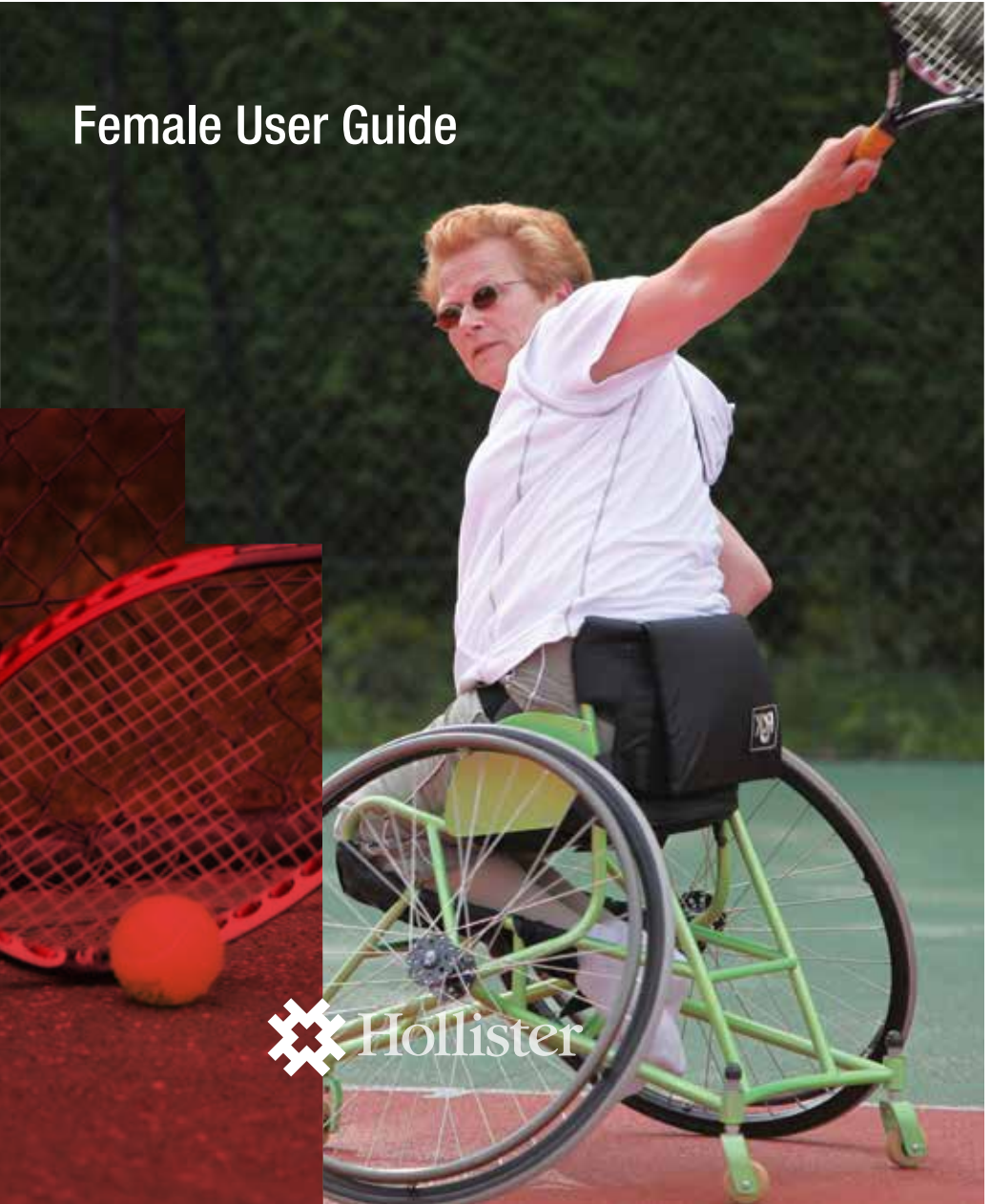


Advance

Touch Free Intermittent Catheters

Female User Guide



 Hollister

People First.

