

The ROYAL MARSDEN
NHS Foundation Trust

Urine catheterisation and bowel care



NHS

**Information for patients,
parents and carers**

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This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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Thanks to supporters of The Royal Marsden Cancer Charity, we raised £16 million to build the Oak Centre for Children and Young People. Opened in September 2011 by TRH The Duke and Duchess of Cambridge, it is one of the largest comprehensive children and young people's cancer centres in Europe.

The Royal Marsden Cancer Charity raises money solely to support The Royal Marsden, a world-leading cancer centre. We ensure our nurses, doctors and research teams can provide the very best care and develop life-saving treatments, which are used across the UK and around the world.

From funding state-of-the-art equipment and groundbreaking research, to creating the very best patient environments, we will never stop looking for ways to improve the lives of people affected by cancer.

The Royal Marsden Cancer Charity
For a future beyond cancer.

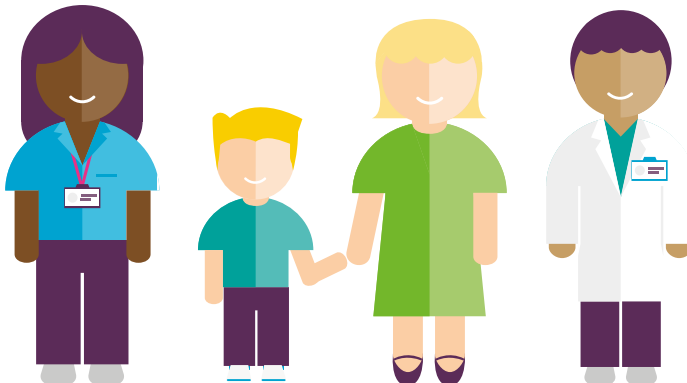


Introduction

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our child has had a urine catheter inserted for bladder drainage and this will mean that they have additional care needs. We understand that this can feel overwhelming but we will give you support to care for your child's needs.

This leaflet provides information about urine catheters, bowel care and practical information about routine procedures and problem solving.



Urine catheters

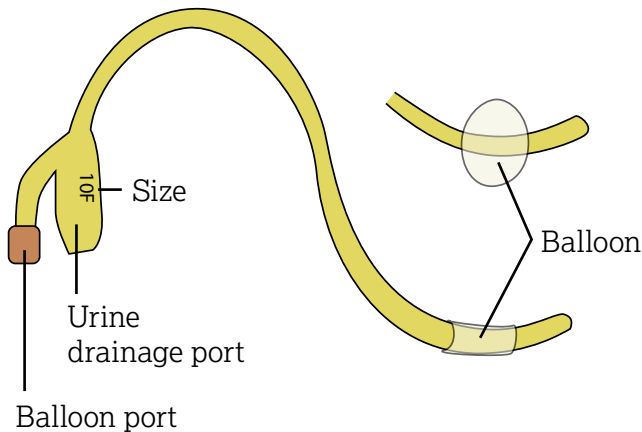


Choosing the best method of bladder drainage

The nursing and/or medical team will discuss with you the most appropriate method of bladder drainage in order to keep your child dry, whilst avoiding complications and side effects.

What is a catheter?

A catheter is a tube which is inserted into the bladder through the urethra (the narrow tube from the bladder to outside of the body) where we pass urine from. An indwelling urine catheter is the most common method used for bladder-emptying. The catheter size is determined by the age and size of your child.



How does a catheter work?

The catheter is held in place by a balloon inflated with 5–10mls of water. This keeps the catheter in the bladder. The balloon should be checked once a fortnight. This is done by using a 10ml syringe, to ensure that the volume of water remains the same and to decide if additional water needs to be instilled to hold the catheter in place. Your child's nurse will teach you how to check the water in the balloon. If the balloon does **not** inflate, remove it and do not use the same catheter again. A new catheter should be used.

Once the catheter has been inserted, and the balloon inflated, it remains in the bladder enabling it to continuously drain into a bag; this is usually strapped to the leg. In order to reduce the risk of infection, your child should receive effective skin care to the exit site of the catheter on a daily basis. In boys, this should include retraction of the foreskin (as able) to clean the tip of the penis, then ensuring the foreskin is returned to the normal position.

Whilst your child has a urine catheter in place, they will require prescriptions for additional equipment such as leg bags. These will be provided by your GP. Your Community Children's Nursing (CCN) team can help to arrange ordering this equipment.

The catheter bag

The catheter bag should be emptied when it becomes three-quarters full. (See the procedure on page 5). If your child has a 'leg bag' this should be replaced every 5–7 days and left attached unless a bladder washout is required. A bladder washout will be indicated if the catheter stops draining urine and is blocked with sediment (see page 7 for procedure). If your child has a 'bed bag' this should be attached to the end of the leg bag at night. This should be replaced every 5–7 days and left attached unless a bladder washout is required. Your child's nurse will show you how to empty a catheter.

Emptying urinary catheter bags

Equipment required for urine catheter emptying, which will be provided by your healthcare team:

- Alcohol wipe
- Disposable gloves
- Container (jug or urine bottle)
- Paper towel to cover the jug.

Pre-procedure for parents/carers

Action

1. Explain and discuss the procedure with your child.
2. Wash your hands using soap and water and put on disposable gloves.

Procedure

3. Open the catheter valve and allow the urine to drain into the jug.
4. Close the outlet valve and clean it with an alcohol wipe.
5. Note and record the amount of urine if this is requested.
6. Cover the jug and dispose of the contents in the toilet.
7. Wash your hands with soap and water.

Hydration is important in preventing urinary tract infections. Your child should have access to a good fluid intake to maintain this.

