

# Intermittent Self-Catheterization after Gynecology Surgery

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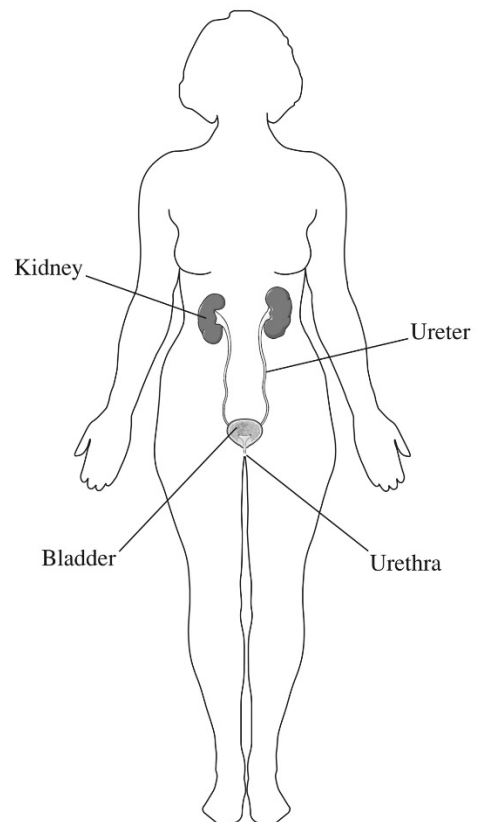
## What is Intermittent Self-Catheterization (ISC)?

Intermittent Self-Catheterization (ISC) is a way to empty your bladder by using a short, straight tube called a catheter. You will insert the catheter into your bladder to allow the urine to drain out. You will empty your bladder on a regular schedule until it is emptying normally.

## What is Post Void Residual (PVR)?

Urine is made in the kidneys and flows down the ureters to the bladder. Urine leaves the bladder, and your body, through the urethra.

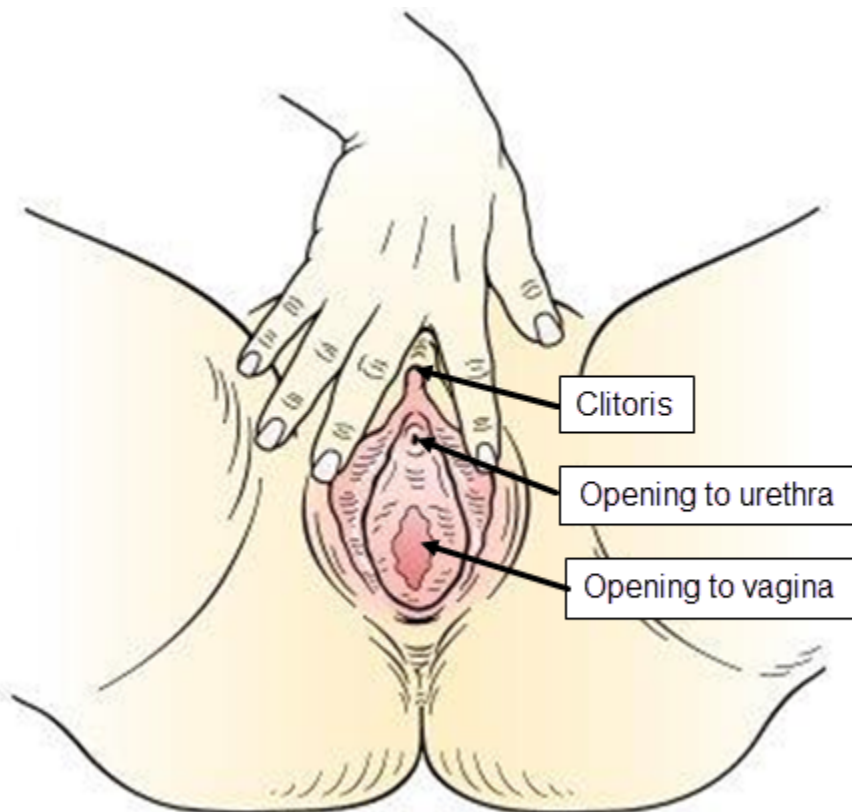
It is normal for some urine to be left in your bladder every time you urinate. This is called the post void residual or PVR. After your surgery, a nurse will measure your PVR by either placing a probe on your lower abdomen to do an ultrasound bladder scan or by placing a catheter through your urethra into your bladder to drain the post void residual. If the PVR is too large, it can cause health problems.



## Why do I need to do ISC?

Sometimes, the bladder muscles cannot work properly after gynecology surgery. The bladder muscles will recover, but this may take from a few hours to a few weeks. Without normal bladder muscle contractions, the bladder can get too full and stretched out. The PVR will be higher than

normal. This can damage the bladder, lead to infections, or cause urine to back up into the kidneys. To prevent this, you will learn how to place a catheter through your urethra into your bladder and drain out the excess urine. You will do this until your bladder function is back to normal. We know this isn't something anyone wants to do, but we will teach you how to do this and make sure you feel comfortable with the plan before you go home.



