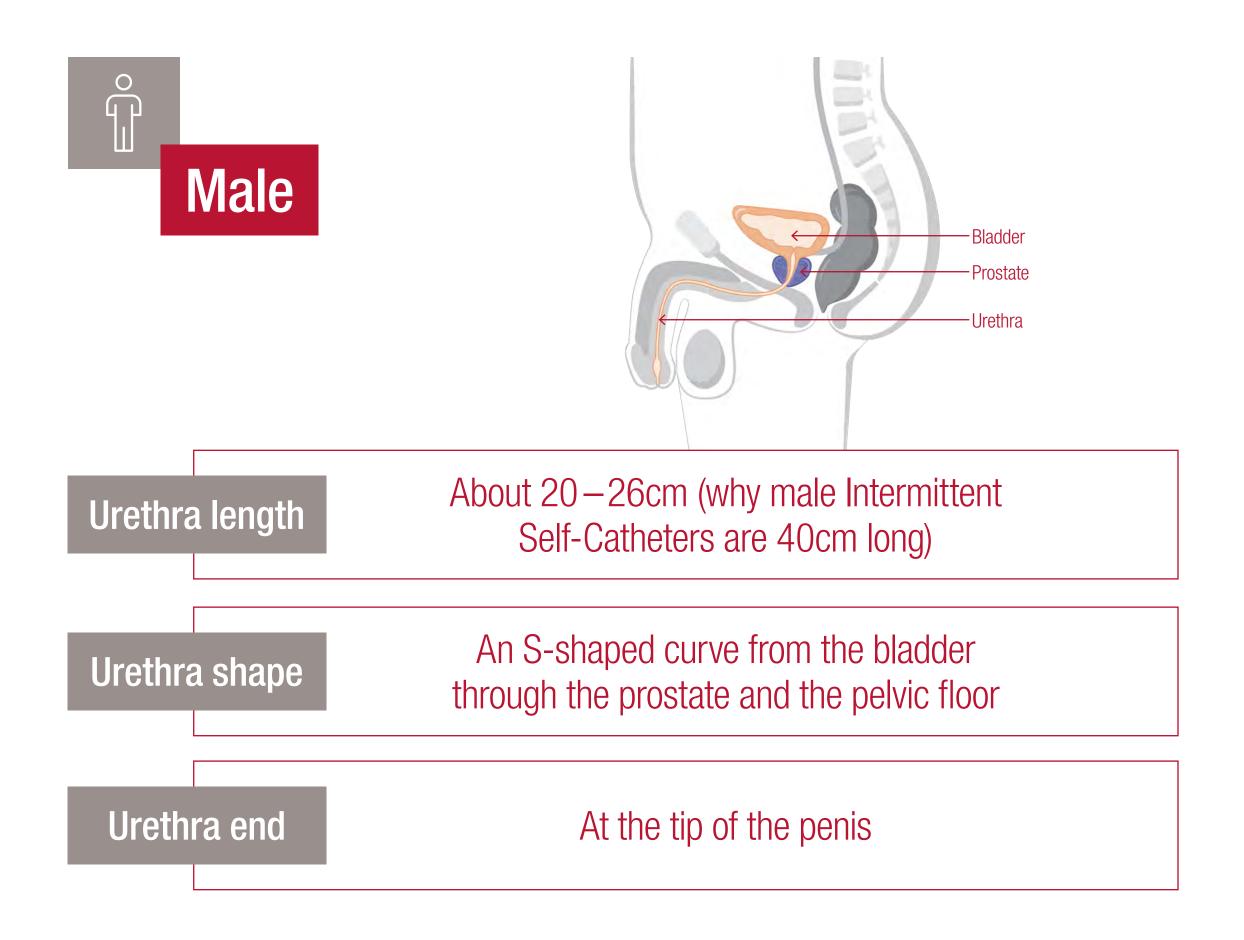
Muscle contraction, both voluntary and involuntary, is involved in urination. Bladder muscles contract and the sphincters open. Pelvic floor muscles help hold everything in place and are made up of several small muscle groups that surround the urethra, vagina (in women) and rectum.



The urinary system

The differences between the female and male system







Common urination issues

Urine leakage

Multiple pregnancies and vaginal deliveries can weaken the pelvic floor muscles that support the bladder and uterus in women. Weakened pelvic floor muscles and damage to the urethral sphinter can cause leakage problems for men too. This can cause leakage problems.



Urinary tract infections (UTIs)

UTIs can affect the bladder, kidneys and ureters. Anyone can get them. The shorter female urethra is susceptible to infection since it is close to the vagina and anus where bacteria is present.



Neurogenic bladder

A neurogenic bladder means your bladder, brain, and sphincters aren't communicating, causing bladder control issues. It's caused by an injury or illness of the nerves, spinal cord, or brain.



