

# Clean intermittent self-catheterisation (CISC) for males

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## What is clean intermittent self-catheterisation?

Clean intermittent self-catheterisation (CISC) is the procedure of inserting a catheter to drain the urine from your bladder, when it is unable to do this naturally – this is called urinary retention. A catheter is a thin plastic tube specifically designed to empty the bladder. Unlike a permanent catheter which stays in your bladder for longer periods of time, the intermittent catheters are removed as soon as the bladder is empty.

CISC is used when the bladder is unable to empty itself. It is easy to learn and is safe to do at home, work or when travelling. The catheters are single use and need to be disposed of after use.

## Why do I have to self-catheterise?

There are many reasons why people are unable to naturally empty their bladders and need to use a catheter. These include:

- neurological conditions
- poor bladder tone (weak bladder muscle)
- bladder hypertrophy (overstretched bladder)
- atonic bladder (bladder muscle lacking ability to contract and push urine out)
- pelvic surgery
- urethral obstruction (enlarged prostate)

To determine the cause of urinary retention, tests will have to be done. Once it is confirmed, a treatment plan will be made for you. This could include learning CISC.

## Alternative to CISC

If CISC does not seem like something you can do, there are alternative solutions. You may have an indwelling urethral catheter (a catheter held in your bladder by a balloon) to drain your urine for you or a long term supra-pubic catheter (a catheter inserted into your bladder from the abdomen). Both of which will either be draining into a bag attached to your leg, or if you are suitable, have a tap attached to the end of the catheter with which you will drain your bladder when needed. These catheters need to be changed every three months by the community nurses or the bladder and bowel specialist nurses.

## How do I know when I need to catheterise?

The frequency of performing CISC will depend on what your residual is (how much urine is left in your bladder). Your nurse will give you information regarding this. However, on occasion you may have to perform extra catheterisations.

## How do I perform clean intermittent self-catheterisation?

To learn how to perform CISC, you will have an appointment with the urology clinical nurse specialist or the bladder and bowel specialist nurses. In this appointment the nurse will teach you the technique for inserting a catheter and successfully draining your bladder of residual urine. After which, you will perform self-catheterisation with the supervision of the nurse. This is to ensure you are able to do this when you go home.

In addition to learning how to identify your urethra, the technique and performing CISC, your nurse will teach you how often you need to catheterise dependent on the urine you drain from the catheter. The frequency can range from once a day to four times a day depending on your individual situation.

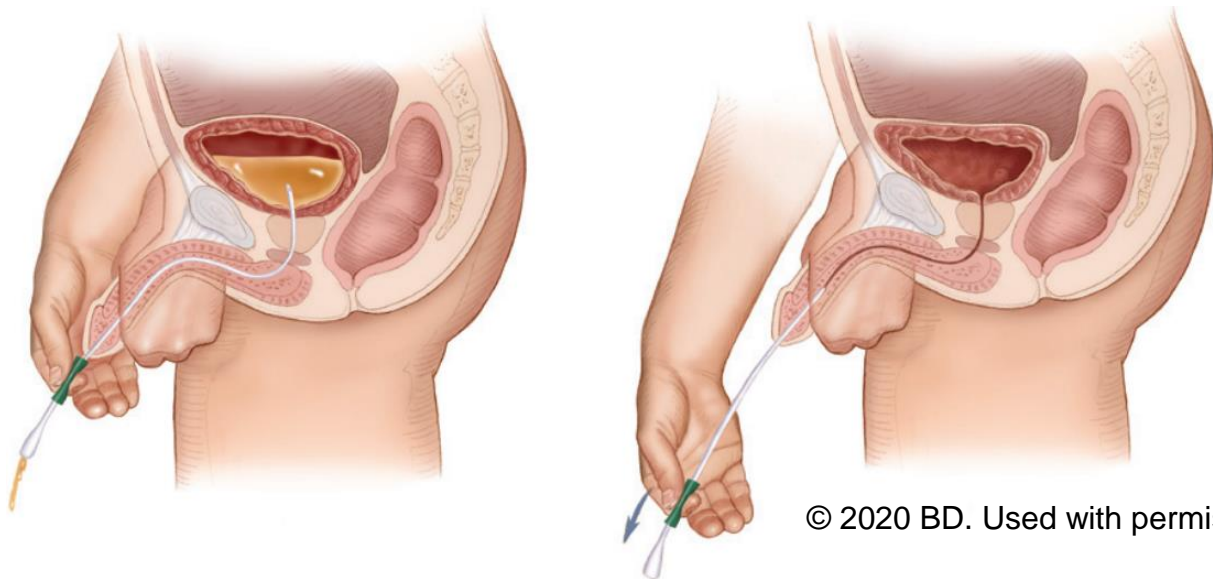
## Advantages of CISC

- not having a permanent catheter
- giving you control back
- protecting your kidneys
- reducing the risk of urinary tract infections (UTI's)
- improving your quality of life and comfort
- reducing the risk of complications and diseases
- improving your continence
- improving bladder health
- reducing residual urine
- no interference in your sex life

