

Parents' guide to intermittent catheterization *for girls*





Supporting your family's bladder management journey

Learning that your child will need to use intermittent catheters can be life-changing, and you may have questions and fears about what's ahead. You are not alone, and Coloplast® Care is here to support you and your child.

With your Coloplast Care enrollment, you'll receive a Welcome Kit* in the mail filled with clinician-validated education and tools to help you and your child get off to a good start with intermittent catheterization. You'll also receive a phone call from your family's Coloplast Care Advisor, who can help answer your questions, provide product and lifestyle support, and help you find a supplier that is in-network with your insurance. This booklet will help you understand the basics of intermittent catheterization, how to catheterize your child, and how to maintain good hygiene practices. You'll also find advice and recommendations from other families who use intermittent catheters, tips on reducing the risk of urinary tract infections, and information on teaching your child to self-catheterize – all with the goal of supporting you and your child's bladder management routine.

No matter where you're at in your journey, we're here to help your child live a better life using catheters.

Contact Coloplast Care



1-866-226-6362



care-us@coloplast.com



www.bladder.coloplastcare.us

*Welcome Kit contents may vary. Limitations apply.

Information from Coloplast Care is for educational purposes only. It is not intended to substitute for professional medical advice and should not be interpreted to contain treatment recommendations. You should rely on the healthcare professional who knows your individual history for personal medical advice and diagnosis. Coloplast does not practice medicine. The recommendations and information in this material are not medical advice. Contact your healthcare professional for personal medical advice or diagnosis.

SpeediCath® catheters may be prescribed for use by pediatric patients (children to age 21) and adults who require bladder drainage due to chronic urine retention or post void residual volume (PVR). Before use, carefully read all of the instructions. Call your doctor if you think you have a UTI or can't pass the catheter into the bladder. For more information regarding risks, potential complications and product support, call Coloplast Corp. at 1-866-226-6362 and/or consult the company website at www.coloplast.us.



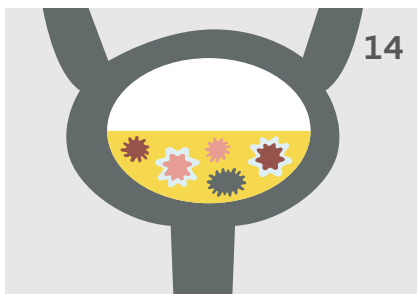
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Understanding intermittent catheterization

What is intermittent catheterization?

The main goal of intermittent catheterization is preventing or reducing the chances of kidney or bladder damage. Intermittent catheterization is a way to empty the bladder throughout the day and is an option for people with medical conditions that prevent them from draining the bladder on their own. To perform intermittent catheterization, a catheter (hollow plastic tube) is inserted into the urethra (opening where urine comes out of the body), past the urinary sphincter muscles and into the bladder. Once the catheter is in the bladder, urine will flow out, and the bladder will empty.

Intermittent catheterization mimics how the bladder normally functions and must be done on a regular schedule as prescribed by your healthcare provider. Letting the bladder fill and then empty completely throughout the day increases the child's chances of maintaining a healthy urinary system. An overfilled bladder may stretch, which can sometimes contribute to urinary tract infections, urine leakage, and kidney damage.

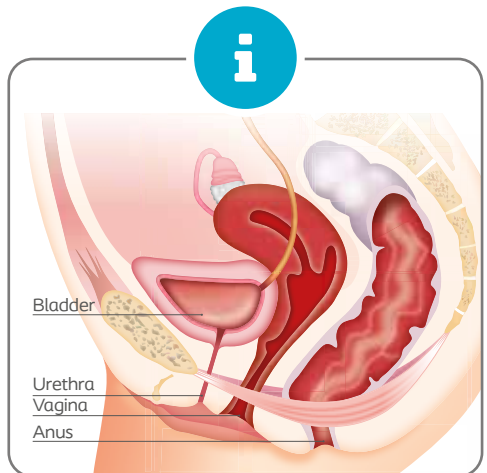
Why should my child catheterize?

Children may need to perform self-catheterization for a number of reasons, which can include:

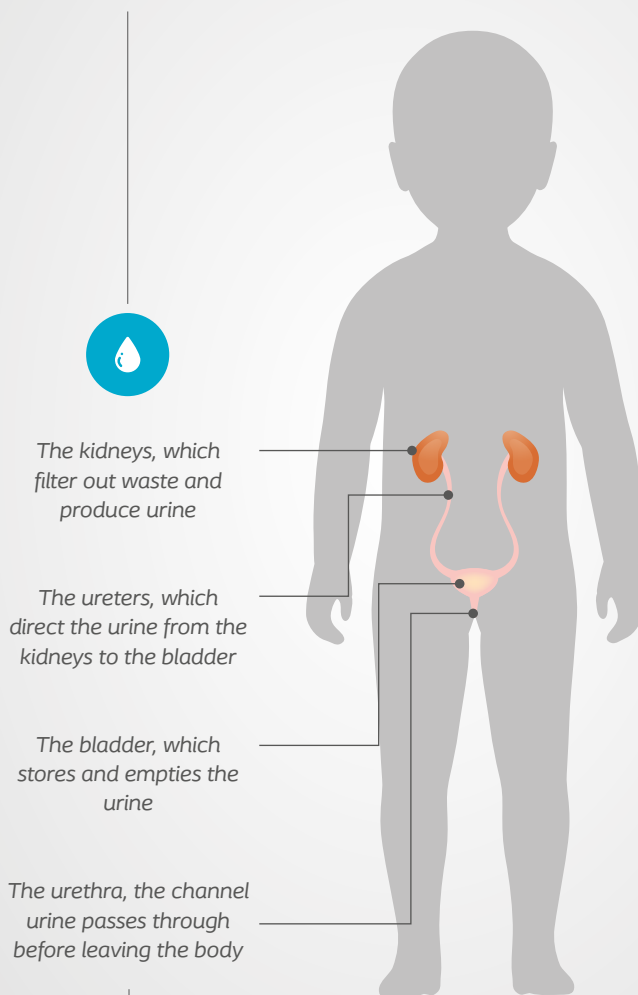
- Spinal cord injury
- Certain neurological conditions including spina bifida
- A complication following a surgical procedure
- Side effect of medication

