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References:

- 1 Table adapted from Managing Urinary Incontinence, D.K. Newman, 2002
- 2 Abrams et al, 2005 Incontinence, Basics and Evaluation vol 1 and Management, vol 2, 3rd International Consultation on Incontinence ISBN 09546956-2-3

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Understanding poor bladder emptying



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Attention to Detail. Attention to Life.

Understanding poor bladder emptying

Table of contents

The healthy urinary system	3-6
Bladder problems	7-9
o Poor bladder emptying disorder	7
o Urinary tract infections	8
o Urinary incontinence	9
Diagnosing bladder disorders	10
Management and treatment	11
o Medication	11
o Fluids	11
o Catheters	11
Intermittent catheterisation	12
Indwelling catheters	13
Choosing your intermittent catheter	14-16
VaPro intermittent catheters	17
Advance line of intermittent catheters	18-19
Frequently asked questions	20-21
Notes	22-25
Glossary of terms	26-28
Support networks	Back Cover

This booklet has been created to provide information for people diagnosed with poor bladder emptying. This guide provides a framework for discussions with your healthcare professional about the best ways for you to manage your bladder health.

Hollister professionals are available to provide information regarding our full range of continence care products, to answer your questions and to provide you with educational information.

Please feel free to contact Hollister UK at 0800 521377



The healthy urinary system

Your urinary system is made up of the kidneys, ureters, bladder, urethra and the internal and external sphincters.

Kidneys

The kidneys filter certain waste products from the blood and make urine. The kidneys typically produce 30-90ml of urine each hour. Urine is carried from the kidneys through tubes, called ureters, to the bladder, where it is temporarily stored.

Ureters

The ureters are narrow, hollow tubes that lead from the kidneys to the bladder. Each ureter is about 24-30cm long. The ureters end in the lower portion of the bladder and are attached to the bladder in a way that helps prevent urine from flowing back up towards the kidneys. Muscular contractions in the ureters push urine down from the kidneys to the bladder almost constantly.

Bladder

The bladder is a hollow organ with a muscular wall and two primary functions - the storage and emptying of urine. In a relaxed state, the bladder can hold about 500ml of urine before there is a strong urge to urinate. The size and shape of the bladder and the amount of urine stored vary from person to person.

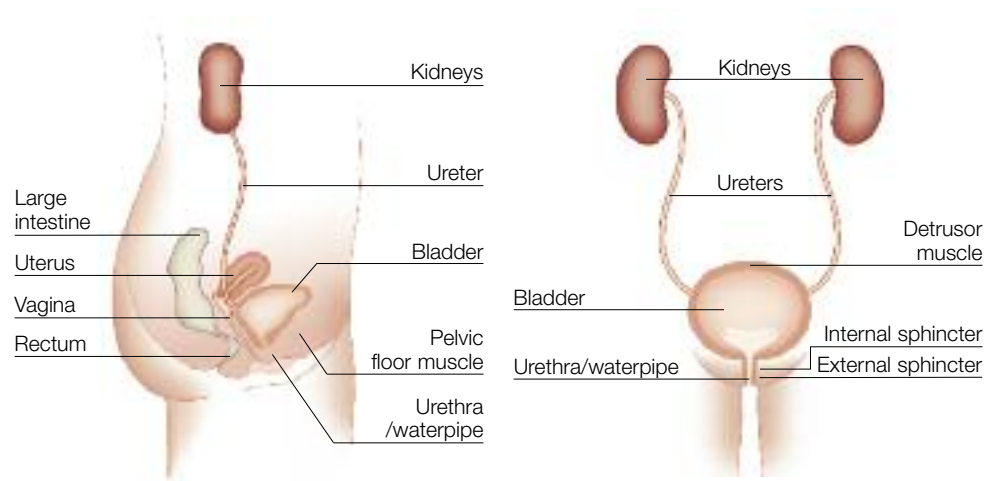
Emptying the bladder (also called voiding or urination) involves the coordination of both voluntary and involuntary muscles and an intact nervous system. When the bladder is emptied, urine leaves the body through a tube called the urethra. Voiding occurs when the bladder muscle, also called the detrusor, contracts and the sphincters open. Urine then passes through the urethra and leaves the body..

Urethra

The urethra carries urine from the bladder out of the body. It is a muscular tube lined with a mucous membrane. The opening of the urethra is called the meatus. The primary difference in the female and male urinary tract is the length of the urethra.