Advantages of an indwelling catheter:

- It will usually empty the bladder and keep your child dry, regardless of what kind of bladder problem they have
- It maintains continence with no skin breakdown
- It will avoid discomfort and pain when passing urine.

Disadvantages of an indwelling catheter:

- Increased risk of urinary tract infection
- Sediment may build up causing urine to drain poorly and a bladder washout may be needed
- It can fall out and need replacing
- Leakage – small amounts of urine can leak around the catheter.

Leakage can be a particular problem for girls. We can attempt to reduce the risk by checking if a different sized catheter helps. A bowel management plan may also help, however leakage may still be an ongoing issue.

What is a bladder washout?

Bladder washout is a procedure that allows you to 'flush' the bladder with normal saline (0.9%) to remove any sediment. This is achieved by attaching a 60ml catheter tip syringe to the end of the catheter/flipflow valve filled with 50mls of normal saline (see procedure below). The 0.9% saline is warmed and then instilled slowly into the bladder, resolving any blockage (resistance) and allowing free drainage of the 0.9% solution. If your child feels pain during the procedure, stop and speak to your healthcare team for further advice.

Reasons that bladder washout is needed

- To prevent retained urine in the bladder (planned event) once to twice weekly
- To unblock a catheter that is not draining urine/leaking (unplanned event)
- To remove sediment in the urine catheter that may block drainage (planned and unplanned event).

The aim of a bladder washout is to help your child's catheter drain urine but to reduce the risk of a urine infection by using a sterile procedure. This procedure will initially be carried out by a nurse or doctor.

Equipment required for bladder washout provided by the healthcare team:

- A clean bladder washout catheter pack
- A 60ml catheter tip syringe
- Warmed normal saline 0.9%
- Sterile gloves.

Pre-procedure for parents/carers

Action

1. Explain and discuss the procedure with your child.
 2. Wash your hands using soap and water.
-

Procedure

3. Open the catheter pack onto a clean tray and place sterile single-use equipment onto a sterile sheet (including the syringe and gloves from protective packaging).
 4. Open a sachet of warmed normal saline 0.9% (warmed in a bowl of tap water) and pour into the sterile dish.
 5. Open the 60ml catheter tip syringe. Do not touch the end that connects to the catheter. Check the syringe has no cracks and is in good working order by pulling back and forth on the syringe plunger.
 6. Put gloves on for sterile procedure. Remove the catheter bag with sterile gauze.
 - 7a. If the catheter **is not** blocked: planned procedure.
Draw up 50ml of warmed normal saline 0.9% and expel air by gently pushing the syringe plunger forward towards tip. Gently insert 50ml, remove the syringe and allow the fluid to drain out naturally as long as the catheter tip is below the level of the bladder. Connect to the urine catheter drainage bag.
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OR

- 7b. If the catheter **is** blocked: unplanned procedure.
Not draining urine, insert the 50mls gently as you may meet resistance. Continue with gentle pushes – pause until the catheter drains urine and the urine drains well.
Connect to the urine catheter drainage bag.
 8. Cover the container with urine and dispose of contents in the toilet. Discard all items in a household bin and wash your hands with soap and water.
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Bowel care

A source of urinary tract infections is sometimes from the bowel. Repeated urinary tract infections may result from ineffective bowel care and chronic constipation. Bowel care should be carried out, ideally with an empty bladder.

Some children who have catheters may be able to empty their bowels effectively. However, your child may require regular laxatives and practical support to help pass stools.

Using a diary to understand your child's bowel habit in relation to their food and fluid intake can be a helpful way to guide a bowel care plan. For further information, please see The Royal Marsden booklet *Constipation in children*.

<https://patientinfolibrary.royalmarsden.nhs.uk/constipation>

The role of your child's Community Children's Nurse (CCN)

Your CCN team will work closely with you to support and manage your child's catheter and bowel care plan. They have knowledge and skills in caring for children with indwelling catheters and are available for planned contact for procedures such as a bladder washout. Some parents feel able to take on some of these practical procedures and this can be discussed and put in place by your CCN team (see page 7 for more details).

The insertion of a urine catheter in children is not a regular or routine intervention. Therefore many CCNs are not trained to complete this procedure if a catheter falls out or if it requires a planned change. There may be some members of your CCN team that are able to insert a urine catheter at home but if not, you will need to visit your local hospital to have your child's catheter reinserted.

The Specialist Symptom Care Team

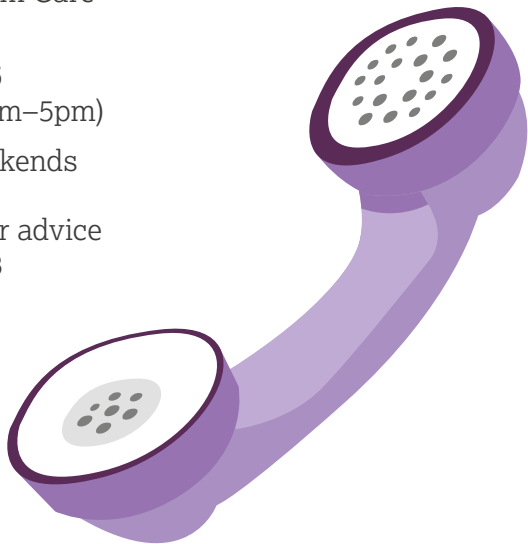
The Specialist Symptom Care Team provides overall support and signposting to you and your family. We work closely with your CCNs but it is important to be aware that they are managed by a different NHS organisation and have a duty to follow their local policies.

Contact details

If you have any questions about the information enclosed, please contact the Children and Young People's Outreach and Symptom Care Nursing Team.

Tel: **020 8661 3625**
(Monday to Friday, 9am–5pm)

Evenings, nights, weekends
and all bank holidays:
The paediatric 24 hour advice
line: **020 8915 6248**





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