Hollister Continence Care is committed to **people** and to helping empower their lives. It begins with user-driven research and development, coupled with a longstanding tradition of technical advancements and a dedicated global team. Our products and services are testimony – **first** and foremost – to the assurance that quality of life needn't be compromised by managing one's continence.



Ria Bakker

The Netherlands

Ria grew up in a small pastoral village near Gouda, in The Netherlands a medieval city renowned for its iconic creamy yellow cheese. Over the years Ria had lost sensation from her foot, but no medical explanation could be found. Finally a tumour was found wedged between the vertebrae of her spine. Emergency surgery was performed. Nerves were damaged. "And so began my second life" explains Ria. She can feel everything but her feet, which makes walking a difficult challenge, but she does walk, a little. Always athletic, Ria's passion for tennis continues unabated, thanks to her tennis wheelchair. She also uses a recumbent bike so she can continue cycling with her husband, Doede. "Strange things happen when you are disabled," she says. "You lose friends, your boss chooses not to understand, people stare, or pretend not to notice. But with that comes new friendships, a better job, and, well, when people stare, I stare back."

Table of Contents

Contents	Page
The urinary system	3-4
Good hygiene practice to reduce Urinary Tract Infections	5
Hand Washing Guidelines	6
Advance intermittent catheter	7-8
Intermittent catheterisation	9
Some suggested positions for catheterisation	10
Procedure guide	11-12
Frequency / volume chart	13-14
Glossary of terms	15
Useful Information	16
Fittleworth delivery service	16
Notes	17
Care Plan	18

The urinary system

Your urinary system is made up of the kidneys, ureters, bladder, urethra, and the internal and external sphincters.

Kidneys

The kidneys filter certain waste products from the blood and make urine. The kidneys typically produce 30-90ml of urine per hour. Urine is carried from the kidneys through tubes called ureters to the bladder, where it is temporarily stored.

Ureters

The ureters are narrow, hollow tubes that lead from the kidneys to the bladder. Each ureter is about 24-30cm long. The ureters end in the lower portion of the bladder and are attached to the bladder in a way that helps prevent urine from flowing back up towards the kidneys. Muscular contractions in the ureters push urine down from the kidneys to the bladder almost constantly.

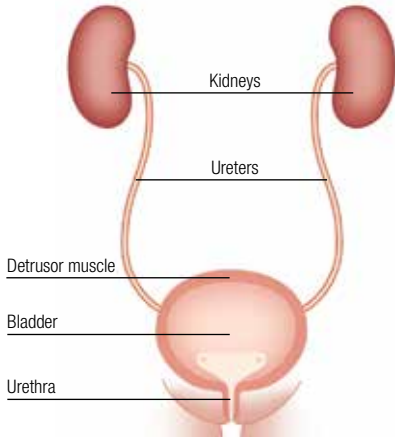
Bladder

The bladder is a hollow organ with a muscular wall and has two primary functions – the storage and emptying of urine. In a relaxed state, the bladder can hold about 500ml of urine before there is a strong urge to urinate. The size and shape of the bladder and the amount of urine stored vary from person to person. Emptying the bladder (also called voiding or urination) involves the coordination of both voluntary and involuntary muscles and an intact nervous system. When the bladder is emptied, urine leaves the body through a tube called the urethra. Voiding occurs when the bladder muscle, also called the detrusor, contracts and the sphincters open. Urine then passes through the urethra and leaves the body.

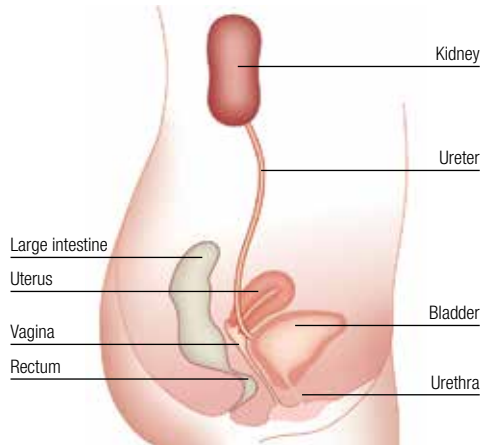
Urethra

The function of the urethra is to drain urine from the bladder, the urethra's inner surface is covered with a mucous membrane. In females, the urethra is about 3–5cm long. It takes a slightly curved path behind the pubic bone and ends at the entrance of the vagina between the clitoris and the vagina. Its immediate proximity to the vagina and the anus, an area where there are a large number of bacteria, makes the female urethra particularly susceptible to infection.