- Problems with urinary retention (being unable to empty the bladder completely)
- Urinary incontinence (urine leakage or inability to control when urination occurs)

Intermittent catheterization has several health benefits compared with other bladder management options. Emptying the bladder several times a day through intermittent catheterization prevents urine from sitting in the bladder for prolonged periods of time and should help your child stay dry. Allowing the bladder to refill after voiding also keeps the bladder wall active, which is another benefit of intermittent catheterization. Studies show that intermittent catheter users experienced lower infection rates compared with foley or indwelling catheter users and was linked to improved independence.¹



The bladder is part of the urinary tract, which consists of:



3 THINGS YOU SHOULD KNOW ABOUT THE BLADDER:

01

The bladder is both a storage site for urine and a muscle that contracts as the bladder empties.

02

The bladder is not constantly hollow or distended. It is a bag-like muscle that stretches and expands as it becomes full.

03

If the bladder is functioning normally, you will feel the urge to urinate before the bladder is completely full. Individuals with neurogenic bladder may not actually feel an urge to urinate. Catheterizing on a regular schedule is important because it prevents the bladder from overfilling.

Understanding intermittent catheterization

How often should my child catheterize?

Frequency of catheterization will be prescribed by your healthcare provider. For school-age children, it is very important that the prescribed catheterization schedule be continued throughout the school day. The school nurse should be informed about your child's bladder management schedule so that assistance is available if necessary. Intermittent catheterization supplies, like hand sanitizer, moist towelettes, and a change of clothing, should be kept at school.

Are there medications that can help in addition to catheterization?

There are two types of medication that are sometimes prescribed to help stay dry between catheterizations. The first kind of medication helps hold urine in by tightening the bladder neck. The second kind of medication prevents bladder spasms and contractions to help reduce leakage between catheterizations. It is important that these medications be taken as prescribed. Any questions regarding medications should be discussed with your healthcare provider.

Can my child self-catheterize?

If your child has good hand dexterity, coordination, and an understanding of the procedure, she may be ready to self-catheterize. Children as young as four years old have been taught self-catheterization. It is important to note that readiness is determined by the child and should not be forced too early. Your child will be evaluated by a healthcare professional, and if your child is ready to learn the procedure, your provider can help you and your child learn intermittent catheterization. It may take time for you or your child to locate the urethra. It is important to educate them about the female anatomy before starting catheterization so that they understand why and how they need to catheterize. Trial and error, as well as your

guidance, can be helpful until they become accustomed to it. It is often helpful for girls to use a leg mirror to aid proper catheter placement, and with practice, they may be able to memorize the urethra location for easier insertion. It is important to remember that you are not alone. While it may take practice, many children learn how to self-catheterize, which can help them feel more confident and independent.

What can go wrong with the urinary system?

There are three main types of bladder dysfunction:

1. Storage problems: Urinary incontinence results in the inability to keep urine in the bladder.
2. Emptying problems: Urinary retention results in the inability to empty the bladder completely.
3. A mixture of various forms of incontinence and retention.

The most common reason a child needs to use intermittent catheters is damage to some of the nerves that control the bladder, which is called neurogenic bladder. The nerve damage can be complete, which means that there's no communication between the brain and bladder, or it can be partial, which means that some messages get through. Nerve damage can happen to either or both the bladder muscle and urinary sphincters, which control the flow of urine from the bladder to the urethra.

Overactive bladder happens when the bladder muscles squeeze more than normal and before the bladder is full of urine. Sometimes the muscles are too loose and allow urine to leave the body involuntary, which is called urinary incontinence. This might be a few drops of urine or a large amount, and sometimes leakage can happen while sleeping.

1. Newman DK, Willson MM. Review of intermittent catheterization and current best practices. *Urologic nursing*. 2011 Jan-Feb 2011;31(1):12-28, 48; quiz 29.
2. Medical Student Curriculum: Adult UTI. (2020). American Urological Association. www.auanet.org/education/auauniversity/for-medicalstudents/medical-students-curriculum/medical-student-curriculum/adult-uti



Underactive bladder means that the bladder doesn't squeeze when it's filled with urine and won't empty fully or at all. The sphincter muscles also may not work correctly, causing them to remain tight and block urine from leaving the body. This is called urinary retention.

While your child may be able to release some urine from the body, it's important to follow your healthcare provider's instructions to use intermittent catheters. This is because your child may not be emptying the bladder completely, which can result in urinary tract infections and other issues.

What can happen if intermittent catheterization isn't performed often enough?

Your healthcare provider prescribed a daily catheterization frequency which is important to adhere to. Failing to catheterize often enough can result in complications like urinary tract infections, kidney damage, or incontinence. When the bladder isn't emptied often enough, it provides an environment for bacteria to multiply, which can lead to urinary tract infections, which can be unpleasant.

If too much urine is stored in the bladder for too long, the bladder can also overfill and stretch. Once it reaches its full capacity, the urine has to go somewhere. This can result in urinary incontinence or leakage, or worse the urine can get pushed back up through the ureters and into the kidneys, which can cause serious and sometimes life-threatening damage.

Regular catheterization can also help reduce accidents or wetting, which many children have anxiety and concerns about. Catheterizing regularly can help them avoid accidents and ease these concerns. ●

COMMON SIGNS OF BLADDER ISSUES²

- Pain in the bladder area above the pelvic bone
- Dark, cloudy, or concentrated urine
- Increased urgency to urinate not caused by larger fluid intake
- Unexplained change in the amount of urine
- Blood in urine
- Unexpected urine leakage
- Foul smelling urine

The symptoms above may also indicate other diseases, and so we always recommend contacting your clinician if your child experiences any of the symptoms above.

