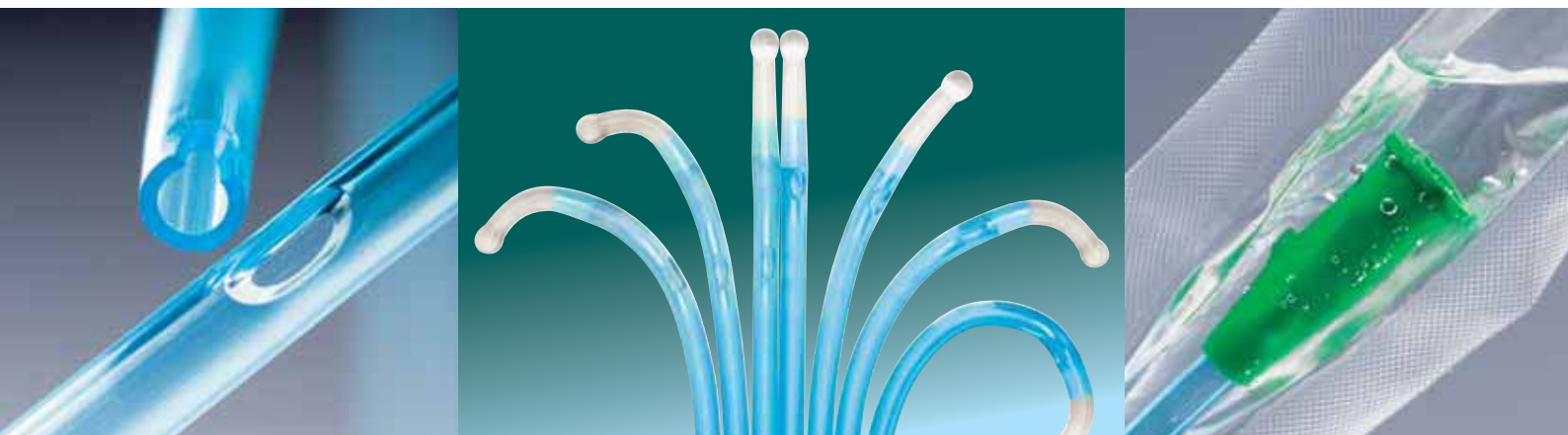


# iQCATH®

Made by Manfred Sauer

## A guide for Men



### All you will ever need to know and more about Safe and Gentle Male Intermittent Self Catheterisation (ISC)

HOW TO ACTUALLY DO IT PULL OUT GUIDE

The centre pages have the essential “How to do it” guide. The rest is useful information, hints and tips to help you understand what the benefit of ISC is to you, and how to incorporate the procedure into your daily life. Whether you are new to ISC or have years of experience, it is worth keeping this tutorial as a reference and browsing the pages from time to time to really appreciate some of the advice offered.

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Written by Barry Kaighin

[www.iqcath.co.uk](http://www.iqcath.co.uk)



“My name ‘Willie,’ is used throughout this tutorial to refer to the word ‘penis’ as is the word ‘Wee’ used instead of ‘urine’. So be warned!”

## Introduction

Firstly let me say **“You are not alone!”**

From small children to the most senior of citizens, tens of thousands of people in the UK and millions around the world are in the same position as you, so don't feel isolated and alone because you are not!

We believe this is the most comprehensive 'down to earth' guide you will find anywhere, basically because it is written by people who self catheterise themselves! **There is a massive amount of information in the following pages but don't panic, its organised in such a way that you can take in as little or as much as you want.**

**Keep it handy as a reference guide, it's worth reading it again after you have been catheterising for a few weeks to really appreciate some of the hints and tips once you are familiar with the basics!**

Our aim is to help you understand why you need to drain your bladder with a special piece of plastic tubing called an intermittent catheter, and how to do this safely and gently by guiding you through the process step by step.



***When you see this picture & this GREEN text box in the following pages it indicates a space where your Continence Specialist may enter information specific to your needs.***

***We have also included some hints & tips from users & professionals to help you 'find your way' into this brave new world, and ultimately help you regain control over your bladder and your day to day life!***

**WARNING:** Self catheterisation should only be carried out following a clinical assessment from a qualified Continence/ Urology specialist. This booklet is a supplement to the advice you have already been given. Always follow any specific instructions you have been given from your specialist who will have assessed your personal requirements.

# Why me?

Whatever the reason you need to catheterise your Continence/ Urology specialist has decided that Wee must be drained from your bladder rather than left in it. This is important to reduce the risk of bladder and kidney infection, which in turn will help you regain control of your bladder and life, keeping you active and healthy.

***“Until I started taking control of my bladder, my life revolved around it and not me!”*** *iQCath user*

Your Continence Specialist is the best person to advise you on your specific circumstances, but some of the reasons people require catheterisation include:

- Prostate enlargement
- Communication problems between brain and bladder from injury or illness (Neurological disorders)
- Back problems
- Result of pelvic surgery
- Urethral Stricture (narrowing of Wee-pipe)
- Following bladder reconstruction
- Problems with bladder muscles
- Congenital problems (from Birth)



## Important Information about me!

My Name	
Hospital Urology Specialist Name:	Tel:
Continence Specialist Name:	Tel:
GP / Prescriber Name:	Tel:
Chemist / Home Delivery Service Name:	Tel:
How many times a day should I catheterise?	My Prescription: (1 Box of iQCaths contains 30 single use catheters)
Catheter Code: Manfred Sauer iQCath IQ2_____	(see back page for complete list of iQCath codes)
In case of emergency regarding Continence Management Tel:	Other items:
Other info:	

# It all sounds a bit technical to me?

You will continue to visit the toilet as before, but instead of relying on your body to expel all the Wee you will use a special piece of plastic tubing called an intermittent catheter to ensure your bladder is completely empty. Your Continence Specialist has decided that iQCath is the best solution for YOU. This type of catheter is used only once and is discarded after use. Each time you need to empty your bladder you use a new catheter to help reduce the risk of infection. It's as simple as that!

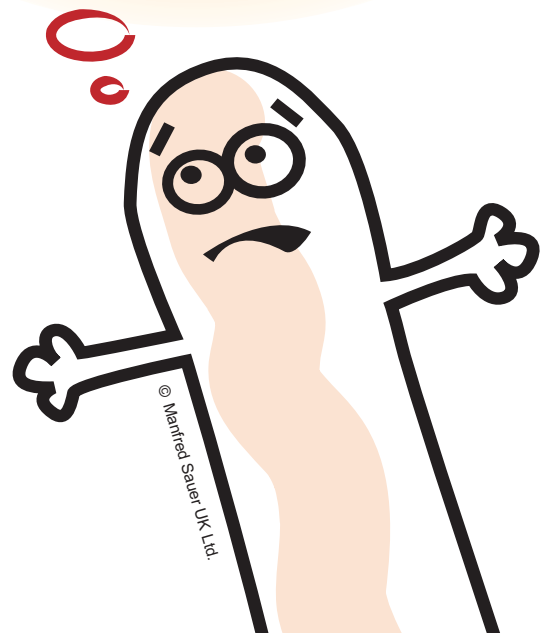
## How will I ever manage?

You will soon master the technique of intermittent catheterisation (ISC) so it becomes second nature and just another routine like cleaning your teeth! As a rough guide healthcare professionals will assume if you can write and feed yourself you have the manual dexterity to catheterise yourself (Fowler, 1998 - *Bladder problems in Multiple Sclerosis*). If you normally stand to Wee then you can continue to do this although often people are initially taught the technique sitting down. But as already mentioned millions of people do it so just be calm, listen to the advice from your Continence Specialist and read this tutorial to fill in some of the gaps - believe me it will save you a lot of worry - as the expression goes "why reinvent the wheel!" when many have been there already?

**"Let's be honest here, most of us considered our Wee-pipe to be a 'one-way' passage and never expected anything to go 'the other way up it!'. The thought of pushing a plastic tube up it is at the very least quite daunting and more than likely very scary for you! Don't worry, its easy, it doesn't hurt and it gives you back control of your waterworks - that's got to be worth you reading on to find out more!"**

## We all eat and drink, then go to the toilet but what happens to the food and drink?

Essentially your body absorbs most of what it needs into your bloodstream and excretes most of what it doesn't want as Wee or Poo. For the purposes of this booklet we will stick to the process of Wee production, but please be aware that a healthy diet with lots of fruit and veg will help you stay free of problems such as constipation that can interfere with intermittent self catheterisation (ISC). So try to eat at least 5 portions of fruit and veg per day. Checkout this website [www.5aday.nhs.uk](http://www.5aday.nhs.uk) or ask at your Doctor's Surgery or your Continence Specialist.



Wee comes from the waste products in the blood that are filtered out of the bloodstream by your kidneys. Each kidney drains this Wee through a tube called a Ureter into the bladder which is essentially a muscular storage bag for Wee. In an ideal world when the bladder is getting full it sends a signal to the brain to say "it's time to find a toilet and empty me!" It may be because of a problem sending this signal to the brain via your nervous system or with the emptying process that you need to catheterise.