### **What supplies do I need to do ISC?**

You should have received the following supplies when you were discharged from the hospital:

- 5 straight 6-inch female catheters
- 24 packets of water-soluble lubricant (do not use petroleum jelly)
- 24 antiseptic towelettes

- 1 measuring unit to put under the toilet seat (it looks like a hat, so that is what it is called)
- ISC Diary
  - You will need to get your own mirror. A mirror with a stand to hold it up is best.

## **How do I perform ISC?**

**Set out the following equipment on a clean surface near the toilet so you can easily reach it:**

- 2 catheters, one to use and one for backup in case you need it
- 2 lubricant packets, one to use and one for backup
- 2 towelettes, one to use and one for backup. If you run out of towelettes, you can use a soft washcloth with unscented soap.
- Mirror
- Measuring hat
  - If you cannot easily drain into the hat while sitting on the toilet, and you are going to drain into a container placed between your legs, put out the container.
  - Also put out the hat. Even if you do not drain directly into the hat, you will still use it to measure the amount of urine you drain, so you will need it.
- Diary and pen or pencil

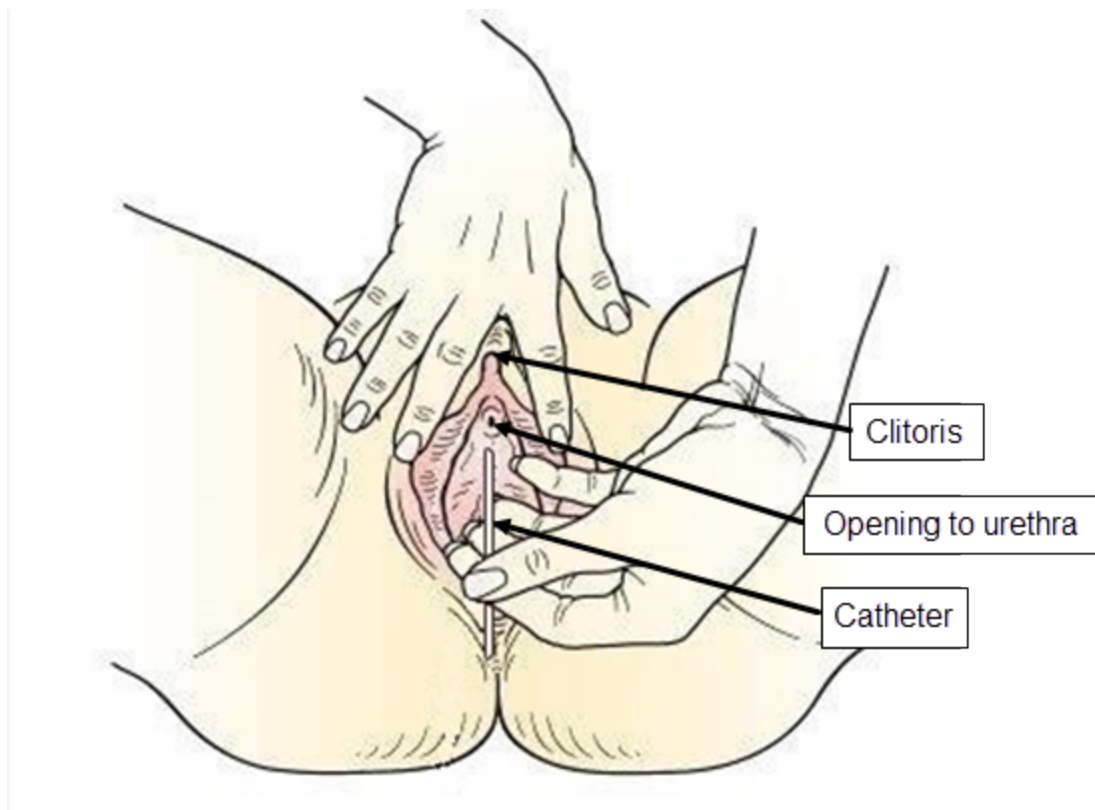
### **First, try to urinate on your own:**

1. Place the hat under the toilet seat, sit down, and try to urinate. Allow a few minutes to give yourself time to relax and let your bladder do its job. Do not put toilet paper in the hat.
2. Measure how much urine is in the hat, then dump the urine into the toilet and rinse out the hat. Replace it under the toilet seat.
3. Wash your hands well with soap and water, and dry them with a clean towel.

4. Record the date, time, and amount you urinated in the column labelled “**Amount You Urinate**” in the diary on the last page of this handout.