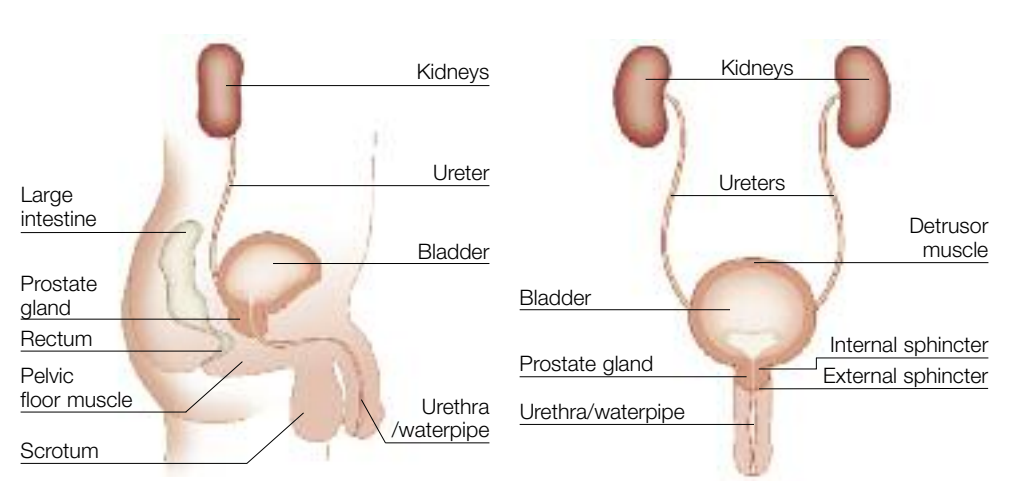
Females

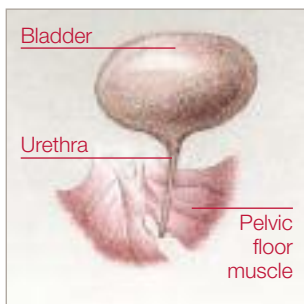
In females, the urethra is about 3-5cm long and it runs in a slight curve behind the pubic bone. The opening of the urethra is just in front of the vaginal opening. The female urethra is highly susceptible to infection since it is close to the anus where bacteria are present.



Males

In males, the urethra is about 20-25cm long. It runs in an S-curve from the bladder through the prostate gland and the pelvic floor and ends at the tip of the penis.

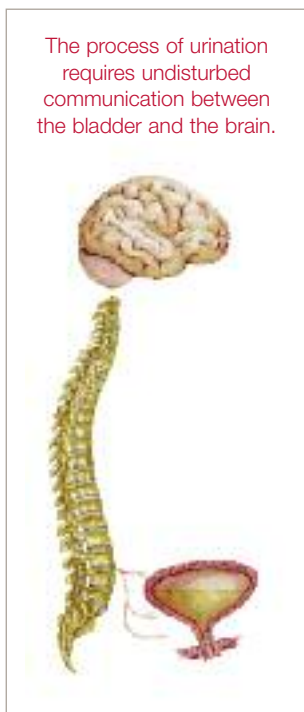




Sphincters

The urethra is surrounded by two ring-like muscles called the internal and external sphincters. The external sphincter is the one that voluntarily contracts to control when you urinate.

The sphincters work best when the pelvic floor muscles are healthy and strong and in proper position. The pelvic floor muscles consist of several small muscle groups that surround the urethra and rectum (as well as the vagina in women). They provide support to the organs of the pelvis and help to hold the urethra in place.



Nervous system

The process of urination involves coordination between the bladder and sphincter muscles and an intact nervous system. In the spine, the voiding centre is located between the second and the fourth sacral vertebra. When the bladder is full, nerve impulses are sent to this portion of the spinal cord and then to the brain to communicate the bladder is full. At this time (if it is convenient), the brain sends a message to the bladder telling it to contract and a message to the sphincter to relax in order to allow the urine to drain. A healthy functioning nervous system and brain are crucial for proper coordination of this complex process.

Bladder problems

Men and women may experience problems with normal urination for a variety of reasons.

Poor bladder emptying disorder

Poor bladder emptying means your bladder does not empty urine completely. This type of bladder disorder can also be described as a flaccid, floppy, hypocontractile or hypotonic bladder. This may cause repeated urinary tract infections or urinary incontinence. The bladder should empty fully when you pass urine. Any urine left in the bladder is called “residual urine.” Significant residual urine is usually greater than 100ml. This can be determined by doing a bladder scan to determine if any urine is left in the bladder after passing urine.