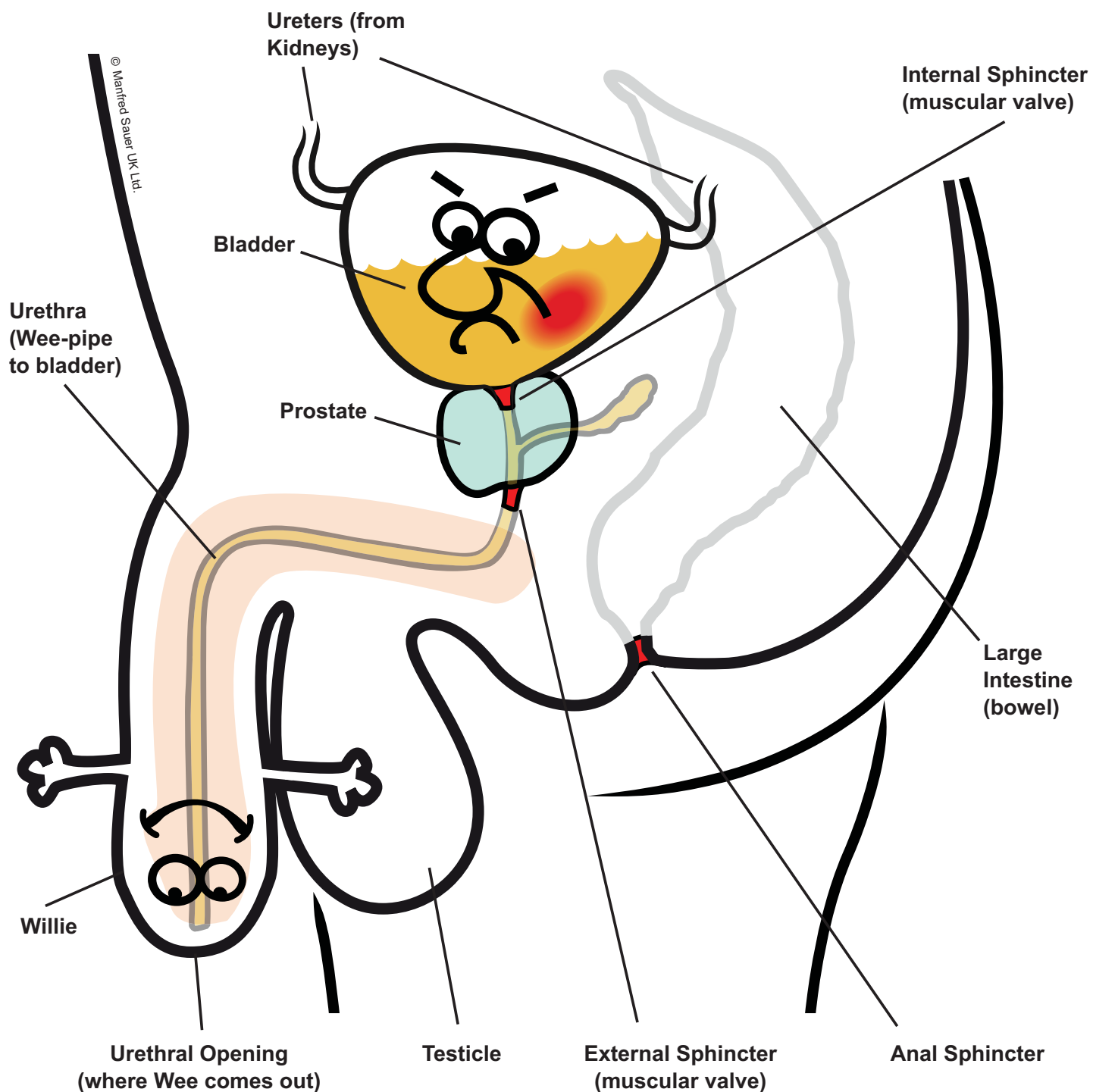
Some people who need to catheterise have a strong sensation that they need to empty their bladder, others have little or no sensation. You are the expert on your body and over the coming months you will be able to 'tune in' to these sensations.

## Will it hurt?

iQCath's coating, when activated, is very, very slippery and with its bendy end it will slide through your Wee-pipe to the bladder, virtually without you being able to feel anything. It's soft spherical tip will gently lead the way past problem areas like strictures (narrowing of Wee-pipe) and the sphincters (like muscular valves) into the bladder, which we think makes it the gentlest way to catheterise available!

# Understanding your 'Waterworks'?

A little bit of simple human biology follows to help you understand exactly what you are doing with your iQCath and where it is going.



There is a glossary on page 19 that describes some of the above words in greater detail.

## Q: What are the Advantages of ISC to me?

### A: Freedom! Basically you get your life back which is the BIG PLUS of ISC

- Less risk of infections in your Waterworks called Urinary Tract Infections (UTI's) by healthcare professionals
- Healthier kidneys.
- Less risk of leaks which always seem to happen at the most embarrassing times!
- Control over your bladder emptying.
- Improved quality of life and independence from feeling you have to be near to a toilet all the time.
- No reliance on incontinence pads or indwelling catheters/urinary sheaths and drainage bags - if you don't know about these believe you me you are not missing anything!
- Free to engage in intimacy with your partner (sex) without the embarrassment of leaks and explaining about drainage bags or pads.



## Why am I using iQCath?

iQCath is

- ✓ Easy to handle
- ✓ Quick to activate
- ✓ Safe and gentle to use
- ✓ Eyelets are chamfered (inside & out), polished and coated for maximum comfort and to be as gentle as possible on the soft tissues in your Waterworks
- ✓ It's soft spherical tip and bendy end ensures it glides easily round the curves of your Wee-pipe. Yet it's firm body means its easy to handle and not 'floppy' like some products available.

## What others say about iQCath

These are some of the comments our customers have made, both people actually using iQCath daily as well as the Healthcare Professionals recommending iQCath to people like yourself!

### "iQCath is brilliant!"

*I've been catheterising since my accident some 8 years ago using a <well know brand name> catheter and roughly about 1 in every 6 times I had trouble getting it through the last centimetre into the bladder. Your catheter goes in so smoothly every time - the only complaint I have is that before I got used to it I was peeing before I was ready, which caught me out more than a few times. 😊 Many thanks once again it really has made life so much easier"*

*(iQCath user)*

*"It's the only ISC I've been able to pass since having bladder reconstruction & a sphincter cuff. If it works for me and all my complications it will work for anyone!"*

*(iQCath user)*

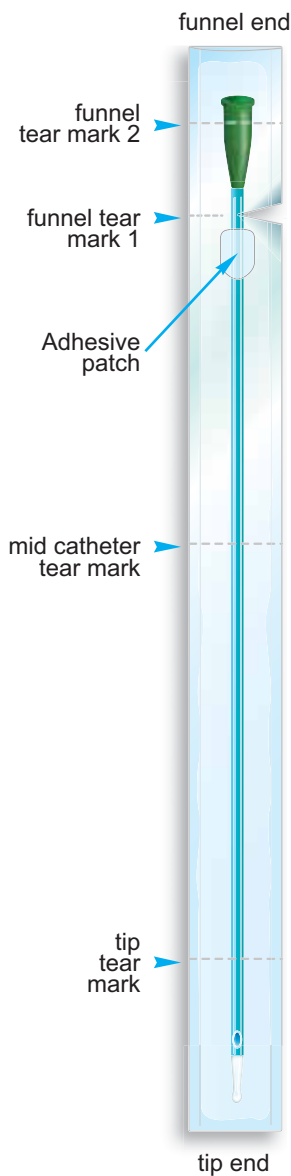
*"I am a specialist appliance nurse working for an independent Dispensing Appliance Contractor (DAC) so I spend all day assessing people with bladder disorders and training Community Nurses. I know iQCath is easy to handle and my patients feedback has been so positive regarding ease of use, comfort in passing and removing the catheter; it is now my catheter of choice!"*

*(Continence specialist)*

# What is the difference between iQCath and iQCath+?

## iQCATH®

Solo version requires water to activate coating (Running UK drinking Tap water is perfectly acceptable).



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### ✓ ADVANTAGE

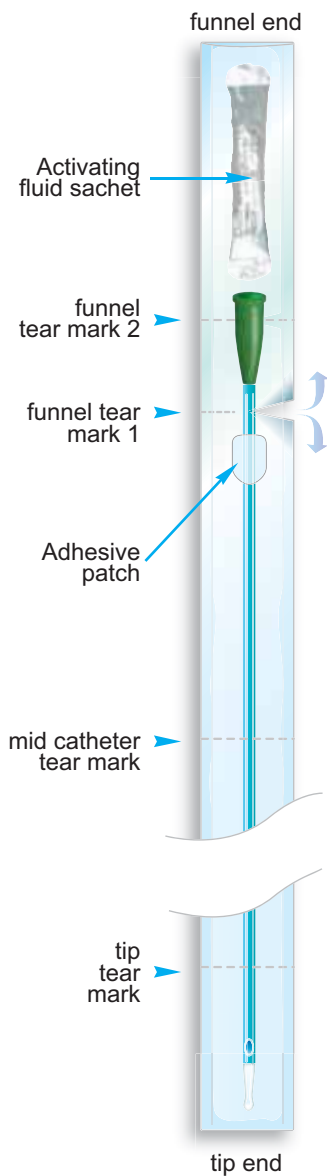
They are easier to carry about your person.

### ✗ DISADVANTAGE

You need a source of clean water to activate the catheters coating.

