

Consultation Considerations and Guidance for Intermittent Catheterisation¹

Intermittent catheterisation (IC) is considered the gold standard treatment for those who cannot empty their bladder.²⁻⁴ This document aims to provide healthcare professionals with practical guidance and considerations for IC.

Training and patient considerations



Considerations

- Some patients may benefit from having a carer, support person, or a translator present
- Any cultural or religious requirements that may affect how they are trained or perform IC
- Try to ensure sufficient time for patients with more complicated needs or requirements

Assessments

- Patient's ability to perform IC by asking them to do a paper and pencil test (assess their ability to hold a pencil and confidently draw a straight line)
- Any anxiety, fears, or history of sexual abuse; consider a referral to counselling or a psychologist if needed



- Teach the IC technique
- Provide an overview of the common complications and what to do if they occur
- Explain the diverse range of catheter-related choices
- Information about fluid intake, its importance, and how it affects the IC schedule and review of a catheterisation diary
- Travelling with IC (you can check what mode/s of transport are relevant to this patient)
- Sexuality and intimacy concerns



- Provide information in multiple forms (written materials, verbal explanations, images, models, video)
- Provide take-home educational materials
- Have the patient teach back to you what they have just learned

Before training

During training

After training

Catheter variety

There are many different considerations when choosing a catheter.