Connect with community

Hear inspiring stories from other families managing neurogenic bladder, connect with reliable advice, and join a community network by listening to the **Real Talk: Bladder & Bowel Conversations with Coloplast® Care** podcast



Scan the QR code with your phone's camera to listen and subscribe or visit coloplast.to/realtalk

Intermittent catheterization instructions *for girls*

Please refer to product labeling for complete product instructions for use, contraindications, warnings, precautions and adverse events.

Step 1

Examine catheter before use. Do not use product if device or packaging is damaged. Don't touch any part of the catheter that enters the body since this can contaminate the catheter.

Step 2

Wash hands with soap and water, or use an alcohol-based hand sanitizer.



Step 3

With the guidance of your healthcare provider, determine which catheterization position will be best (sitting or lying down). Position the child as comfortably as possible, either lying down with knees bent in a "frog-like"

position, or sitting with legs spread apart.

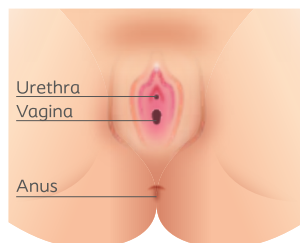
Step 4

If using a SpeediCath® hydrophilic-coated catheter, no additional lubricant is needed. If using an uncoated catheter, a water-soluble lubricant is recommended. If using an uncoated product, lubricate the tip of the catheter and avoid touching any part of the catheter that enters the body (to reduce transferring bacteria).

Step 5

Separate the labia as instructed by your healthcare provider. Many catheter users initially struggle finding the urethra, but understanding female anatomy can guide locating it.

Following the diagram to the right, females have three openings including the anus, vagina, and urethra. The rectum leads from the large intestine and passes stool out of the body. Moving up towards the head, the vaginal opening comes next. Above the vaginal opening is the urethra, the passageway from the bladder to the outside of the body. Take time to get to know female anatomy and help the child (if ready) become familiar with their anatomy. A leg mirror can help the child better visualize the catheterization procedure and find the urethra.



Step 6

With one hand, continue to separate the labia and wash thoroughly with a moist towelette, swab or baby wipe.

Be sure to wash from front to back and never go back and forth across the urethral opening. Use each towelette, swab, or wipe only once, since reusing them can spread germs.



Step 7

Insert the catheter gently into the urethra until urine begins to flow, then insert the catheter a little farther (approximately $\frac{1}{2}$ inch). If the child is able to sit on a toilet, urine may be drained into the toilet. If the child is lying down, urine may be drained into a collection device.



Step 8

When urine stops flowing, withdraw the catheter slowly. If urine starts flowing again, pause and wait for it to stop. Resume withdrawing the catheter, stopping each time urine begins to flow. When the bladder is empty, remove the catheter.

Step 9

Throw away the catheter after using it and wash your hands.



For video guidance, watch instructional SpeediCath® videos at:
bladderguides.coloplastcare.us

Scan the QR code with your phone's camera for instructional how-to-use videos for children



These are general guidelines meant to help you with typical questions. Each person's situation is unique, and risks, outcomes, experience, and results may vary. You should follow the specific instructions by your healthcare team for you and the product you are using.

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SpeediCath® catheters may be prescribed for use by pediatric patients (children to age 21) and adults who require bladder drainage due to chronic urine retention or post void residual volume (PVR). Before use, carefully read all of the instructions. Call your doctor if you think you have a UTI or can't pass the catheter into the bladder. For more information regarding risks, potential complications and product support, call Coloplast Corp. at 1-866-226-6362 and/or consult the company website at www.coloplast.us.

IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 911.

A mother and daughter's perspective: *the spina bifida and neurogenic bladder journey*

Maya is an active 13-year-old who stays busy with multiple sports, friends, and school. She was also born with spina bifida and neurogenic bladder and bowel. While these conditions were tough to manage in the beginning, with time, support, and the right products, Maya has now established a successful bladder routine.

When Maya was born, there was no indication that she had spina bifida until a nurse recommended additional imaging.

"We went home not knowing what was going to happen next, because we didn't have any preparation or know what it meant," said Carolina, Maya's mom and a Coloplast employee. "We knew it was spina bifida occulta, but we had no clue what that meant."

Maya had regular follow-up visits, but because she has spina bifida occulta, it was difficult to determine if her bladder and bowel function were impacted.

"We went home thinking the neurogenic bladder and bowel was maybe something we could avoid," Carolina said. "I wish I would have had more clarity."



Carolina and her husband worked hard to potty train Maya, but she struggled, which prompted another visit to the doctor. There, Maya was diagnosed with neurogenic bladder and bowel at the age of six, and the doctor explained that she would have to use an intermittent catheter.

"I remember this very cold and numb feeling. It was that sheer fear that something really bad was happening," Carolina said. "There was certainly a before and after."

At the same appointment, nurses showed Carolina how to catheterize Maya, who was terrified. That night when they got home, they tried to catheterize on their own for the first time.

"It did not go well, and it didn't go well in part because we were given a dry flexible catheter that we needed to coat with lubricant. Little did we know that when you lubricate that catheter, you have to use it right away, and it's messy," Carolina said. "Every time we tried to catheterize, there was a lot of screaming, crying, and hard feelings."

Carolina did extensive research trying to find a better way to catheterize, but she was still struggling to find the urethra and comfortably insert Maya's catheter. This resulted in incontinence, and Maya began withdrawing



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“We need to give our kids more of a chance to be independent if they can. I started catheterizing Maya, and I never gave her a chance or asked her if she felt she wanted to do it herself. I felt I was in the better position because I was the adult. Man was I wrong. I wish I would have been more proactive and said, ‘here you go Maya, give it a try, see if you can find it on your own.’”