## iQCATH+®

Activating saline fluid included in packaging. Simply squeeze or roll-up foil sachet until it bursts and use fluid to activate catheter coating.



*iQCath and iQCath+ prescription order information and codes on back page*

### ✓ ADVANTAGE

No worries about finding clean water to activate coating.

### ✗ DISADVANTAGE

They are heavier and bulkier to carry than the solo version



*The firm bit for easy handling*

Always store your catheters flat in a cool dry place away from direct sunlight. Catheters may be rolled not folded for carrying on the day they are to be used. Unroll any unused catheters at the end of the day.

# How much should I drink and how often should I catheterise?

You should drink enough to ensure your Wee is a light 'straw' colour and matches the colours numbered 1, 2 or 3 on the 'Wee colour chart' on this page. If your Wee matches the colours 4 through to 8 you may be dehydrated and need to drink more.

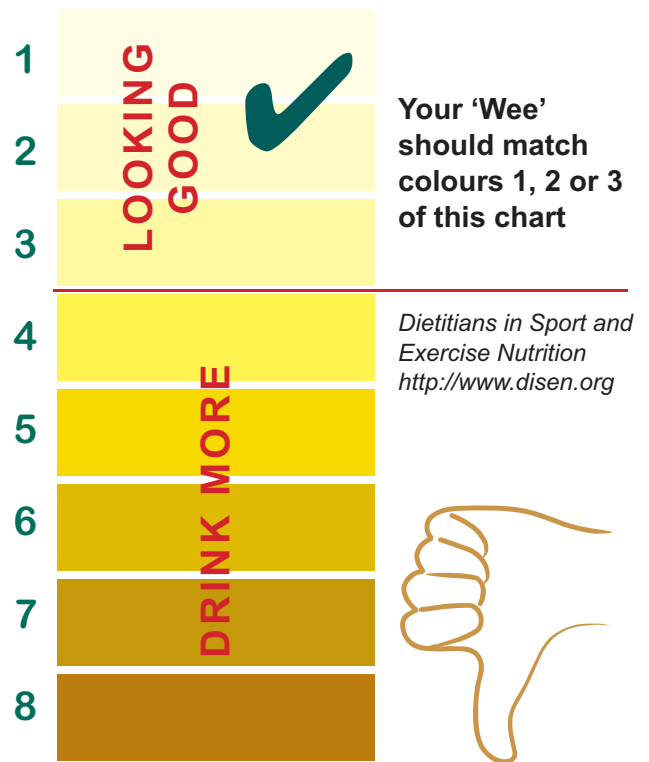
Don't leave it until the last minute to go for a 'Wee' even if you have a good idea of when your bladder is full, remember performing ISC takes a bit longer. If you have sensation then go shortly after you have the feeling that your bladder is filling up.

Letting your bladder fill up until it cannot take any more can not only be uncomfortable and cause unwanted leaks but is also potentially harmful to your kidneys and can cause infections\*.

**If you take medicines to stop you leaking between catheterisations it is vital you empty your bladder in plenty of time in order to prevent damage to your kidneys. This is because when there is too much Wee in your bladder, it can create dangerously high pressures, forcing Wee to back up the tubes connecting your bladder to your kidneys. The medical term for this is called 'reflux'.**

*\*There is a long term study which recommends keeping the average catheterisation volume in adults to less than 400mls to minimise urinary tract infection. (Bakke et al - Predictors of infection in patients treated with clean intermittent catheterisation - British Journal of Urology 1997 79, 85-90). Not sure how much Wee you pass? Get yourself a measuring jug - its as simple as that!*

## Wee colour chart\*\*



When the weather is hot you may sweat more and therefore you will need to drink more to replace fluids. This is also the case during unaccustomed exercise or engaging in sporting activities.

*\*\* Please note: The colours in the above Wee colour chart are an approximation only and shown here only as a rough guide. If you are worried about the colour of your Wee, please seek advice from your health care professional.*

## Fluid intake Matrix

Try to avoid an excess of fizzy drinks, particularly the energy drinks loaded with caffeine as well as too much tea or coffee. This chart can be used to estimate how much you should drink in a 24 hour period, depending on your weight.

Patients Weight Stones	Patients Weight kg	mls per day	Fluid oz	Pints	Mugs
6	38	1190	42	2.1	4
7	45	1275	49	2.5	5
8	51	1446	56	2.75	5-6
9	57	1786	63	3.1	6
10	64	1981	70	3.5	7
11	70	2179	77	3.75	7-8
12	76	2377	84	4.2	8
13	83	2575	91	4.5	9
14	89	2773	98	4.9	10
15	95	2971	105	5.25	10-11
16	102	3136	112	5.5	11

*Ref: Abrams & Klevmark. Frequency volume charts an indispensable part of urinary tract assessment. 1996 Scandinavian Journal of Neurology 179; 47-53*

# Bladder Record Chart - Volume and Frequency

The reason for logging fluid intake and Wee volumes is to help you and your Healthcare Professional determine how much you need to catheterise.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- F** Fluid intake (optional)
- W** Wee passed normally
- C** Wee passed with catheter

Observations - degree of wetness	
W+	small damp patch
W++	wet
W+++	very wet
Other Observations	
_____	
_____	



## NURSE SAYS

write down any unusual observations in the yellow column below ▼

DAY 1				
Time	F	W	C	Observations
6am				
7am				
8am				
9am				
10am				
11am				
12noon				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
12 mid				
1am				
2am				
3am				
4am				
5am				

DAY 2				
Time	F	W	C	Observations
6am				
7am				
8am				
9am				
10am				
11am				
12noon				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
12 mid				
1am				
2am				
3am				
4am				
5am				

When you take a drink or go for a 'Wee', log the volume above next to the nearest time-slot. There are 2 columns for 'Wee', the first 'W' is if you can 'Wee' without the catheter. the second 'C' how much was drained from your bladder with the catheter. This will help your nurse determine the number of times you need to catheterise per day.

# Bladder Record Chart - Volume and Frequency (continued)

- F** Fluid intake (optional)
- W** Wee passed normally
- C** Wee passed with catheter

Observations - degree of wetness	
W+	small damp patch
W++	wet
W+++	very wet
Other Observations	
_____	
_____	



**NURSE SAYS**  
write down any unusual  
observations in the  
yellow column below ▼

DAY 3				
Time	F	W	C	Observations
6am				
7am				
8am				
9am				
10am				
11am				
12noon				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
12 mid				
1am				
2am				
3am				
4am				
5am				

DAY 4				
Time	F	W	C	Observations
6am				
7am				
8am				
9am				
10am				
11am				
12noon				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
12 mid				
1am				
2am				
3am				
4am				
5am				

*When you take a drink or go for a 'Wee', log the volume above next to the nearest time-slot. There are 2 columns for 'Wee', the first 'W' is if you can 'Wee' without the catheter. the second 'C' how much was drained from your bladder with the catheter. This will help your nurse determine the number of times you need to catheterise per day.*

# How to catheterise using iQCath

Before you go into the toilet make sure you have everything within easy reach to do the job. If you forget something and have to go searching for it you will need to start at the beginning again and wash your hands as touching anything else could potentially mean introducing infection.

## Checklist

- ✓ iQCath (check packaging is not damaged & expiry date is not past - if so discard)
- ✓ Clean water (if not using iQCath+ which has integral activating fluid)
- ✓ Wipes or access to running water & soap to wash your hands
- ✓ Drainage receptacle
- ✓ Place to dispose of used catheter & packaging (many people carry a plastic bag to hygienically bag it before binning it - be considerate)



## Get yourself Organised

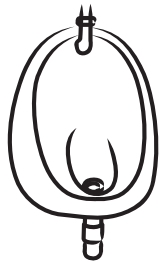
### Drainage receptacle options

attach funnel end of catheter to inlet tube of leg/night bag

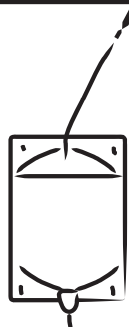


TOILET ✓

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URINAL ✓



LEG BAG or NIGHT BAG ✓

URIbag



UriBAG ✓



PLASTIC FREEZER BAG ✓



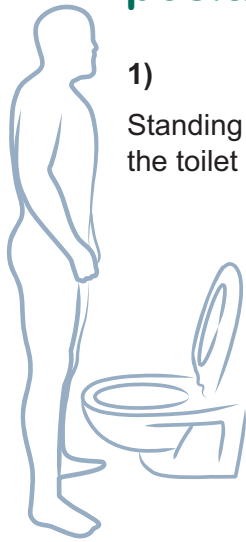
## NURSE SAYS

*URIbag is discreet and ideal to drain your bladder into when no toilet is available - also very useful when travelling with small kids. It is a pocket sized (when not in use) reusable urinal available on UK prescription - see back page for details*

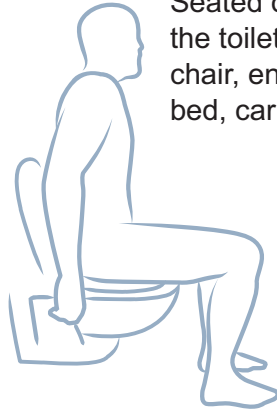
As easy as 1...2...3 to use:



## It is important to find the most comfortable position for YOU to catheterise.



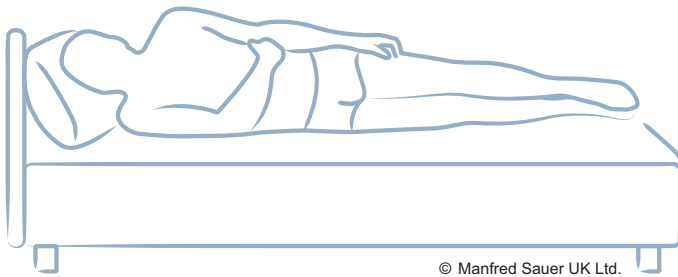
- 1)  
Standing over  
the toilet



- 2)  
Seated on  
the toilet,  
chair, end of  
bed, car seat



- 3)  
Seated in wheelchair.  
If possible take your feet off  
the footrests and move your  
bum forward on the cushion  
to reduce the bends in your  
Wee-pipe



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- 4)  
Lying on your side in bed - this technique is particularly important if you have mobility problems as should you wake in the night and need to go for a Wee by the time you have managed to make it to the toilet it could be too late!

