



CARING FOR YOUR CATHETER AT HOME

Why this information is important

After surgery (radical prostatectomy) for prostate cancer you will have a urinary catheter for about 1 to 3 weeks. You will probably go home with the catheter still in place.

This leaflet contains information on caring for your catheter at home. It includes tips on where to get further advice and support if needed. Information is based on men's experiences of having a catheter after prostate surgery and what men they needed to know.

The leaflet may be useful to have when you go into hospital. There is space at the end of the leaflet to write down essential contact information when you go home with your catheter - for example, where to get help or supplies. It is easiest if you find these things out before your surgery. Looking after your catheter and keeping your bladder healthy is easier if you are prepared with the correct information. Do not feel that you must manage alone when you are at home – call someone if you need help or advice. Healthcare professionals are used to helping people at home with their catheters.

For further information visit www.prostatecontinence.org

Keeping clean

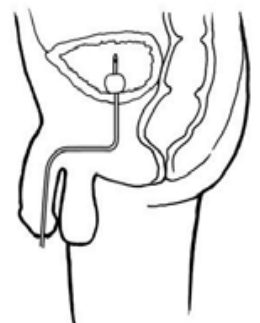
Normal hand-washing and hygiene becomes even more important when you have a catheter.

Wash your hands with soap and water **BEFORE** you touch your catheter or collection bag. This helps avoid the catheter becoming infected by germs you may have on your hands from normal everyday activities.

You should also wash your hands **AFTER** you touch your catheter or collection bag, in the same way as you would after you go to the bathroom normally.

You can shower or bathe normally unless you have been instructed not to do so. The collection bag can be emptied before bathing and left in place, with the valve closed.

Wash the area where the catheter exits the tip of the tip of your penis every day with water and unperfumed soap. Dry with clean paper tissues.



Will my catheter need to be changed?

Most men will not have their catheter changed after prostate surgery, because normally it is only in place for a week or two at the most before being removed.

Moving around

Get active again as soon as you can after surgery. This speeds recovery and also helps you feel better and return to normal. Moving around with a catheter can feel uncomfortable at first, but this will lessen with time.

WHEN SHOULD I SEEK HELP?

Wearing close-fitting underwear so that the catheter is held in place against your body can help to prevent the catheter getting pulled. Use a strap or tape to secure the catheter and the collecting bag tube against your thigh to prevent them tugging.

When getting out of bed it may help if you lie on your side facing the edge of the bed first, and bend your knees up towards your chest. Then you can bring yourself up into a sitting position, allowing your legs to swing over the side of the bed.

In the early days after your surgery, stand up or sit down slowly and avoid sudden movements. This will reduce pain and discomfort. Sitting on firm surfaces can be uncomfortable because of pressure on the catheter inside your urethra. Try to sit on a soft cushion.

Take care that the catheter does not get caught on anything and is not pulled when you move around as this can cause pain.

You will quickly learn the most comfortable way to do place the tubing so it is slack enough to allow normal movement without tugging, but secure enough to prevent it getting caught on clothing or furniture.

Ask your healthcare professional about catheter support straps that will help keep the catheter comfortably in place.

What can happen with a catheter that I should NOT worry about?

Having a catheter is a new experience for most men, and it is natural to worry about anything that seems “wrong”. But some things can happen with catheters that are not necessarily serious.

Small leakage of urine occurs around the catheter where it exits your penis. Although inconvenient, this is not usually something to worry about. In fact, it is a sign that the urine cannot leak internally because the new join between your urethra and your bladder is healing. It may help to wear an absorbent incontinence pad, and to use absorbent pads to protect furniture.

Small amounts of mucous are seen where the catheter exits your penis. Keep the area clean by daily washing. Wear close-fitting underwear to help prevent the catheter from moving about and irritating the penis.

Bladder spasms occur because your bladder is not used to having a catheter inside. It may feel like your bladder is full and you have a strong and painful urge to urinate. These spasms usually pass quite quickly and become less with time as your bladder becomes accustomed to the catheter.

Small blood clots in the drainage tube or collecting bag are common. Drinking plenty - 1.5 litres or 4-5 glasses of water or other non-caffeinated and non-alcoholic drinks – can help to clear small clots from the bladder.

Sometimes things go wrong with catheters. These are usually not serious, but putting them right may require the expertise of a healthcare professional. Call your doctor or nurse if any of the following happen.

No urine in your collection bag

Often this is caused by a kink in the catheter or tubing. Try moving around and repositioning the tubing. If this does not help, contact your healthcare professional. Sometimes the flow of urine can be stopped by a small blockage in the catheter. Usually this is easily cleared by a health care professional, who can “wash out” the catheter.