Catheter design



Catheter tips



Catheter materials

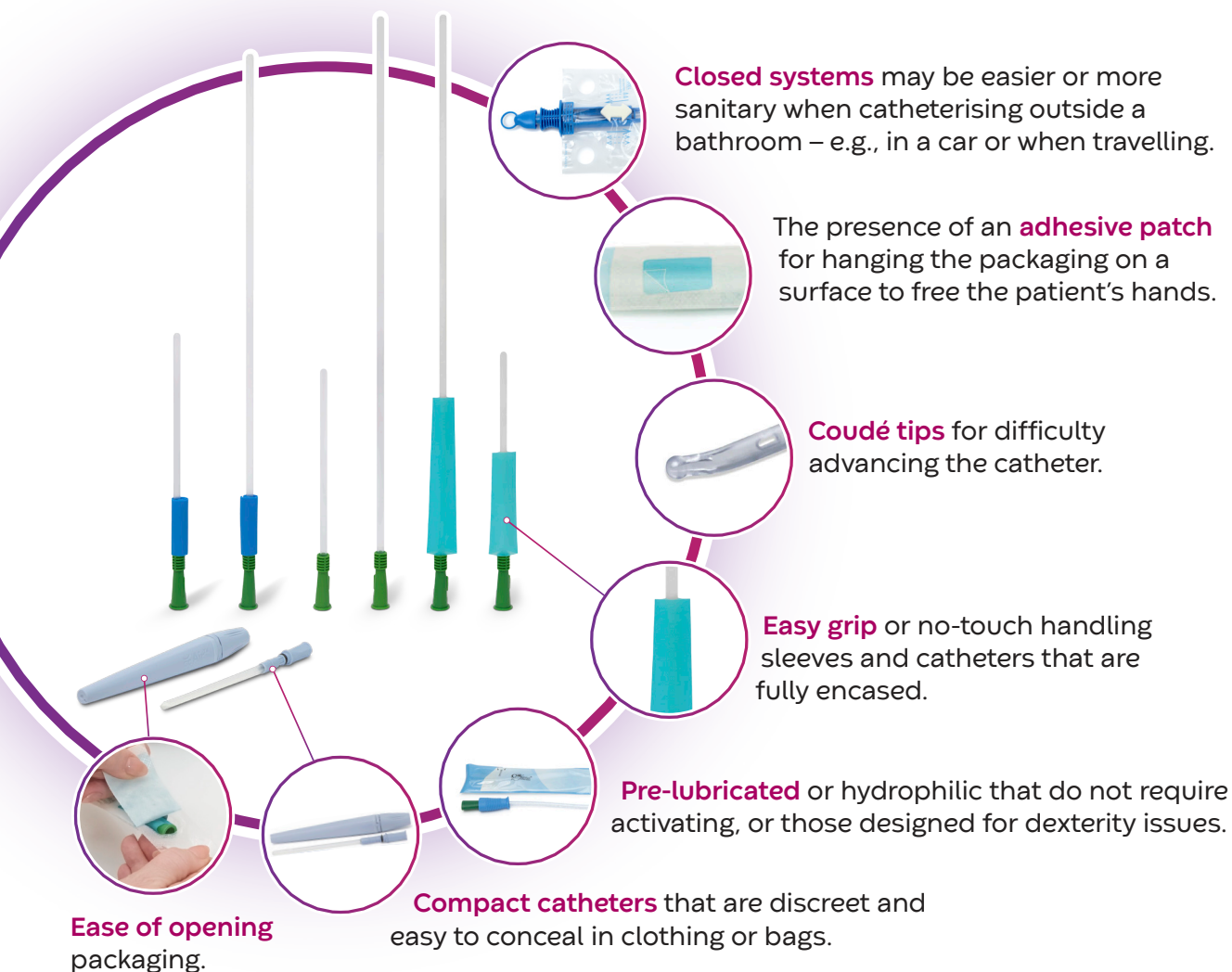


Catheter lubrication



Catheter design

There are different features to consider when selecting a catheter.



Catheter tips



Coudé are designed for men. The tip is curved instead of straight. A good choice if advancing the catheter proves tricky.



Olive can improve comfort and ease of insertion in individuals with narrow urethras. In women, they can help with locating the meatus.



Introducer tips are designed to avoid catheter contact with the entrance to the urethra.



Catheter material

Red rubber

These are **inexpensive soft catheters** which may make it harder for patients to handle. They **contain latex** and therefore, it should be avoided for patients with allergies.

PVC

These affordable catheters are **rigid and effective** for patients dealing with **challenging urethras and strictures**. However, they **may induce discomfort** in some patients due to their stiffness.

Silicone

Silicone serves as a **hypoallergenic, latex-free substitute** for rubber, offering thin walls for a spacious lumen and enhanced flexibility. However, **some patients might encounter difficulty advancing the catheter** due to its softness.

POBE / polyurethane

A **softer** option that has a **lower environmental impact than PVC**.

Catheter care information

Catheters should be stored in a clean, dry temperature-controlled environment.

Patients should have a few catheters available when they leave the house, but not store them in cars or other places where they may be subject to fluctuating temperatures.



Catheter lubrication

Uncoated

These catheters require the patient to apply a **lubricant for urethral protection and comfort**. They are available in various stiffness levels, typically made of rubber, PVC, or silicone materials.

Patients have control over the amount of lubricant applied. Inadequate application can increase the risk of discomfort, pain, and urethral complications. Uncoated catheters are the least expensive option and can be reused if appropriate hygiene practices are followed.

Hydrophilic (integrated)

These catheters feature a **hydrophilic core material, eliminating the need for an additional protective coating**.

The absence of a PVP coating reduces the risk of sticking, commonly found in most coated hydrophilic catheters.

Hydrophilic (coated)

These catheters are typically coated with a chemical called PVP. To activate the coating, you use saline or water, which makes the surface smooth for insertion.

The slippery surface may be challenging to handle, and there's a risk of fluid splashing upon opening. Additionally, as water evaporates over time, the PVP coating can become sticky, potentially causing discomfort during withdrawal.

Pre-lubricated or gel-coated

These catheters come with lubrication already applied, usually in a reservoir that the catheter passes through.

This built-in lubrication can reduce the risk of bacterial contamination. However, they may be challenging for patients with limited hand dexterity to handle effectively.



Advice for travelling

When travelling prepare by gathering extra supplies and clothing.

- For extended stays, patients should locate a local supplier and keep a list of supplies on hand
- Patients can check for toilet-access services such as keys, apps, or cards giving access to staff or accessible toilets

Positioning & Adaptive equipment

Spend time speaking with the patient about different positioning and adaptive equipment that may help with catheterising.

