

UTI assessment tool for intermittent catheter users

A dialogue tool to assist healthcare professionals in identifying UTI risk factors among intermittent catheter users





Surname : Name : Date :

Introduction

Every user of intermittent catheterisation (IC) has their own unique life, daily experiences, and personal perspectives. Gaining insights on how users live with IC and what challenges they experience can help discover factors linked to the occurrence of urinary tract infections (UTIs). This UTI assessment tool is intended to help you identify UTI risk factors in a systematic way together with the individual IC user..

The UTI assessment tool consists of: A guide for the HCP, a dialog board/ sheets and a summary of the dialogue.

The dialogue board (hard-copy) is intended to be shared with the user, allowing the user to follow the dialogue and to understand the UTI risk factors.

The electronic version may be used to document the activities, which can be included in the IC user's medical record and be printed for the user as well.





UTI assessment tool for intermittent catheter users

Guide for healthcare professionals



Coloplast[®]
Professional

Introduction


Guide

Dialogue sheets

Summary of dialogue

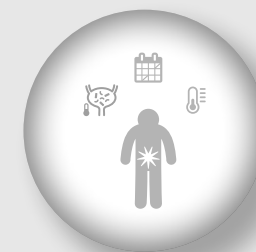
How to use the UTI assessment tool

This tool is intended for healthcare professionals working with intermittent catheter users who struggle with UTIs. Incorporating user perspectives and experiences, it supplements your regular practice, and presents you with a systematic way to explore UTI risk factors.

 This icon indicates that additional illustrations and information are available to support the discussion. The additional materials are located on the back of the dialogue board for the hard copy version.

Before the consultation

- 1 Familiarise yourself with the content and structure of the tool and consider how it can support your consultation.
- 2 Ask the user to bring a filled-in voiding-frequency diary, if possible, and an unused catheter – or more if they use different types.



UTI
Confirmation



Health



Adherence

During the consultation

- 3 Share the dialogue board with the user and explain the flow of the discussion.
- 4 Start with the UTI Confirmation questions ● to find out if the user has an UTI.
- 5 Continue with the questions in the 4 sections ● ● ● ● and make a note of any risk factors you identify.
- 6 Share your assessment and make a personal plan with the user. ●
- 7 Conclude by ensuring that the user has all the information they need and knows what to do next. ●

After the consultation

- 8 A pdf of the summary can be kept together with the medical record.



Technique




Catheter



Support



UTI Confirmation	Explore if the signs and symptoms are due to a UTI	
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Question	Guidance	Actions
1 How many UTIs have you had in the past year?	Explore their history of UTIs, including the last UTI, recurrency, previous treatment and potential resistance to antibiotics.	1 2 3 4 <ul style="list-style-type: none"> If it is a UTI, continue your assessment using this guide and consider treatment If antibiotics are not required, consider interventions to relieve the signs and symptoms and guide users on how to manage them
2 How do you recognise that you have a UTI?	<p>Not all symptoms indicate a UTI that requires treatment. Assess the culture results, signs and symptoms to confirm whether the user has a UTI¹.</p> <p>Note that some users may experience symptoms that differ from the guidelines, and that the way the user presents and describes their symptoms may differ from the description in the official guidelines. See dialogue board.  ▶</p>	
3 Have you noticed a pattern?	The user may already have a good idea of when and why signs and symptoms occur.	
4 What are your challenges with UTIs?	Explore potential fear of UTIs and the impact of UTIs on everyday life.	





Health		Understand overall health and its impact on UTI	
Question	Guidance	Actions	
1 Have you experienced any changes in your health that may have influenced your bladder?	<p>The bladder could be affected by other infections, changes to the immune system or local urinary tract conditions, or immobility.</p> <p>Explore menopausal status, as menopause can cause discomfort and increased incontinence.</p> <p>Additionally, an enlarged prostate may cause urge and difficulties with bladder emptying.</p> <p>Diabetes and high bladder pressure, if not treated, can be risk factors for UTIs.</p>	1 2	<ul style="list-style-type: none">• Consider the underlying conditions that require treatment• Review medication• Refer to a specialist, if relevant
2 Have you received any new medication?	<p>Explore the correlation between new medication and any signs and symptoms of UTIs.</p> <p>Medication for bladder or bowel, antibiotics and estrogen supplements may indicate changes in the bladder.</p>		



Health		Understand overall health and its impact on UTI	
Question	Guidance	Actions	
3 Can you describe how your bowel is working?	<p>Faecal incontinence or constipation can have an influence on the bladder and UTIs. Note incontinence episodes and wipe direction after bowel movement for the potential transfer of bacteria.</p> <p>Constipation may also cause lower urinary tract symptoms by impeding bladder emptying. See dialogue board. </p>	3	<ul style="list-style-type: none">For suspected bowel dysfunction, assess using bowel tools (NBD score², MENTOR tool³, Bristol stool scale⁴), consider treatment and explain the bladder-bowel relationship 



