

Patient Instructions

Urinary Catheterization Instructions

The basic information presented here was developed by clinicians. It may differ to some extent from your particular situation. This information is intended to be used only in conjunction with professional guidance from healthcare providers.

1. Wash your hands with soap and water before using the catheter. It is not necessary to wear gloves if you perform catheterization on yourself. This is a “clean” procedure, not a “sterile” one.
2. Urinate and empty as much as possible first, if you can.
3. Wipe the urethral opening with a Betadine swab or a cotton ball soaked in water and soap.
4. Apply a generous amount of water-soluble lubricant (K-Y jelly or Surgilube) to the catheter before inserting. Do not use mineral oil or petroleum lubricant.
5. Insert the catheter into the urethral opening of the penis while holding the penis outward with the other hand. Stop once urine starts flowing from the catheter.
6. For women, insert the catheter into the urethral opening at the top of the vagina, just below the clitoris. It may be useful to carry and use a small mirror to help locate this urethral opening until you become familiar with the procedure. Some women can eventually do this very easily by “feel”.
7. Leave the catheter in your bladder long enough for it to stop draining completely. Gradually pull catheter back. Usually, small additional amounts of urine will drain as the catheter is withdrawn.
8. Wash the catheter with soap and warm water after each use. Run water through the catheter. Place on paper towel to air dry. Make sure it has dried completely before using it again. If necessary, obtain more than 1 catheter from the pharmacy, so that you will always have a clean, dry one available for use. Alternating catheters is a good idea. Carry your catheter(s) in a clean dry container or zip-lock bag.
9. Once a week, you may want to soak the catheter in a dilute solution of 1 part vinegar to 3 parts water to prevent urine crystals from forming inside the catheter.
10. A catheter can be used for a month or longer before it needs to be replaced. If it becomes stiff or brittle or discolored, replace it right away.
11. If you cannot properly wash your catheter and your bladder is distended, it is probably safe to catheterize with an unwashed catheter. You are more likely to get an infection from an undrained full bladder than an unwashed catheter.
12. Catheterize yourself 4 times per day (or as directed by Dr. Yew’s staff) - especially just before bedtime and first thing in the morning. If you catheterize less often, you are more likely to get bladder infections, since excess urine will be sitting in your bladder for long periods of time.
13. People who catheterize themselves usually get low levels of bacteria in their urine. This is not usually harmful. The urine is “colonized” with bacteria, but not truly “infected.” If you are found to have bacteria in your urine at some point, it is not usually necessary to take antibiotics. Treatment with

antibiotics may be needed only if the bacteria are causing you a problem - like fevers, blood in the urine, pain/urgency in the bladder, or frequent urination in-between catheterizations. If you develop these symptoms, contact Dr. Yew's staff for advice.

14. You may be asked to periodically keep track (voiding diary) of your urination volume and your catheterized "post-void residual" urine volume. Dr. Yew's nurse will give you instructions and a form to use.
15. Call your Dr. Yew's office if you experience any of the following:
 - Fevers or Chills
 - Nausea
 - Pain in the back or lower abdomen
 - Cloudy Urine
 - Bad odor to urine
 - Blood in urine
 - Pain or burning or bleeding while inserting the catheter
 - Unusual "Bladder Pain", urinary urgency, urinary frequency
 - Inability to keep urine volume below recommended amounts
 - Inability to urinate or catheterize.
 - Abdominal Distention or Swelling
 - Absence or very decreased total urine volume (from urinating and catheterizing) for 6 hours.
 - Spinal Cord Injury Patients only: call immediately if you have any severe pounding headaches or palpitations which may indicate "autonomic dysreflexia". Try to catheterize your bladder immediately to relieve distension.
16. Please call us if you have any questions not answered by this handout.