

Managing your catheter and planning for trial without catheter (TWOC)



Information for patients

This leaflet answers some of the questions you may have if you have a catheter inserted. 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 people need a catheter. Your healthcare professional will explain to you in detail 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

- Always wash your hands before and after touching your catheter.
- Ensure the catheter is cleaned after opening your bowels (having a poo) to prevent the risk of contamination.
- You can bathe and shower as normal with a catheter. If you have a leg bag do not disconnect as this could introduce infection.
- Wash the area where the catheter enters your body twice a day.
- Wash the area where the catheter enters the body using downward strokes (to help prevent infection).
- Use plain water or a pH neutral soap or body wash.
- Do not apply talcum powder or cream to this area.

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 you have been otherwise advised by a healthcare professional. This will help prevent infections and flush out any debris from your bladder.

Securing and emptying

- It is very important that your catheter is secured safely. When you are in hospital it will be secured with a catheter fixation device. This will reduce the risk of the catheter causing damage to your bladder and urethra. It will also minimise the risk of the catheter being accidentally pulled out.



- It is important to rotate the position of the leg strap on a regular basis (every 12 hours) to minimise the risk of damage to the skin.
- The strap should be changed if it becomes dirty.
- Your catheter bag can be emptied straight into a toilet or urinal bottle. Open the valve at the bottom of the bag and allow the urine to drain, then close again. Ensure it is safely secured.
- If your urine output is being monitored, a healthcare professional will undertake the task of measuring and emptying your catheter bag.
- Your catheter bag will be changed every 5 to 7 days to minimise the risk of infection, unless it is visibly dirty.
- If you require any assistance, or are unable to undertake the above, a healthcare professional will help you.

What is a trial without catheter (TWOC)?

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

When will my catheter be removed?

Your catheter will be removed when no longer needed. Ideally it should be removed within 72 hours of insertion to reduce the risk of developing urinary sepsis and to restore normal bladder function as quickly as possible.

Your catheter may need to stay in longer than 72 hours. Reasons include:

- to monitor your urine output on an hourly basis
- urinary retention – where you are unable to pee naturally and have a large volume of urine left behind in your bladder
- pressure damage or severe skin damage where we need to prevent urine contamination



- surgeries requiring a catheter for more than 72 hours
- in conjunction with an epidural
- if there has been injury to the bladder during surgery
- following an over distension (injury) of the bladder
- end of life care – to promote comfort

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

Your catheter will be removed at 6am by the night team. This will allow you to have a good night's sleep and enables us to have all relevant teams available if we run into any issues after your catheter is removed. We will closely monitor the amount of urine you pee and the amount left behind in your bladder after you pee.

Some people may be discharged home with a catheter for follow up and/or removal in the community. This will all be arranged prior to your discharge from the hospital. Please speak with your named doctor and nurses to discuss this further.

What is the TWOC process?

Once your catheter is removed (usually at 6am), you will be given a measuring bowl or urinal to measure how much urine you are peeing.

You will need to pee twice within 6 hours of having your catheter removed. **You must measure your urine every time you go to the toilet** and show your nurse or healthcare assistant until the TWOC process is completed.

We also encourage you adopt a good position on the toilet. Please see the next page for helpful hints on emptying your bladder.



The nurse looking after you will then undertake a scan of your bladder to determine if there is any urine left behind. This will be done after your second pee or within 6 hours after removing your catheter. This is a non-invasive scan where you will be asked to lie on the bed and a gel will be placed on your abdomen. The nurse will then gently place a probe on the gel to get a reading of how much urine is in your bladder.

The nurse will use the results of the scan to determine if you have successfully emptied your bladder or if you require assistance with drainage of the bladder. You will be continuously monitored and assessed during this time.

There are some occasions where for medical reasons we are unable to perform a scan or a scanner is unavailable. In such instances, we will instead seek to put a catheter in and remove it almost immediately to assess the amount of urine left behind in your bladder.

If you have any questions or concerns, please discuss with your healthcare professionals.

Helpful hints for emptying your bladder

Try having a warm shower or listen to running taps to help you pee.

Females

- 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 10, lean forward slightly and pee again. Alternatively, stand up, move around a bit and sit down again. This is called double voiding and it will help make sure you empty your bladder completely.



Males

- Your bladder empties best when standing, feet slightly apart, and you are relaxed. When you have finished peeing, count to 10, lean forward slightly or apply gently pressure to your lower abdomen.

Dos and don'ts

Do tell your nurse or health care assistant if you:

- have pain in your lower abdomen
- find it hard to start peeing
- feel like you have a full bladder and cannot empty it fully
- feel pain when peeing

These could be signs that you cannot pee (urinary retention).

Don't drink too much too quickly as this will make you less likely to pee. You should not drink more than 500mls during the 6 hour TWOC process and should limit your fluid intake to 1.5 litres in the 24 hours following the removal of the catheter.

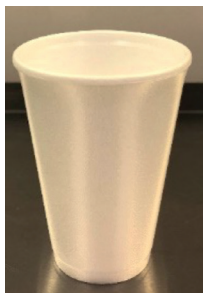
Don't wait until you feel that your bladder is full before going to the toilet. We suggest you try to pee every 3 hours.



Volumes of cups/glasses on the wards



Carton – **85ml**



Polystyrene cup – **175ml**



Plastic cup – **185ml**



Mug – **250ml**



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

Going home with a catheter

If you go home with a catheter, even for a short period of time, you or your carer should receive the following:

- training on how to safely look after your catheter
- a completed catheter passport with details on the history and planned date for change or removal 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 5-day supply of products, including leg and night bags



You should be registered with Script-easy, a home delivery system that will continue to supply you with future products.

If you do not receive a supply of product within 5 days of discharge, then you can contact Script-easy on 0800 0121 699, or the King's Continence Team on 020 3299 5779 or 01689 863701 (during working hours) to set this up for you.

A referral should be made from the hospital to services in the community regarding ongoing management and follow up. This may be with outpatient services or district nurses, depending on your level of mobility and reason for the catheter.

Please do not hesitate to ask your doctor, nurse 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 nurse can refer you for appropriate follow up (Urogynaecology, Urology or Continence service).

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as 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'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.



Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or nurse 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.

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

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

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 PALS on 020 3299 1844.