There may also be a time when you are ill and do not feel strong enough to get out of bed. At such times it is important to maintain fluid intake, which inevitably means needing to pass a catheter.



### NURSE SAYS

**Tip:** Try not to let pubic hair touch the catheter surface or get pushed into your bladder. If you keep pubic hair short by trimming (not shaving) it will help reduce likelihood of infections.

**Tip:** Need a longer catheter? It is possible to use the packaging of the catheter as an extension tube to drain the Wee directly into the toilet. This is useful if it is not possible for you to stand directly over the toilet. Tear off packaging at the tip & 'funnel tear mark 2'. (see page 5). As you feed the catheter into your Wee-pipe slide the plastic tubing towards the funnel end until it is stopped by the conical end of the packaging. Be careful the packaging does not crease as it will slow down the flow of Wee. This gives you an extra 20cm length of tubing.

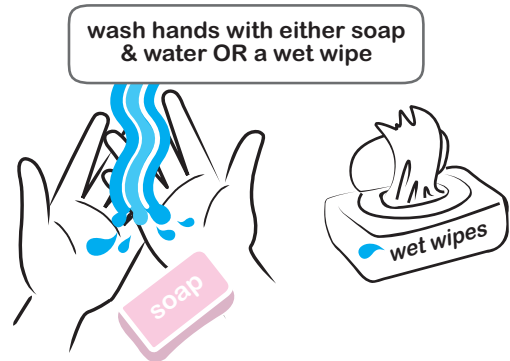


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# 1 Wash & Dry your hands

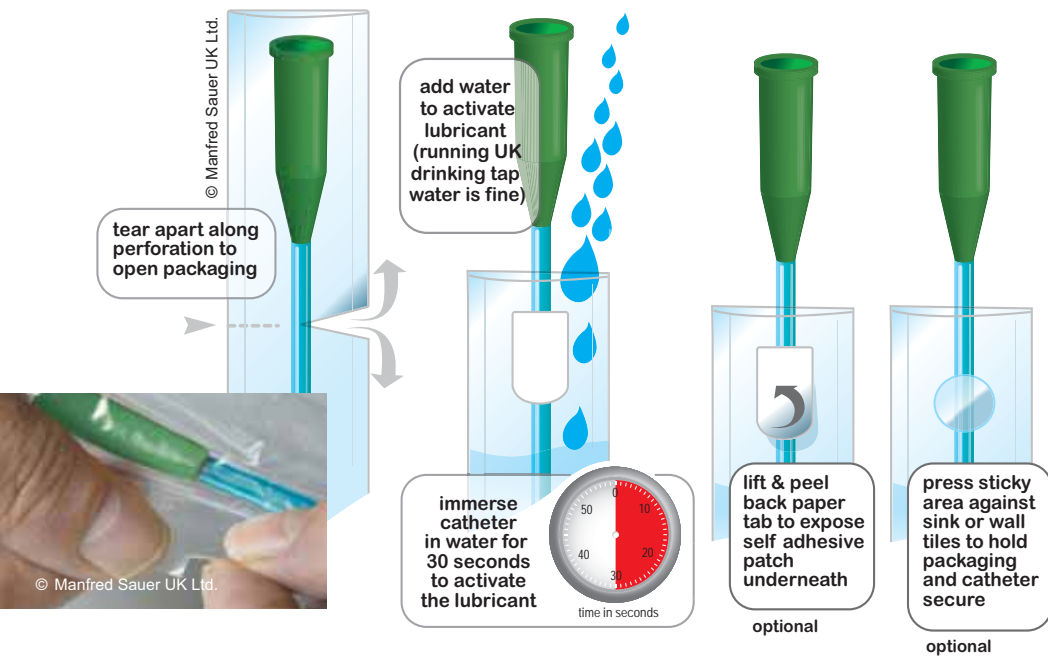
(not forgetting between your fingers, nails and backs of your hands!)

and try not to touch anything (like toilet door handles) other than the items you need to catheterise, until after you are done. This will reduce the risk of picking up any infections.



# iQ CATH<sup>®</sup> 2 Activate the catheter coating

Solo version requires water to activate coating (running UK drinking tap water is perfectly acceptable).



## NURSE SAYS



*Tip: Whilst catheter coating is being activated, get on with other preparations like getting Willie out and cleaned up.*

# iQ CATH<sup>+</sup> plus

Activating fluid included in packaging. Simply squeeze or roll-up foil sachet until it bursts and use fluid to activate catheter coating.



Burst open the activating fluid sachet by squeezing or rolling up.



Make sure the whole content of the sachet is emptied into the packaging and all of the catheter surface is activated by the fluid for 30 sec.



Turn the packet upside down and let the water run back towards the sachet.



Tear off and remove the sachet part of the packet along the perforation. (funnel tear mark 2 - see page 5)



Peel back white paper tab to reveal adhesive sticky patch

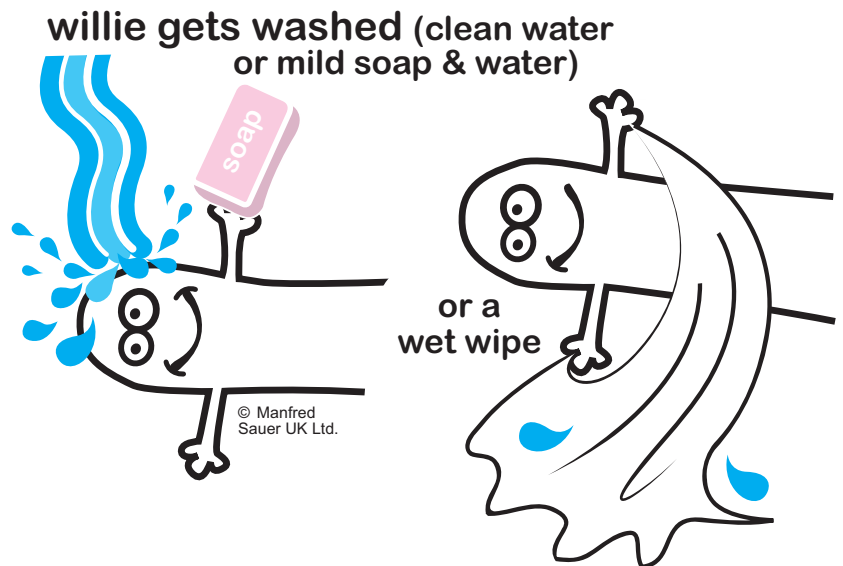


Attach sticky patch to smooth surface like sink or wall

### 3 Clean Willie

If possible always try to go for a Wee before you start to catheterise.

Gently pull the foreskin back (if present) to show Wee-pipe opening (where 'Wee' comes out) and wash Willie's head with water (some people use a mild soap but this can sometimes irritate the area)



#### NURSE SAYS

*Unless your nurse tells you otherwise or writes anything different here, do not use anything with an antiseptic or anti-bacterial action on Willie as this can destroy the friendly bacteria that keeps your skin healthy.*

*We recommend a routine daily shower/bath for general hygiene in the area and using a sterile water, or Baby wipe prior to ISC.*

*Tip: If you are new to ISC and have problems holding Willie or experience penile retraction at times (Where Willie disappears into your body), there is a product available on UK Prescription called p.hold - see section 'Devices to help you catheterise' on page 17.*



Should you accidentally touch anything with the unprotected surface of the catheter like a toilet surface or even your own body with the possible exception of Willie's head after he has been cleaned up, you should discard the catheter rather than risk introducing infection.

# 4 Willie's IQ goes up!

Introduce iQCath into the opening on Willie's head (Wee-pipe opening where the 'Wee comes out'). Be sure to have Willie in the positions shown in the diagram below at the different stages of the process. Slowly and smoothly continue pushing the iQCath through your Wee-pipe towards the bladder. If you feel a resistance do not be forceful, its always best to wait a short while and try again (5 to 10 minutes with a new catheter). Try to relax rather than force anything. Some people find that if they feel some resistance when passing the catheter, a 'small cough' at this point can help.