Front view of female urinary system



Side view of female urinary system



Catheter placement



Good Hygiene Practice to reduce Urinary Tract Infection

What is a Urinary Tract Infection (UTI)?

A urinary tract infection occurs when there is an increased amount of bacteria in the urinary tract, which includes the bladder, urethra, ureters, and kidneys. Symptoms may include fever, loin pain, chills, blood in urine, confusion, leakage of urine between catheterisations, cloudy, milky or darkly coloured urine, and urine with a strong odour. Should you experience any of these symptoms, it is possible you have a UTI and you should see your healthcare provider as soon as possible to confirm diagnosis and seek treatment. UTIs are typically treated with antibiotics.

Why are people who perform intermittent self-catheterisation at risk of a UTI?

For people who intermittent self-catheterise, UTIs can be the result of a number of factors:

- Transferring bacteria present on the catheter into the bladder
- Transmitting bacteria from your hands to the catheter
- Pushing bacteria from the opening of the urethra into the bladder

While each individual is different, the risk of a UTI can be minimised with proper hygiene, which includes:

1. Thoroughly washing hands per recommended guidelines
2. Cleansing the meatus with a gentle soap and water or non-alcoholic wet wipe
3. Catheterising in a clean environment
4. Fully emptying the bladder with each catheterisation episode
5. Following clinical instruction regarding frequency of catheterisation

To maintain optimal bladder health, it is important to always follow clinical instruction and contact your healthcare provider immediately should you experience any discomfort, pain, bleeding, or difficulty passing the catheter.

Hand Washing Guidelines



Rub palm to palm.



Right palm over left dorsum and left palm over right dorsum.



Palm to palm fingers interlaced.

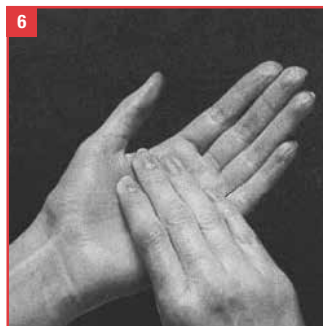
1. Infection Prevention Society Hand Decontamination Guidelines. Infection Control Guidance for General Practice. Jan. 2003. © Infection Prevention Society. Bathgate, England.



Backs of fingers to opposing palms with fingers interlocked.



Rotational rubbing of right thumb clasped in left palm and vice versa.



Rotational rubbing back and forwards with clasped fingers of right hand in left palm and vice versa.¹

Advance

Touch Free Intermittent Catheters

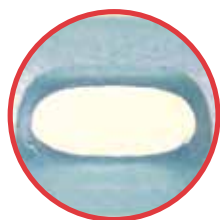
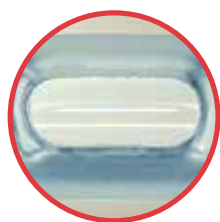
Selecting the Advance intermittent catheter helps bring more safety and convenience.



Hollister **Advance** Intermittent Catheters feature a Touch Free technology, enabling users to catheterise with confidence, without ever having to touch the sterile catheter or to expose it to possible environmental contamination.

A unique Touch Free protective tip helps reduce the risk of carrying bacteria up into the urinary system, and serves as a guide for proper and easy insertion.

Ultra-smooth catheter eyelets, together with a user-regulated patented gel reservoir, help ensure worry-free insertion and withdrawal for enhanced user convenience and comfort. These intermittent catheters are easy to learn and easy to use



Close-up of eyelets produced on other catheters using traditional processes.