If you have residual urine greater than 100ml and repeated urinary tract infections, or urinary incontinence and/or kidney impairment, you may require treatment.

There can be many causes of poor bladder emptying. Common causes include:

- Spinal cord injury
- Multiple Sclerosis
- Spina Bifida
- Diabetic Neuropathy
- Urethral obstruction (in men, an enlarged prostate; in women, a vaginal prolapse)
- Trauma
- Medication
- No known physical cause

Some signs and symptoms of poor bladder emptying

- Feeling that you are unable to empty your bladder completely
- No sensation that your bladder is full
- Repeated urinary tract infections
- Kidney impairment, such as hydronephrosis
- Urinary incontinence
- Frequency of urination
- Other bladder disorders

Urinary tract infections

If you have poor bladder emptying, you may have occasional or frequent urinary tract infections (UTIs). Urinary tract infections occur when there is an increased amount of bacteria (or other microorganisms) in the bladder, urethra and kidneys. Sometimes, this is a result of residual urine in the bladder. In men, urinary tract infections can also affect the genitals, such as the prostate or seminal vesicles.

Timely recognition

It is important to contact your healthcare professional at the first sign of a urinary tract infection. Symptoms may include:

- Burning sensation when passing urine
- High temperature
- Shivering
- Lower abdominal pain
- Smelly, cloudy urine
- Blood in the urine
- Confusion
- More frequent urination than normal
- Leakage of urine between normal voiding or catheterisation
- Increased muscle spasms (if you are spinal cord injured)
- Back pain
- Loin pain

If you are not feeling well or suspect you have an infection, contact your healthcare professional. Your urine will be tested and medication may be used if an infection is present and you have symptoms. Be sure to take the full course of antibiotics prescribed and contact your healthcare professional if the symptoms return.

If you experience frequent urinary tract infections, your healthcare professional may recommend additional tests or treatments.

Urinary incontinence

If bladder control is lost and urine leakage occurs, it is called incontinence. Urinary incontinence can occur in people of all ages, and for a variety of reasons. There are various types of incontinence (stress, urgency, mixed, overflow and functional). People with poor bladder emptying most commonly experience overflow incontinence.

Overflow incontinence is characterised by a involuntary loss of urine.

Type of urinary incontinence	Common symptoms	Common causes
Stress	Involuntary loss of urine during activities such as coughing, sneezing, laughing or lifting.	Pregnancy, childbirth, menopause, pelvic radiation or surgical trauma.
Urgency	A sudden need to urinate, occasionally with large volume involuntary urine loss; preceded by urgency. Can also exist without incontinence.	Pregnancy, childbirth, menopause, pelvic trauma, and neurological diseases such as Parkinson's disease and Multiple Sclerosis.
Mixed	Combination of stress incontinence and urgency.	As above.
Overflow	Involuntary loss of urine as a result of inefficient bladder emptying. Symptoms are similar to stress incontinence.	Spinal cord injury, Multiple Sclerosis, Spina Bifida, diabetic neuropathy, urethral obstruction (in men, an enlarged prostate; in women, a vaginal prolapse), trauma, medication, no known physical cause.
Functional	Urine loss not associated with any pathology or problem in the urinary system.	Associated with physical or cognitive impairment such as immobility, Alzheimer's disease or head injury.

Table reference 1

Diagnosing bladder disorders

Diagnosing bladder disorders involves a complete urological evaluation. A physical examination will be performed and your health history will be discussed. You may be asked questions about your fluid intake and urinary output, experience of urine leakage between toilet visits, current medication and past medical problems. Your healthcare professional and a variety of specialists may assist in the diagnosis.

There are several types of examinations and tests used to diagnose different types of bladder conditions including:

- Urinalysis
- Ultrasound
- Cystoscopy
- Urodynamics

Further information about these studies is listed in the glossary.



Management and treatment

The most common strategies used to manage or treat poor bladder emptying are medication and intermittent catheterisation². Fluid management is often helpful in controlling symptoms as well. Behavioural techniques may also be recommended, and in some cases, special exercises or treatments can be given to help strengthen the pelvic floor muscles.

Medication

People with poor bladder emptying often benefit from the use of one or more medication that can assist in establishing a normal flow of urine from the bladder. The type of medication prescribed will be dependent on the cause of poor bladder emptying.