Enlarged prostate

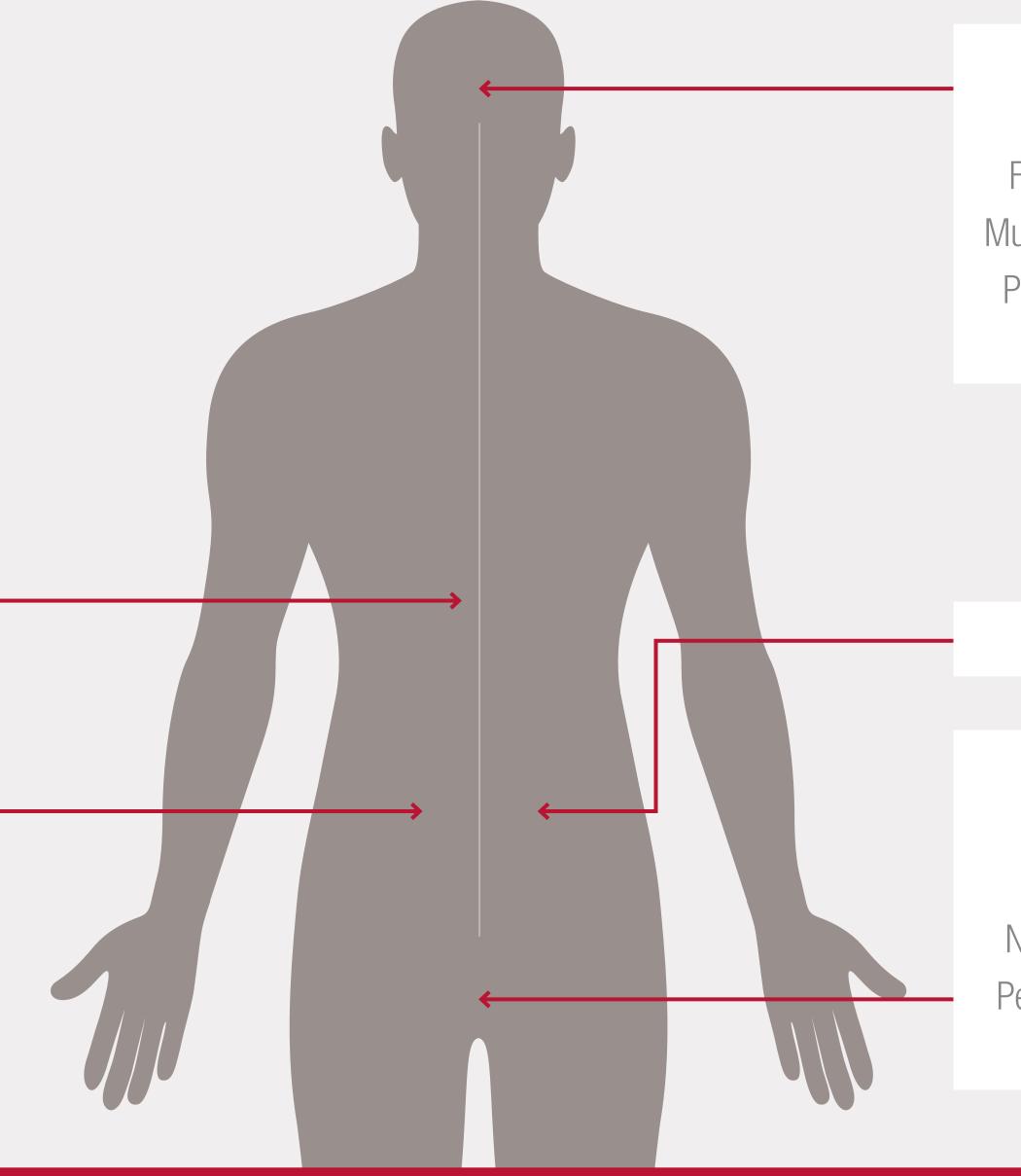
The prostate gland sits underneath the bladder and wraps around the urethra. An enlarged prostate may block the flow of urine from the bladder. This can cause frequent urination, incomplete emptying, dribbling and other symptoms. Blockage may also cause a UTI.



We are all different

Multiple System Atrophy
Motor Neurone Disease
Spinal Bifida
Spinal Tumours
Spinal Cord Injury (SCI)

Postnatal Complications



Alzheimer's

Cerebral Palsy

Fowler's Syndrome

Multiple Sclerosis (MS)

Parkinson's Disease

Stroke

Diabetes

Bladder Infection
Bladder Cancer
Bowel Cancer
Neurogenic Bladder
Permanent Retention
Prostate Cancer

You are not alone

There are many conditions that cause bladder dysfunction. Understanding this may help you to talk more openly about your symptoms.

It is important to find the best options for you and your lifestyle.

Don't see your condition listed?

Please let us know to allow us to help more people.

Contact us **↗**



What options do I have to empty my bladder?

Indwelling Urinary Catheters

An indwelling urinary catheter is fitted by a professional and changed regularly (4–12 weeks). It's held in the bladder by a water-filled balloon, to stop it from falling out. The catheter can have a valve to control when you store or release urine, or have a collection bag attached for urine to drain into.

Intermittent Self-Catheterisation (ISC)

Intermittent Self-Catheterisation (ISC) is the gold standard for emptying your bladder. A single use catheter is used to empty your bladder regularly by self-insertion into your urethra to void your bladder. ISC can promote a greater degree of freedom through independent self-care.

Alternative Therapies

There are several alternative therapies that you might consider. These include training exercises, electrical stimulators, medication, lifestyle changes, constipation management, Suprapubic Catheters, Mitrofanoff, ileal conduit, incontinence pads, and surgical intervention.







"

There's a huge difference between ISC and indwelling. It's independence! One patient wanted to enjoy the summer, wear shorts and go swimming. If it works for your body and you learn to ISC, you can do what you like, when you like."

Corey Knott, Urology Nurse



How will ISC fit into my life?

If you feel that ISC might be the right choice for you, speak to your healthcare professional to find out more and determine the right size and product. The correct size will allow you to insert the catheter smoothly and drain your bladder. What you're looking for should enable urine to flow freely. There are lots of design options that allow you to insert the catheter without the need to touch the tube itself.

