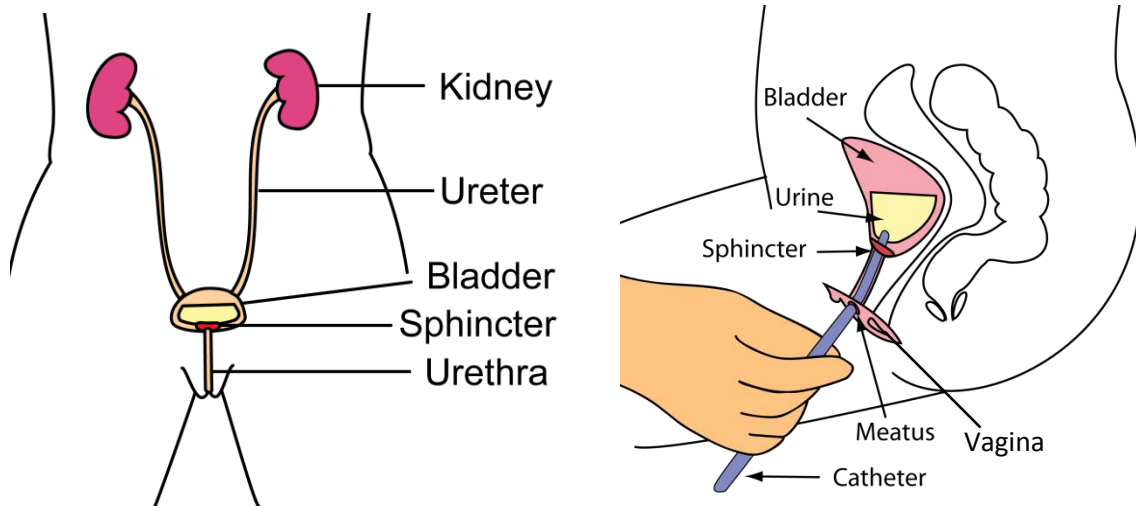


Intermittent Catheterization for Women

After spinal cord injury, you might not be able to control your bladder. Intermittent catheterization (IC) is used to help you empty your bladder by using a catheter. A catheter is a special tube that you insert through into your bladder. This needs to be done 4 to 6 times per day every 3 to 6 hours (intermittent). Since you might not feel the need to pee, you need to use a schedule to remember when to do it.



Doing ICs prevents damage to your kidneys

It is very important to do ICs on a schedule to prevent injury to your kidneys. If you do not have feeling in your bladder, you might not know when it's full. When your bladder gets too full, urine can go back into your kidneys and cause permanent damage.

Doing ICs prevents bladder problems

Making sure you do ICs on a schedule helps prevent bladder accidents (incontinence). If you do not do ICs regularly, you can risk having leaks, wetting yourself or getting a bladder infection. Keeping your skin dry helps prevent skin damage caused by moisture.

Pain or discomfort? After a spinal cord injury, most people do not feel any pain when doing an IC. If you have any discomfort, consider using a numbing gel.

Contact your Doctor or Nurse for more information.

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Intermittent Catheterization for Women

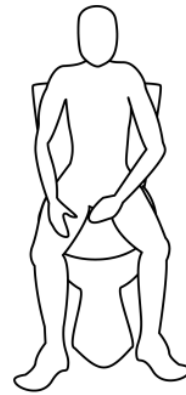
Supplies

- Catheter
- Water-soluble lubricant
- 4" x 4" gauze or paper towel
- Disposable wet wipes or a soapy wash cloth
- Disinfectant spray
- Urine collection container and storage bag

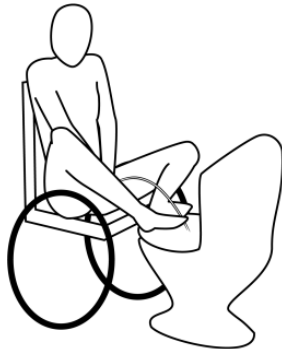
How to Position Yourself



Sit with your foot lifted onto your cushion.



Sit on the toilet or commode.



Use a longer (male) catheter.
Put your feet on toilet seat.



Sit in bed with your knees bent
and pointing out.

Do an IC every 3 to 6 hours. How often you do an IC depends on how much you are drinking and your urine volumes. Most people do ICs about 4 or 5 times per day. Talk with your doctor about how often you should be emptying your bladder.

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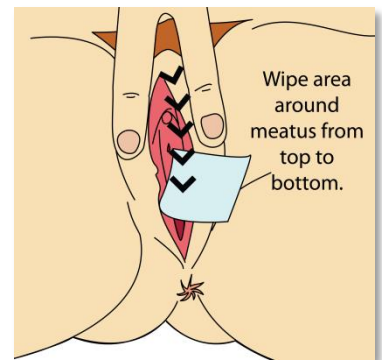
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Intermittent Catheterization for Women