CAROLINA*



*Carolina is the mother of Maya, a SpeediCath® catheter user, and she is a Coloplast employee. Each person's situation is unique, so your experience may not be the same. Talk to your healthcare provider about whether this product is right for you.



from social activities and didn't want to go to school. Carolina knew it was time to go back to the doctor, and this time, the nurse gave them an array of catheters to choose from.

"Among those catheters was a tiny little catheter the size of lipstick, and Maya was immediately drawn to that one," Carolina said. "It looked less daunting."

While catheterizing was still uncomfortable when they tried at home, it became easier and easier in the following weeks using a SpeediCath® hydrophilic-coated catheter. Within about three months, Maya decided she wanted to try catheterizing herself.

"Just like that, she flourished," Carolina said. "She started to make friends, school started to be better—it was night and day."

Carolina recommends listening to your child and making them part of the decision to try self-catheterizing.

"We need to give our kids more of a chance to be independent if they can. I started catheterizing Maya, and I never gave her a chance or asked her if she wanted to do it herself. I felt I was in the better position because I was the adult," Carolina said. "Man was I wrong. I wish I would have been more proactive and said, 'here you go Maya, give it a try, see if you can find it on your own.'"

For many, finding the different areas of anatomy can become instinctive, and Carolina noted that Maya had begun noticing where things were located. That, plus using a hydrophilic-coated product, made Maya's transition to self-catheterization smooth.

"SpeediCath gave her that independence because it's tiny," Carolina said. "It has a gripper, so you don't need to have lubrication all over and it doesn't slip out of your hands."

5

5 BLADDER ROUTINE TIPS:

1. Include your child in the decision to begin self-catheterization and listen to how they feel about it.
2. Stay on a schedule. Set a phone or watch reminder at regular intervals throughout the day to ensure they are catheterizing often enough.
3. Involve your child's teacher or school nurse and ensure they understand the condition and accommodations. Establish a safe word or phrase your child can say to excuse themselves if there's an accident.
4. Keep supplies like catheters, wet wipes, extra clothes and underwear, and pads at school in case of leakage.
5. Explore product options. If your child is struggling to use their product, talk to your clinician or Coloplast® Care Advisor about your options.

The next time they visited their healthcare team, they were surprised by Maya's progress.

"Maya took a lot of pride," Carolina said. "Imagine going from having accidents at school to finally achieving continence. We take it for granted, but for kids struggling with this condition it's empowering, and it was a very proud moment for her."

While Maya's bladder management routine has successfully developed and she feels confident, additional accommodations to support her are crucial. When Maya was initially diagnosed with neurogenic bladder and bowel, Carolina immediately notified the school. At school, the nurse had an area for Maya to keep her catheters and there was a private bathroom she was able to use discreetly.

"The school assumed that her only needs related to the bathroom, and they relied on Maya to remember her catheterization schedule as a 6-year-old," Carolina said. "I worked with the school to create a schedule for Maya so that the nurse would proactively call her to the office so she knew it was time to use her catheter, and that's how we kept her compliant."

Because Maya is ambulatory, managed her bladder routine independently, and was doing well academically, the school didn't offer any additional accommodations, and so Carolina had to advocate for Maya.

"Maya needed special accommodations to sit close to the door to discreetly leave and return from the bathroom. As simple as it sounds, you need to engage the school and make sure that happens," Carolina said. "I also advocated for her to have a special learning plan because the constant catheterization breaks put her at a disadvantage. There were instructions given when she wasn't in the classroom. All of these situations that stem from Maya using a catheter needed to be accounted for. After that, Maya



became really successful at school."

Maya also has a blossoming social life and has started feeling comfortable staying overnight at friends' houses. Before the sleepover, Carolina will reach out to the friend's parents (with Maya's permission) to explain Maya's condition and that there might be catheters in their garbage.

"I let Maya decide how she wants to talk to people about her condition, and I've told her it's up to her to decide how anyone talks about it," Carolina said. "My understanding that she has a choice on whether she wants to share that part of her life or not has also empowered her to embrace it more. She's very open about it with her friends, and she's not embarrassed by it anymore."

Looking back, Carolina feels incredibly lucky to have stumbled upon additional product options that made managing Maya's bladder routine easier.

"When I remember this journey and talk about it, I wish I would have received more education," Carolina said. "It will take a little trial and error, but you will get there, and it gives you hope." ●

What you should know about urinary tract infections



Intermittent catheter users may develop urinary tract infections (UTIs) occasionally. Understanding what a UTI is and how you can reduce your child's risk of developing one can help maintain bladder health.

What is a UTI?

A UTI is an infection in the urinary system, which includes the kidneys, ureters, bladder, and urethra. Most infections occur in the bladder.

Why do UTIs happen?

A UTI can occur for different reasons. The presence of some bacteria in the urinary tract does not necessarily cause a urinary tract infection. However, if the bacteria grow and multiply excessively, or urine is stored in the bladder for too long, it may cause an infection in the urinary tract that needs to be treated. Constipation is also associated with urinary tract infections. When the rectum and colon are overfilled, they can displace the bladder and elongate the urethra, impairing complete bladder emptying.³ Since many children with neurogenic bladder also experience neurogenic bowel and constipation, it's important to make sure the bowels are also effectively managed.

Who can get a UTI?

Anybody can get a UTI, but there is a higher risk for catheter users. This is because bacteria, potentially left behind after improper hand washing or present near the urethral opening,

can be introduced into the urinary tract during catheterization. Women and girls also tend to get more UTIs because of their comparatively shorter urethra (the tube that removes urine from the body), which makes it easier for bacteria from the vagina and anus to enter the bladder. Not emptying the bladder completely or often enough can also increase the likelihood of getting a UTI, because each catheterization removes urine and lingering bacteria from the body. It's important to regularly flush out and drain the bladder completely, because stagnant urine provides an environment for bacteria to multiply.⁴

How do I recognize a UTI?