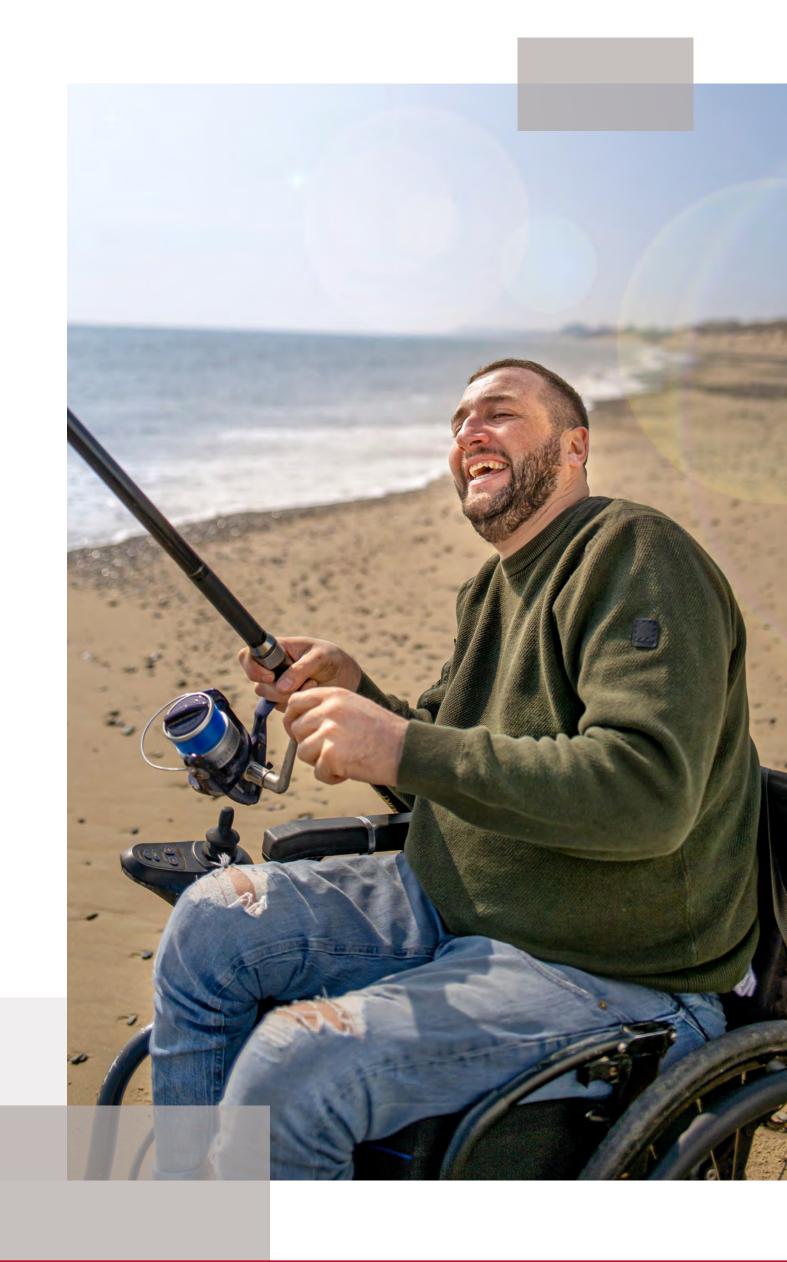
When choosing your catheter, you should make sure it is:

- Reduce the risk of infection by using a touch free catheter
- Smooth and comfortable
- Aesthetically pleasing not a constant reminder of your condition

Always keep in mind that you have options throughout your journey.

Staying informed can enable you to make positive decisions for you and your health. Your choices include the location of your first appointment as an outpatient, your choice of healthcare professional and your choice of product suitable for you.

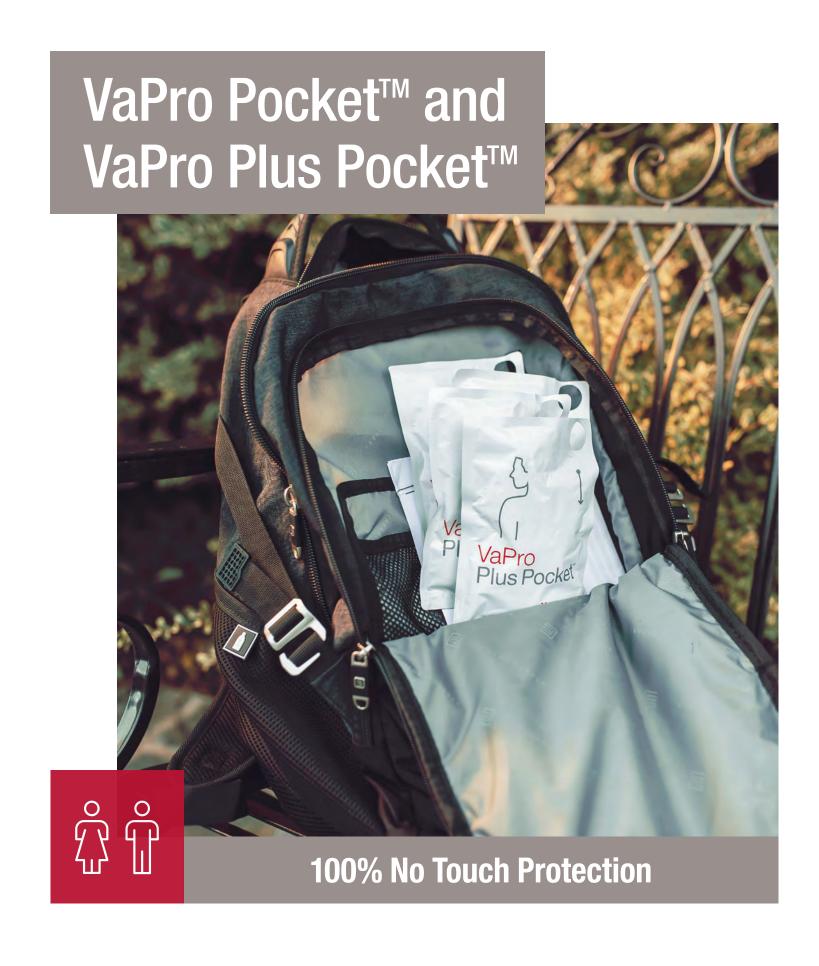
With the right knowledge and guidance, choice can make a real difference to how empowered you feel.