Fluids

We all need to drink enough fluid to promote healthy kidney function. The amount and type of fluids you should drink depends on your unique situation and the type of bladder problems you have. Typically, your fluid intake should be 1500-2000ml per day.

If you are prone to frequent urinary tract infections, your healthcare professional may recommend you increase the amount of fluid you drink. Check with your healthcare professional who will advise you on fluid intake.

Some people believe that cranberry juice helps prevent infection; however, it should not be taken if you are on Warfarin and care should be taken if you are a diabetic. Be sure to discuss this and any special dietary or herbal remedies you are considering with your healthcare professional.

Remember, poor bladder emptying may mean that your bladder does not have the same sensation as a normal healthy bladder. It is important to maintain treatment and management of your bladder to help prevent the risk of urinary tract infections and kidney damage.

Catheters

A catheter is a small hollow tube which is inserted into the bladder to drain urine when the bladder cannot empty on its own; a condition called urinary retention. If the catheter is intended to stay in the bladder for an extended period (hours, days or longer) it is called an indwelling catheter. If the catheter is inserted to drain the bladder, and then removed, it is called an intermittent catheter.

Intermittent catheterisation

Intermittent catheterisation can reduce the risk of kidney damage as well as the risk of urinary tract infections resulting from a bladder that does not empty properly. People who use intermittent catheterisation as a method of emptying their bladder may need to do this up to four to six times each day. This will depend on how much fluid they drink and how efficiently their bladder empties.

Intermittent catheterisation is easy to learn. Supplies can be carried discreetly in a pocket or bag, and the procedure can be done fairly quickly.

You can drain the urine through the catheter and into the toilet, into a disposable bag or a bag attached to the catheter with a closed system. Women can't see their urethra and may learn to do the procedure by touch or by using a mirror.

People of all ages can learn intermittent catheterisation. To learn the procedure, you must learn where the catheter should be inserted and how to use the product. You must also be able to reach your urethra and manipulate the catheter. The procedure can also be performed by a caregiver or family member if you are unable to perform the procedure yourself.

Clean intermittent catheterisation

If you use clean intermittent catheterisation you should wash your hands and genital area before inserting a new single-use catheter. Genital hygiene is important so discuss this with your healthcare professional.

There are many single-use catheters on the market. When you use a single-use catheter, it will remain sterile until it is inserted. Depending on the catheter you use, you may insert the catheter through a protective no-touch sleeve. After using a single-use catheter, it is discarded after each catheterisation.

Other types of catheters

If you are unable to insert and remove an intermittent catheter to drain your bladder, and you don't have a family member or caregiver who performs this procedure for you, you may need to use an indwelling catheter. This type of catheter is held in the bladder by an inflatable balloon.

Indwelling catheters

Potential complications of indwelling catheters:

- Kidney infections
- Urinary tract infections (see page 10)
- Blood infections (septicaemia)
- Urethral injury
- Skin breakdown
- Bladder stones
- Blood in the urine (haematuria)
- Catheter rejection
- Bladder spasms
- Bypassing

Long-term indwelling urinary catheters can remain in place for up to 12 weeks.

A suprapubic catheter is an indwelling catheter that is placed directly into the bladder through the skin above the pubic bone. This catheter must be placed by a urologist or a healthcare professional trained on this procedure. The insertion site (opening on the skin) and the tube must be cleansed daily with soap and water or as advised by your healthcare professional. Suprapubic catheters can remain in place for up to 12 weeks.

With indwelling catheters, a drainage bag or a catheter valve is required. There are two types of drainage bags. One type is a leg bag that attaches by straps to the leg. A leg bag is usually worn during the day since it fits discreetly under trousers or skirts and is easily emptied into the toilet. The other type of drainage bag is larger, and it should be attached to the base of a leg bag to provide a closed system for overnight drainage. Preferably a new, non-drainable night drainage bag should be used each night.

Catheter valves can be used instead of a leg or drainage bag. These need to be attached directly to the catheter. The individual opens the valve into the toilet and drains the urine. The catheter valve allows the bladder to fill with urine and promotes bladder health. The individual needs to open the valve to drain the bladder at least every 3-4 hours or as indicated by the healthcare professional. At night, they might attach a night drainage bag and leave the catheter valve open to allow free drainage.

