Intermountain® Healthcare

Clean Intermittent Catheterization for Women After Surgery: *learning the skill and tracking your recovery*

What is Clean Intermittent Catheterization (CIC)?

Clean intermittent catheterization (**CIC**) is a way to empty your bladder. You can do CIC yourself by inserting a small tube (a **catheter**) into your urethra. Doing CIC is sometimes called "self-catheterization" or "self-cathing." Here are some other terms to know:

- **Voiding** means urinating (peeing).
- **Post void residual (PVR)** is the urine that might still remain in your bladder after you urinate (void). When you self-catheterize, you can drain this residual.

Why do I need CIC? Will I always need to do it?

After surgery, it's common to have trouble emptying your bladder. CIC lets you drain your bladder completely. As you recover, your bladder function will improve and you'll probably be able to stop self-cathing.

Keep track of the amount of urine you get from voiding and from self-cathing. Use the **PVR Tracker** on the third page of this handout. As you heal, you can expect that the amount of urine you void will increase, and the amount from self-cathing will decrease.

How often do I need to do CIC?

This depends. You'll urinate as you would normally — whenever you feel the urge — and follow with CIC if you feel you haven't emptied your bladder completely. For most women, this means self-cathing about every 3 or 4 hours.

Hospital staff will give you the supplies and training you need to do CIC at home.

What medications do I need?

During the days when you're self-cathing and recovering from surgery, you may need to take medication. One common medication is an antibiotic to help prevent infection. **Be sure to follow your doctor's advice for taking medication during your recovery.**

How do I do CIC?

A nurse will teach you CIC before you go home from the hospital. You'll have a chance to practice and ask questions. At home, you can refer to the instructions on the next page.

Keep in mind that self-cathing is a skill like any other. As you gain experience, you'll feel less awkward.

CIC steps

If your doctor has asked you to track your post void residuals, **first urinate into a measuring container. Note the amount of urine you voided and write it down on the PVR Tracker chart on the next page.** Then follow these steps for CIC:

1 **Gather the supplies you'll need and put them where you can reach them without losing your balance.** Most (or all) of these supplies will be in the kit you were given before you left the hospital. Here's what you need:
   - Catheter
   - Water-soluble lubricant (such as KY Jelly; do not use Vaseline)
   - Cleaning wipes (baby wipes are fine)
   - Measuring container to collect and measure the urine
   - Storage bag to store equipment in between catheterization times

2 **Wash your hands well with soap and water.** You don't need to wear gloves (though medical staff do). If you want to wear gloves, use non-latex gloves.

3 **Position yourself as comfortably as possible.** You can sit on the toilet with your legs spread apart or stand next to toilet with one leg up on toilet.

4 **Cover two inches of the end of the catheter with the lubricant.** Put the other end of the catheter into the collection container.

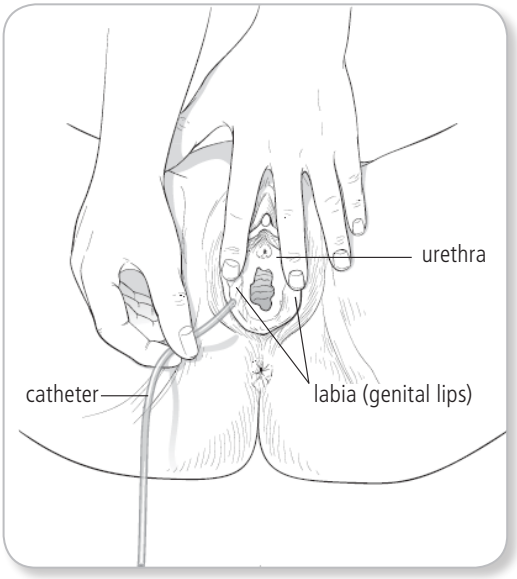
5 **Clean your genitals.** Separate your labia and wipe from front to back with a cleaning wipe.

6 **Hold the labia apart with your non-dominant hand. (**Your non-dominant hand is the one you DON'T write with.)

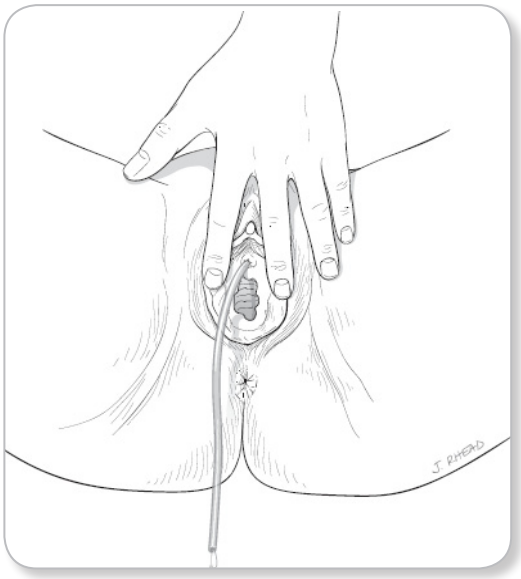
7 **Continuing to hold the labia apart, grasp the catheter with your other hand as you would a pencil.** Your fingers should be about 3 inches from the tip of the catheter.

8 **Slowly slide the lubricated end of the catheter up into your urethra about 3 inches.** Urine should start to flow. Leave the catheter in place until urine flow stops.

9 **When urine stops flowing, slowly start to take the catheter out, twisting it gently as it comes out.** Usually, more urine will flow as you do this. Stop each time more urine flows so that your bladder empties completely.



Steps 6 and 7: getting ready to insert the catheter



Steps 8 and 9: draining the bladder through the catheter

10 **After you take the catheter all the way out, wash and store it.** First wash the catheter with soap and water, then rinse it so that water runs all the way through. Shake the catheter to remove water on the inside. Use a clean towel to dry the outside. Finally, store the catheter in a clean, dry plastic bag.

If your doctor has asked you to measure post void residuals, measure the urine in the collection container and write it down on the PVR Tracker on the next page.

PVR Tracker

Use the chart below to track the amount of urine you get from voiding and from self-cathing (doing CIC). The amount you get from self-cathing is your post void residual, or PVR.

It's common to have trouble emptying your bladder completely after a surgery. However, as you recover you can expect your voiding amounts to increase, and your PVR amounts to decrease. Tracking your PVRs is a good way to gauge this progress and let your doctor know how your bladder is functioning.

Instructions for using the Tracker chart:

- Urinate (void) when you have the urge, collecting the urine in the measuring container. On the chart below, write down the amount of urine you collected in the "Void amount" box. Pour the urine into the toilet.
- If you feel you haven't completely emptied your bladder after voiding, do CIC. Write down the amount of urine you got from self-cathing in the "PVR amount" box on the appropriate line.
- Call your doctor's office 2 or 3 days after discharge to report the PVR amounts on the Tracker chart.

Doctor's phone number:_____

Date	Time	Void amount (from urinating)	PVR amount (from the catheter)

Date	Time	Void amount (from urinating)	PVR amount (from the catheter)

Notes

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