Ultra-smooth catheter eyelets

Help to ensure trouble-free insertion and withdrawal, and enhance user comfort.

Protective tip - for safe insertion



In most people, the greatest concentration of bacteria is located within the first 15 mm of the distal urethra. As the Touch Free protective tip is inserted into the urethra, the tip shields the sterile catheter from contact with these bacteria. When forwarded into the urethra, the sterile catheter bypasses the concentration of bacteria, reducing the risk of carrying it further into the urinary tract.

- There are ultra-smooth catheter eyelets which help to ensure trouble-free insertion and withdrawal, and enhance user comfort.
- The user-regulated patented gel reservoir pre-lubricates the catheter for user convenience and protection against possible bacterial contamination, it also stabilises the catheter for easy insertion and withdrawal.
- A smooth flexible Touch Free protective sleeve shields the sterile catheter from environmental contamination before and during insertion.
- A red catheter ring cap helps keep the Touch Free protective tip clean and protected after package is open; finger hole makes it easy to remove and replace, even for users with limited manual dexterity; the red oval shape prevents it from rolling if dropped.

The **Advance** catheter supports user mobility and promotes independence.

Intermittent catheterisation

Intermittent self-catheterisation is a reliable method of emptying the bladder at regular intervals.

During this procedure, a catheter – a thin, hollow tube – is inserted into the bladder in order to drain the urine. This method of bladder drainage is called intermittent because the catheter is inserted and then removed again.

Women of all ages can learn how to use an intermittent catheter. It is important, however, that patients wishing to self-catheterise are physically and mentally able to find the entrance to the urethra and to handle the catheter with confidence. Catheterisation may be carried out by a family member or carer who has been taught by a healthcare professional if the patient is unable to do it herself.

Intermittent self-catheterisation helps increase independence and quality of life for users. It is carried out 4–6 times daily – depending on liquid intake. The necessary devices can be carried discreetly in a pocket or handbag and, with practice, catheterisation can be carried out quickly. Urine can be drained either into the toilet directly or into a closed system catheter bag.

Self-catheterisation should only be carried out under medical advice and only in accordance with the instructions provided. With care and practice you will find that self-catheterisation becomes easy to perform.

The illustrations and descriptions on the following pages show you how to carry out catheterisation using the Advance intermittent catheter.

This booklet is designed as a guide to supplement the information and care given by your healthcare professional. It is not designed to replace it.

Please consult your healthcare professional for complete information on how to keep a catheterisation diary in order to establish your continence patterns.

Some suggested positions for catheterisation



Sitting in a wheelchair



Sitting on the floor against a wall



Using a toilet



Catheterisation Procedure

Advance intermittent catheter - Female



1 Wash hands with mild soap and water.



2 Fully fold back the packaging of Advance intermittent catheter from Hollister by peeling the clear side of the package.



Remove the red cap from the catheter.



3 Hold the gel reservoir, without squeezing, in one hand and with the other hand move the catheter forward until the tip of the catheter fills the protective tip and stabilises it during insertion. Ensure the catheter does not protrude from the protective tip.



Lay the catheter on the inside of the opened package, so the protective tip is on the paper – take care not to contaminate it.



4 Part the labia with two fingers and cleanse around the opening of the urethra/waterpipe as you have been taught by your healthcare professional, with mild soap and water, a non-alcoholic wet wipe or antiseptic and swabs.



5 Direct the funnel end into a proper receptacle or the toilet.



Keep the labia parted. Grasp the catheter by the gel reservoir and insert the protective tip until the base comes into contact with the urethral opening. Try to keep the protective tip in place. Release the labia. The gel reservoir should be held gently until the catheter has passed a few centimeters into the urethra.



Continue to insert the catheter into the urethra, as you have been taught, until the urine starts to flow. For additional lubrication during insertion, squeeze the gel reservoir. Once the flow of urine has stopped, advance the catheter approximately another 2.5 cm to ensure the bladder is completely empty.



