



# Intermittent self-catheterisation (ISC)

---

**This leaflet has been designed for women who need to start intermittent self-catheterisation, commonly known as ISC. It will provide you with information about why it is required, and what is involved.**

---

## What is ISC?

Self-catheterisation means that you put a small, soft tube (catheter) into your bladder through your urethra (water pipe) when you need to empty it. The urine flows out through the tube until your bladder is empty; you can then remove the catheter.

## Why do I need to do ISC?

Self-catheterisation is used when your bladder is not able to empty fully by itself. It is an alternative to having a long-term catheter, which stays in place in your urethra and drains continuously.

## The importance of ISC

By emptying your bladder completely, you stop a build-up of old urine and help prevent urine infections. This will also protect the kidneys by reducing back pressure. It is often more comfortable than a permanent catheter. Some people find that it can also help prevent incontinence (urine leakage) due to an over-filled bladder.

## How often will I need to do ISC?

The nurse will advise you about how frequently you will need to empty your bladder. She will ask you to complete a bladder chart before coming to your appointment. Please do not worry if you find it difficult at first, over time it will become easier so please keep trying.

## What will happen at my first ISC appointment?

When you attend your ISC appointment, our specialist nurse will teach you how to do ISC. Please be reassured that we will always maintain discretion and your dignity. She will work with you to select the most suitable type of catheter and will demonstrate how the procedure can be done most comfortably. She will ensure that you using the correct technique and will provide you with a written information sheet.

## How will I get the equipment I need for ISC?

The nurse will provide you an ISC pack that contains all the equipment you need to start doing ISC at your first appointment. The pack will include a mirror, ISC catheters, lubricating gel, and wet wipes. We will also let you know how to arrange ongoing supplies of ISC equipment once you go home. You will also need to provide a small jug, a torch if you need it and a pen and

paper to hand to record the measurement of the volume.

If you are struggling to get access to a toilet in a public situation, you may want to consider getting a hidden disabilities lanyard which are available to buy on line at <https://hdsunflower.com/> and a RADAR key for quick access to a disabled toilet which can be brought on line at <https://shop.disabilityrightsuk.org/products/radar-key>

## **Possible side effects of ISC**

You may experience the following;

- Burning sensation similar to cystitis
- Pain and discomfort
- Bleeding for a few days
- Increase risk of urine infection, please contact your GP if you have signs of this

## **Will I need any follow-up?**

You will have a telephone follow-up appointment with the nurse after 72 hours to check how you are getting on. We will then arrange a further appointment after 4-6 weeks to assess your progress. For any catheter supplies you need to ring the number below between 8am and 5pm Monday to Friday and ask to speak with the Uro-gynae nurse. We can then arrange for a delivery to be sent directly to your address.

## **Further information and contact details**

Please use the links below to find out more information;

- [Bladder & Bowel Community \(bladderandbowel.org\)](http://bladderandbowel.org)
- <https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/ISC%20female.pdf>.

In case of any concerns, queries or problems please ask to speak to:

Gynaecology clinics,

Sonning Ward,

Maternity Block, Level 5,

Royal Berkshire Hospital

Tel: 0118 322 7191 (8am-5pm Monday to Friday)

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.**

Snr Staff Nurse (ISC clinic), January 2021

Reviewed: March 2024

Next review due: March 2026