## Possible side effects of treatment

Whilst performing CISC has many benefits, there are risks and side effects from doing so. They include:

- Urinary tract infections (UTIs) – whilst uncommon with good personal hygiene, UTIs are still possible. You may need antibiotics from your GP.
- spots of blood on catheter removal – this is not usually serious and is temporary. If the bleeding is heavy, persists or has clots, contact your specialist nurse for advice. (if you are taking blood thinning medications, this risk may be higher).
- slight discomfort – performing CISC should not be painful; at first it may feel unusual and leave a slight sensation, but this should improve with time and practice



## Technique for CISC

1. Wash your hands – hand hygiene is vital.
2. Make yourself comfortable – find a position that you feel comfortable in – this could be standing over the toilet, sitting on the toilet, sitting on lying on the bed with a container to catch urine.
3. If you have one, gently pull your foreskin back and clean with water or an unscented baby wipe.
4. Follow the preparation instructions for the catheter you have chosen.
5. Hold the catheter in a way that you do not touch the tube – with a gripper or on the sleeve – **do not touch the tube**. This will be demonstrated in your appointment.
6. Hold your penis upright to straighten it – this will help with easier insertion.
7. Gently insert catheter into your urethra – the hole at the tip of your penis.
8. Keep inserting the catheter slowly and gently until urine comes of out from the tip.

9. If you find the catheter feels 'stuck' just before it enters the bladder, wait for a moment and try to relax – this will help relax the sphincter muscle. You may find a cough will help to relax it and ease insertion.
10. When the urine appears to have finished draining, pull the catheter out gently and very slowly – this will allow the urine at the bottom of the bladder to drain as well.
11. Dispose of the catheter and (if in a container) the urine.
12. Wash your hands after the procedure.

## What is the prognosis or expected outcome of treatment?

Performing CISC can be either a short-term solution, whilst waiting for your bladder to recover or a long-term solution for when your bladder condition is irreversible.

You may find that the residuals you are draining are increasing or reducing over time. If this occurs refer to the information given on residuals and frequency of CISC. This will allow you to adjust the frequency yourself.

If you have any questions, please contact your specialist nurse.

## Possible complications

- False tracts can be made – this will happen if you force the catheter despite resistance. This will cause pain and/or blood in the tube but no urine drainage. If this happens, remove the catheter and seek medical attention as soon as possible.
- Trauma – when first catheterising, some trauma may occur to your urethra. The risk reduces if you take your time, take deep breaths and insert gently.
- Difficulty removing the catheter – this is uncommon but can occur if the muscles are tense. Try to relax for 5-10 minutes and try again. If still having problems, coughing can help relax the muscles. **Never force the catheter and do not cut the catheter.**

## Follow up

When you start CISC at home for the first time, your specialist nurse will follow you up over the telephone. They will want to know the frequency of which you are self-catheterising, the residual volume you are draining, how you are managing with self-catheterisation and if you would like any further follow ups.

If you are happy with the procedure and the follow up you have had, you will not have another one. Throughout the entirety of your care, you will have the telephone number of your specialist nurses who will be available to answer your questions at any time.

Depending on which catheter you choose, we may register you with the home delivery service at your appointment. They will deliver the catheters to your home and will require a repeat prescription from your GP. This could be arranged between the delivery company and your GP on instruction from your specialist nurse. Your consent for the delivery company may be required which will be explained in more detail at your appointment.

## Further information

Urology Specialist Nurses – 01271 311 877

Useful websites:

[www.bladderandbowel.org](http://www.bladderandbowel.org)

[www.cobfoundation.org](http://www.cobfoundation.org)

[www.patients-association.com](http://www.patients-association.com)

[ww.bladderandbowelfoundation.org](http://ww.bladderandbowelfoundation.org)

[www.baus.org.uk](http://www.baus.org.uk) – British Association of Urological Surgeons

## References

<https://www.bladderandbowel.org/bladder/bladder-conditions-and-symptoms/urinary-retention/>

<https://www.niddk.nih.gov/health-information/urologic-diseases/urinary-retention>

<https://www.wellspect.us/bladder/the-urinary-system/common-urinary-issues/retention>

<https://www.ncbi.nlm.nih.gov/pubmed/12235537>

<https://www.nursingtimes.net/clinical-archive/continence/common-problems-with-intermittent-self-catheterisation-12-10-2010/>

[www.coloplastcharter.co.uk](http://www.coloplastcharter.co.uk) – Coloplast Catheters

[www.wellspect.com](http://www.wellspect.com) – Lofric Catheters

[www.hollister.co.uk](http://www.hollister.co.uk) – VaPro Catheters

[www.bardmedical.co.uk](http://www.bardmedical.co.uk) – Hydrosil Catheters

[www.baus.org.uk](http://www.baus.org.uk) – British Association of Urological Surgeons

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