Choosing your intermittent catheter

Size and design

Catheters come in a variety of sizes, materials and styles. In Europe, catheters are sized on the “Charrière” scale, abbreviated Ch. Charrière is a measure of diameter and 1 Charrière or 1 French is 1/3 of a millimetre. The higher the Charrière the larger the diameter of the catheter. The most common sizes used by adults are 10Ch to 14Ch. Generally, it is best to use the smallest size that you can, however, it may take longer to drain the bladder. Your healthcare professional will prescribe the appropriate size for you.

Intermittent catheters are available in different lengths. Generally, men use longer length catheters, about 40 cm, and women use shorter lengths of 6-20 cm. Children can use lengths between 20-40 cm depending on the child. For men, women and children, the catheter is inserted into the urethra until the eyes of the catheter enter the bladder and urine begins to flow. The exact distance is different for every person.

Intermittent catheters are available with straight (Nelaton) and bent (Tiemann) tips. Most people use a straight tip. The Tiemann, or bent tip, may be needed if you have an obstruction, such as an enlarged prostate or a urethral stricture.

Protective tip

Some sterile catheters have a special protective tip that covers the tip of the catheter. The catheter is advanced into the protective tip, and then the tip is inserted into the urethra. The protective tip prevents the catheter from coming into contact with the bacteria that are in the first 15mm of the urethra. The protective tip protects the catheter from becoming contaminated, and helps to reduce the risk of a urinary tract infection.



Catheter materials

Intermittent catheters are usually made from PVC (polyvinyl chloride) or silicone. PVC is slightly stiff and catheters made from this material are often preferred for their ease of insertion.

Lubrication

Lubrication is used to help the catheter slide easily through your urethra. This makes the procedure more comfortable and also helps prevent damage to the urethra. The most advanced intermittent catheters have lubrication inside the package or may have a special coating that becomes slippery once moistened with water or saline.

Other intermittent catheters require you to use a gel lubricant from a separate package or syringe.

Pre-lubricated catheters

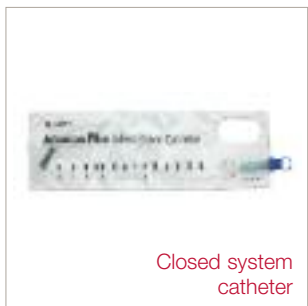
Pre-lubricated catheters feature a built-in reservoir filled with gel that automatically coats the catheter making it ready to use. The advantages of these catheters are improved safety and convenience. Pre-lubricated catheters support the aseptic technique for intermittent catheterisation because there is no need to add separate lubrication. They usually have a no-touch sleeve, meaning you never touch the catheter to insert it. This helps maintain a higher hygiene standard and helps reduce the risk of infection. These catheters are also very convenient to use.



Hydrophilic catheter

Hydrophilic catheters

These types of catheters are coated with material that becomes slippery when water or saline is added, and this is all the lubrication that is needed. The process of activating the coating may take place instantly, or it can require up to 30 seconds. The most convenient hydrophilic catheters come with their own water supply inside the catheter packaging.



Closed system catheter

Closed system catheters

Some intermittent catheters are closed system catheters. This means the urine is drained into an integral collection bag instead of a toilet, so use and disposal are both easy and discreet. The urine collection bag may have a handle for greater convenience and ease of use.

VaPro intermittent catheters

VaPro intermittent catheter

The VaPro intermittent catheter distinguishes itself from all other hydrophilic catheters with its unique activation process – Vaporphilic technology. Sterile water vapour is used to activate the catheter coating. This makes the catheter ready to use without the addition of water.

In addition to this the VaPro intermittent catheter also has the following features:

- Novel technology
- Ready-to-use
- No-touch technique
- Protective tip
- Protective sleeve
- Easy access packaging
- Ultra-smooth catheter eyelets
- Latex-free

The VaPro intermittent catheter is designed to be:

- Spill-free
- Ready-to-use
- Hygienic



Size	Length	Tip	Stock No.	Box Qty
Ch10	20 cm	Nelaton	72102	30
Ch12	20 cm	Nelaton	72122	30
Ch14	20 cm	Nelaton	72142	30
Ch10	40 cm	Nelaton	72104	30
Ch12	40 cm	Nelaton	72124	30
Ch14	40 cm	Nelaton	72144	30

Advance line of intermittent catheters

Advance intermittent catheter

The Advance Intermittent Catheter features a ready-to-use gel reservoir, and a protective tip and sleeve, which help reduce the risk of urinary tract infections. Its ultra-smooth eyelets help provide comfort upon insertion and removal. The Advance intermittent catheter is available in 20 cm and 40 cm lengths.