Heavy or persistent urine leakage

If leakage of urine from around the catheter is heavy or persistent, it may be because the catheter or tubing is blocked and urine cannot flow through the catheter. As above, reposition yourself and the tubing and see whether this solves the problem. If not, contact your healthcare professional.

Bleeding

A small amount of blood in the collection bag or around the catheter where it exits your penis in the days after your surgery is not something to worry about. But you should contact your healthcare professional if you notice significant or increasing amounts of blood.

Continuing or worsening spasms

Some painful bladder spasms are to be expected when you first have a catheter. If they continue or get worse, you should ask for help. You may be prescribed medication to settle your bladder.

Cloudy, dark or smelly urine

If your urine becomes cloudy, very dark in color, or has a foul odor, contact your healthcare professional. You may have a urine infection. Drink 1.5 liters or 4-5 glasses of water each day to help reduce the risk of infection. If you are drinking enough, your urine should be a pale, straw color.

Kidney infection

If you notice dull ache or acute pain in your lower back on one or both sides, or if you develop a fever you may have a kidney infection. You should contact your doctor or nurse.

Your catheter falls out

It is very unusual for a catheter to fall out, but it can happen if the balloon holding it in place bursts. If this happens, contact your doctor or nurse. Depending on how long it has been since your surgery, they may need to insert a new catheter.

CATHETER REMOVAL

What happens when the catheter is removed?

Your catheter will be removed by a healthcare professional when they have decided that your urethra and bladder have healed.

Many men worry that removal will be painful, but most find it is only a little uncomfortable or not uncomfortable at all. Once the balloon that keeps the catheter inside your bladder is deflated, the catheter should slip out quite easily.

“You cough and the catheter’s out, you don’t even feel it”

A typical experience of a man describing his experience of catheter removal

Bladder control after catheter removal

After your catheter is removed you may find you leak urine with little or no control – this is called urinary incontinence.

Make sure you take some absorbent pads to the catheter removal appointment. It may be advisable to have a pad to protect the car seat as well for travelling home.

Usually, urinary incontinence stops within a few days to weeks after catheter removal. However, it can persist and you may also experience other bladder control problems:

Stress incontinence – you may leak urine with activity such as standing up, coughing, laughing or lifting. This is the most common type of bladder problem after prostate surgery.

Frequency – you may need to go to the bathroom more often than you did before.

Nocturia (waking up at night) – you may be woken several times during the night to go to the bathroom.

Urgency – you may feel the urge to urinate very suddenly and may need to rush to the bathroom.

Urge incontinence – you may feel a strong, sudden urge to which you can’t control and leak before you reach the bathroom.

Reduced bladder sensation – you may find it difficult to tell whether there is urine in your bladder.

Blockages can occur very rarely after prostate surgery. You should tell your healthcare professional if you find it difficult to urinate or if the flow becomes weaker than normal, or stops and starts. You should seek help immediately if you cannot pass urine at all.

Help with managing incontinence and other bladder control problems

Bladder control problems including urinary incontinence can last for a few days in some men, and for months in others. These can usually be treated and you should discuss options with your healthcare professional.

Some men will have long-term incontinence requiring further surgical treatment. It is difficult to tell who will be affected and who will not.

There are many different kinds of products for managing incontinence. Information on products can be found at www.prostatecontinence.org

Your healthcare professional should be able to direct you to specialist health services in your area that can offer help and advice about management of incontinence.

Things to ask about before your surgery, or when you are admitted to hospital

Be prepared. Ask questions and gather useful information before your surgery rather than leaving it until afterwards.

Ask questions about how to take care of yourself and your catheter when you go home, how you will get supplies that you may need, and who to contact if you need further help or advice.

If you have a partner it is a good idea to do this together: many partners do not feel confident about helping with a catheter without good information and support. If you live alone, you should ask about arranging for someone to visit.



HERE IS A CHECKLIST OF THINGS TO FIND OUT

With space to write down contact details and other useful information

- Q. When I go home, will a community nurse or home care nurse visit me to check that my catheter is OK? What is their contact number?
- Q. When I am at home, who will supply more urine collection bags or other supplies that I may need? What is their contact number?
- Q. Who can I contact for advice about managing my catheter? What is their contact number?
- Q. When will my catheter be removed, and who should I call if I don't receive an appointment?
- Q. Who can I contact if I think there is something wrong with my catheter? What is their contact number?
- Q. What is the contact number for the unit where you are having your surgery?
- Q. Who can I contact for help or advice out of office hours? What is their contact number?
- Q. When or why should I go to see my GP?
- Q. Before I go home, will I be given the supplies I will need such as urine collection bags? Who should I ask about this?
- Q. When will my next appointment be to see my urologist?