



# Flip-flow catheter care instructions

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**You have been given this leaflet because you need to continue using a catheter for a while longer and you have been fitted with a flip-flow catheter. Please call the Maternity Triage line on 0118 322 7304 if you have any questions or concerns following your discharge.**

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## Why do I need another catheter?

Following removal of your catheter after childbirth, your bladder is not emptying itself properly. Urine left in the bladder can cause infection in both the bladder and the kidneys, which will affect your ongoing health and long-term continence. Having a flip-flow catheter will reduce this risk.

## How long must I have a catheter for?

The amount of time you'll need a catheter in place is calculated from the amount of urine that was drained at the time the first catheter was removed and the bladder did not empty properly. It is usually needed for between two and seven days.

## How is it kept clean?

The manufacturer Coloplast recommends that you follow these steps:

- Always wash your hands carefully with soap and water and dry them thoroughly before handling any part of the catheter and catheter valve.
- Wash the catheter using downward strokes away from the body and then wash the area where the catheter enters the body with soap and water only. This should be done every morning and night, and if possible after opening your bowels.
- You should always wash from front to back to prevent contamination from the area around the back passage and from blood passed as a result of childbirth.
- Your catheter should remain comfortable and pain-free. If you experience any discomfort, discharge, or leakage, you should consult the midwife responsible for your care or phone the Maternity Triage line.



*Figure 1: Coloplast catheter valve. Image © Coloplast Ltd*

## How do I empty my bladder using the catheter and valve system?

Coloplast recommend:

- Always wash your hands carefully with soap and water and dry them thoroughly before handling any part of the catheter and catheter valve.
- To open the catheter valve, hold it over the toilet or other suitable receptacle. To empty the urine, turn the valve arm/lever tap downwards and the urine should flow out.
- Empty the catheter approximately every 4-6 hours or whenever you feel your bladder needs emptying, depending on how much you are drinking.
- You should empty it last thing before going to sleep at night and first thing in the morning and should never leave it for more than 8 hours overnight - empty it during the night if you feel uncomfortable (*if you are awake to feed your baby, take the opportunity to empty your catheter before you go back to sleep*).
- To close the catheter valve, turn the valve arm/lever tap to the upright position. Always remember to close the catheter valve after emptying the bladder.
- You will be given a '**Catheter Passport**' filled in with your details for the time that the catheter remains in your bladder. Please take it with you wherever you go, especially if you need to see someone because you are having problems with your catheter.
- Remember to attend your catheter removal appointment.



Figure 2: Coloplast catheter valve. Image © Coloplast Ltd

## How do I know if I have developed a urinary tract infection?

A urinary tract infection (UTI) may cause one or more of the following symptoms:

- lower abdominal pain and/or back pain
- unpleasant smelling urine
- discoloured urine and/or bloodstained urine
- or fever type symptoms.

If you are experiencing any of these symptoms, you should call the Maternity Triage for further advice. It is likely that you will be required to produce a sample of your urine if you are called for an appointment.

## What to do if your catheter falls out?

You must call Maternity Triage line on **0118 322 7304** immediately. They will arrange to have the catheter replaced.

## How much fluid should I drink?

The recommendation is that a person should always 'drink to thirst'.

If you are breastfeeding, then at least two litres of water/or similar are recommended over a 24-hour period.

When emptying your catheter, the colour of the urine should be light and not dark brown, if the colour is darker than usual, then increase the amount of fluid being drunk and look at the colour again at the next time of emptying. Caffeine can make the bladder irritable so limit, coffee, tea and cola drinks.

### **What will happen when the catheter is taken out?**

Like the first time, the catheter will be taken out and you will be advised to drink plenty of fluid. You will be given a pot to pass urine into and this must be measured by a member of staff and recorded. It is advisable not to try to pass urine too soon after the catheter has been removed but to wait until you feel your bladder needs emptying.

You will be required to empty your bladder three times and the amount will be measured each time.

If your bladder is emptying successfully, then you will be discharged home without a catheter.