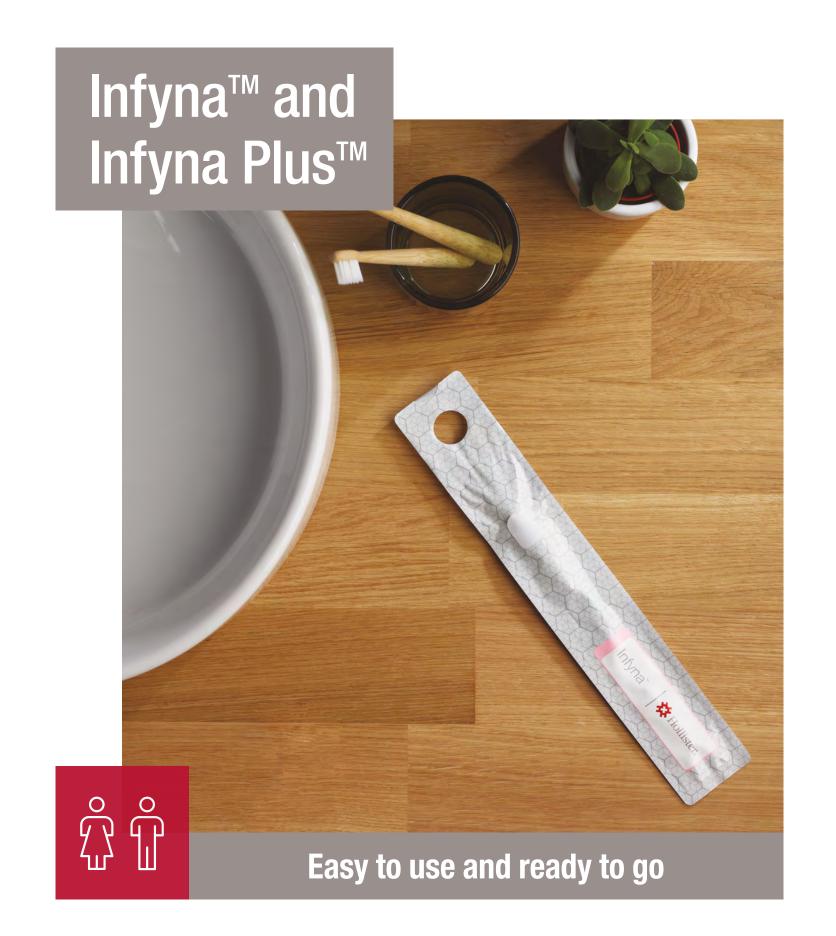




Hollister's catheter portfolio



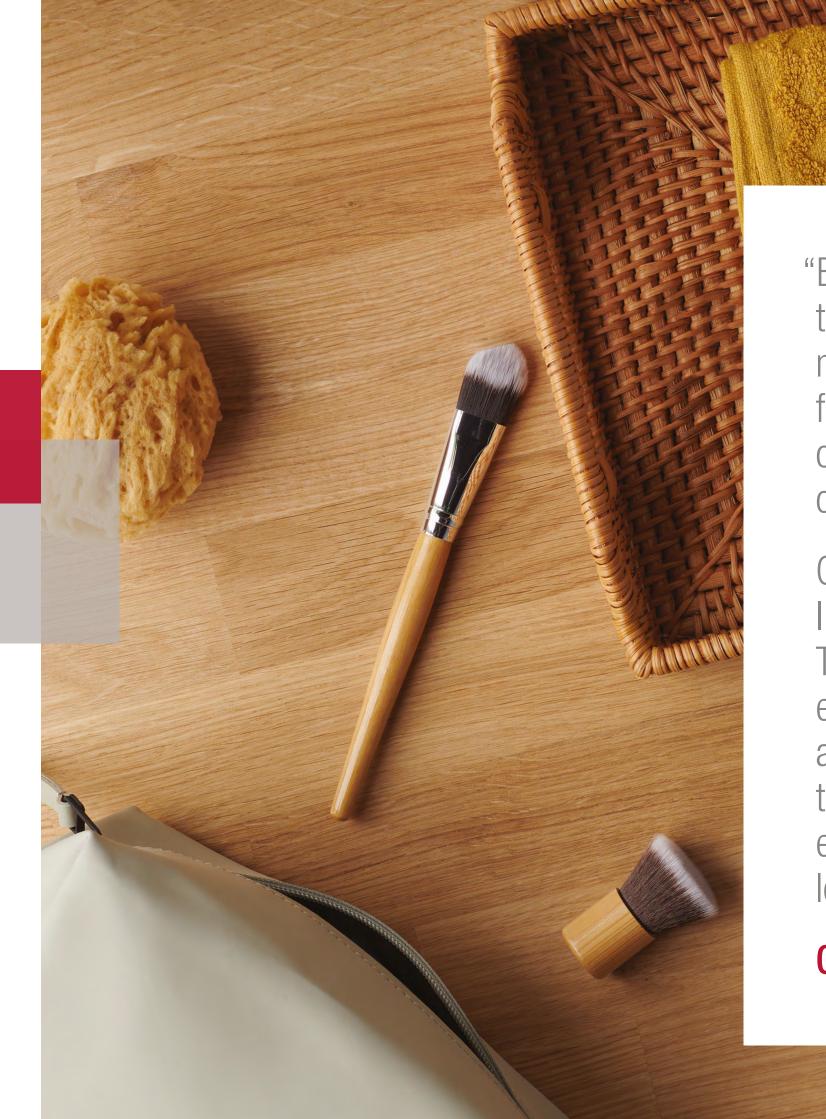








Female Self-catheterisation



"Everyone's different. I know some people can find their urethra by touch. Before my first attempt I had no idea even where it was! Spread the labia and you'll find it under the hood if you lift it up a little. You use one hand to hold everything ready and then have one hand to get the catheter out, ready to insert.