If your child has any of the signs and symptoms of a potential UTI, they may need medical attention. However, they might not feel pain or bladder irritation if their nerves have been affected by an underlying medical condition. Remember, a UTI will only be diagnosed when there are both symptoms and bacteria in the urine. If your child has any symptoms, you should always consult your healthcare provider immediately for the appropriate diagnosis and treatment.

2. Medical Student Curriculum: Adult UTI. (2020). American Urological Association. www.auanet.org/education/aauauniversity/for-medicalstudents/medical-students-curriculum/medical-student-curriculum/adult-uti

3. Blethyn AJ, Jenkins HR, Roberts R, Verrier Jones K. Radiological evidence of constipation in urinary tract infection. Arch Dis Child. 1995 Dec;73(6):534-5. doi: 10.1136/adc.73.6.534. PMID: 8546513; PMCID: PMC1511452.

4. Kennelly M, Thiruchelvam N, et al. Adult Neurogenic Lower Urinary Tract Dysfunction and Intermittent Catheterisation in a Community Setting: Risk Factors Model for Urinary Tract Infections. Advances in Urology. Sponsored by Coloplast. 2019

5. Children's Hospital of Orange County. How much water should kids drink? 2023. <https://www.choc.org/programs-services/urology/how-much-water-should-my-child-drink/#:~:text=it%20is%20important%20to%20note,such%20as%20milk%20and%20juice.>

How can you reduce your child's risk of developing a UTI?

There is a lot you can do to minimize the chances of developing a UTI. There are three key points to remember:

01

Ensure you or your child is using a clean technique.

02

Develop a routine to empty your child's bladder completely and regularly throughout the day.

03

Ensure your child stays hydrated. It is recommended that children drink the number of 8-ounce cups of water equal to their age, with a minimum of 64 ounces of water for children over the age of 8.⁵

Catheterizing hygienically can be difficult to manage sometimes – especially away from home. Following the routine your clinician showed you is very important and can help you and your child consistently catheterize correctly. ●

Water intake recommendations⁵

Age in years	Number of 8-ounce cups
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8 and older	8



Potential UTI symptoms:²

- Fever
- Pain in the bladder area above the pelvic bone
- Increased urgency to urinate
- Chills
- Low back and/or flank pain
- Increased spasms of the legs, abdomen, or bladder
- Dark-colored and strong-smelling urine
- Blood in urine
- Unexpected urine leakage or leaking between catheterizations

Teaching your child about self-catheterization

Teaching your child how to self-catheterize can help them build self-confidence and independence, and they might begin showing interest in learning sooner than you expect. If your child has the hand dexterity to self-catheterize and understands the importance of cleanliness during the process, teaching them before they start school can help give them freedom to use the bathroom independently.

01

PRACTICE GOOD HYGIENE

Ensure your child knows the importance of washing their hands before and after catheterizing. You should also guide them on how to handle and insert the catheter, along with how to dispose of it afterwards. Your catheters will come with instructions for use that can help guide you in teaching your child how to use their specific product.



02

SET A ROUTINE

Routine is a crucial part of setting your child up for success, and it's important that they follow your clinician's prescribed catheterization frequency. Typically, the bladder needs to be emptied 4-6 times per day. Consider setting a phone or watch alarm to help remind your child when to catheterize.



03

HELP THEM UNDERSTAND WHY

It's also important to be supportive and patient while they learn. They may have questions about catheters and why they need to use them, so help them understand that everyone goes to the bathroom, but some go differently. Help to normalize the catheterization process to build their self-esteem and confidence.



04

BE SAFE

Always follow your clinician's instructions and teach them how to use the intermittent catheter they prescribe.

If your child transfers from their mobility device to catheterize, ensure they know how to safely transfer in different bathroom environments so that they're prepared.



05

PREPARE IN ADVANCE

Make sure they have the supplies they need to catheterize, and that they're easily accessible. If they're in school, supply extra hand sanitizer, clothes and underwear, pads, and catheters in case of an accident or emergency.





Compliance is key

When your clinician prescribes clean intermittent catheterization (CIC), they also indicate how many times per day your child must catheterize. Adhering to the clinician-prescribed CIC frequency is a key component of maintaining a healthy bladder – and developing a consistent routine can help.

When your clinician prescribes clean intermittent catheterization (CIC), they also indicate how many times per day your child must catheterize. For most intermittent catheter users, this means emptying the bladder every 4-6 hours.⁶ You should plan ahead to ensure that your child follows the clinician-prescribed CIC frequency, and catheterization should occur at relatively equidistant intervals throughout the day.

Why compliance is critical

When urine is stored in the bladder for too long, it can cause multiple issues. First, it provides an environment for bacteria to multiply, which can lead to urinary tract infections (UTIs). While some UTIs are asymptomatic, others can have unpleasant or even painful symptoms. Catheterizing flushes out and removes lingering bacteria from the bladder, so it's important to catheterize regularly and empty the bladder completely.⁴

If too much urine is stored in the bladder for too long, the bladder can also overfill and stretch. While the bladder can expand to hold more urine, once it reaches its full capacity, the urine has to go somewhere. This can result in urinary incontinence or leakage, or worse the urine can get pushed back up through the ureters

and into the kidneys, a condition called reflux. Reflux is serious and can cause life-threatening kidney damage. Ensuring the bladder is emptied regularly and completely can help reduce the volume of urine left in the bladder and minimize the likelihood of reflux.

If the bladder becomes frequently overdistended (overfilled with urine), it may actually become underactive. Underactive bladders lose the ability to sufficiently contract for bladder emptying, which means the bladder can't squeeze with enough force to release all of the urine. This can be problematic because the bladder must be emptied regularly and completely throughout the day, so it's important to make sure your child isn't overfilling their bladder regularly.

