



National Resource Centre

Old Nangor Road
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Catheterisation

With Spina Bifida the nerves do not function below the level of the lesion, which is usually in the lower part of the back. The damaged nerves cause varying degrees of paralysis and decreased sensation. The connections between the brain, spinal cord, bladder and bowel are impaired or broken and do not correctly send messages from the body to the brain or vice versa. Therefore, sensation and voluntary emptying of the bowel/bladder is not always possible. This is called a “neurogenic” or “neuropathic” bowel/bladder.

The Neurogenic bladder may not empty completely causing urine to “back up” into the kidneys (potentially causing permanent kidney damage) or the bladder may leak continuously, this is called incontinence. Urinary tract infections are common in children with a neurogenic bladder.

Clean Intermittent Catheterisation

Clean Intermittent Catheterisation is a technique which is used to empty the bladder several times a day.

Clean: As germ-free as possible, (not sterile)

Intermittent: Done on a regular basis several times a day.

Catheterisation: Using a catheter (a thin tube to drain urine out of the bladder).

This is done by passing a catheter (small thin tube) into the bladder through the urethra (passage through which urine leaves the bladder), to release urine and fully empty the bladder

If the bladder is not properly emptied it can cause infections, reflux or permanent kidney damage.

Catheterisation is not a sterile technique, but it is a clean one, so it is very important to have good hygiene standards when doing the procedure. Most catheters are pre-lubricated, which means they have a slippery coating on them.

Why do some children require CIC?

There are several reasons why CIC may be needed:

- To become dry - some children have no bladder control and are wet all the time.
- To prevent repeated urine infections - some children who are unable to empty their bladders completely are at risk of developing kidney damage.



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Who can carry out CIC at school?

In most schools catheterisation is usually done by special needs assistants (SNA). The SNA is responsible for this primary care need (see circular 0030/2014). Only one person is required to be in the room with the individual requiring assistance with catheterisation. No specific qualification is required but the parents and child should feel comfortable, and give written consent for the procedure to be carried out. Training will be provided by the child's parent(s) who can give clear instructions as to the specific care needs of their child. It is important to ensure that the pupil's dignity is respected at all times during activities where assistance is required. It is also pertinent that there are two/three additional staff members trained to perform this duty in the event of sick leave / annual leave. Adequate time / breaks need to be allocated to perform this duty during the school day at the specified time(s).

Training programme - When should training take place?

Training should take place as soon as possible. However, if the child is new to your school in September or if a new SNA needs to be trained to start catheterising in September, we would suggest training by the parents is carried out in September and not in July so that the child and the new SNA are not left unsupported after the summer holiday. If medical training is necessitated, please contact your local Public Health Nurse or your local Continence Nurse for **theoretical** training. Written information on specific products (B Braun/Coloplast/Hollister) may be available, please contact the SBHI FSW team for more information.

Parent/guardian responsibility

The parent/guardian will demonstrate the catheterisation process for the SNA before their training takes place, to help them gain an understanding of the procedure. It also helps with consistency of the procedure between home and school.

After the training, the parent/guardian will support the SNA until they feel confident and competent to undertake the procedure on their own.

The parent/guardian will provide supplies in good time.

The parent/guardian will be the first point of contact for school.

Should something unforeseeable happen and the school is unable to provide an SNA to catheterise the child (e.g. due to short notice illness), parents/guardians may be asked to step in and catheterise the child (this is in the case of emergency where there are no SNAs available in the school to catheterise).

Equipment required for Catheterisation

- Disposable catheter
- Disposable gloves
- Container / Measuring Jug to collect urine
- Disposable wipes
- Continence wear (if required)



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Clean intermittent catheterisation is a clean technique, so most importantly you need to wash your hands. Once you have washed your hands try not to touch anything other than the items you need to prepare for catheterisation. Note - if the catheter falls on the floor use another one.

Steps to follow when performing catheterisation

1. Obtain consent to perform the task from the pupil and then take them to the designated private area in the school where the procedure can take place. Position the pupil either on a bed / bench or in front of the toilet.
2. Explain what you are doing as necessary. Please try to keep to the technique you are taught.
3. Wash your hands with liquid soap and dry thoroughly as per hand washing policy and apply single use latex free gloves (Children with spina bifida are more prone to latex allergies).
4. Prepare the pupil for the procedure.
5. Follow the guidelines that were given by the parents as these are specific to the pupil's needs. Ensure that the genital area is cleaned before catheterising to avoid infection. You will be shown the correct way to do this.
6. Prepare the catheter using the manufacturer's instructions (you will be shown how to do this). Try not to touch the tip of the catheter. Identify the urethra and insert the tip and part of the catheter into the urethral opening. When urine begins to flow advance the catheter another inch(2,5cms) and hold securely until the flow of urine ceases to drip/flow, to ensure that the bladder is empty.
7. Slowly begin to remove the catheter and stop if more urine begins to drain. Continue to do this until the catheter is completely out.
8. Dry the genitalia on completion of catheterisation.
9. Dispose of urine into toilet if needed at this point.
10. Dispose of catheter, gloves and wipes into appropriate waste bag and seal.
11. Wash hands using liquid soap and dry thoroughly as per hand washing policy.

Document anything unusual or urinary output (excessive or reduced amount than normal) if required to do so. Check the colour, smell and clarity of the urine as these may indicate an infection or other problem. If the urine is dark, cloudy or foul smelling contact the child's parent/carer. Encourage the child to drink more water /fluids

Most catheters are single use only and should be disposed of in accordance with school policy. It may be worth noting that at home this equipment is usually disposed of in normal household waste.

Encourage the child and parents to avoid constipation because, if the bowel is empty, it makes it easier to drain the bladder properly.

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Facilities

Toileting facilities must be easily accessible, clean and well-lit with a lockable door to ensure privacy.

Basic equipment should be available including a toilet, sink, soap, paper towels. Some children may require an area to lie down during catheterisation.

Parents will supply the school with catheters, wipes and pads.

Supplies should be stored in a locked cupboard within the toileting room to preserve confidentiality and ensure catheters are not tampered with by other children using the room.

Additional considerations

School trips should be considered in relation to continence management so that the child is not excluded because of their disability. Catheterisation can always be performed sooner than suggested if this facilitates a trip, but should not be left longer than the usual time interval.

Timing of catheterisation should fit into the school day as far as possible in order to minimise any disruption to lessons. However, it is important that the child doesn't always miss the opportunity to socialise with peers at break times.

Only one SNA/Staff member should be present when catheterising the child and this should form part of the SNA policy within the school, this is to protect the dignity, welfare and respect of the child.

You can find out more about the individual child's requirements by talking to the child's parent/guardian.