Once you've sat back and drained your bladder, I like to lean forward — and then lean back again. Then stand up, and sit down again. It helps me ensure there's nothing left in my bladder. I do ISC at least four times a day and it's really important to make sure your bladder empties properly. If it's empty there will be less accidents, less bacteria, less UTIs, less antibiotics."

Corey Knott, Urology Nurse

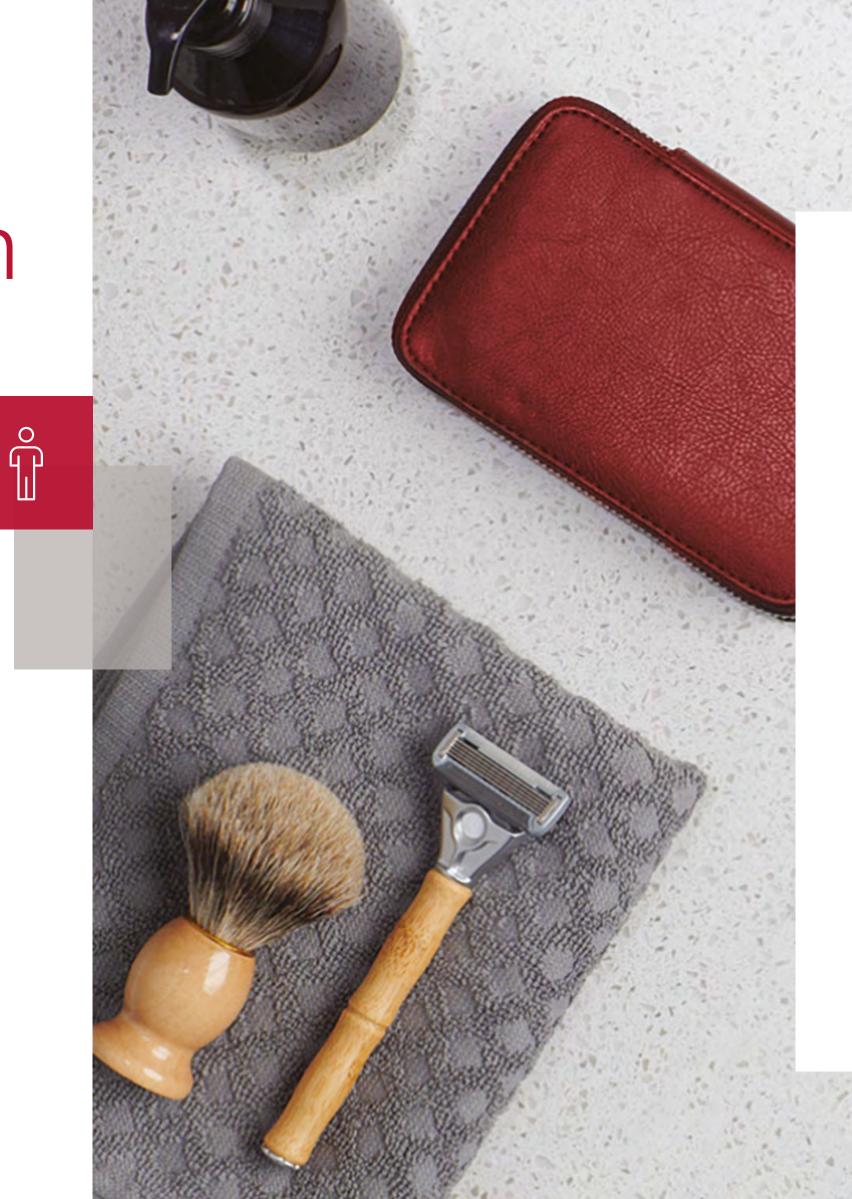
Learn more

Watch our instructional video.

Watch here **↗**



Male Self-catheterisation



"To kick off I get them to lay everything out, wash their hands thoroughly and then stand facing the toilet. With their non-dominant hand they retract the foreskin (if they have one), pull the penis tight and away from them at a slight angle, less than 45 degrees.

Taking the catheter in their dominant hand they then insert the tip into the urethra. While putting it in, I tell them to think about urinating and imagine letting the urine go. That usually helps the pelvic floor relax and the internal sphincter will open a little. I tell them to wiggle their toes as if they're on a beach and their feet are covered in sand. Take deep breaths, go slow."

Corey Knott, Urology Nurse



Watch our instructional video.

Watch here **↗**



How to avoid a Urinary Tract Infection (UTI)

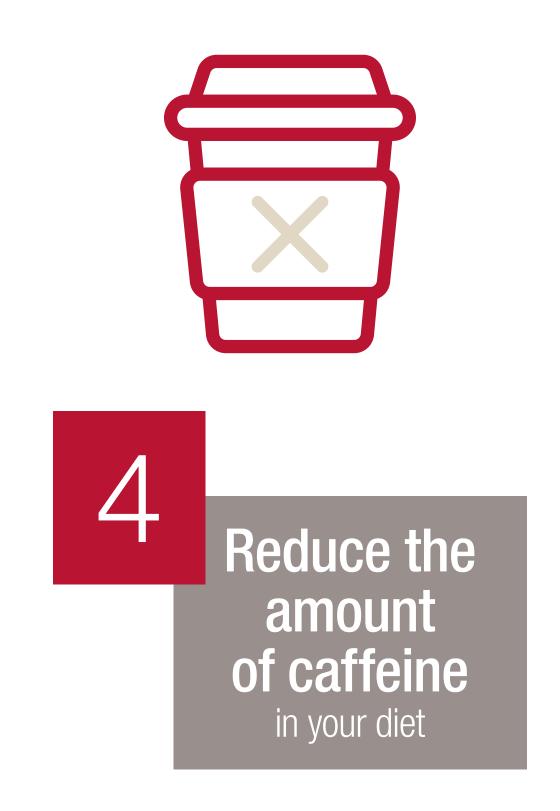
UTIs can have a significant impact on every day life











Learn more

More tips on self-catheterising from

Deb Davis, Clinical Nurse Specialist.