Regular catheterization can also help reduce accidents or wetting. Many children have anxieties about leakage or their peers finding out about their condition, so helping them avoid accidents through regular catheterization can help ease these concerns. Urinary continence also significantly improves children's self-esteem and confidence compared to incontinence (wetting or leakage).⁷ If your child is older and catheterizes regularly, they may no longer



4. Kennelly M, Thiruchelvam N., et al. Adult Neurogenic Lower Urinary Tract Dysfunction and Intermittent Catheterisation in a Community Setting: Risk Factors Model for Urinary Tract Infections. *Advances in Urology*. Sponsored by Coloplast. 2019

6. Society of Urologic Nurses and Associates. Intermittent Self-Catheterization Patient Fact Sheet. 2019

7. Moore C, Kogan B, Parekh A. Impact of urinary incontinence on self-concept in children with spina bifida. *J Urol*. 2004; 171: 1659–62. doi: 10.1097/01.ju.0000117865.98229.e5.



need to wear diapers, helping to eliminate the associated odor and skin problems.

Developing a routine

Developing a catheterization routine or schedule can help you and your child remain adherent to the prescribed catheterization frequency. Children and even adults can easily get distracted, and for children at school or a friend's house, it's easy to forget about a catheterization routine. First, it's important to ensure that if your child is catheterizing independently, they understand each step of their procedure and the importance of it. Go over each step together until they are confident.



Some families find it helpful to keep a bladder diary and record input, output, and frequency to stay on track. You may also consider setting an alarm or reminder on a phone or watch to remind yourself or your child to catheterize at regular intervals throughout the day. Use the goal tracker included in the Coloplast® Care Welcome Kit to set a goal of catheterizing regularly throughout the day and reward your child for adhering to the prescribed frequency.

When your child is at school, you may have the school nurse perform the procedure. Provide them with the catheterization guide for school nurses and caregivers provided in the Coloplast Care Welcome Kit to ensure they understand the importance of adhering to the prescribed catheterization frequency. Make sure that your child has catheterization supplies at school and

items for emergencies, like extra clothes and underwear.

If your child experiences barriers catheterizing at school, consider requesting private bathrooms for them to use. You can also ask that their desk is located at the back of the classroom so that they can discreetly leave to go to the school nurse or bathroom. Your child can establish a safe word with teachers or caregivers that allows them to leave without any questions asked in the event of an emergency or leakage.

Maintaining your child's intermittent catheterization routine is important whether you're at home or away, so plan ahead to fit it in with other activities. ●

If you are told that you can't access your preferred product for any reason, contact **Coloplast® Care:**

📞 Call 1-866-226-6362

✉ Email care-us@coloplast.com



Your product matters

There are many types of intermittent catheters made from a variety of materials in various lengths and sizes, but there are also different tip types, position of the openings (eyelets), and techniques required to catheterize. Many women and girls use a straight tip, and some use a closed system catheter that comes as a sterile catheter attached to a collection bag all in one unit. Some closed systems also come as kits, which include gloves, drape, and prep pads.

The average catheter user catheterizes 5 times a day, which adds up to 1,825 times a year.

That's why it's so important that every single insertion and withdrawal is as smooth as possible to reduce discomfort and protect the urethra.⁸ Coloplast SpeediCath® catheters come with **Triple Action Coating Technology**, our unique hydrophilic coating, which reduces the risk of urinary tract infections (UTIs) and outperformed all other hydrophilic-coated catheters tested.^{8*} If your child does not currently use a hydrophilic product and instead uses an uncoated catheter with lubricant, consider speaking to your healthcare provider to explore your options.

Not being able to access the right kind of catheter is often cited as a reason for discontinuing intermittent catheterization, so ensuring that your child has the best catheter for their unique needs is important.⁹ Typically, the healthcare professional who trains you to catheterize will make a recommendation about which catheter might meet your needs. There are many catheters on the market, so if you experience challenges with a product, don't feel like you're stuck using it. If your child's current product is difficult to use, isn't discreet enough, or is causing pain, talk to your clinician or Coloplast Care about your options. If your supplier ever says that you can't access your preferred product for any reason, reach out to Coloplast Care. ●

*Compared to uncoated catheters.

8. Stensballe J, Looms D, Nielsen PN, et al. Hydrophilic-coated catheters for intermittent catheterisation reduce urethral micro trauma: a prospective, randomised, participant- blinded, crossover study of three different types of catheters. Sponsored by Coloplast. Eur Urol 2005;48(6):978–83., n=49

9. Seth JH, Haslam C, Panicker JN. Ensuring patient adherence to clean intermittent self-catheterization. Patient Prefer Adherence. 2014 Feb 12;8:191-8. doi: 10.2147/PPA.S49060. PMID: 24611001; PMCID: PMC3928402.

Hygiene and catheterization *go hand-in-hand*



Good hand hygiene is essential prior to, during, and after intermittent catheterization. Wash your hands for 40 to 60 seconds with soap and water or use hand sanitizer with at least 60% alcohol.^{10,11}

Urinary tract infections (UTIs) may develop when bacteria is introduced into the urinary tract during catheterization, so it's important to properly wash your hands before catheterizing your child.

Why does it take so long?

Clinicians say that besides not touching the catheter itself, the most important step is taking time to wash or sanitize hands properly. If you are in a place where you can't wash your hands, try to use hand sanitizer with at least 60% alcohol.¹¹

When it comes to intimate hygiene and ensuring the area around the urethra is clean before

catheterization, clinicians recommend cleaning the meatus (urethral opening) before every catheterization.⁶ Clean the entire urethral opening with warm, soapy water and a clean washcloth or towelette.⁶ Intimate soap can help maintain the acidic environment that keeps skin healthy. Reusing the same towelette can spread germs, so only use them once.