Adherence	Adherence Assess how IC fits in the user's life	
Question	Guidance	Actions
<p>1 How does IC fit into your life today?</p>	<p>To understand the user's everyday life and perspective, discuss changes to their situation that may have affected their catheterisation routine and Quality of Life such as a new house, new partner, job, travel and other activities.</p>	<p>1 2 3</p> <ul style="list-style-type: none"> • Build on the benefits already mentioned and emphasise the long-term benefits of IC • Consider motivational interviewing^{5,6} and help plan an IC routine that fits their daily life
<p>2 What benefits have you experienced with IC?</p>	<p>Users who are happy with their treatment are more likely to adhere to it. Explore the user's view of IC and notice any limitations and opportunities with IC.</p>	<ul style="list-style-type: none"> • Try to find acceptable solutions to IC issues
<p>3 What do you do to maintain a healthy bladder?</p>	<p>Cover topics of adherence, underlying beliefs about the prevention of UTIs and whether they reduce the frequency of IC when they have a UTI, feel sore, etc.</p>	<ul style="list-style-type: none"> • Address potential misunderstandings and highlight good practices



Adherence

Adherence Assess how IC fits in the user's life

Discuss based on the input in the bladder diary. If not done in advance, ask the questions below:

4 How many times a day do you catheterise?

The volume of urine in the bladder should not exceed 400-500ml, to avoid over distention of the bladder. For people who only rely on IC, the recommended frequency is 4-6 catheterisations a day.

See dialogue board.



If the user also voids spontaneously, the volume voided should be considered in the calculation.

4 5 6

- Fill in a bladder diary (if not available)
- Review fluid input/output, look for any patterns and discuss opportunities for improvement

5 How many glasses of liquids do you drink in a day?


The recommended fluid intake for a healthy person is approximately 30ml/kg per day, depending on renal function.

6 Do you experience incontinence episodes?

Incontinence may indicate an overactive or overfilled bladder.







Technique	Evaluate the procedure of catheterisation	
Question	Guidance	Actions
<p>1 Can you show me the steps of your IC routine from preparation to withdrawal?</p> <p>If it is not possible to demonstrate, ask the following questions:</p> <ul style="list-style-type: none"> • What hygiene steps do you take before IC? • How do you insert the catheter? • How do you withdraw the catheter? 	<p>Ask the user to demonstrate and describe what they are doing.</p> <p>Observe hygiene issues and potential contamination when opening the packaging or if the catheter touches the hands, meatus or clothes. Observe closely how they insert the catheter, and whether they reposition it during withdrawal to drain all the urine.</p> <p>If in doubt of complete bladder emptying the user can try a catheter with Micro Hole Zone Technology See dialogue board.</p> <p> Ask about their usual position and process for carrying out IC.</p>	<p>1 2 3</p> <ul style="list-style-type: none"> • Make any necessary adjustments to their IC technique • Find acceptable solutions for different situations, including which products they use






Technique		Evaluate the procedure of catheterisation	
Questions	Guidance	Actions	
<p>2 Do you change your IC routine depending on where you are?</p>	<p>Hygiene issues could occur in public toilets. The steps and the frequency of the IC routine may change away from home.</p>	<p>1 2 3</p> <ul style="list-style-type: none"> • Make any necessary adjustments to their IC technique 	
<p>3 What is the biggest challenge you face when you carry out IC at home? What about away from home?</p>	<p>Encourage the user to reflect on the steps that could be improved before correcting their technique.</p>	<ul style="list-style-type: none"> • Find acceptable solutions for different situations, including which products they use 	






Catheter	Review the product(s) used	
Question	Guidance	Actions
<p>1 Do you experience any discomfort when inserting or withdrawing the catheter?</p>	<p>Find out if the user experiences discomfort, pain and blood in their urine.</p> <p>Discomfort could indicate poor technique, or an inappropriate type or size of catheter. Additionally, an enlarged prostate can make it difficult to insert the catheter, leading to complications.</p> <p>A Visual Analogue Scale can help measure the severity of pain and discomfort, and whether the severity is changing.</p> <p>See dialogue board.  </p>	<p>1 2 3</p> <ul style="list-style-type: none">• <i>Review the catheter(s) used</i>• <i>Give the user a choice between the available catheter solutions</i>



Catheter		Review the product(s) used	
Question	Guidance	Actions	
<p>2 What types of catheters do you use?</p>	<p>Consider if the size of catheter and the type of coating are appropriate for the user.</p> <p>Discomfort and urethral trauma may occur if the coating is not activated for long enough or if the lubricant is not properly applied.</p> <p>Catheters may also dry out if catheterisation takes a long time. See dialogue board.  </p>	<p>1 2 3</p> <ul style="list-style-type: none"> • Review the catheter(s) used • Give the user a choice between the available catheter solutions 	
<p>3 Is this type of catheter still suitable for you at home and away from home?</p>	<p>Some users prefer different catheters for different settings.</p>		



Support		Finalise the assessment and agree on next steps	
Question	Guidance	Actions	
<i>Analyse the information from the conversation. Sum up your assessment and make a shared plan to address any UTI risk factors.</i>			
1 Are you happy to try the plan we have made?	Make sure the user understands the recommendations and finds them acceptable.	1 2	<ul style="list-style-type: none">• Make an agreement with the user, provide further information and share the personal form available in this tool
2 What additional information or support do you need?	This is an opportunity for the user to ask questions, but also for you to discover where they usually search and find information.		