Hints and tips

For catheter insertion

Keep calm, take a deep breath, and be kind to yourself. ISC takes practice. We've got some useful hints and tips from Corey Knott a Urology Nurse, and endorsed by other users.



- Catheterise when you're not at your fullest.
- Give yourself time to find a toilet and get ready to catheterise.
- If you don't have sensation, set an alarm to so ISC regularly.
- Wear accessible clothing to catheterise more easily.
- Have everything ready and laid out before you start the ISC process.

- 6 Make sure to wash your hands throughly.
- Take up a comfortable position that suits you, either sitting in your wheelchair, the toilet or commode, or standing up.
- Breathe deeply and keep calm.
- Make sure you always have enough product with you and at home.



Viewing on your Mobile?

Screenshot this to keep it handy for when you need it.









Enable yourself with the tools to stay informed."

Aoife Madden

Fowler's Syndrome (bladder retention dysfunction since age 15)

Understanding your body and condition will help you feel empowered to ask questions and improve your own standard of care. It's important to advocate for yourself. It may help to take a family member or friend with you to appointments for support. It can be useful to ask someone to

take notes to make sure you don't miss anything and give you a document to reference at a later date.

Medical professionals are trained to discuss these issues, and your honesty will help them to work out the best solution for you.

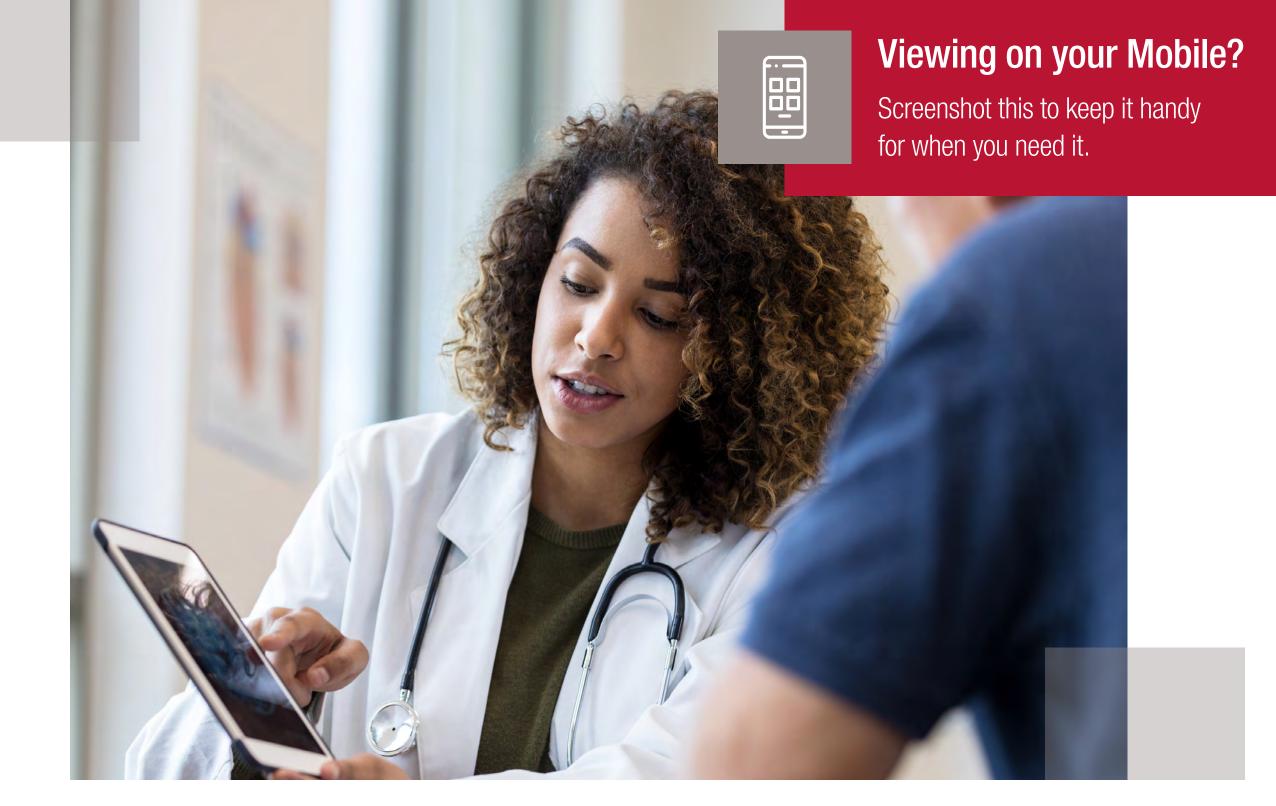


What should I ask my clinician?

?

Some questions to help you get the most out of your appointments:

- What is my diagnosis? What type of urinary dysfunction do I have, and what is causing it?
- Can you help with my issues or do I need to see a specialist? (such as a continence nurse or urologist)
- What's your recommended treatment for my type of problem? What will happen without treatment?
- Are there any diet, lifestyle, or bathroom routine changes that you would recommend?
- What's my long-term plan? Will your recommended treatment solve my issues, or will I need to continue to manage them?
- Who do I contact if I have any problems or issues?
- What are the next steps? When will my next appointment be?



