

# Clean Intermittent Catheterisation (CIC) for girls



Children's Health Ireland  
at Temple Street

## **What it is Clean intermittent catheterisation (CIC)**

It is a clean (not sterile), way to empty the bladder. This is done by inserting a catheter, which is a hollow rubber or plastic tube, in to the urinary opening (urethra).

### **Why is it done?**

Some medical conditions affect how a child can control how pass urine. Your child may not be aware that they have a full bladder or may be unable to fully empty their bladder. If urine remains in the bladder for a long time, bacteria can grow causing an infection. CIC ensures the bladder is fully emptied and keeps it from over stretching, preventing urinary tract infections. When CIC is carried out every 3-6 hours it prevents the bladder from overfilling. It will also help prevent dribbling and wetting. CIC can help your children to remain dry and gives them some control over urination enhancing their self-image and confidence.

### **Where is it done?**

CIC can be carried out in any regular toilet facility or private area. Boys may stand, sit or lie down. Children with a have reduced mobility or who require assistance may prefer to lie down. Consider your child's comfort and abilities before considering a location.

## **The Urinary System**

**Kidneys** – Are situated in the lower back area they filter a number of waste products from the blood producing urine. We have 2 kidneys, one on each side of the spine.

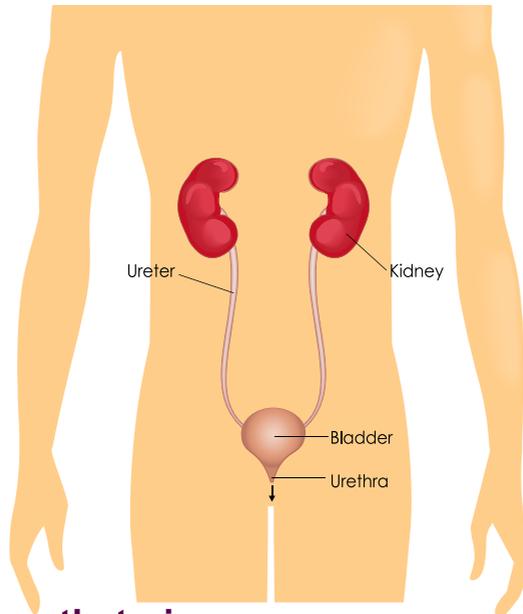
**Ureters** – Narrow tubes, one from each kidney that brings urine from the kidneys to the bladder.

**Bladder**- A muscular sac which holds urine until it is emptied at a suitable time.

**Urethra**-A tube that allows urine to flow from bladder to outside.

**Urine**: The fluid produced by the kidneys and excreted through the bladder and urethra. It should be straw coloured and clear without an offensive smell.

## Urinary System Diagram



**When to catheterise**

To drain urine effectively and prevent infections it is important to carry out CIC regularly. Your doctor or specialist nurse will discuss how often you should catheterise your child. Record the times below.

Number of times per day \_\_\_\_\_

## Catheters

Catheters come in many sizes and design, some have bags attached. Your nurse will show you the types available and you can pick the type that is suitable for your child and you find easiest to use.

Your child's needs may change over time, catheter types can be changed to suit your lifestyle.

## To prevent infection

To prevent infection have your child drink lots of fluids, wash your hands carefully before and after catheterisation, keep supplies clean and keep the area around the urinary opening clean.

## A Guide to how much your child should drink

Age	Amount
1-3 years	95 mls per kg
4-10 years	75 mls per kg
10-14 years	55 mls per kg

# How to carry out clean intermittent catheterisation

## What you need

- A private area.
- Catheter and lubricant if catheter is not lubricated.
- Somewhere to wash and dry your hands.
- Adequate lighting.
- Baby wipes or cotton wool/gauze and water for cleaning the urinary opening.
- Something to collect the urine in if the catheterisation is not done on the toilet or a bag is not been used. Urine may be drained directly into nappy in an infant or into any suitable collection device.

## Procedure

1. Have all your supplies near and ready to use.
2. Wash your hands thoroughly with soap and water. Dry them well with paper towel. Alcohol hand gel is useful for when you are away from home.
3. Place your child in the position that suits both of you.
4. Arrange your child's clothes so they don't get wet.
5. Find the urinary opening, take your time and make sure you can see clearly
6. Separate and hold the labia open with the fingers of one hand. Use the baby wipes or wet cotton balls to clean the area. Wash from the top to the bottom, 3 times in a downward motion. Use a clean wipe or cotton ball each time.
7. Gently slide the catheter into the urinary opening until urine starts to flow. Never force the tube, it should slide in easily.

8. When the urine flow has stopped, slowly start to take the catheter out. If urine starts to flow again, hold your position until the flow has stopped.
9. Continue to withdraw the catheter slowly.
10. Praise your child, and return clothing to normal position. Encourage your child to do any part of the procedure they are able to themselves.
11. Dispose of the catheter and urine. Empty urine container if used into the toilet and wash and dry the container.
12. Wash and dry your hands.
13. Keep an eye on the colour, smell, and cloudiness of your child's urine as well as the amounts passed at each catheterisation as this may alert you to problems with dehydration or infection.

## Problem-solving

**Trouble passing the catheter.** This can be caused by increased sphincter tone (tight muscle), due to anxiety or spasm. If this happens ask the child to cough or laugh as this may allow the sphincter to open. If you still cannot pass the catheter, take a break and try again later. If problems persist contact your doctor or nurse.

**Bleeding:** Occasionally you may notice a small amount of blood on the catheter after catheterisation. This is nothing to worry about and should clear up quickly. If there seems to be a lot of blood it is important to talk to your nurse or doctor.

**No urine on catheterisation** may mean the catheter is not in the right place. Check the placement of the catheter.

## Signs of a urinary tract infection:

- Cloudy urine which may be foul smelling.
- Mucous or blood in urine.
- Fever / high temperature and being off form.
- Bladder spasms.
- Increased wetness.

If you suspect your child has a urinary tract infection collect a sterile specimen of urine and bring to your GP or continence nurse.

It is important to know that the colour of your child's urine will change from time to time depending on what they are drinking. Your child's urine is likely to have some white cells (pus) and bacteria when seen under a microscope, this is because a catheter is passed regularly. Your child should stay well despite this. If the urine looks cloudy, or has a foul smell but your child is in good form and seems well, try giving extra fluids to flush out and dilute any infection that may be developing.

Bring a sample of your child's urine to your GP **only** if they are feeling unwell.

All suspected urinary tract infections should be confirmed with a sample sent to a laboratory for culture and sensitivity. This will ensure your child will receive the correct antibiotic. If you have any questions or concerns, Call your nurse on 01 8921768.

Authors: Orla McMahon

Version: 1

Approval Date: September 2016

Review Date: September 2018

Copyright © Temple Street Children's University Hospital

Produced by Child Health Information Centre



The information contained in this leaflet is correct at time of print