UTI assessment tool for intermittent catheter users

The dialogue tool is divided into the following sections.

Surname : Name : Date :



UTI Confirmation



Health



Adherence



Technique



Catheter




Support




Surname : Name : Date :



UTI Confirmation

- How many UTI's
- Positive Urine Culture?
- Signs and symptoms  [View here](#)
- Patterns
- Challenges

Notes

 [Access question guide](#)



Surname :

Name :

Date :



UTI Confirmation

How many UTI's

Positive Urine Culture?

Signs and symptoms 

Patterns

Challenges

Notes

List of common UTI signs and symptoms

List adapted from ISCoS and EAUN guidelines.

- Fever (hot and sweaty)
- Shivers
- Malaise, lethargy, or sense of unease
- Feeling generally unwell ('fluey')
- Strong smell in urine
- Cloudy urine
- Blood visible in urine
- Discomfort or pain when urinating
- Discomfort or pain over the kidneys (back pain)
- Lower abdominal (belly) pain
- Urinary incontinence or worsening of urinary incontinence (urinary leakage)
- Having to catheterise more often
- Increased spasticity
- Autonomic dysreflexia

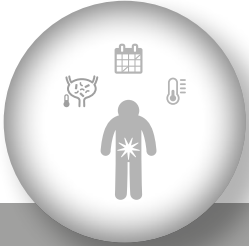


▶ Access question guide



UTI Confirmation	Explore if the signs and symptoms are due to a UTI	
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Question	Guidance	Actions
1 How many UTIs have you had in the past year?	Explore their history of UTIs, including the last UTI, recurrency, previous treatment and potential resistance to antibiotics.	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> 1 2 3 4 </div> <ul style="list-style-type: none"> • <i>If it is a UTI, continue your assessment using this guide and consider treatment</i> • <i>If antibiotics are not required, consider interventions to relieve the signs and symptoms and guide users on how to manage them</i>
2 How do you recognise that you have a UTI?	<p>Not all symptoms indicate a UTI that requires treatment. Assess the culture results, signs and symptoms to confirm whether the user has a UTI¹.</p> <p>Note that some users may experience symptoms that differ from the guidelines, and that the way the user presents and describes their symptoms may differ from the description in the official guidelines. See dialogue board. ▶</p>	
3 Have you noticed a pattern?	The user may already have a good idea of when and why signs and symptoms occur.	
4 What are your challenges with UTIs?	Explore potential fear of UTIs and the impact of UTIs on everyday life.	






Surname : Name : Date :



Health

- Changes in health and bladder
- New medication
- Bowel function  [View here](#)

Notes



[▶ Access question guide](#)

Surname :

Name :

Date :



Health

- Changes in health and bladder
- New medication
- Bowel function

Notes

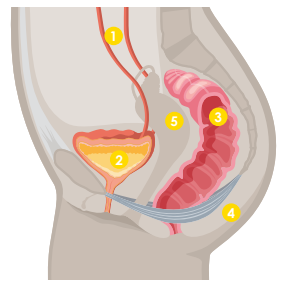
Access question guide

Influence of bowel dysfunction on the bladder

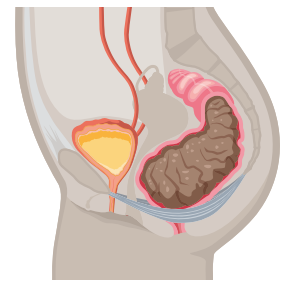
The bladder and bowel are located close to each other. This means that a full bowel, for example due to untreated constipation, can put pressure on the bladder so that it cannot fill properly. Constipation can lead to a need to urinate more frequently or difficulties in emptying the bladder.