**4a Willie gets introduced to IQ**

Willie's position to start insertion

Correct position for iQCATH insertion

incorrect position for iQCATH insertion

incorrect position for iQCATH insertion

**4b the introduction went smoothly**

Change Willie's position as shown once half the catheter is inserted

Correct position for iQCATH insertion

incorrect position for iQCATH insertion

incorrect position for iQCATH insertion

**NURSE SAYS**

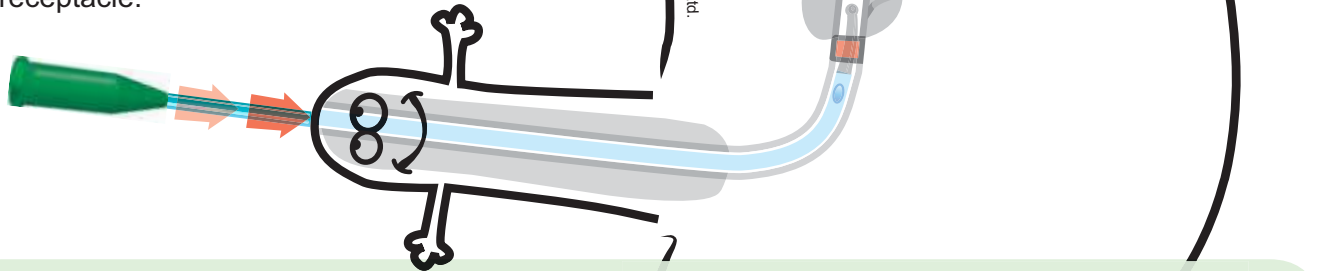
*Tip: Don't squeeze Willie when putting iQCath in as it may stop his IQ going up!*

## 5 Look out bladder, here it comes!

You may feel a slight resistance immediately prior to the catheter entering the bladder - this is perfectly normal and is due to one or both of the 2 sphincters (like muscular valves - see page 3) that prevent Wee leaking out when you don't want it to. Continue to insert the catheter until Wee starts to flow. Then lower Willie to drain the Wee into the receptacle.

Willie's IQ goes up but Mr. B. Ladder is a bit concerned

hmmm... not so sure about this



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### NURSE SAYS

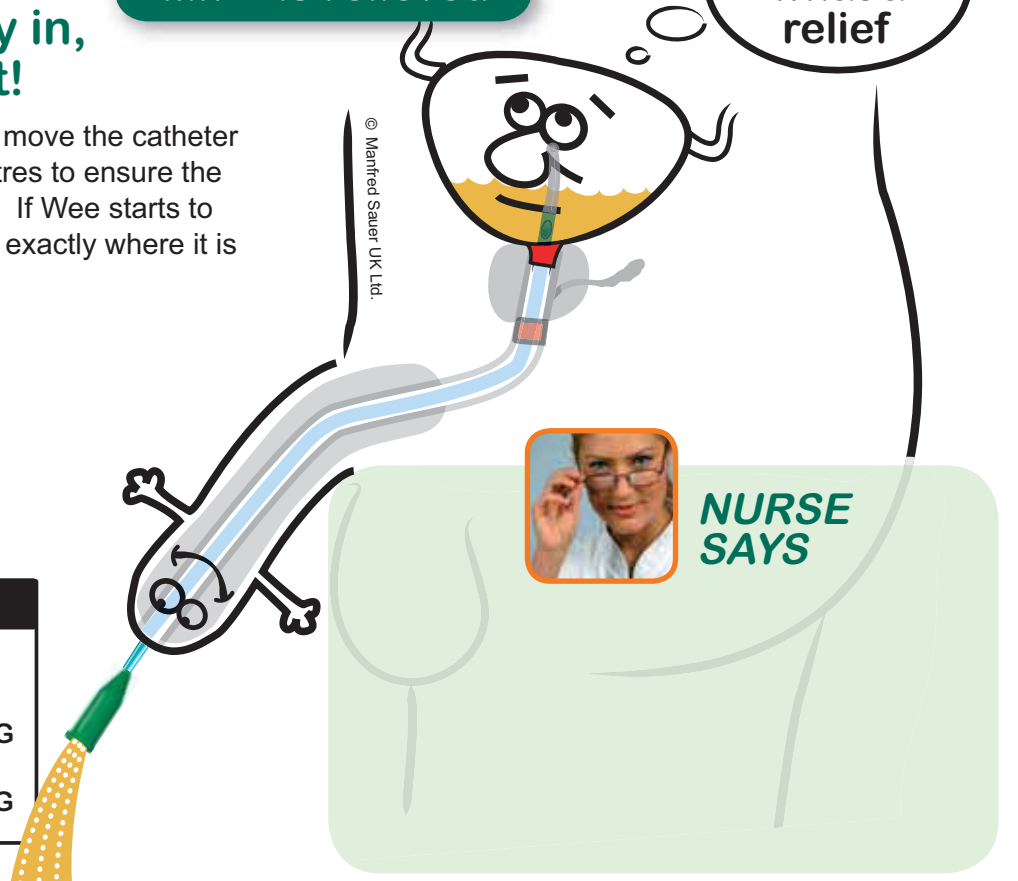
*Tip: If you bend the catheter enough just behind the funnel, it will prevent the flow of Wee until you are ready to release it.*

## 6 Comfortably in, relief at last!

When the flow of Wee stops move the catheter back and forth a few millimetres to ensure the bladder is completely empty. If Wee starts to flow again keep the catheter exactly where it is until the flow stops.

Mr. B is relieved

Phew!... what a relief



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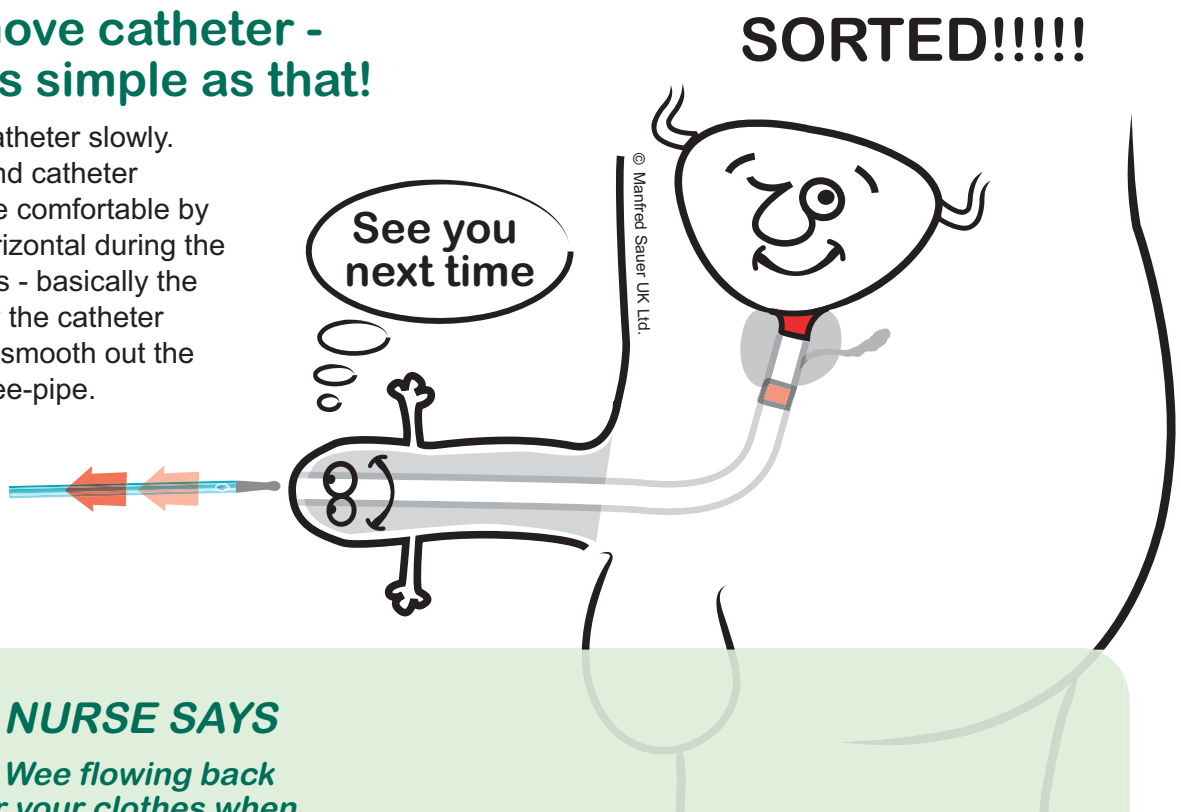
NURSE SAYS

#### drainage receptacle options

- ✓ TOILET
- ✓ URINAL
- ✓ LEG BAG or NIGHT BAG
- ✓ UriBAG
- ✓ PLASTIC FREEZER BAG

## 7 Remove catheter - Its as simple as that!

Withdraw the catheter slowly. Some people find catheter withdrawal more comfortable by lifting Willie horizontal during the removal process - basically the opposite to how the catheter was inserted to smooth out the bends in the Wee-pipe.

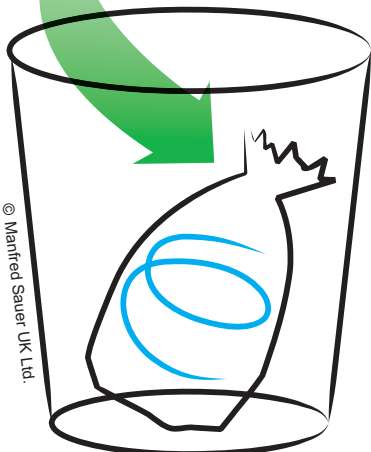


### NURSE SAYS

*To prevent Wee flowing back onto you or your clothes when removing the catheter, put a finger or thumb over the funnel of the catheter which will trap the Wee in the catheter. Once catheter is removed, remove finger or thumb to drain residue in catheter into toilet.*

## 8 Don't flush the catheter down the toilet!

Be considerate  
Simply BAG IT  
then BIN IT!!!