Withdraw the catheter slowly to allow any residual urine in the bladder to drain.



The catheter may be disposed in a waste bin. Do not flush it down the toilet.



Wash hands with your usual soap and water.

Frequency / volume chart

Important – please read carefully

It is very important that you fill in the chart on the next page to establish your continence patterns.

It is designed to give an idea of your average fluid intake, urine output and any leakage during the day. This is important to your health care professional.

Each day, record how much you drink (see pictures on the next page for a guide of how many mls) and when you drink it (put the volume in the box provided for that time). If you often drink from the same or similar sized cups, then you need only measure how much it holds once and put that value down every time you drink from it, otherwise use our guide for the amount in mls.

When you go to the toilet, measure the urine you pass using a small jug. Record the volume in mls rather than fluid ounces. Record it in the box next to the nearest hour in the 'out' column.

Each time you leak put a cross in the column marked 'Catheter'.

When you go to bed put a 'B' on the chart next to the right time, so that we can tell how many times you have to get up at night to pass water.

If you are unable to fill the chart in properly every day because of other commitments, please try to fill it in accurately for at least 2 days by measuring and recording the frequency of passing urine and leaking by ticking the correct boxes for the remaining days.

Example of correctly completed section:

Name: *John Smith* Week commencing: 28/07/09
Please use this chart on the previous page

Day 1 Start: 28/07/09				Day 2 Start: 29/07/09				Day 3 Start:			
Time	In	Out	Catheter	Time	In	Out	Catheter	Time	In	Out	Catheter
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Name: _____ **Week commencing:** _____

Please see instructions on the previous page.

Day 1
Date: _____

Day 2
Date: _____

Day 3
Date: _____

Time	In	Out	Catheter	In	Out	Catheter	In	Out	Catheter
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2am									
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12pm									
Total									

Glossary of Terms

Antibiotics

Medication administered to treat infection.

Bladder

A hollow organ with a muscular wall that has two functions: the storage and emptying of urine.

Catheter

A hollow tube inserted through the urethra into the bladder to drain urine.

Distal urethra

The very end of the urethra by the meatus.

Indwelling catheter

A hollow tube that rests in the bladder to continually drain urine from the bladder.

Intermittent catheter

A hollow tube inserted through the urethra into the bladder to drain urine at timed or regular intervals.

Intermittent self-catheterisation (ISC)

The process of performing intermittent catheterisation on oneself.

Involuntary leakage of urine

The involuntary loss of bladder control that is typically the result of a medical condition.

Kidneys

Two bean shaped organs that lie internally on either side of the spinal cord whose purpose is to filter waste from the blood and to produce urine.

Meatus

The opening of the urethra in both men and women.

Touch Free technique

The process of performing intermittent self-catheterisation where the length of the sterile catheter is protected by a sleeve or product packaging and not touched by the user's hands.

PALS

Patient Advisory Liaison Service

Protective sleeve

A sleeve that covers the sterile catheter and allows for intermittent self-catheterisation with a Touch Free technique.

Protective tip

Also called an "introducer tip," a tip on the end of a catheter that helps to protect the sterile catheter from bacteria in the distal urethra.

Rectum

Lower section of the bowel

Sphincter

The opening and closing mechanism at the bottom of the bladder

Ureters

Two tubes that carry urine from the kidneys to the bladder.

Urethra

A muscular tube that carries urine from the bladder to the outside of the body.

Urinary tract

Comprised of the kidneys, ureters, bladder, and urethra.

Urinary tract infection

An illness caused by the presence of bacteria in the urinary tract.

Urine

Liquid waste filtered from the blood by the kidneys.

Vagina

The canal which leads from the base of the womb to the vulva.