Tip 1

Arrive with a list of questions to get the most out of your appointment.

Tip 2

Take a loved one with you for support and to take notes.

Tip 3

Make sure the positives and negatives of any treatment plan are explained to you.



Looking after your mental health

Note to self

Your mental health is just as important as your physical health. Tell your doctor how you're feeling and ask any questions that will help ease your anxieties.

These sample questions might help:

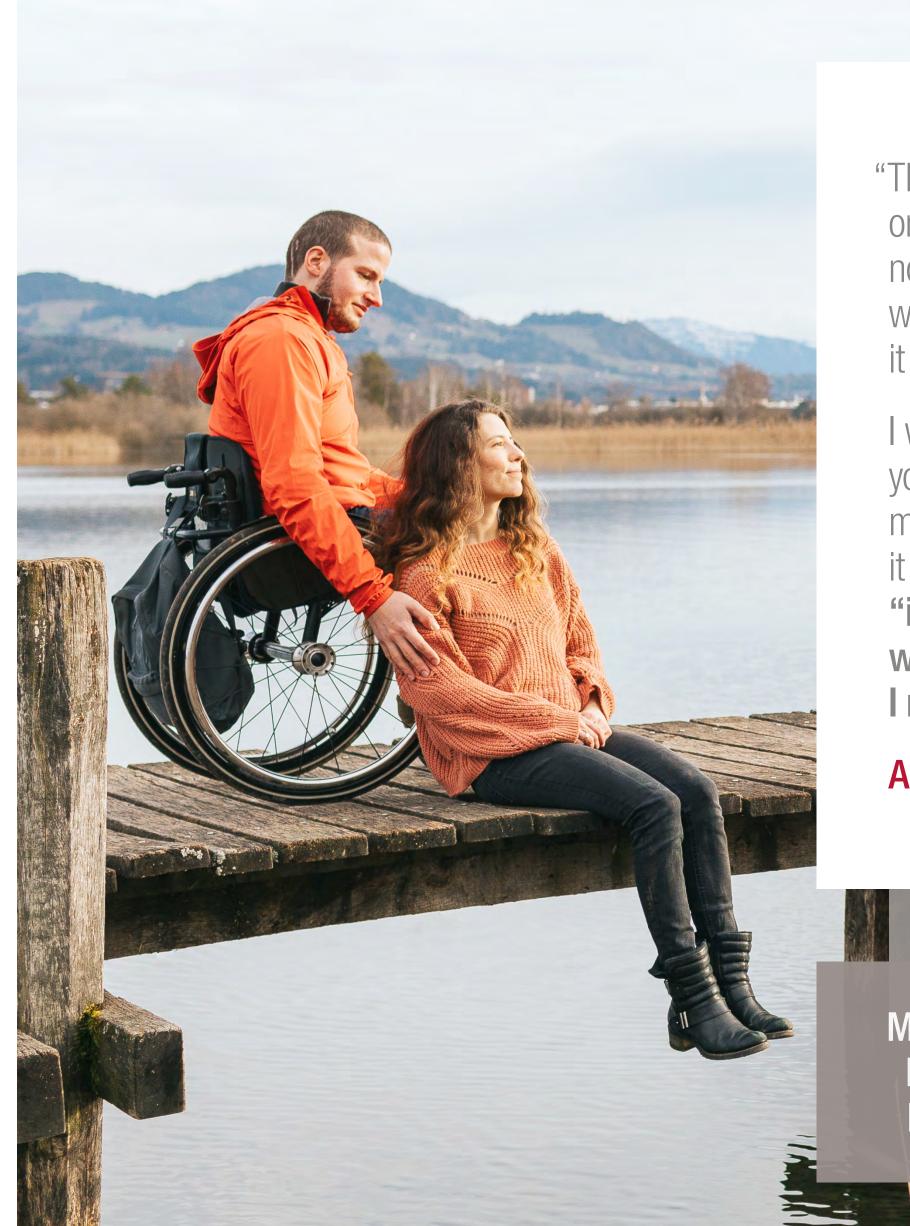
- Is it normal for me to feel sad and angry?
- I don't feel myself at the moment, are there support groups I could benefit from?
- Have you had experience with other patients feeling like this?
- I'm having a hard time opening up to my family.
 Do you have any advice?





Communication is key to healthy relationships

When you're comfortable with where you're at, it just won't be a big deal."



"This comes up a lot, and it definitely sorts the ones you want from the ones you don't! But it's not the kind of thing you mention on a first date; when you're comfortable with where you're at, it just won't be a big deal.

I wouldn't say, "can we talk?" or "I need to tell you something"... personally I keep it casual, maybe mentioning a hospital appointment and making it part of a conversation. I'd say something like "it's important you know about them, because without these catheters, I wouldn't be here. I need them for life — they're my lifelines."

Aoife Madden, Fowler's Syndrome



Keep track

So you can be your best advocate

A journal is a great way to keep track of your symptoms and experiences before and after appointments.

It can reduce stress and anxiety, it can be a powerful tool in documenting new symptoms, pain, leakages, urine volume, sexual function, and your emotional well-being.

Sometimes when we're nervous our minds can go blank. Make sure you're your own best advocate, write a bladder diary to take with you, so that you don't forget anything.

It's a small step, but a really helpful win to keep life on track. Once you have the tools to start advocating for yourself, your experience really changes — you may feel a sense of confidence and control.



Example journal topics:

- Your daily fluid intake by timing and amount
- Timing of urination and a rough estimate of the amount of urine
- Accidents or leakage, including amount, any urge feelings, and what you were doing when they occurred
- Any relevant observations



Start your journal today

Get tracking right away with one of our printables.