Female

- 1 Ureters
- 2 Bladder
- 3 Bowel
- 4 Pelvic floor
- 5 Uterus



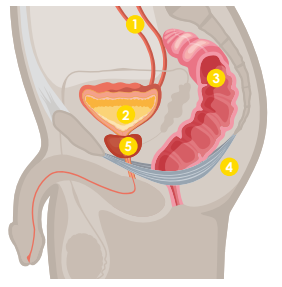
Normal state



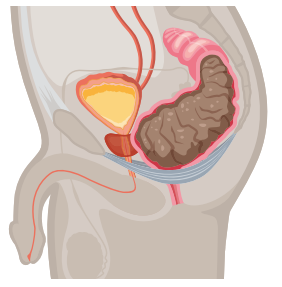
Full bowel

Male

- 1 Ureters
- 2 Bladder
- 3 Bowel
- 4 Pelvic floor
- 5 Prostate



Normal state



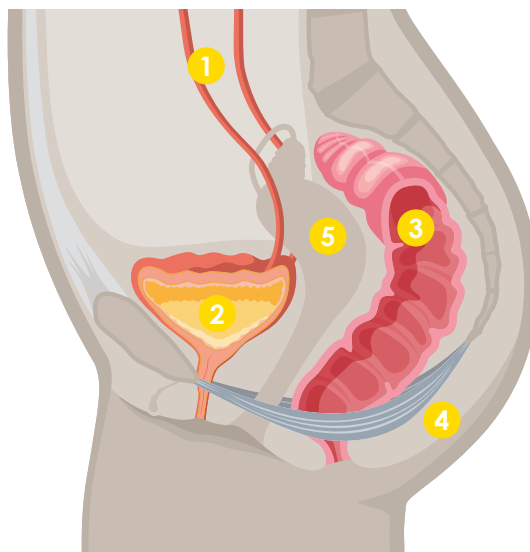
Full bowel



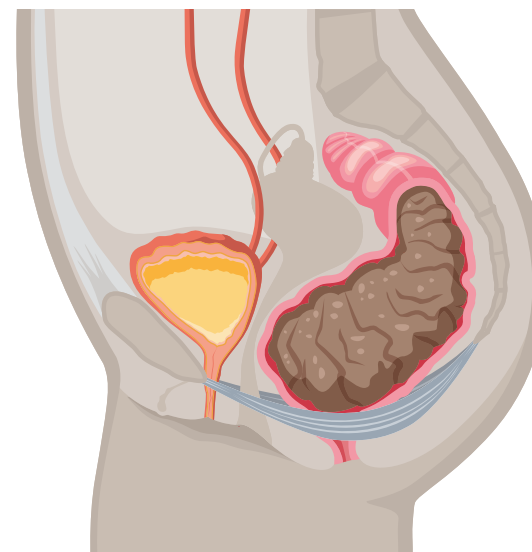


Female

- 1 Ureters
- 2 Bladder
- 3 Bowel
- 4 Pelvic floor
- 5 Uterus



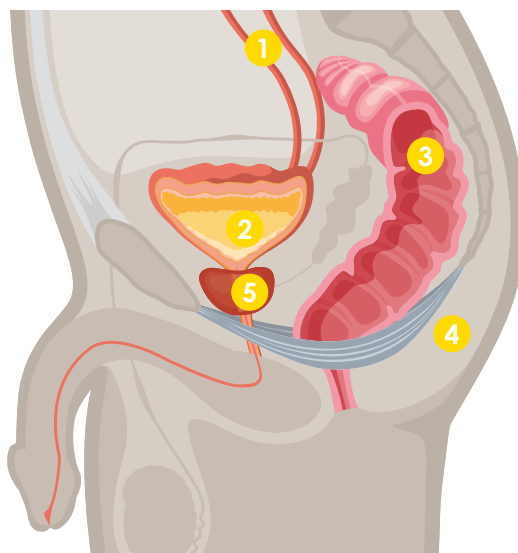
Normal state



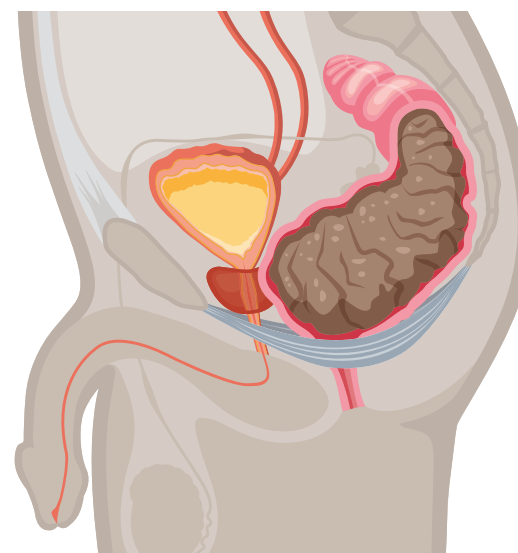
Full bowel

Male

- 1 Ureters
- 2 Bladder
- 3 Bowel
- 4 Pelvic floor
- 5 Prostate



Normal state



Full bowel



Health		Understand overall health and its impact on UTI	
Question	Guidance	Actions	
<p>1 Have you experienced any changes in your health that may have influenced your bladder?</p>	<p>The bladder could be affected by other infections, changes to the immune system or local urinary tract conditions, or immobility.</p> <p>Explore menopausal status, as menopause can cause discomfort and increased incontinence.</p> <p>Additionally, an enlarged prostate may cause urge and difficulties with bladder emptying.</p> <p>Diabetes and high bladder pressure, if not treated, can be risk factors for UTIs.</p>	<p>1 2</p> <ul style="list-style-type: none"> • Consider the underlying conditions that require treatment • Review medication • Refer to a specialist, if relevant 	
<p>2 Have you received any new medication?</p>	<p>Explore the correlation between new medication and any signs and symptoms of UTIs.</p> <p>Medication for bladder or bowel, antibiotics and estrogen supplements may indicate changes in the bladder.</p>		





Health

Understand overall health and its impact on UTI

Question

3 Can you describe how your bowel is working?

Guidance

Faecal incontinence or constipation can have an influence on the bladder and UTIs. Note incontinence episodes and wipe direction after bowel movement for the potential transfer of bacteria.