## 9 Always finish by washing your hands!

wash hands with either soap & water OR a wet wipe



# Try not to touch the surface of the catheter

## Touch free techniques - 2 suggestions

The majority of people performing ISC rarely pick up an infection, some people however are prone to them. If this is the case for you, extra care with hygiene and using techniques such as not touching the catheters surface could help you reduce the number of infections. After the coating is activated you have several ways that the catheter can be handled without actually touching the surface of the catheter. **The packaging of iQCath has tear marks (see page 5) that enable you to use the catheter's packaging to handle the catheter without touching its surface.** This reduces the risk of introducing any germs on your hands into your bladder.

### 1) Use plastic packaging to hold catheter

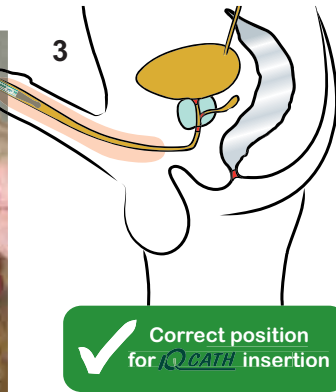
After activating the catheter's coating as shown on page 11, remove most of the packaging as in below.



Tear off the rest of the packaging from the tear mark just behind the 'funnel tear mark 1' (see page 5).



Remove surplus packaging over the catheter tip end and fold remaining tab of packaging to form a 'sliding plastic sleeve' or tab.



Hold the catheter by the 'sliding plastic sleeve' and Willie with your other hand and gently insert the tip of the catheter into your Wee-pipe.



4) Once the catheter tip is just inserted into Willie you can feed the rest of the catheter in as shown by holding the catheter by the funnel with one hand and the 'sliding plastic sleeve' with the other as shown

### 2) Use a plastic food freezer bag to handle the catheter

After activating the catheter's coating as shown on page 11, tear the packaging off the catheter at 'funnel tear mark 2' (see page 5) and feed the catheter funnel end first into a medium sized plastic food freezer bag with the catheter tip protruding a few centimetres from the bag. The catheter can then be handled easily through the bag without touching the slippery catheter's surface. Pass the catheter into the bladder and drain the Wee into the plastic bag. This is particularly useful for people who cannot get close enough to the toilet to drain the bladder directly from the catheter into the toilet, perhaps because they use a wheelchair. Once you have drained your bladder and emptied the Wee out of the bag into the toilet, put any waste packaging and wipes in with the used catheter, tie the bag and dispose of the bag responsibly. This technique can also be used to drain the bladder when there is no toilet to dispose of the Wee such as in the car or even in a bed.



Take 1 medium size plastic food bag



Put catheter in the bag funnel end first



Feed the catheter into Willie handling it through the plastic bag.

## Devices to help you catheterise

### p.hold

- 1 We call it the ISC 'Hands Free Kit'. It is made of a special soft memory foam and is great for when Willie disappears (retracts). It helps by gently but firmly holding and stretching Willie at just the right angle away from the body prior to insertion of the catheter. This leaves both hands free for the catheterisation process. Particularly useful if person performing ISC has dexterity problems or is of large stature and has to catheterise by feel. Also a useful aid during the teaching of the ISC process.

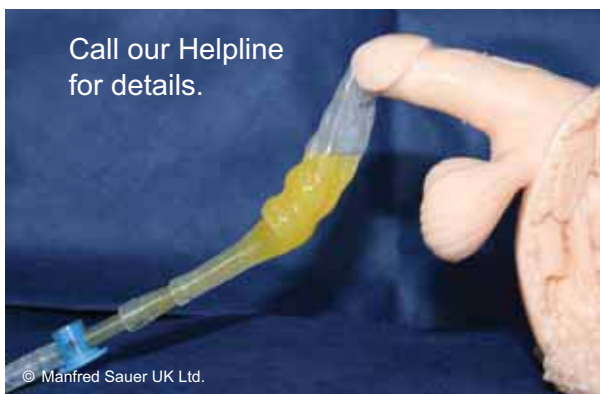
**All available on UK prescription - see back page for order details**



### K+IC

- 2 Urinary sheath system (not self adhesive) with removable tip that ensures any leaks between catheterisations are contained. Simply remove sheath tip, catheterise and replace sheath tip as many times as required throughout the day. If leakage is only small (50-80mls) then there is no need for a drainage bag just a discreet tap like our Catheter Valve as shown below.

**All available on UK prescription - see back page for order details**



*I still leak in-between ISC when I cough or sneeze despite the pills that are supposed to keep me dry. I had so many embarrassing incidents that I tried not to go out if possible. That was until I started using the K+IC system which finally gave me my freedom and dignity back.*

*(iQCath & K+ICS user)*

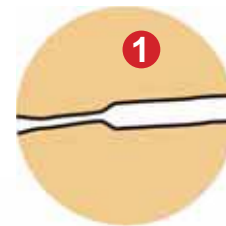
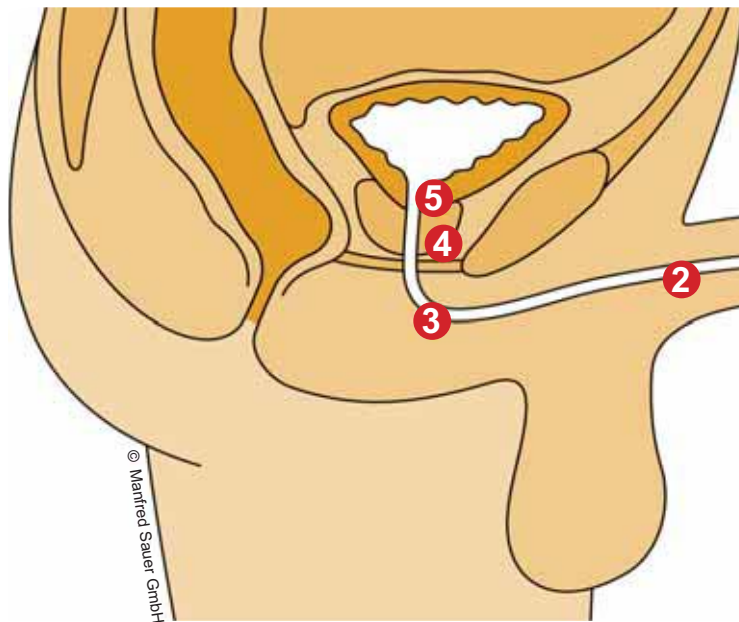
### 3 Cath-Hand

Hand was designed by one of our customers with very poor finger dexterity (C5 Tetraplegia). Used for people with poor grip and requires very little strength to use, literally a gentle 'cocking' of the wrist. Unfortunately this product has to be purchased privately as it is **Not available on UK prescription.**

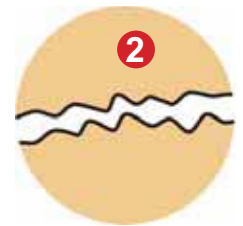


## Possible complications - from strictures to spastic bladders explained?

Men in particular, due to the length and anatomy of the Wee-pipe, often have problems inserting a disposable catheter safely and gently into the bladder. Some potential problem areas are shown here:



meatal stenosis/  
stricture



strictures of the urethra



bulbar urethral stricture



false prostatic  
urethral passages



Spastic sphincter of  
the bladder

## Mitrofanoff Channels

A Mitrofanoff is a very special urinary diversion that requires an operation. If you have been through this procedure your Urology Professionals will have explained that for various medical reasons you are unable to pass a catheter through your Wee-pipe. Instead you have a special 'channel' made to your bladder through your abdomen (tummy) wall. This is called a Mitrofanoff Channel. iQCath is as gentle on people catheterising with Mitrofanoff Channels as it is for Wee-pipe catheterisations. You may feel a slight resistance when inserting the catheter but iQCath's soft flexible tip is the gentlest way to perform this procedure, just guide the catheter through the channel and into the bladder, holding the coloured funnel of the catheter towards the toilet ready for the flow of Wee to start. Try moving the catheter a few centimetres further into the bladder to check for hidden pockets of Wee. When the Wee stops flowing gently remove the catheter, bag it and dispose of as per Local Authority guidelines.



### NURSE SAYS

*Tip: Don't worry if you have been diagnosed with one of these problems, many people have them and iQCath generally copes better than other products with such complications.*

## Glossary

There follows a list of words you may be unfamiliar with and how they relate to your Continence management.