**Next, follow these instructions for doing ISC:**

1. Open a lubricant pouch so it is ready to be used.
2. Take the catheter out of its package and inspect it. Do not use if it is damaged.
3. Put the tip of the catheter into the opened lubricant packet. Leave this on a clean surface within easy reach.
4. Position yourself so that you are seated comfortably with your legs apart. Most women sit on the toilet so that they can drain the urine into the hat under the toilet seat. You may find it easier to sit on a chair or the edge of a bed and drain the urine in to a container held between your legs. Put a mirror on a chair or stool in front of you, positioned so that you can easily adjust it to see the opening to your urethra. Remember that the urethral opening is between the clitoris and the vaginal opening.
5. Use one hand to separate the labia as shown in the picture. Adjust the mirror as needed so that you can see the opening to the urethra. Hold an opened towelette or wash cloth in the other hand and use it to wipe the skin clean, starting above the urethral opening and wiping toward the anus. Do **not** wipe from the anus toward the urethral opening.
6. Pick up the catheter with your other hand and shake it out of the lubricant packet. Insert the catheter into the urethra and gently push it in to the bladder until urine begins to flow. Direct the catheter so the urine will flow into the hat under the toilet seat or the container between your legs.



7. When the urine flow stops, gently move the catheter around a little to see if more urine will come out. If it does, wait until it stops. Then slowly remove the catheter. If urine flow restarts while removing the catheter, wait until it stops, and then continue to remove the catheter.
8. If you drain the urine into a container held between your legs, pour the urine into the hat to measure it.
9. Wash your hands and the catheter with soap and water. Rinse the catheter well and store it in a clean, dry place. It is **ok** to use a catheter more than once each day. When you are re-using a catheter, wash it with soap and water and rinse it well both before and after each use. You should open a new catheter the first time you do ISC each morning and throw the old one away.
10. Measure the PVR (the amount of urine you drained with the catheter) and record it in the diary in the **“Post Void Residual”** column.
11. Add together the amount of the **“Post Void Residual”** and the **“Amount your Urinate”**. Record this total amount in the last column of the table.

### **What do I do if no urine comes out?**

1. Use the hand mirror to find the vaginal opening and the urethral opening.
2. If the catheter is in the urethra, gently push it farther in until urine comes out. You may need to change the angle a little.
3. If the catheter is in the vagina, leave it there as a marker so you don't do it again. Open a new catheter and lubricant packet, dip the tip of the catheter in the lubricant and then insert the catheter through the urethral opening.

### **When can I stop doing ISC?**

You can stop when the amount you urinate is 150 mL (milliliters) or more **and** the amount of the post void residual measured in the hat is less than 150 mL, two times in a row.

### **How often should I go to the bathroom?**

Go to the toilet when you feel the urge to urinate. Always try to urinate before doing ISC. Allow yourself time to relax.

If it has been 4 hours since the last time you urinated, and you still do not feel any urge to urinate, try sitting on the toilet.

- If no urine comes out, put 0 (zero) in the diary in the **“Amount You Urinate”** column.
- Do ISC.
- Measure how much you drained with the catheter and put this amount in the **“Post Void Residual”** column.

Do not wait more than 4 hours in between emptying your bladder. If the total amount you urinate plus the post void residual is more than 500 mL, shorten the time in between emptying your bladder by an hour, for example from 4 to 3 hours. The goal is to prevent your bladder from getting overly full.

## **Should I do ISC before I go to bed?**

Yes, you should try to urinate and do ISC before you go to bed. If the total of the amount you urinate plus the post void residual is usually more than 500 mL when you first get up in the morning, set an alarm to get up once in the night to urinate and do ISC.

## **What color should my urine be?**

During the first few days after surgery, your urine may be orange colored. This is caused by medicine that may have been given to you during your surgery. After one or two days, the urine should be light yellow. If it is very dark yellow, drink more water. If your urine looks like clear water, drink less.

## **How much should I drink?**

Do not drink more than 60 ounces of fluids per day. This includes all kinds of fluids such as coffee, tea, water, juice, and pop.

The bladder needs time to recover from surgery. Drinking more liquid does not help your bladder get better faster. Drink and eat normally.

## **When should I call for help?**

Call a nurse at the clinic where you went to see your doctor if:

- Urine is bloody
- Urine has a foul (bad) odor
- Urine is cloudy
- Temperature is over 100.4 ° F (38° C)
- You cannot easily push the catheter in to the bladder
- You have very strong urgency that does not go away after you urinate, no matter how many times you go
- You suddenly start leaking urine

## **Clinic Phone Numbers**

- Between 8am and 5pm, Monday - Friday, call the nurse at the clinic where you went to see your doctor. Clinic phone numbers are:
  - Ann Arbor Von Voigtlander Clinic: (734) 763-6295
  - Chelsea Health Center: 734-475-4003
  - Midland Clinic: (989) 837-9047
  - Northville Health Center: (248) 305-4400
  - West Ann Arbor Health Center: (734) 998-7380
- At night or on the weekend call (734) 936-6267 and ask for the gynecology resident on call. There is always someone on call to help you.

### **Self-catheterization video:**

You can view a video showing you how to do intermittent self-catheterization by visiting: [www.sgsonline.org/a-guide-to-female-clean-intermittent-self-catheterization](http://www.sgsonline.org/a-guide-to-female-clean-intermittent-self-catheterization). Be aware that the video is not animation. A woman demonstrates how to self-catheterize herself.



## Intermittent Self-Catheterization (ISC) Diary

Date	Time	Amount You Urinate	Post Void Residual (Amount You Drain with Catheter)	Total: Amount You Urinate plus Post Void Residual (PVR)

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