Constipation may also cause lower urinary tract symptoms by impeding bladder emptying.

See dialogue board.  

Actions

- 3** For suspected bowel dysfunction, assess using bowel tools (NBD score², MENTOR tool³, Bristol stool scale⁴), consider treatment and explain the bladder-bowel relationship







Surname : Name : Date :



Adherence

- IC in everyday life
- Benefits of IC
- Activities towards a healthy bladder
- Frequency of catheterisation /day  [View here](#)
- Fluid intake  [View here](#)
- Incontinence episodes

Notes

 [Access question guide](#)



Surname : Name : Date :



Adherence

- IC in everyday life
- Benefits of IC
- Activities towards a healthy bladder
- Frequency of catheterisation /day
- Fluid intake
- Incontinence episodes

Notes

Fluid intake and catheterisation frequency

The catheterisation frequency is calculated based primarily on 1) the recommended fluid intake and 2) the maximum volume of urine allowed between catheterisations (400-500ml). Example:

Recommended daily fluid intake	2000ml (2L)	
Sweat, breath, etc.	- 400ml	
Urine volume	1600ml	} 1600ml ÷ 400ml = 4
Maximum urine volume allowed between catheterisations	400ml	

According to the simple calculation, a person who empties the bladder only by using IC needs to catheterise at least 4 times a day to avoid exceeding 400ml of urine in the bladder.

*The recommended fluid intake is approximately 30mg/kg per day, depending on factors such as age.

Access question guide



Adherence		Adherence Assess how IC fits in the user's life	
Question	Guidance	Actions	
<p>1 How does IC fit into your life today?</p>	<p>To understand the user's everyday life and perspective, discuss changes to their situation that may have affected their catheterisation routine and Quality of Life such as a new house, new partner, job, travel and other activities.</p>	<p>1 2 3</p> <ul style="list-style-type: none"> • Build on the benefits already mentioned and emphasise the long-term benefits of IC • Consider motivational interviewing^{5,6} and help plan an IC routine that fits their daily life 	
<p>2 What benefits have you experienced with IC?</p>	<p>Users who are happy with their treatment are more likely to adhere to it. Explore the user's view of IC and notice any limitations and opportunities with IC.</p>	<ul style="list-style-type: none"> • Try to find acceptable solutions to IC issues 	
<p>3 What do you do to maintain a healthy bladder?</p>	<p>Cover topics of adherence, underlying beliefs about the prevention of UTIs and whether they reduce the frequency of IC when they have a UTI, feel sore, etc.</p>	<ul style="list-style-type: none"> • Address potential misunderstandings and highlight good practices 	



Adherence

Adherence Assess how IC fits in the user's life

Discuss based on the input in the bladder diary. If not done in advance, ask the questions below:

4 How many times a day do you catheterise?

The volume of urine in the bladder should not exceed 400-500ml, to avoid over distention of the bladder. For people who only rely on IC, the recommended frequency is 4-6 catheterisations a day.

See dialogue board.

If the user also voids spontaneously, the volume voided should be considered in the calculation.

5 How many glasses of liquids do you drink in a day?

The recommended fluid intake for a healthy person is approximately 30ml/kg per day, depending on renal function.

6 Do you experience incontinence episodes?

Incontinence may indicate an overactive or overfilled bladder.

4 5 6

- Fill in a bladder diary (if not available)
- Review fluid input/output, look for any patterns and discuss opportunities for improvement






Surname : Name : Date :




Technique

Ask the user to demonstrate how he/she perform IC

- Steps of IC  [View here](#)
- IC settings
- Hurdles with technique

Notes

 [Access question guide](#)



Surname : Name : Date :



