

Clean intermittent catheterisation for boys

The normal urinary system

The kidneys remove waste material from the blood forming urine, which carries the waste out of the body. The urine flows through tubes called ureters that stretch from each kidney to the bladder.

The bladder is, in effect, a storage sac. As it fills with urine, it will expand like a balloon. When it is full and the bladder wall is stretched, the person then usually feels a need to pass urine. Tightening the bladder muscle pushing the urine out another tube at the bottom of the bladder called the urethra starts this. The urethra leads to the outside of the body.

There is a muscle that encircles the urethra and by tightening and closing, it can open the urethra. This muscle is known as a sphincter. The sphincter controls the flow of urine through the urethra and thus is responsible for retaining urine in the bladder so that the person will not unintentionally leak urine from the bladder.

The muscles of the bladder and the sphincter are controlled by a complex arrangement of nerves from the spinal cord. These allow both a voluntary and automatic control of the bladder.

The neurogenic bladder

If the nerve connections to the bladder are damaged or interrupted, the bladder is unable to hold, store and empty the urine. The normal control of the bladder and the sphincter is lost or impaired. The inability of the bladder to empty properly may lead to a urinary tract infection (UTI). The loss of control of the sphincter leads to leaking of urine, which is known as incontinence.

The gold standard of managing a neurogenic bladder is clean intermittent catheterisation (CIC). A catheter (hollow plastic tube) is passed through the urethra at regular intervals, so that the urine is drained and the bladder emptied.

Signs and symptoms of urinary tract infection

- High fever that has no other obvious cause such as throat or ear infection
- Pain or burning when passing urine
- Blood in the urine
- Increased wetness between catheters
- Unusual smell to the urine



If you suspect a UTI, contact your general practitioner (GP) or nearest emergency department (if after hours) so that a urine specimen can be collected and advice on treatment can be provided.

What you need for CIC

1. Nelaton catheter
2. Urine container or toilet
3. Water soluble lubricant - never use Vaseline
4. Moist wipes
5. Access to a hand basin (soap and water)
6. Alcohol hand gel

How to catheterise

1. Access equipment required: catheter, lubricant gel, wipes and hand gel.
2. Wash your hands thoroughly with soap and water on entering the bathroom.
3. Stand or sit over the toilet.
4. If soiling has occurred, wash the area thoroughly using soap and water, otherwise, wash the end of the penis with a moist wipe. If not circumcised, gently push back the foreskin before washing.
5. Apply alcohol hand gel or re-wash with soap and water if soiled.
6. Prepare the catheter with lubricant for approximately 2 to 3 cm.
7. Hold the penis up and extended, then insert the catheter into the urethra. Apply gentle pressure at the point of resistance until the catheter passes the bladder neck muscle, lower penis as urine begins to flow.
8. Hold the catheter in this position until the urine has stopped flowing.
9. Slowly start to remove the catheter. If urine starts to flow again, stop and wait until the flow stops. Continue this slow removal until all urine is drained from the bladder.
10. Replace the foreskin.
11. Discard catheter and wipes into bin.
12. Wash hands with soap and water.

Who should do the catheterisations

When CIC is started on a younger child, then the usual carer (i.e. the parent) is required to perform the catheters. As the child grows older, then he must learn how to do the catheterisation and take the responsibility for his own regular toileting program. So be sure to include the child in the procedure and take every opportunity to teach him what is going on. Some children can, under supervision, catheterise themselves by school age.

Teaching CIC to your child

- Teach him how to wash his hands thoroughly.
- Start by standing him at, or sitting him on the toilet to catheterise as early as possible.
- Allow him to hold the catheter once it is inserted, then to withdraw it in the correct manner.
- Teach him how to hold the foreskin back using one hand only.

- Teach him how to wash himself prior to catheterisation, while still holding the foreskin back.
- Begin teaching him to insert the catheter when you are sure that he has attained the necessary level of hygiene.
- Educate him that CIC, like toileting, is a private activity.

Managing CIC at school

Some children are able to independently catheterise themselves when starting at school and the teachers' assistants can provide support and supervision around this. Generally your continence nurse or paediatrician will be asked to outline an appropriate school continence plan in consultation with the child and family to support this process

It is important that the child's academic and social activities have minimal interruption. To help minimise disruption:

- Keep a supply of all necessary equipment (catheters, lubricant, wipes), in a safe, secure place at school.
- Keep a change of clothing at school in case of accidents.
- Request your child's continence nurse provides a written continence plan to the school each year to support your child and provide clarity to the school around supervision and responsibilities. Start a communications book between the school and home to allow information to be shared. This also maintains your child's privacy.

The ultimate aim

The goal of the toileting program is to enable each child to be totally independent and able to adjust to his environment with confidence. This will allow him freedom to function in the community and allow him to be accepted by his peers as an independent person.



Government of **Western Australia**
Child and Adolescent Health Service

This document can be made available in alternative formats on request for a person with a disability.

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Produced by Department of Paediatric Rehabilitation

Ref: 209 © CAHS 2017 Revised 2022

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