

Managing your catheter and planning for trial without catheter (TWOC) – maternity only



Information for patients

This leaflet answers some of the questions you may have if you have a catheter inserted during or following childbirth. It provides guidance on caring for your catheter and explains what you can expect when the catheter is removed by the trial without catheter process. If you have more questions at any time, please do not hesitate to contact a member of staff.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

Why do I need a catheter?

There are many reasons why women need a catheter after childbirth, for example if you have an epidural anaesthesia or a caesarean section. Your midwife or obstetrician will explain to you why you need to have a catheter, how long you may need it for, and what type is best for you.

Caring for your catheter

Hygiene

- Wash your hands before and after touching your catheter.
- You can bathe and shower as normal with a catheter. If you have a leg bag, only disconnect this when changing the bag (once a week) to reduce infection risks.
- Wash the area where the catheter enters your body twice a day.
- Wash the area using downward strokes where it enters the body (again to help prevent infection).
- Use plain water or a pH-neutral soap or body wash.
- Do not apply talcum powder or cream to the area.
- If you require any assistance, a healthcare professional can help you.

Diet and fluids

It is very important to drink when you have a catheter. Try to drink at least 1.5 to 2 litres (6 to 8 glasses) of fluid per day, unless a healthcare professional has advised otherwise. This will help prevent infections and flush out any debris from your bladder.

Securing and emptying your catheter

- It is very important that your catheter is secured safely so it is not pulled out accidentally and does not cause damage to your bladder and urethra. The catheter is secured with a strap called a catheter fixation device. If you have a leg bag attached to drain the urine, this will also have two additional straps securing it in place.



- If the catheter is secured with a leg strap, it is important to rotate the positioning of the strap on a regular basis (every 12 hours) to minimise the risk of damage to the skin.
- Change the strap if it becomes soiled.
- You can empty your catheter bag straight into the toilet. Open the valve at the bottom of the bag and allow the urine to drain then close again. Ensure that it is safely re-secured.
- When monitoring your urine output, a healthcare professional will undertake the task of measuring and emptying your urine bag.
- To minimise the risk of infection, change your catheter bag every five to seven days, unless it is visibly soiled.
- If you require any assistance or are unable to undertake the above, a healthcare professional will help you.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign the consent form. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to speak with a senior member of the staff again.

What is a trial without catheter (TWOC)?

A TWOC involves having your catheter removed by a trained member of staff to see if you can pee and empty your bladder completely.

When will my catheter be removed?

Your catheter should be removed when no longer necessary in line with the hospital obstetric bladder care policy.

There may be instances where your catheter may need to stay in longer than 72 hours. These include:



- urinary retention – where you are unable to pee naturally and have a large volume of urine left behind in your bladder
- urinary incontinence
- surgeries that require a catheter for more than 72 hours
- if your bladder was injured during delivery

If you are unsure of the reason for your catheter, check with a healthcare professional (doctor or midwife) involved in your care. They will be able to clarify the reason and the plan for removal.

If your catheter is due to be removed after 6pm, we recommend that your TWOC is delayed until 6am. This is because you produce less urine at night due to a hormone called anti-diuretic hormone (ADH), which would impact your TWOC assessment.

Some people may be discharged with a catheter for follow-up as an outpatient at a later date.

What is the TWOC process?

When we remove your catheter, we will give you measuring bowls to pee into, so we can measure how much urine you are passing.

You will need to pee twice within six hours of having your catheter removed. You must measure your urine every time you go to the toilet and show your midwife or healthcare assistant until the TWOC process is completed. The midwife will ask you questions about your void (wee). These may include:

- Did you pass a good volume of urine?
- Did your bladder feel empty at the end?
- Do you have a sensation that you want to pee?
- Was your stream normal?
- Was there any incontinence?



After you have peed twice, we need to find out if your bladder is emptying effectively by passing an in/out catheter within ten minutes of the second urine sample to see if any urine remains in the bladder.

If less than 150ml of urine drains, you have successfully completed your TWOC. This process is important. If you can't empty your bladder completely, this increases your risk of long-term bladder problems, including recurrent urine and kidney infections, incomplete bladder emptying and urinary incontinence.

If more than 150ml of urine drains, or you have been unable to pee at all for six hours, we recommend that a full catheter is reinserted. Depending on the volume of urine remaining in your bladder a plan for future removal of the catheter will be made.

Helpful hints for emptying your bladder

- Your bladder empties best when you are sitting, feet flat on the floor, elbows leaning on your thighs, and you are relaxed. Try to avoid hovering.
- When you have finished peeing, count to 120, lean forward slightly and pee again, or stand up, move around a bit and sit down again. This will help to make sure you empty your bladder completely (also called double voiding).
- Try having a warm shower or listen to running taps to help you pee.
- Ask your midwife for pain relief if needed, as pain can affect your ability to pee.

Dos and don'ts

Do tell your midwife or health care assistant if you:

- have pain in your lower abdomen
- find it hard to start or continue to pee or feel that it is a very slow or interrupted flow of urine
- feel like you have a full bladder and cannot empty it fully
- feel pain when peeing



These could be signs that you cannot empty your bladder completely (urinary retention).

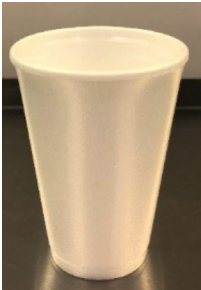
Don't drink too much too quickly as this will make you less likely to pee. You should limit your fluid intake to 1.5 litres in the 24 hours following the removal of the catheter. This means you should not drink more than 500ml during the TWOC process.

Don't wait until you feel your bladder is full before going to the toilet. We suggest trying to pee every three hours.

Appendix A: Volumes of common cups on the ward



Carton – 85ml



Polystyrene cup – 175ml



Plastic cup – 185ml



Mug – 250ml



Small – 340ml
Medium – 450ml
Large – 560ml



Soup cup – 300ml



Water jug – 750ml



Going home with a catheter

If you go home with a catheter, even for a short period of time, you will receive:

- training on how to safely look after it
- a completed catheter passport with details on the history and planned removal date of your catheter and information on catheter care, problems to watch out for and contact details for advice
- a catheter at home pack with a five-day supply of products, including leg and night bags

You will be registered with a home delivery system that will supply you with enough product for the time the catheter is in place.

You can still do your pelvic floor exercises with a catheter but you may find it easier to start by doing quick squeezes around the bottom. Do these little and often when you are sitting or lying down.

The hospital will refer you to the Urogynaecology Team regarding ongoing management and follow-up. This will be in the Gynaecology Outpatient Services in Suite 8, 3rd Floor, Golden Jubilee Wing, King's College Hospital. For those women who deliver at the Princess Royal University Hospital, they will be offered the option of follow up with the Urology Team at Beckenham Beacon instead.

Please do not hesitate to ask your doctor, midwife or healthcare assistant if you have any questions regarding the trial without catheter process.

If you are experiencing continued issues with your bladder, your doctor or midwife can refer you for appropriate follow-up (Urogynaecology, Urology or Community Continence Service).

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with



Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or midwife if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601** Email: **kch-tr.palsdh@nhs.net**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252** Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net