Technique

Ask the user to demonstrate how he/she perform IC

Steps of IC

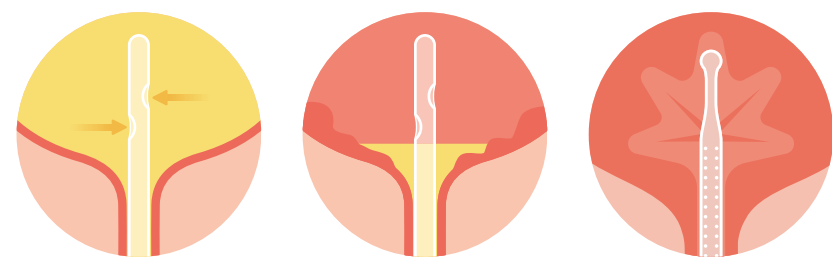
IC settings

Hurdles with technique

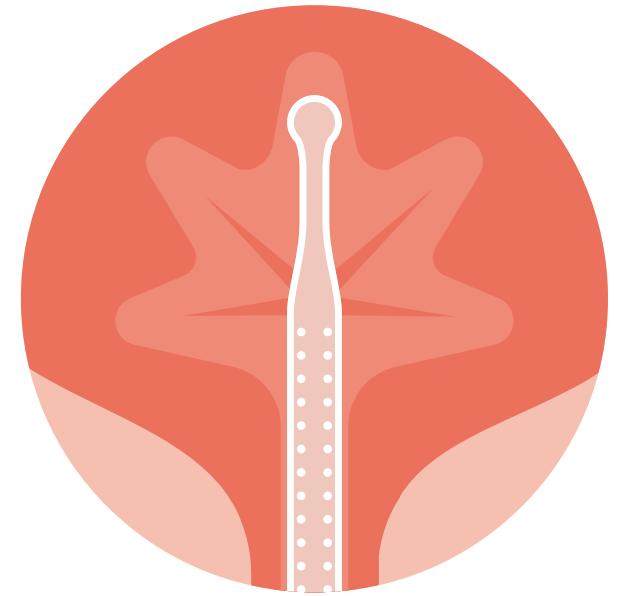
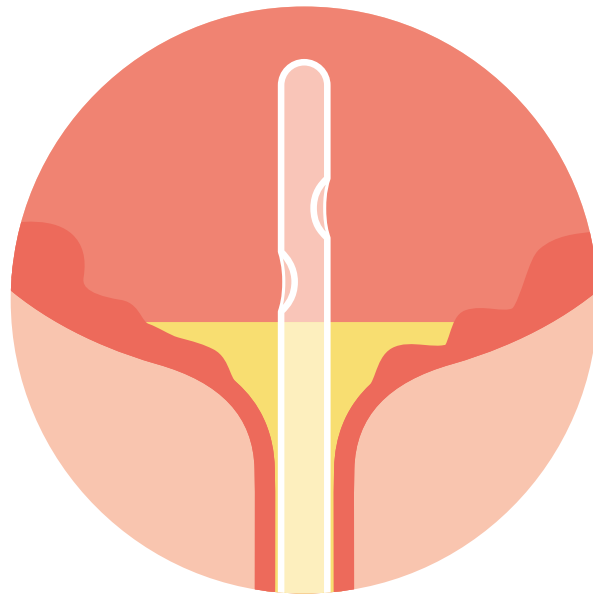
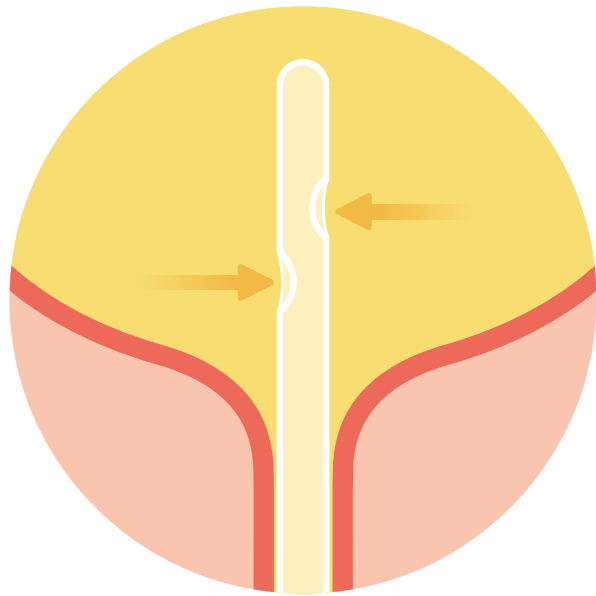
Notes

Access question guide


Residual urine



Urine starts to flow when the catheter is inserted. However, due to position of the eyelets, residual urine is often left behind in the bladder. This means bacteria are also left behind, increasing the risk of UTIs. Therefore, the catheter needs to be repositioned and be withdrawn slowly, to allow the proper emptying of the bladder. The Micro-hole Zone catheter enables complete bladder emptying from the bottom of the bladder.