<b>Bladder</b>	A muscular storage bag that holds Wee.
<b>Catheter</b>	A urinary catheter is a plastic tube used to drain Wee from the bladder.
<b>Faeces or Poo</b>	Waste left over after food has been digested.
<b>Hydrophillic catheter</b>	Catheter with a special slippery coating activated by a fluid - usually water or saline.
<b>Intermittent self catheterisation or ISC</b>	Sometimes called Clean Intermittent Catheterisation (CIC). It is the procedure of passing a special piece of plastic tubing into the bladder to ensure the bladder is completely empty. After the process the tube is removed.
<b>Neurological Disease</b>	A disorder of the nervous system.
<b>Reflux</b>	Raised pressures in the bladder force Wee back up the tubes linking the bladder to the kidneys (ureters). Potentially very dangerous as if unchecked this can actually damage the kidneys.
<b>Retention</b>	The bladder fills up and for a variety of reasons cannot be emptied without medical intervention - usually passing a catheter.
<b>Retraction</b>	Willie disappears into the body cavity often making it difficult to catheterise.
<b>Sphincter</b>	Usually a circular muscle that acts like a valve. Normally closed preventing leakage of Wee or Poo.
<b>Stricture</b>	A narrowing in the Wee-pipe which can be caused by some operations, and many other medical reasons.
<b>Symptomatic</b>	Showing symptoms of something like an infection.
<b>Urethra</b>	The Wee-pipe - tubing from bladder to the end of Willie.
<b>Ureter</b>	Tubing connecting kidneys to bladder.
<b>Urodynamics</b>	The investigation of functional disorders of the lower urinary tract, i.e. the bladder and Wee-pipes joining it to the Kidneys and Willie.
<b>UTI</b>	Urinary Tract Infection - a bacterial infection that affects any part of the urinary tract - kidney, ureters, bladder or Urethra.
<b>Wee</b>	Waste products filtered from the bloodstream by the kidneys and stored in the bladder. Wee contains a variety of fluids, salts, and waste products, it usually does not have bacteria in it. However, as ISC is not a sterile procedure it is likely that there will be bacteria in a person carrying out ISC. If there are no adverse symptoms (see page 22) this is not considered as a problem.

# Useful things to know - some questions answered?

## How do I get my catheters?

From your usual medical dispensing outlet, this could be any dispensing Chemist/Pharmacy, even some doctor's surgeries. You may already get your continence products delivered to your door by a home delivery service. They will be able to do the same with iQCath. If not, we can arrange for your iQCaths to be dispensed directly to your door via next day courier delivery at no cost to yourself, if you or your GP send the prescription directly to us in one of our Freepost envelopes.

Call our helpline on 0870 1904 150 or log onto our website [www.manfredsauer.co.uk](http://www.manfredsauer.co.uk) and request a Home Delivery pack.

## How often should I catheterise?

Check to see what your healthcare professional has written specifically about you on page 1. Also see page 6 'How much should I drink and how often should I catheterise'. As a rough guideline, an adult male should try to keep the volume of Wee to a maximum of 400mls each time you empty your bladder.

## Where can I catheterise?

With practice you will soon become confident to perform ISC just about anywhere you have privacy, it is even possible to catheterise in bed and away from a toilet and running water. However you need to be prepared for such occasions and ensure you have the correct equipment with you.

## How much should I drink a day?

See Page 6 for more details.

## How do I store my catheters?

Store them flat in a cool dry place away from direct sunlight.

## How do I carry my iQCaths when away from home?

iQCaths can be rolled (not folded) and placed in a jacket pocket, belt pouch, bum bag or similar. Some people even thread them behind a waist belt. Tight fitting trousers and many jeans pockets may be a little too tight to comfortably carry your iQCath depending on the cut of the garment. If you are using iQCath+ with integral activating fluid be careful not to burst the sachet until you are going to use the catheter. Many trousers have a stitched easy access pocket on the outside which make them ideal for carrying what you need. Some of our customers tell us that tucked into the top of a boot or Baseball cap works for them! Briefcases & Laptop cases, lunch boxes, partner's handbags, supermarket carrier bag and of course in the car and desk at work are all other options. Ensure you unroll any unused caths at end of the day and store them flat in a cool dry place.

*Perhaps you have a novel idea how to discretely carry them about that you could tell us about - contact our Helpline and share your experiences!*

## How often do I need to wash?

Once a day ideally by taking a shower or bath. Some people find it helps prevent infections to clean the genital area after going for a 'Poo' using a Baby wipe or similar.

## What if there is no Wee coming out of the catheter?

If you are sure the catheter has gone all the way into your bladder then check the following:

- 1) The catheter has not been folded or creased. If it has discard it and use another that has been stored flat or rolled.
- 2) Some people can produce a lot of debris in their Wee especially after some operations that can block the catheter's eyelets. Discard the catheter and try again. If the problem persists contact your Continence Specialist for advice.



## NURSE SAYS

*Tip: In the UK it should not take more than 2-3 days from giving your prescription to the dispenser to receiving your catheters. If you are told it will take longer, call our Helpline to get more information on how to get your catheters quickly. We can even arrange for them to be delivered discretely and at no cost to you, direct to your door!*

### **What if I cannot get the catheter in?**

Compared to many catheters on the market this is unlikely to happen with iQCath as it goes places other catheters simply won't!

This problem is very rare and is usually caused by strictures or your Wee-pipe and/or sphincters going into spasm when the catheter is first introduced, possibly caused by you being anxious or tense. Try to relax, withdraw the catheter a little, some people find it helpful to give a little cough at the point the catheter is refusing to go past. If still no luck remove catheter, relax and leave it for 10 minutes and try again with a new catheter. If after several attempts it still won't go in contact a Healthcare Professional for advice before your bladder fills fully and you get too uncomfortable. Don't force the catheter in as there may be an underlying medical reason why the catheter will no longer go in.

### **What if I cannot get the catheter out?**

Try not to worry, a little cough may help, wait a few minutes and try again. If still no luck then contact a healthcare professional for advice, but don't worry it's not going to cause any immediate damage. Many people have permanent catheters inserted 24/7. Don't force the catheter and don't cut it as this will just make it more difficult for the Healthcare Professional to remove.

### **What if I see blood on the catheter?**

See 'Signs of infection' page 22. Occasional little spots of blood on the catheter or in the toilet are nothing to worry about particularly when first starting to catheterise. However, if there is a lot of blood draining into your Wee you should seek the advice of a healthcare professional.

### **What if I am ill, I may not be able to do my own catheterisations?**

Some people are happy for someone close to them such as a relative or very close friend to learn the procedure. If this is not possible and you are too ill to do it yourself seek medical advice as they may decide to have an indwelling catheter put in until you are better. Keeping up your fluid intake is particularly important when ill for many reasons, let's face it the last thing you need is a urinary infection.

### **How do I know if I have an infection and what action should I take?**

See Page 22 for more details.

### **I'm off on holiday what should I do?**

It's always a good idea to carry more than enough supplies for your trip - remember in hot places you may drink more. Make sure you carry enough catheters in your hand luggage just in case of delays at the airport and to give you a chance to get others sent out if your luggage gets delayed or lost. A letter from your Doctor or even this booklet filled in by your Continence Specialist can save embarrassing moments with custom officials in foreign countries. We always recommend using iQCath+ as it has its own integral activating fluid sachet so the quality of local tap water is not an issue!

### **I know where I am travelling to has no accessible toilets, what are my options?**

If you know it will be difficult finding an accessible toilet to perform ISC due to mobility problems, such as on a long haul flight or that special evening at the Theatre or restaurant where there are no accessible toilets. Rather than not drinking and getting dehydrated an option open to some people is to put an indwelling catheter and leg bag in-place for a short duration of time. You need to talk to your Continence Specialist before attempting this as it will depend on your personal circumstances and medical history. This is a clinical decision and the risks need to be understood before going any further. If you do use an indwelling catheter always ask for a catheter valve as well so rather than have your bladder on continuous drainage you can close the valve and let your bladder fill and empty as when you do ISC. If you don't do this, when the indwelling catheter is removed you will find getting back into your ISC routine difficult as your bladder readjusts to holding Wee again.

### **What about sex?**

Yes Please! ISC is probably the least invasive way to manage your Continence problems and should not interfere with your sex life in any way. Passing a catheter with an erection is slightly more difficult but possible, and taking tablets to help with Erectile Dysfunction is also possible, but always discuss this first with your Healthcare Professional. It is advisable to empty your bladder before doing any activity and sex is no exception to this rule. Although it may be obvious it is still worth stressing at this point that as you are being intimate with another person even if there is no actual intercourse involved, it is vital that you are meticulous with personal hygiene before catheterising after any such activity.

## What can go wrong & what to watch out for?

Signs of infection to look out for:

- ✗ Leaking between catheterisations
- ✗ Needing to empty bladder more frequently than usual
- ✗ High temperature sweats & shivers (Flu like symptoms)
- ✗ Wee is stronger smelling than usual or cloudy
- ✗ Pain or burning when passing water
- ✗ Lower back ache
- ✗ More than a few spots of blood

If you have one or more of these symptoms call a Healthcare Professional as soon as possible for advice, as if the infection really gets established it can make you seriously ill. You may be asked to provide a specimen of your Wee in a special container. To do this use a new iQCath and fill the bottle from the mid-stream flow of Wee, not the first or last part of your Wee. You may need a short course of Antibiotics to clear up the problem. Beware some have side effects such as turning your Wee a different colour which can be quite a shock when you are not expecting it. Always finish the course of tablets even after the symptoms have cleared up. Some Doctors may even prescribe you a course of antibiotics to keep in reserve so you can start taking them as soon as symptoms start, whilst you wait for the 'Wee' specimen provided to be analysed.