Procedure

1. Avoid Infection! Wash your hands with soap and water.
2. Get into position. If you need to use your wheelchair after washing your hands, wipe your hands with a soapy wash cloth or a wet wipe.
3. Open the wet wipes and lubricant. Open the catheter keeping the plastic cover on the bottom.
4. With your fingers separate the folds of skin (labia). Use a mirror to find your meatus (urine hole). If it is too hard to see, you can find it with your finger. Use the other hand to clean the area with a wipe. Always clean from top to bottom with wet wipes. This prevents spreading germs which can lead to an infection.
5. Spread lubricant on the gauze or paper towel. Pick up the clean catheter by its wrapper. Lubricate it with the paper towel.
6. Position the drainage container where it can catch the urine.
7. Use the gauze or towel to gently insert the catheter into your meatus.
8. When you reach your bladder, you might feel a little resistance. Hold gentle pressure until your bladder relaxes. Never force the catheter.
9. You know you're in your bladder when urine starts to flow. Once urine is flowing, insert the catheter only a bit more to make sure it is fully inside your bladder. Don't push it too far since your bladder may not empty completely.
10. Once urine stops pull the catheter out a little to drain the lower parts of your bladder. When your bladder is empty place a fingertip over the opening of the catheter. Remove the catheter slowly and throw it into the garbage.
11. Clean your meatus with a wet wipe and dry using toilet paper.



Avoid Infection! When you do ICs, everything needs to be clean. Do not touch the catheter with your bare hands. Improper ICs is the main cause of bladder infection. Always use a sterile catheter.

Contact your Doctor or Nurse for more information.

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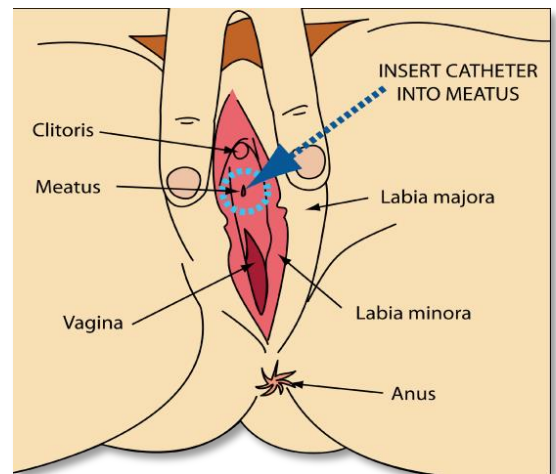
Intermittent Catheterization for Women

When You Finish Your IC

1. After each IC, place your urine container on a flat surface and note how much urine there is.
2. Empty the urine into the toilet. Rinse and wash the urine container after each use. Store it in an extra-large plastic bag (e.g. Ziploc) in a clean place.
3. Wash your hands.

Finding the right hole (meatus)

It can be difficult to find your meatus when first doing an IC. The meatus is located just below your clitoris and above your vagina. A magnified mirror may help you see the area. If you miss your meatus and insert the catheter into the vagina, leave the catheter in as a landmark. Start over with a clean catheter. Insert the clean catheter ABOVE the vagina into the meatus.



Choosing a catheter

There are many different types and sizes of catheters available on the market. Catheters with more features often cost more. Sometimes insurance companies can cover part of the costs. Work with your doctor or urologist to find the right model for you. Different features include:

Size: Catheters come in different sizes. Your doctor can help you find the right size.

Material: Different materials are used including silicon, nylon, etc...

Lubrication: Some catheters come with lubricant already on them.

Tip style: Some catheters have different tip styles to help with insertion.

Built-in Bag: Some catheters have a built-in drainage bag.

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Intermittent Catheterization for Women

Possible Problems

Unable to insert catheter: Never force the catheter. If you cannot do your IC, get medical attention right away. Trouble inserting the catheter could mean you are not using enough lubricant. Try adding more lubricant and inserting it again slowly. If you are having a hard time inserting the catheter past the bladder muscle, hold it in place for a moment. This allows your bladder muscle to relax and open. Taking a deep breath and coughing can help. If you continue to feel resistance, take a break. Try again after a few minutes with a new catheter. Scar tissue can make it difficult to insert the catheter. If you are having trouble inserting the catheter often, speak with your doctor.

Blood in the urine: If there is blood on the catheter or in the urine, you may have an injury in your urethra or bladder. If there is only a little bit of blood, drink lots of water and do the next IC as scheduled. If bleeding continues or there is a lot of blood, get medical attention right away. Remember that some foods (e.g. beets) can cause the urine to be pink or red.

Bladder infection: The most common sign of a bladder infection is pain when peeing. After a spinal cord injury, you might not be able to feel pain. Bladder infections make you feel sick, give you headaches, and can cause increased muscle spasms. Cloudy, bad smelling urine can be a sign of an infection. If you have signs of an infection, get medical attention. To learn more, check out the [Spinal Cord Essentials Bladder Infections](#) [handout](#).

Autonomic dysreflexia (AD): Having a full bladder is a main causes of AD. AD can also be caused by a full bowel or skin issues. If you have a complete spinal cord injury at level T6 or above, you are at risk of having AD. AD is a dangerous rise in blood pressure and is a **medical emergency**. If your blood pressure rises 20-40mmHg and you have symptoms, you have AD. You need to do something right away. If not treated, AD can cause stroke, seizures, and death. To learn more, check out the [Spinal Cord Essentials Autonomic Dysreflexia](#) [handout](#).

If you have symptoms of AD, you should empty your bladder as soon as possible:

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Intermittent Catheterization for Women

- Pounding headache
- Sweating or flushing of the face
- Goose bumps
- Increased muscle spasms
- Metallic taste in your mouth
- Feeling of anxiety
- Nasal congestion
- Blurred vision
- Seeing spots
- Nausea
- Difficulty breathing
- Slow heart rate

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