

Clean Intermittent Catheterisation for Girls

The normal urinary system

The kidneys remove waste material from the blood forming urine, which carries the waste out of the body. The urine flows through tubes called ureters that stretch from each kidney to the bladder.

The bladder is, in effect, a storage sac. As it fills with urine, it will expand like a balloon. When it is full and the bladder wall is stretched, the person then usually feels a need to pass urine. Tightening the bladder muscle pushing the urine out another tube at the bottom of the bladder called the urethra starts this. The urethra leads to the outside of the body.

There is a muscle that encircles the urethra and by tightening and closing, it can open the urethra. This muscle is known as a sphincter. The sphincter controls the flow of urine through the urethra and thus is responsible for retaining urine in the bladder so that the person will not unintentionally leak urine from the bladder.

The muscles of the bladder and the sphincter are controlled by a complex arrangement of nerves from the spinal cord. These allow both a voluntary and automatic control of the bladder.

The neurogenic bladder

If the nerve connections to the bladder are damaged or interrupted, the bladder is unable to hold, store and empty the urine. The normal control of the bladder and the sphincter is lost or impaired. The inability of the bladder to empty properly may lead to a urinary tract infection (UTI). The loss of control of the sphincter leads to leaking of urine, which is known as incontinence.

The gold standard of managing a neurogenic bladder is Clean Intermittent Catheterisation (C.I.C.). A catheter (hollow plastic tube) is passed through the urethra at regular intervals, so that the urine is drained and the bladder emptied.

Signs and symptoms of urinary tract infection

- High fever that has no other obvious cause such as throat or ear infection
- Pain or burning when passing urine
- Blood in the urine



- Increased wetness between catheters
- Unusual smell to the urine

If you suspect a UTI, contact your general practitioner (GP) or nearest Emergency Department (if after hours) so that a urine specimen can be collected and advice on treatment can be provided.

What you need for C.I.C.

1. Nelaton Catheter
2. Urine container or toilet
3. Water soluble lubricant - never use Vaseline
4. Moist wipes
5. Access to a hand basin (soap and water)
6. Alcohol hand gel

How to catheterise

1. Access equipment required: catheter, lubricant gel, wipes and hand gel.
2. Wash your hands thoroughly with soap and water on entering the bathroom.
3. Sit over the toilet
4. If soiling has occurred, wash the area thoroughly using soap and water, otherwise using a moist wipe clean the perineum front to back. With another moist wipe separate the labia and clean from front to back. Discard.
5. Apply alcohol hand gel or re wash hands with soap and water if visibly soiled.
6. Prepare catheter with lubricant for about 2-3 cm.
7. Holding the labia apart with one hand insert the catheter into the urethra with the dominant hand.
8. Hold the catheter in position whilst urine flows.
9. Slowly start to remove the catheter. If urine starts to flow again, stop and wait until the flow stops. Continue this slow removal until all the urine is drained from the bladder.
10. Discard catheter and wipes into bin
11. Wash hands with soap and water.

Who should do the catheterisations

When C.I.C. is started on a younger child, then the usual carer (i.e. the parent) is required to perform the catheters. As the child grows older, then she must learn how to do the catheterisation and take the responsibility for her own regular toileting program. So be sure to include the child in the procedure and take every opportunity to teach her what is going on. Some children can, under supervision, catheterise themselves by school age.

Teaching C.I.C to your child

- Teach her how to wash her hands thoroughly
- Start sitting her on the toilet to catheterise as early as possible
- Allow her to hold the catheter once it is inserted then to withdraw it in the correct manner

- Teach her how to wash herself prior to catheterisation
- Begin to teach her how to insert the catheter once she has obtained the necessary level of hygiene
- Educate her that toileting is a private activity

Managing C.I.C. at school

Some children are able to independently catheterise themselves when starting at school and the teachers' assistants can provide support and supervision around this. Generally your continence nurse or paediatrician will be asked to outline an appropriate school continence plan in consultation with the child and family to support this process

It is important that the child's academic and social activities have minimal interruption. Consequently the following suggestions are made:

- Keep a supply of all necessary equipment (catheters, lubricant, wipes), in a safe, secure place at school.
- Keep a change of clothing at school in case of accidents.
- Request your child's continence nurse provides a written continence plan to the school each year to support your child and provide clarity to the school around supervision and responsibilities. Start a communications book between the school and home to allow information to be shared. This also maintains your child's privacy.

The ultimate aim

The goal of the toileting program is to enable each child to be totally independent and able to adjust to her environment with confidence. This will allow her freedom to function in the community and allow her to be accepted by her peers as an independent person.



Government of **Western Australia**
Child and Adolescent Health Service

This document can be made available in alternative formats on request for a person with a disability.

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Contact a qualified healthcare professional for any medical advice needed.

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