Technique	Evaluate the procedure of catheterisation	
Question	Guidance	Actions
<p>1 Can you show me the steps of your IC routine from preparation to withdrawal?</p> <p>If it is not possible to demonstrate, ask the following questions:</p> <ul style="list-style-type: none">• What hygiene steps do you take before IC?• How do you insert the catheter?• How do you withdraw the catheter?	<p>Ask the user to demonstrate and describe what they are doing.</p> <p>Observe hygiene issues and potential contamination when opening the packaging or if the catheter touches the hands, meatus or clothes. Observe closely how they insert the catheter, and whether they reposition it during withdrawal to drain all the urine. If in doubt of complete bladder emptying the user can try a catheter with Micro-hole Zone technology.</p> <p>See dialogue board.  ▶</p> <p>Ask about their usual position and process for carrying out IC.</p>	<p>1 2 3</p> <ul style="list-style-type: none">• <i>Make any necessary adjustments to their IC technique</i>• <i>Find acceptable solutions for different situations, including which products they use</i>





Technique		Evaluate the procedure of catheterisation	
Questions	Guidance	Actions	
2 Do you change your IC routine depending on where you are?	Hygiene issues could occur in public toilets. The steps and the frequency of the IC routine may change away from home.	1 2 3	<ul style="list-style-type: none">• Make any necessary adjustments to their IC technique
3 What is the biggest challenge you face when you carry out IC at home? What about away from home?	Encourage the user to reflect on the steps that could be improved before correcting their technique.		<ul style="list-style-type: none">• Find acceptable solutions for different situations, including which products they use







Surname : Name : Date :



Catheter

- Discomfort  [▶ View here](#)
- Type(s) of catheter(s)  [▶ View here](#)
- Catheter check

Notes



▶ Access question guide



Surname : Name : Date :



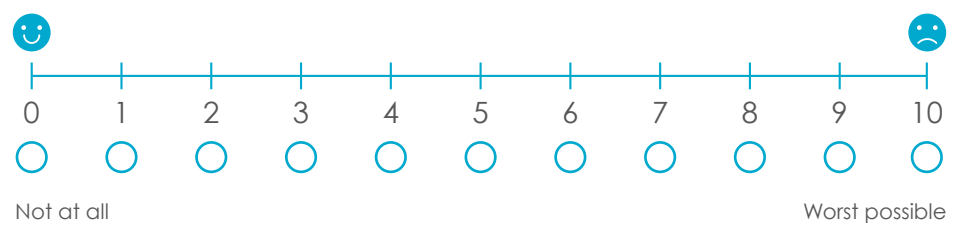
Catheter

- Discomfort
- Type(s) of catheter(s)
- Catheter check

Notes

Visual analogue scale (VAS)

On the scale below, indicate the intensity of discomfort or pain when using the catheter.



Types of catheters





- Coating**
- Hydrophilic ready-to-use
 - Activated with water
 - Gel coated
 - Uncoated

- Design**
- Straight (Standard)
 - Sleeve product
 - Compact
 - Set solution
 - Micro-hole Zone catheter




Access question guide



Catheter	Review the product(s) used	
Question	Guidance	Actions
<p>1 Do you experience any discomfort when inserting or withdrawing the catheter?</p>	<p>Find out if the user experiences discomfort, pain and blood in their urine.</p> <p>Discomfort could indicate poor technique, or an inappropriate type or size of catheter. Additionally, an enlarged prostate can make it difficult to insert the catheter, leading to complications.</p> <p>A Visual Analogue Scale can help measure the severity of pain and discomfort, and whether the severity is changing.</p> <p>See dialogue board.  </p>	<p>1 2 3</p> <ul style="list-style-type: none">• <i>Review the catheter(s) used</i>• <i>Give the user a choice between the available catheter solutions</i>





Catheter		Review the product(s) used	
Question	Guidance	Actions	
<p>2 What types of catheters do you use?</p>	<p>Consider if the size of catheter and the type of coating are appropriate for the user.</p> <p>Discomfort and urethral trauma may occur if the coating is not activated for long enough or if the lubricant is not properly applied.</p> <p>Catheters may also dry out if catheterisation takes a long time. See dialogue board.  </p>	<p>1 2 3</p> <ul style="list-style-type: none"> Review the catheter(s) used Give the user a choice between the available catheter solutions 	
<p>3 Is this type of catheter still suitable for you at home and away from home?</p>	<p>Some users prefer different catheters for different settings.</p>		





Surname : Name : Date :




Support

- Personal plan
- Need for information/education

Notes

 Access question guide



Support	Finalise the assessment and agree on next steps	
Question	Guidance	Actions
<p>Analyse the information from the conversation. Sum up your assessment and make a shared plan to address any UTI risk factors.</p>		
<p>1 Are you happy to try the plan we have made?</p>	<p>Make sure the user understands the recommendations and finds them acceptable.</p>	<p>1 2</p> <ul style="list-style-type: none"> • Make an agreement with the user, provide further information and share the personal form available in this tool 
<p>2 What additional information or support do you need?</p>	<p>This is an opportunity for the user to ask questions, but also for you to discover where they usually search and find information.</p>	





References

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Ostomy Care / Continence care / wound & skin care / Interventional Urology

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UTI assessment tool for intermittent catheter users

Surname : Name : Date :

UTI Confirmation



- How many UTI's
- Positive urine culture?
- Signs and symptoms [▶ View here](#)
- Patterns
- Challenges

Health



- Changes in health and bladder
- New medication
- Bowel function [▶ View here](#)

Adherence



- IC in everyday life
- Benefits of IC
- Activities towards a healthy bladder
- Frequency of catheterisation /day [▶ View here](#)
- Fluid intake [▶ View here](#)
- Incontinence episodes

Technique



- Steps of IC [▶ View here](#)
- IC settings
- Hurdles with technique

Catheter



- Discomfort [▶ View here](#)
- Type(s) of catheter(s) [▶ View here](#)
- Catheter check

Support



- Personal plan
- Need for information/education

Notes

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Surname : Name : Date :

List of common UTI signs and symptoms

List adapted from ISCoS and EAUN guidelines.