If your bladder is still not emptying in a way that is healthy, you may require a scan of the bladder. Following this, a discussion will be had with you about the best plan for you going forward (this may or may not require another catheter to be inserted).

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

C Cooke, PDT Midwife Level 4, January 2024

Next review due: January 2026

## **Our Maternity Strategy and Vision**

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here



# My urinary catheter passport

Please take your urinary catheter passport with you to all your healthcare appointments, on hospital admissions and when you travel

**My name:**

**My date of birth**

**My NHS number:**

OR ADD  
STICKER

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**Emergency contact details:**

**Special instructions in the event of an emergency:**

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**This passport is for you and / or anyone else involved in the care of your catheter. It should be filled out by your healthcare professional.**

**Catheters are only inserted if there is a medical need. They must not be inserted at the request of a patient or family member alone. Follow the guidelines contained in this booklet to help minimise the risk of developing a urinary tract infection (UTI).**

**Ask your health practitioner how long your catheter will be in. If temporary, ask your health practitioner to remove your catheter as soon as possible.**

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### **Important contact details**

GP	Name: Phone:
Community nurse	Name: Phone:
Consultant / Other health professional	Name: Phone:
Reason for catheterisation	
Date first catheterised	
Date of passport issue	
Place of catheter changes	
Known allergies	

## Catheterisation records *(to be completed by your healthcare professional or carer)*

### Reason for initial catheterisation

Reason for catheter (circle) <b>H O U D I N I (O)</b>	Where catheter inserted (e.g. hospital):
Trial without catheter (TWOC) history prior to discharge:	Problems during catheterisation:  Can be changed in the community? YES / NO

- H** haematuria – clots and heavy.
- O** obstruction – mechanical urology.
- U** urology / gynaecology / perianal surgery / prolonged surgery.
- D** decubitus ulcer – to assist the healing of a perianal / sacral wound in an incontinent patient.
- I** input / output monitoring accurate < hourly or acute kidney injury when oliguric.
- N** nursing at the end of life.
- I** immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated).
- (O)** other

## Catheter maintenance solutions

Date	Type and reason

## Details of traumatic removals (accidental pulling out)

Date	Actions (consider antimicrobial therapy, risk assess with local teams)

## **CAUTI (Catheter associated urinary tract infection)**

A change of urinary catheter is recommended when a CAUTI is suspected (if still indicated). If this cannot be done, change within 72 hours.

**Do not use a urine dipstick to diagnose a CAUTI.**

<b>Date</b>	<b>Name of organism / infection and treatment (name, dose, duration)</b>
<b>Diagnoses of resistant organisms including MRSA</b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>Name:</b> <b>Date:</b> <b>Actions:</b>



## Catheter details and future plans

Date and time inserted			
Catheter details: ADD STICKER			
Balloon size:			
Lubrication / anaesthetic gel:			
Valves in use:			
Fixation device:	Yes	No	type:
Securing device:	Yes	No	type:
Drainage system:			
Reason for change (tick & circle):	Planned Unplanned H O U D I N I (O)		
Antibiotic prophylaxis used on catheter change Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, authorised by:		
Planned location of future changes:			
Date of next planned change/TWOC/review:			
Onward referral:			
Problems:			
Name of professional responsible for the decision to re-catheterise			

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## Trial without catheter

<b>Date of TWOC</b>	
Successful	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary (e.g. voiding record, urine description, discomfort)	
Patient recatheterised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date of next TWOC	
Follow up:	Referral:

<b>Date of TWOC</b>	
Successful	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary (e.g. voiding record, urine description, discomfort)	
Patient recatheterised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date of next TWOC	
Follow up:	Referral:

<b>Date of TWOC</b>	
Successful	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary (e.g. voiding record, urine description, discomfort)	
Patient recatheterised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date of next TWOC	
Follow up:	Referral:

P Knight, RBFT Infection Prevention & Control Sister, Feb 2023.  
Next review due: Feb 2025