Useful Information

Aspire

ANTC, Wood Lane, Stanmore
Middlesex, HA7 4AP
020 8954 5759
www.aspire.org.uk

Association for Spina Bifida and Hydrocephalus

42 Park Road
Peterborough PE1 2UQ
01733 555988
www.asbah.org.uk

The Back-Up Trust

Jessica House, Red Lion Square
191 Wandsworth High Street
SW18 4LS
020 8875 1805
www.backuptrust.org.uk

Bladder & Bowel Foundation

SATRA Innovation Park
Rockingham Road
Kettering, Northants, NN16 9JH
General enquiries: 01536 533255
www.bladderandbowelfoundation.org

Infection Prevention Society

c/o FitwiseManagement Ltd
Drumcross Hal, Bathgate, EH48 4JT
01506 811077
www.ips.uk.net

Mitrofanoff Support

07967004517
www.mitrofanoffsupport.co.uk

Multiple Sclerosis Society

MS National Centre
372 Edgware Road
London NW2 6ND
0808 800 8000
www.mssociety.org.uk

Promocon

Redbank House
St Chad's Street, Cheetham
Manchester M8 8QA
0161 834 2001
www.promocon2001.co.uk

Scottish Spina Bifida Association

The Dan Young Building
6 Craighalbert Way
Cumbernauld G68 0LS
01236 794500
www.ssba.org.uk

Spinal Injuries Association

76 St James' Lane
Muswell Hill, London N10 3DF
0800 980 0501
www.spinal.co.uk

Spinal Injuries Scotland

Festival Business Centre
150 Brand Street, Govan
Glasgow, G51 1DH
0141 427 7686
www.sisonline.org

Our Delivery Partner



As part of our ongoing commitment to improving patient care, Hollister have teamed up with Fittleworth to bring you an even faster, more convenient, dedicated home delivery service. Fittleworth have an enviable reputation, with over 20 years experience in supplying continence goods throughout the UK. With our 12 regional care centres throughout the UK and Scotland, Fittleworth is able to offer all its customers a reliable, first class service.

Freephone orderline: 0800 378 846

Scotland freephone orderline: 0800 783 7148

www.fittleworth.net

Care plan

Personal details & follow up appointments

Date first seen: _____

Patient name: _____

Doctor/Nurse: _____

Telephone: _____

Emergency contact: _____

Product name: _____ Product code: _____

Size: _____ Length: _____

Frequency of catheterisation (per 24 hours): _____

Follow-up with: _____

Follow up appointments

Signatures	Date	Time	Location

Advance

Touch Free Intermittent Catheter System

Stock No	Tip	Size length	Size diameter	Box Qty
92062	Nelaton	(20 cm)	Ch 06	25
92082	Nelaton	(20 cm)	Ch 08	25
92102	Nelaton	(20 cm)	Ch 10	25
92122	Nelaton	(20 cm)	Ch 12	25
92142	Nelaton	(20 cm)	Ch 14	25



Warning: To help reduce the risk of infection and/or other complications, do not reuse.

Information for Use: This intermittent catheter is a flexible tubular device that is inserted through the urethra by male, female, and paediatric patients who need to drain urine from the bladder. Please consult a medical professional before using this product if any of the following conditions are present: severed urethra, unexplained urethral bleeding, pronounced stricture, false passage, urethritis—inflammation of the urethra, prostatitis—inflammation of the prostate gland, epididymitis—inflammation of the epididymis (testicle tube).

This product is designed for single use and should be disposed of appropriately after procedure. Self-catheterisation should only be carried out under medical advice and only in accordance with instructions provided. You should always follow the plan of care and advice given by your healthcare professional. Generally, for urethral intermittent self-catheterisation (ISC), it is typical to catheterise at least 4 times a day between 6-8 hour intervals. If you are unsure about your catheterisation, please contact your regular healthcare professional. If discomfort or any sign of trauma occurs, discontinue use immediately and consult your clinician.

For more information contact us FREE on:

UK 0800 521 377

Ireland 1800 503 400

United Kingdom
Hollister Limited
Rectory Court
42 Broad Street
Wokingham
Berkshire RG40 1AB

For FREE samples contact us FREE on:

UK 0800 521 377

Email samples.uk@hollister.com

Ireland 1800 503 400

Email customerservices.ie@hollister.com

Ireland
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