To clean a vulva: Separate the labia and gently clean the area around the urethral opening using soap and water or a moist towelette. Wipe from front to back (urethra toward anus) and never go back and forth across the urethral opening.

6. Society of Urologic Nurses and Associates. Intermittent Self-Catheterization Patient Fact Sheet. 2019

10. World Health Organization. How to Handwash? May 2009. https://www.who.int/docs/default-source/patient-safety/how-to-handwashposter.pdf?sfvrsn=7004a09d_2#:~:text=Rotational%20rubbing%20of%20left%20thumb,Your%20hands%20are%20now%20safe.

11. World Health Organization. WHO guidelines on hand hygiene in health care. WHO Press, Geneva, Switzerland. 2009.[https://www.who.int/publications/i/item/9789241597906.](https://www.who.int/publications/i/item/9789241597906)

How to clean your hands¹⁰

HAND WASH



Wet your hands with cold or lukewarm water - it will protect your hands - and then apply soap.



Rub the soap thoroughly so it foams.



Rub the back of your hands and between the fingers.



Rub palm to palm with fingers interlaced.



Wash your thumbs.



Wash your fingers, fingertips, and under the nails.



Rotational rubbing, backwards and forwards with clasped fingers. Then, rinse hands with water.



Turn off the tap with the back of your hand (if possible) and wipe your hands with a clean hand towel.

It is the process of rubbing your hands against each other that removes bacteria. The whole washing process should take at least 40 seconds.¹⁰



40-60 sec.



Bonus info! Use washcloths or cut a large towel into smaller pieces and use it only once to dry your hands—since towels often provide a home for bacteria.¹² If that isn't possible, have a personal towel that you wash regularly and only you use.

10. World Health Organization. How to Handwash? May 2009. https://www.who.int/docs/default-source/patient-safety/how-to-handwash-poster.pdf?sfvrsn=7004a09d_2#:~:text=Rotational%20rubbing%20of%20left%20thumb,Your%20hands%20are%20now%20safe.

12. Gerba, C. P., Tamimi, A. H., Maxwell, S., Sifuentes, L. Y., Hoffman, D. R., & Koenig, D. W. (2014). Bacterial occurrence in kitchen hand towels. Food Protection Trends, 34(5), 312-317.





HAND DISINFECTION¹³



Pour 2-3ml (half-tablespoon) of hand sanitizer or gel onto your hands.



It must be enough so that you can rub your hands for 30 seconds before they dry.



Rub the hand sanitizer into your hands.



Rub the sanitizer on the back of your hands and between the fingers.



Rub palm to palm with fingers interlaced.



Rub hand sanitizer on your thumbs.



Rub hand sanitizer on your fingertips and under the nails.

What to do if you cannot wash your hands before catheterization?

It's important to disinfect your hands with hand sanitizer if you can't wash them with soap and water.

It is the process of rubbing your hands against each other that removes bacteria. The whole process should take about 30 seconds.



30 sec.



Bonus info! Your hand sanitizer should contain at least 60% alcohol (ethanol) to ensure that the bacteria are killed, and glycerol to reduce irritated and dry skin.¹¹

11. World Health Organization. WHO guidelines on hand hygiene in health care. WHO Press, Geneva, Switzerland. 2009.<https://www.who.int/publications/i/item/9789241597906>.
13. Centers for Disease Control and Prevention. When and How to Wash Your Hands. March 2022. <https://www.cdc.gov/handwashing/when-how-handwashing.html>. accessed 09/21/2022

10 intermittent catheterization tips



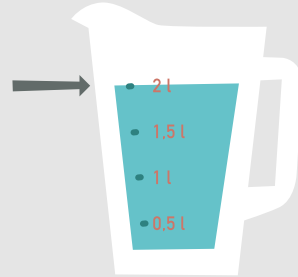
01

Have a plan

The most important aspect of developing a good bladder routine is having a plan – and the motivation to stick to it. Have a plan to help your child stay hydrated and follow the clinician's prescribed catheterization frequency.

Why?

Emptying your child's bladder regularly and completely reduces the risk of excessive bacterial growth that could lead to a urinary tract infection. To get into a routine, consider putting a schedule on the fridge or setting a phone or watch alarm.



02

Stay hydrated

Ensure your child stays hydrated. It is recommended that children drink the number of 8-ounce cups of water equal to their age, with a minimum of 64 ounces of water for children over the age of 8.⁵

Why?

Adequate hydration dilutes urine, and any bacteria are flushed out during catheterization.

03

Catheterize at night if necessary



It's important to catheterize at intervals that are nearly equidistant during the day and night to ensure the bladder isn't too full. If your child drank a lot during the evening and can't feel when they need to urinate, consider emptying their bladder during the night so that there isn't too much urine in the bladder for too long.

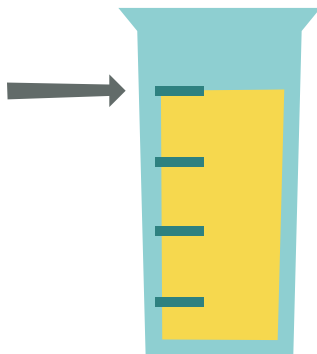
5. Children's Hospital of Orange County. How much water should kids drink? 2023. <https://www.choc.org/programs-services/urology/how-much-water-should-my-child-drink/#:~:text=It%20is%20important%20to%20note,such%20as%20milk%20and%20juice>.

Ensure the bladder isn't overfull

Normal bladder volume changes with age, and it's important to make sure the bladder isn't overfull or stretched. Always follow the clinician-prescribed catheterization frequency to avoid overfilling the bladder and refer to the average bladder size table to see where your child might fall.