- Unique gel reservoir
- Protective tip
- No-touch sleeve
- Ultra-smooth catheter eyelets
- Latex-free



Size	Length	Tip	Stock No.	Box Qty
Ch06	20 cm	Nelaton	92062	25
Ch08	20 cm	Nelaton	92082	25
Ch10	20 cm	Nelaton	92102	25
Ch12	20 cm	Nelaton	92122	25
Ch14	20 cm	Nelaton	92142	25
Ch08	40 cm	Nelaton	92084	25
Ch10	40 cm	Nelaton	92104	25
Ch12	40 cm	Nelaton	92124	25
Ch14	40 cm	Nelaton	92144	25
Ch16	40 cm	Nelaton	92164	25
Ch18	40 cm	Nelaton	92184	25

Advance Plus intermittent catheter

Advance Plus Intermittent Catheters feature an integrated collection bag for secure urine collection until you're ready to dispose of it. These pre-lubricated catheters offer the "no-touch" method of insertion that may reduce your risk of developing a urinary tract infection.

- Ready-to-use, pre-lubricated, single-use, closed system
- Latex-free PVC material
- 1500ml integral urine collection bag
- Unique protective tip
- No-touch insertion technique
- Unique gel reservoir
- 2 Ultra-smooth catheter eyelets
- Easy to open packaging



Size	Length	Tip	Stock No.	Box Qty
Ch06	40 cm	Nelaton	94064	25
Ch08	40 cm	Nelaton	94084	25
Ch10	40 cm	Nelaton	94104	25
Ch12	40 cm	Nelaton	94124	25
Ch14	40 cm	Nelaton	94144	25
Ch16	40 cm	Nelaton	94164	25
Ch18	40 cm	Nelaton	94184	25
Ch12	40 cm	Tiemann	95124	25
Ch14	40 cm	Tiemann	95144	25
Ch16	40 cm	Tiemann	95164	25

Frequently asked questions if undertaking intermittent self-catheterisation

Q What features should a catheter have?

A Desirable features would include the following: Catheter material that is biocompatible (does not cause allergic reactions), flexible, to accommodate the urethral contours, and durable so that it retains its shape even with temperature variations. It should also provide atraumatic (gentle and comfortable) insertion, be ready to use, easy to handle, and enable a “no-touch” technique to help reduce the risk of infection.

Q When catheterising, what should I do if I am having my period?

A Good hygiene during menstruation is always important. Every time you catheterise yourself, you should wash your genital area with a pH-neutral soap or a non alcoholic wet wipe, and you should change your tampon or sanitary pad often.

Q Can I have sexual intercourse if I use an intermittent catheter?

A Yes!

Q Can I perform catheterisation during pregnancy?

A Please be sure to consult your healthcare professional.

Q What should I do if I cannot pass the catheter into my bladder?

A If you cannot pass the catheter after three or four tries, call your healthcare professional or go to the accident or emergency room. Never force the catheter as you could cause injury to the urethra.

Q Why do I have large amounts of urine when I catheterise at night?

A Please consult your physician regarding this situation.

Q How do I catheterise on a trip?

A In many cases, planes, buses and trains do not have wheelchair accessible bathrooms. You may choose to catheterise under a blanket using a closed system catheter like Advance Plus. Some individuals insert an indwelling catheter for trips and then remove it as soon as possible. When travelling, be sure to carry some of your catheter supplies in your hand luggage. Check with the airline when making travel arrangements.

Q What are the typical signs of infection in the kidneys or bladder?

A You may feel feverish, have lower loin pain or pain in your back. The urine may have an offensive odour and may be cloudy. Blood may be present in the urine. Frequency of urination and pain or burning or stinging sensation on passing urine may be present. You may also feel confused. Please be sure to consult your healthcare professional.

Q How much fluid should I drink?

A It is generally recommended that adults drink approximately two litres of fluid each day. Your needs may be different, so please be sure to check with your healthcare professional. Check your weight as well to determine if you are retaining fluid. Your recommended fluid intake may be based on your weight and other medical history.



Glossary of terms

Bladder

A hollow organ with a muscular wall that has two functions, the storage and emptying of urine.

Bladder Control

The ability to control urination.

Bladder Neck

The muscles where the bladder meets the urethra.