### **ANY QUESTIONS FOR NURSE?**

*Write them below before you forget.*

# Useful Information sources and specialist UK user group contact details

<b>(ASBAH) Association for Spina Bifida and</b>	UK registered charity providing information and advice about spina bifida and hydrocephalus to individuals, families <b>Hydrocephalus and carers</b> Tel: 01733 555988 <b>www.asbah.org</b> , <b>Email: info@asbah.org</b>
<b>Association for Continence Advice (ACA)</b>	The ACA is a membership organisation for health and social care professionals concerned with the progression of care for Continence and, as such, does not provide direct personal advice on Continence matters. Tel: 01506 811077 <b>www.aca.uk.com/</b>
<b>Continence Foundation - UK</b>	National organization for education, research and knowledge transfer on adult incontinence, involved in scientific and consumer publications. Helpline Tel: 0845 345 0165 <b>www.continence-foundation.org.uk</b>
<b>Cystitis &amp; OAB Foundation</b>	Provides information and support to sufferers of bladder problems, including Interstitial Cystitis, Bacterial Cystitis and Overactive Bladder. Tel: 01908 569169 <b>www.cobfoundation.org</b>
<b>Diabetes UK</b>	The largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition. Tel: 020 7424 1000 <b>www.diabetes.org.uk</b>
<b>Incontact</b>	A charity providing information and support to people affected by bladder and bowel problems. Includes a moderated chat room and active message board. Tel: 0870 770 3246 <b>www.incontact.org</b>
<b>Manfred Sauer</b>	Helpline Tel: 0870 1904 150 <a href="mailto:helpline@manfredsauer.co.uk">helpline@manfredsauer.co.uk</a>
<b>Stroke Association</b>	Information or advice about stroke contact call Stroke Helpline Tel: 0845 3033 100 (calls charged at local rate) open Monday to Friday, 9am to 5pm. <b>www.stroke.org.uk</b>
<b>MS</b>	The MS Society is the UK's largest charity for people affected by Multiple Sclerosis (MS) Tel: 020 8438 0700 <b>www.mssociety.org.uk</b>
<b>Parkinsons Association</b>	The leading charity dedicated to providing support, advice and information for people with Parkinson's disease, their carers, families and friends. Tel: 0808 800 0303 <b>www.parkinsons.org.uk</b>
<b>Promocon</b>	Provides a national service, working as part of Disabled Living, Manchester to improve the life for all people with bladder or bowel problems by offering product information, advice and practical solutions to both professionals and the general public. Tel: 0161-834-2001 <b>www.promocon.co.uk</b>
<b>RADAR</b>	National organisation run by disabled people. Bookshop, mailing list and email chat service. Links to other disability sites. Runs the UK Public Disabled toilet key scheme. Tel: 020 7250 3222 <b>www.radar.org.uk</b>
<b>Spinal Injuries</b>	The UK's national organisation for spinal cord injured (SCI). We strongly recommends anyone with a spinal cord injury to join this association as it provides a wealth of invaluable information and support for all aspects of SCI. Freephone Advice Line Tel: 0800 980 0501 <b>www.spinal.co.uk</b>
<b>Men's Health Forum</b>	The Men's Health Forum's mission is to provide an independent and authoritative voice for male health and to tackle the issues affecting the health and well-being of boys and men in England and Wales. (homepage contains links to Scottish, Irish & European Forums) <b>www.menshealthforum.org.uk</b>

## About the author

Barry Kaighin was born on the Isle of Man in 1961 and is the Managing Director of Manfred Sauer UK Ltd. Barry is pictured here in 2007 with his 10 year old son, Sam.

Barry has had paraplegia since 1988 following a road traffic accident. He spent 5 months in Stoke Mandeville spinal unit returning to work 10 months after injury. It was at Stoke that he started ISC and it is his experiences getting to grips with managing ISC over the years that have provided the inspiration for this tutorial booklet.

After working in the computer and record industries, Barry joined the Manfred Sauer Company in 1995, and became part of the international Manfred Sauer team, being involved in product development, expanding the business and running seminars and workshops about 'continence management from the users perspective' from Scandinavia to Saudi Arabia. When Barry started, the only product the Company had available on UK prescription was the 'Big Bendi Bag', a Wee drainage bag specifically designed for wheelchair users. The current product portfolio has since grown to the most extensive and diverse available in the UK, with more size options offered than any other company in the industry, because people come in all shapes and sizes not just small, medium and large as some companies would have you believe! All designed by people who use them and backed up by a wealth of 'real world' experience. Barry also started the UK Manfred Sauer Helpline, a unique service backed up by the accumulated knowledge of more than 10 colleagues, that like him have direct experience of managing their own Continence problems, as well as a wealth of knowledge about what products are available and how to use them!

***“ We are happy to share our experiences with consumers and professionals – if we don't know the answer you can bet we can pass you onto someone that does! ”***

“If ever I were to write a book about my life experiences a great deal of it would involve the 'trials and tribulations' I have encountered since the age of 27, from my perspective as a wheelchair user.



The title would be something like

***“ If only I had known then, what I know now! It seems to me that disability comes with more than its fair share of lessons that are learned from the 'School of Hard Knocks'. I found Continence Management to be one of the biggest hurdles to get to grips with. ”***

If you have ever had an 'incontinent episode' in a social situation you will know exactly what I mean, with the feeling of 'will the earth open up and swallow me please' being at the forefront of your mind. Let's be honest here, if you don't have control over your bladder and bowels, lots of other stuff that seemed a priority like mobility and sexual function, get relegated in your wish list! In writing this tutorial and by sharing with you my personal experiences and knowledge of the industry,

I hope to supplement the information given to you by healthcare professionals regarding the medical procedure of ISC and help you adapt it to your lifestyle in the world you live! ”

If I have left anything out that you think people need to know or if you are not happy with any of the content of this tutorial, I would be grateful if you could write or email your thoughts to our helpline?

## Manfred Sauer

Manfred Sauer is the Managing Director of Manfred Sauer GmbH and its subsidiary companies, he was born in 1944. Manfred has had tetraplegia since 1963 after a diving accident in the UK. He was rehabilitated at Stoke Mandeville Spinal Unit in the days of its founder, Sir Ludwig Guttmann. In 1965 he began to develop and market condom urinals. In 1976 he launched Manfred Sauer GmbH, now a firmly established business enjoying a large share in the rehabilitation marketplace for Continence systems in Europe and an increasing market share in mainstream Continence management in the UK. Recently Manfred has realised his dream in the shape of The Manfred Sauer Foundation, which has a core philosophy of "Giving meaning and regaining a balance to life", to help people and their families with the psychological rehabilitation after traumatic accident or illness.

The Foundation is a not-for-profit organisation which has been funded and is supported from the profits of the commercial Continence systems manufacturing company, Manfred Sauer GmbH and its subsidiaries.

Manfred has given 97% of the Company to the Foundation, so essentially all the profits from the commercial Company after reinvestment to ensure its continuing existence, go to support the Foundation. So there are no 'fat cat' shareholders here! This is Manfred's legacy to give something back both to the disabled community all over the world who use the products, as well as to the local community who have worked on the manufacturing site and made the Company such a success over the years.

The foundation is a building complex the size of a small UK Shopping Mall based on the edge of a nature reserve near the picturesque German University City of Heidelberg. It provides comfortable affordable accessible accommodation for people of all abilities with a Health Spa, Gym, Physio and many alternative therapies - all accessible. Also offered are workshops in various crafts, culinary skills, nutrition, basic and advanced wheelchair techniques, computers and sexuality, along with up to date conference facilities. Healthy cuisine using local produce where possible is the focus for the cafe and restaurant and it even has its own Micro Brewery. The Foundation is a resource to be used by all regardless of ability!





**Hydrophillic Catheter** (pack of 30)  
Needs water to activate coating

PIP codes help your chemist locate the product

Ch Size	Order Code	Pip Code
12	IQ 2004.12	322-2908
14	IQ 2004.14	322-2916
16	IQ 2004.16	322-2932



**Hydrophillic Catheter** (pack of 30)  
Integral saline solution to activate coating

Ch Size	Order Code	Pip Code
12	IQ 2104.12	324-7400
14	IQ 2104.14	324-7418
16	IQ 2104.16	324-7426

**Catheter Valve**  
(pack of 5)

FP10 Code	Tap	Pip Code
CVS	Twist	323-0307



**Urinary Sheath System**

Prescription FP10 Code	Sheath Diameter (mm)	Qty	Pip Code (required by chemist)
100.01	Sheath expander	1	256-3633
100.05	Extra black plastic connectors	10	244-3497
103.18	18mm	30	256-3641
103.20	20mm	30	256-3658
103.22	22mm	30	256-3666
103.24	24mm	30	256-3674
103.26	26mm	30	256-3682
103.28	28mm	30	256-3690
103.30	30mm	30	256-3708
103.32	32mm	30	256-3716
103.35	35mm	30	256-3724
103.37	37mm	30	256-3732
103.40	40mm	30	256-3740

**p.hold** <sup>®</sup> **Penis Holder**  
(pack of 1 holder)

FP10 Code	Thickness	Pip Code
PHN	2cm (Blue)	305-1612
PHW	4cm (Green)	305-1620

**URi bag** <sup>®</sup> **Urinals**  
(pack of 1 URi bag)

FP10 Code	Type	Pip Code
URi bag	male	249-1264



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