- Fever (hot and sweaty)
- Shivers
- Malaise, lethargy, or sense of unease
- Feeling generally unwell ('fluely')
- Strong smell in urine
- Cloudy urine
- Blood visible in urine
- Discomfort or pain when urinating
- Discomfort or pain over the kidneys (back pain)
- Lower abdominal (belly) pain
- Urinary incontinence or worsening of urinary incontinence (urinary leakage)
- Having to catheterise more often
- Increased spasticity
- Autonomic dysreflexia

Fluid intake and catheterisation frequency

The catheterisation frequency is calculated based primarily on 1) the recommended fluid intake and 2) the maximum volume of urine allowed between catheterisations (400-500ml). Example:

Recommended daily fluid intake	2000ml (2L)	} 1600ml ÷ 400ml = 4
Sweat, breath, etc.	- 400ml	
Urine volume	1600ml	
Maximum urine volume allowed between catheterisations	400ml	

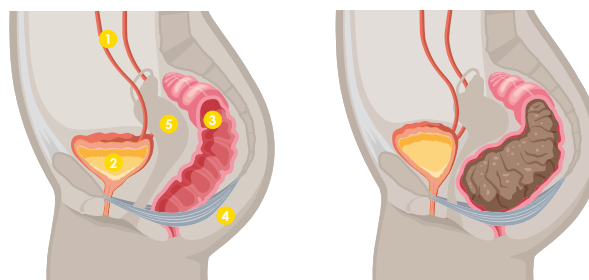
According to the simple calculation, a person who empties the bladder only by using IC needs to catheterise at least 4 times a day to avoid exceeding 400ml of urine in the bladder.

*The recommended fluid intake is approximately 30ml/kg per day, depending on factors such as age.

Influence of bowel dysfunction on the bladder

The bladder and bowel are located close to each other. This means that a full bowel, for example due to untreated constipation, can put pressure on the bladder so that it cannot fill properly. This can lead to a need to urinate more frequently or difficulties in emptying the bladder.

Female

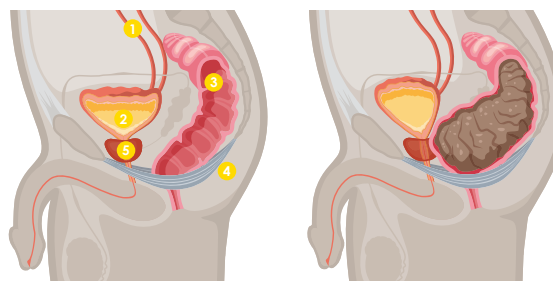


Normal state

Full bowel

1 Ureters 2 Bladder 3 Bowel 4 Pelvic floor 5 Uterus

Male

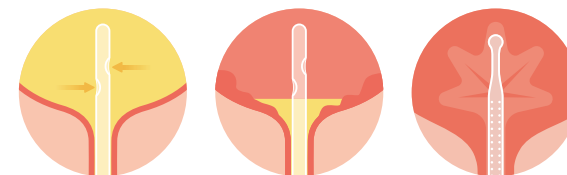


Normal state

Full bowel

1 Ureters 2 Bladder 3 Bowel 4 Pelvic floor 5 Prostate

Residual urine



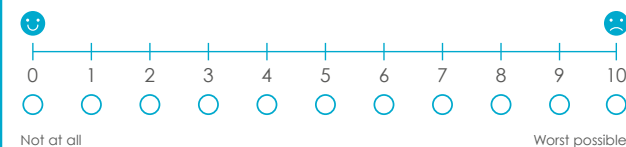
Urine starts to flow when the catheter is inserted. However, due to position of the eyelets, residual urine is often left behind in the bladder. This means bacteria are also left behind, increasing the risk of UTIs.

Therefore, the catheter needs to be repositioned and be withdrawn slowly, to allow the proper emptying of the bladder.

The Micro-hole Zone catheter enables complete bladder emptying from the bottom of the bladder.

Visual analogue scale (VAS)

On the scale below, indicate the intensity of discomfort or pain when using the catheter.



Types of catheters



Coating

- Hydrophilic ready-to-use
- Activated with water
- Gel coated
- Uncoated

Design

- Straight (Standard)
- Sleeve product
- Compact
- Set solution
- Micro-hole Zone catheter