Catheter

A thin hollow tube that is passed into the bladder to drain urine from the bladder.

Catheterisation

A technique for bladder emptying employing a catheter to drain the bladder.

Charrière

A measurement of catheter diameter.
1 Charrière = 1/3 mm.

Clean Intermittent Self-Catheterisation

Individual performs catheterisation on themselves using either a single use or reusable intermittent catheter after washing the genitals and hands.

Continence

The ability to control the timing and passing of urine and bowel movements at a socially accepted time and place.

Cystoscopy

An internal evaluation of the bladder, urethra or prostate that is performed by inserting a small, rigid or flexible instrument that contains a light and magnification lens via the urethra.

External Sphincter Muscle

A round voluntary muscle surrounding the urethra that opens and closes to hold urine in or let it drain out of the bladder.

Health History

A comprehensive look at your medical history including information such as existing diseases, previous health problems, injuries, medication and surgical procedures.

Incontinence

The involuntary loss of bladder or bowel control and the accidental loss of urine or stool.

Infection

A condition resulting from the presence of bacteria.

Indwelling Catheterisation

An indwelling catheter that remains in the bladder for a longer period of time than one-time emptying.

Intermittent Catheterisation

Insertion of a hollow tube into the bladder to drain urine at timed or regular intervals.

Internal Sphincter Muscle

An involuntary muscle located at the bladder opening.

Kidneys

Two bean-shaped organs which lie internally on either side of the spinal cord whose purpose is to filter waste from the blood and to produce urine.

Kidney Infection

An infection that involves the kidneys, also called pyelonephritis.

Large Intestine

Part of the bowels where water is absorbed and faecal matter is formed.

Meatus

The opening of the urethra in both men and women.

Nocturia

Waking at night one or more times to void urine.

Overflow Incontinence

The involuntary loss of urine occurring when the bladder is overfilled (overdistension of the bladder).

Pelvic Floor Muscles

Several muscle groups that surround the urethra and rectum. They support the organs of the pelvis and help to maintain continence.

Poor Bladder Emptying

The bladder does not empty urine completely. This can also be described as a flaccid, floppy, hypocontractile or hypotonic bladder.

Post Void Residual

The volume of urine left in the bladder at the end of micturition (voiding).

Prostate Gland

A small organ in males located below the neck of the bladder encircling the urethra.

Rectum

The lower end of the large intestine, leading to the anus.

Reflux

The backward flow of urine from the bladder back through ureters and sometimes into the kidneys.

Stress Incontinence

The involuntary loss of urine associated with physical stress such as coughing, sneezing, climbing or lifting.

Suprapubic Catheter

A catheter that is inserted through the skin above the pubic bone and into the bladder for continuous drainage of urine.

Ultrasound

A scan which can be used to identify the shape and position of the urinary organs and other abdominal organs.

Underactive Bladder

A bladder with an overly large capacity that overfills. Loss of sensation due to this filling action results in a bladder that does not contract forcefully enough, and small amounts of urine dribble from the urethra.

Ureters

Two hollow tubes that carry urine from the kidneys to the bladder.

Urethra

A muscular tube that carries urine from the bladder to the outside of the body.

Urethral Stricture

Narrowing of the urethra.

Urge Urinary Incontinence

Is the complaint of involuntary leakage accompanied by or preceded by urgency.

Urinalysis

An examination of the contents of urine to determine the presence of infection, to diagnose metabolic disease (e.g. diabetes) and to obtain information about kidney function.

Urinary Incontinence

Any involuntary leakage of urine.

Urinary Tract Infection

An illness caused by the presence of bacteria in the urinary tract.

Urinate

To pass urine through the urethra outside of the body, also called voiding.

Urine

Liquid waste filtered from the blood by the kidneys.

Urodynamics

Artificial bladder filling via a catheter to determine bladder volume, residual urine, bladder and abdominal pressures.

Vagina

Opening of the lower part of the female reproductive system that lies behind the urethra. It is a muscular tube.

Voiding

The passage of urine from the urethra.



As part of our ongoing commitment to improving patient care, Hollister have teamed up with Fittleworth to bring you an even faster, more convenient, dedicated home delivery service. Fittleworth have an enviable reputation, with over 20 years experience in supplying continence goods throughout the UK. With our 12 regional care centres throughout the UK and Scotland, Fittleworth is able to offer all its customers a reliable, first class service.

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