Average bladder capacity with age¹⁴

Age	Average bladder size	Time to fill bladder
0-12 months	1-2 ounces	1 hour
1-3 years	3-5 ounces	2 hours
4-12 years	7-14 ounces	2-4 hours



4-6 hours



Always follow the clinician-prescribed catheterization frequency

For most intermittent catheter users, this means emptying the bladder every 4-6 hours.⁶ Check the clinician-prescribed catheterization frequency and try not to skip any planned catheterizations.

Why?

Emptying the bladder regularly ensures urine doesn't remain in the bladder for too long. Old urine left in the bladder is a breeding ground for bacteria to multiply, which can lead to urinary tract infections.

6. Society of Urologic Nurses and Associates. Intermittent Self-Catheterization Patient Fact Sheet. 2019

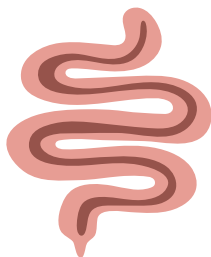
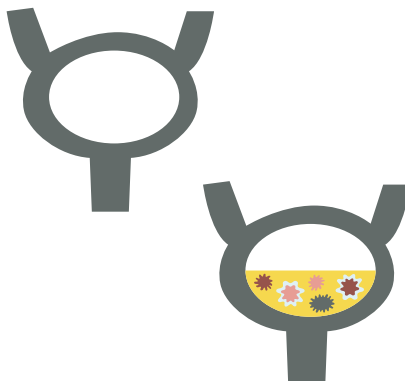
14. Maher, R. How much urine can the bladder hold. Innovo. 2023. <https://www.myinnovo.com/blogs/innovo/how-much-urine-can-the-bladder-hold#:~:text=Normal%20bladder%20volume%20by%20age,hold%2010%20ounces%20of%20urine.>

Empty the bladder completely

Knowing whether your child emptied every drop of urine from their bladder is impossible, but it's important to try to empty as much as possible. To accomplish this, remove the catheter slowly and carefully once the bladder is emptied to remove urine that may be left over at the bottom of the bladder.

Why?

When the bladder is completely emptied regularly, urine doesn't stay in the bladder for a long time. Every catheterization removes the urine and bacteria from the body, which can reduce the risk of developing urinary tract infections.



Take care of the gut

Your child's gut health is also an important part of maintaining a healthy bladder. A nutrient-dense, low-fat diet across all food groups (in recommended amounts within calorie limits) is recommended for children over the age of 2.¹⁵ A healthy diet, combined with at least 60 minutes or more of moderate to vigorous physical activity daily, is recommended for children and adolescents ages 6-17.¹⁶ If your child tends to get constipated, consult your healthcare provider for recommendations.

Why?

Constipation can directly impact the ability to empty the bladder completely because an overfilled bowel can put a strain on the bladder.

Find the right catheter

Finding the right catheter can make all the difference in the world. Studies show that intermittent catheter users who are satisfied with their product are the most compliant, so it's important that you and your child are comfortable with the prescribed product, and it meets their needs.¹⁷ Talk to your healthcare provider about what product is best for your child.

Why?

If something feels uncomfortable or limits your child's lifestyle, they might avoid it. The same goes for catheterization - so finding a product that fits their personal preference and lifestyle is critical. Remember that sometimes it takes a little trial and error before finding what works best, so consult your clinician to learn about catheter options.



15. United States Department of Agriculture. Dietary Guidelines for Americans. Ninth edition. December 2020. https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf
16. United States Department of Health and Human Services. Physical Activity Guidelines for Americans. Second edition. 2018. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf
17. Barbosa CD, Balp MM, Kulich K, Germain N, Rofail D. A literature review to explore the link between treatment satisfaction and adherence, compliance and persistence. Patient Preference and Adherence. 2012; 6: 39-48.



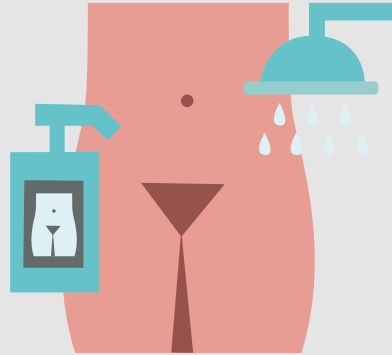
09

Maintain good intimate hygiene

Helping your child maintain good intimate hygiene is another key component of a good bladder routine. Clinicians recommend cleaning the urethral opening before each catheterization using soap and warm water or a waterless, alcohol-based hand rub or towelette.⁶

Why?

UTIs may develop when bacteria - perhaps from the exterior urethral opening or left behind after improper hand washing - are introduced into the urinary tract during catheterization, so it's important to maintain consistent hygiene practices.



10

Ensure good hand hygiene

Proper hand washing is one of the best ways to protect against unwanted bacteria. Always wash hands thoroughly before and after each catheterization using either soap and water or hand sanitizer with at least 60% alcohol.¹¹ Even if you have washed your hands thoroughly, never touch the part of the catheter that goes into the urethra.

Why?

If you don't wash your hands, you risk transferring bacteria into the urethra, which can cause infections. If you can't insert the catheter without touching the sterile part, talk to your clinician about product options that are easier to guide or have a protective sleeve or gripper, and as a last resort use sterile, disposable gloves.



6. Society of Urologic Nurses and Associates. Intermittent Self-Catheterization Patient Fact Sheet. 2019

11. World Health Organization. WHO guidelines on hand hygiene in health care. WHO Press, Geneva, Switzerland. 2009.<https://www.who.int/publications/i/item/9789241597906>.

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Coloplast Care is a free product and lifestyle support program that offers help and education when you need it. Whether it's through clinician-validated educational articles online or by phone with our dedicated team of Advisors - we're here to help your family achieve a higher quality of life using catheters.



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Clinician-validated education provided via website, emails and Welcome Kit*



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Access to product samples** and support finding a supplier that is in-network with your insurance

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*Welcome Kit contents may vary. Limitations apply.

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