Download here **↗**



Bladder diary example

Daytime

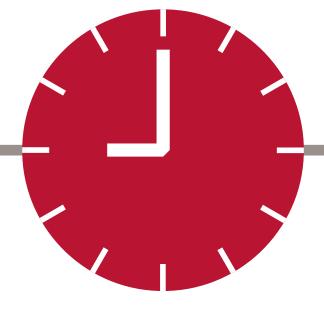
From a 64 years old male, experiencing bladder dysfunction for the first time.



7:30am

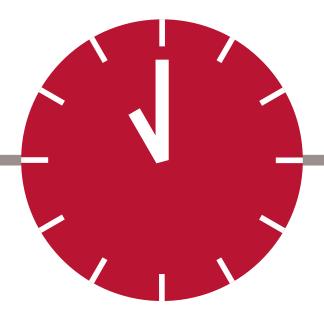
Urge to use the toilet but nothing came out.

Toast and a cup of tea for breakfast.



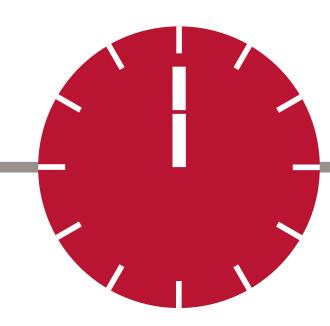
9:00am

Urinated a small amount, approx. a cupful. Quite dark in colour.



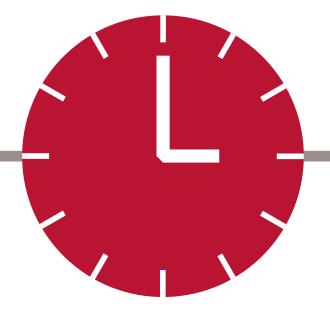
11:00am

Ate a banana and had a big glass of water (approx. 250ml).



12:00pm

I had a cheese sandwich, a packet of crisps, and a yoghurt for lunch, with a cup of tea.



3:00pm

Leaked a little bit
before I got to the toilet.
Felt okay, but the urge
came on suddenly and
I couldn't get to the
bathroom quick enough.
Urinated approx. 150ml.

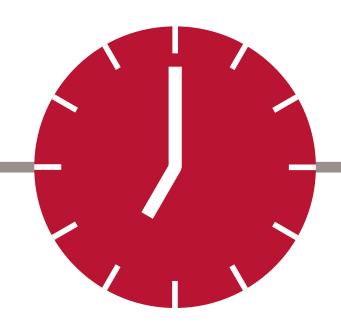
Illustrative purposes



Bladder diary example

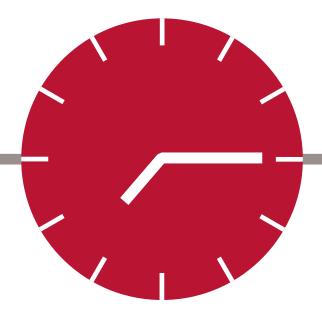
Evening





7:00pm

Had shepherd's pie, gravy and veg, followed by ice cream for dinner. Drank 250ml of water and a glass of wine.



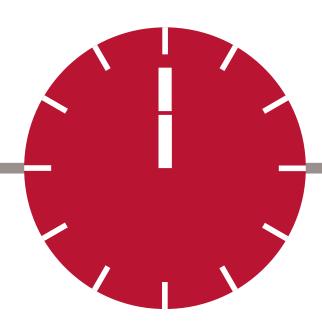
7:15pm

Urge to urinate, but nothing came out.



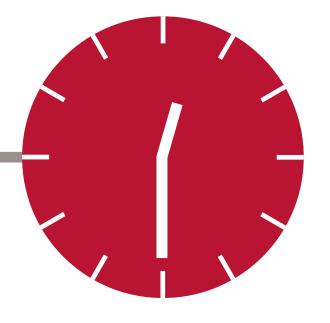
8:30pm

Passed urine (only a small amount, roughly 100ml).



12:00am

Had to get out of bed with the urge to urinate. Passed a cupful of urine (approx. 100ml).



12:30pm

Trouble sleeping. Pain in my lower abdomen and urge to need the toilet throughout the night.

Illustrative purposes







14 million people

are estimated to be living with bladder problems

Which is roughly the equivalent size of the over 60 population in the UK. That's one large support group!



Remember. You are not alone.



We're all stronger when we work together.

I try to change the way people think about it, and remind them that using a catheter doesn't mean they're unwell — it's part of them being well."

Corey Knott, Urology Nurse





Resources



Charities

Bladder and Bowel Community

bladderandbowel.org →

Bladder Health UK

bladderhealthuk.org/continence-support →

The Children's Bowel and Bladder Charity

eric.org.uk/healthy-bladders-and-bowels-at-school ->







Further support

Hollister Secure StartSM Service

hollister.com/en/consumerservices →

Bladder and Bowel UK

bbuk.org.uk →

Embarrassing Problems

embarrassingproblems.karger.com →







Apps

Calm

calm.com →

 $apps/confidence-app \rightarrow$





10

Influencers



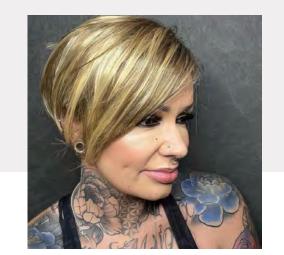
B is for Bladder

© @bisforbladder



Lena McAllister

© @lenamcallister



Michelle Moffat

@michemoffatt



Shaun Gash

© @shaungashofficial



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Excellence in Continence Care

Practical guidance for commissioners, and leaders in health and social care. NHS England

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