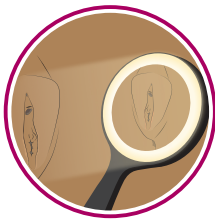
Positioning

Consider what position(s) are most comfortable for the patient.

- For wheelchair patients, catheterisation can be done in their chair. Catheter extension tubing may help to reach the toilet
- Consider longer length catheters to help women in wheelchairs reach the toilet
- Some patients may prefer to lie down or to be in the lithotomy position with a leg spreader or someone to assist

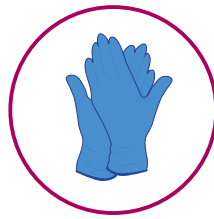
Adaptive equipment

Simulate the patients at home set-up as much as possible.



Lighting

Discuss lighting. Overhead lighting can be dim or create shadows making it harder to see.



Adaptive devices

Provide other assistive devices such as weight gloves or catheter holders.



Space adaptive equipment

Consider the adaptive equipment used to assist the patient in IC.

Follow-up

For conditions that have evolving IC needs, consider scheduling a routine follow-up for evaluation of the chosen device, technique and ease of use.

- Provide parameters (target volumes) for catheterisation — the volume of fluid taken in should equal the volume out
- Catheterising more frequently may be advised if the volume in each catheterisation is greater than 400–500 mL, or if they experience leaking, bladder spasms, bladder pain, or discomfort between catheterisations
- Advise the patient to set reminder alarms to help to catheterise on a schedule
- Consider variables that can affect how often a patient should catheterise, such as: treatments for overactive bladder (e.g., Botulinum toxin treatments); whether the patient can spontaneously void (i.e., urinate freely); even some medications (e.g., which can cause dry mouth and lead the patient to drink more)
- Provide skin care advice, such as use of moisturisers or topical oestrogen (for female patients), for sore or sensitive skin

Contact your local Medical Sales Specialist or our me+ Continence Care Support Team for more information:

Australia: Call 1800 335 276 or email connection.au@convatec.com

New Zealand: Call 0800 225 4309 or email connection.nz@convatec.com

ALWAYS FOLLOW DIRECTIONS FOR USE

REFERENCES: 1. Newman, D.K. (2021). Intermittent self-catheterization patient education checklist. Urologic Nursing, 41(2), 97-109. <https://doi.org/10.7257/1053-816X.2021.41.2.97>. 2. Neumeier V, et al. Indwelling catheter vs intermittent catheterization: is there a difference in UTI susceptibility? BMC Infectious Diseases. 2023;23(507):1-10. 3. Neumeier V, Stangl FP, Borer J, et al. Indwelling catheter vs intermittent catheterization: is there a difference in UTI susceptibility? BMC Infectious Diseases. 2023;23(1):507. [doi:10.1186/s12879-023-08475-7](https://doi.org/10.1186/s12879-023-08475-7). 4. Lauridsen S, Cobussen-Boekhorst H, Eikenboom J, et al. European Association of Urology Nurses Evidence-Based Guidelines for Best Practice in Urological Health Care Catheterisation Urethral Intermittent in Adults Dilatation, Urethral Intermittent in Adults Evidence-Based Guidelines for Best Practice in Urological Health Care Catheterisation Urethral Intermittent in Adults Dilatation, Urethral Intermittent in Adults. 2013. 4. Ginsberg DA, Boone TB, Cameron AP, et al. The AUA/SUFU Guideline on Adult Neurogenic Lower Urinary Tract Dysfunction: Treatment and Follow-up. The Journal of Urology. Published online November 2021. [doi:10.1097/JU.0000000000002239](https://doi.org/10.1097/JU.0000000000002239). © 2025 Convatec. "me+" indicate trademarks of the Convatec group of companies. Convatec me+ is a trademark of Convatec Ltd. AP-70152-AUS-ENG-v1(v1.0) June 2025



Guiding the way to confident living with intermittent catheterisation