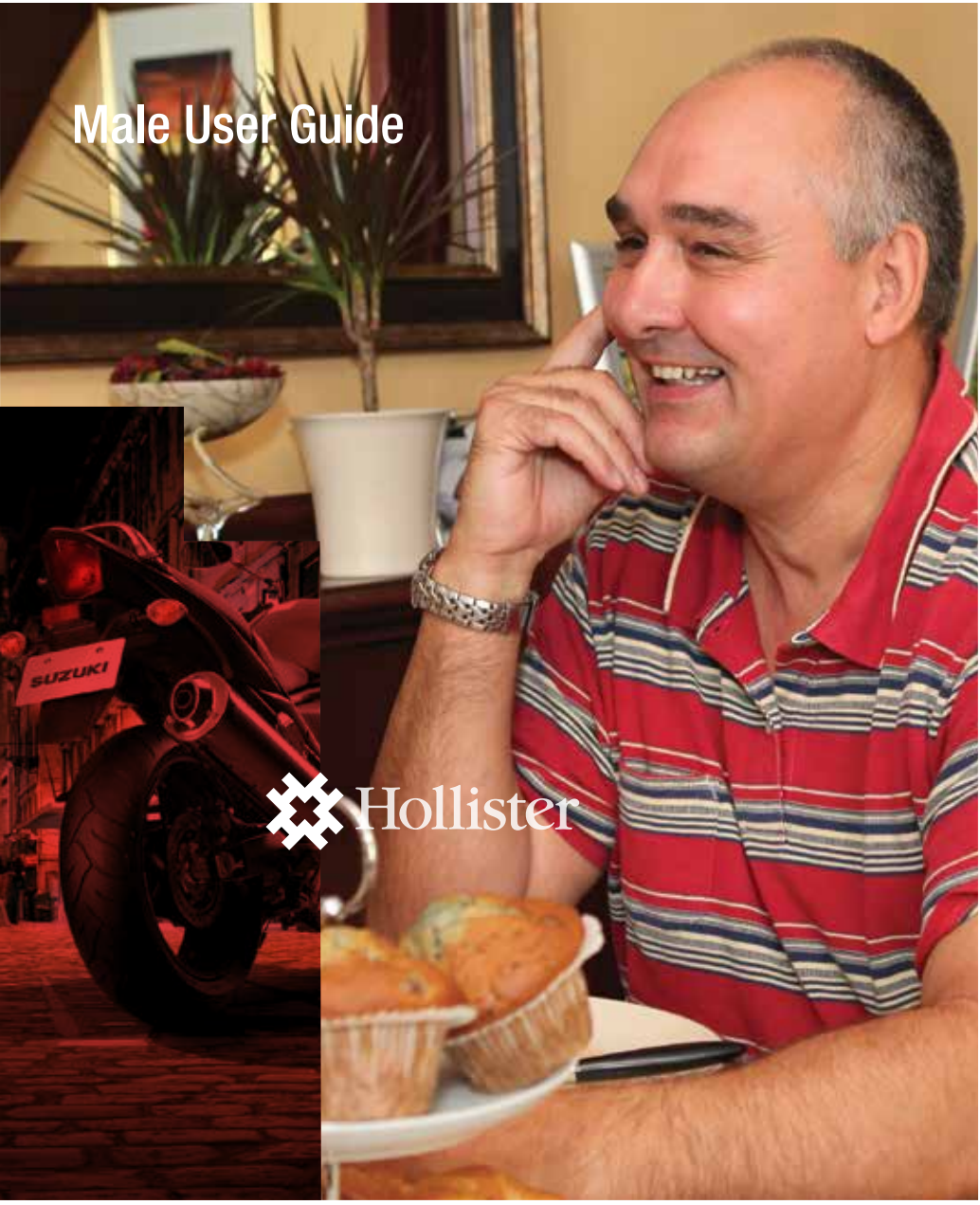
Advance

Touch Free Intermittent Catheters



People First.

Hollister Continence Care is committed to **people** and to helping empower their lives. It begins with user-driven research and development, coupled with a longstanding tradition of technical advancements and a dedicated global team. Our products and services are testimony – **first** and foremost – to the assurance that quality of life needn't be compromised by managing one's continence.

Stephen Brook

UK

Stephen is a man with a passion for life. In 2003 Stephen worked in construction and was on a site, when the hydraulic scissor lift that he was operating hit a ditch and tumbled over, pitching him over a railing. The resulting fall broke his back, pelvis and hip and in an instant changed his life forever. Stephen's mum and sister were told it would be unlikely he would walk again. Contrary to the doctor's original prognosis, Stephen can walk unaided, though not far. Walking and sitting in a car is painful, but fortunately being hunched over his Suzuki Bandit motor bike does not cause him discomfort.

Following on from his accident, Stephen has gone on to meet the love of his life, his wife Barbara. After being reunited on holiday in Benidorm, they went on to get married on 17th September 2007 at the Lily of the Valley Chapel in Las Vegas. After leaving Vegas in a conspicuously bright orange Mustang convertible they headed for California for a romantic honeymoon. They have returned to Las Vegas every year since their wedding. Stephen and Barbara believe in "pushing the boat out in style" and living life to the full.

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The urinary system

Your urinary system is made up of the kidneys, ureters, bladder, urethra, and the internal and external sphincters.

Kidneys

The kidneys filter certain waste products from the blood and make urine. The kidneys typically produce 30-90ml of urine per hour. Urine is carried from the kidneys through tubes called ureters to the bladder, where it is temporarily stored.

Ureters

The ureters are narrow, hollow tubes that lead from the kidneys to the bladder. Each ureter is about 24-30cm long. The ureters end in the lower portion of the bladder and are attached to the bladder in a way that helps prevent urine from flowing back up towards the kidneys. Muscular contractions in the ureters push urine down from the kidneys to the bladder almost constantly.

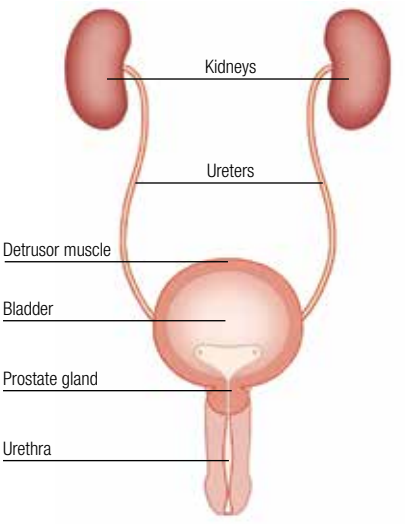
Bladder

The bladder is a hollow organ with a muscular wall and has two primary functions – the storage and emptying of urine. In a relaxed state, the bladder can hold about 500ml of urine before there is a strong urge to urinate. The size and shape of the bladder and the amount of urine stored vary from person to person. Emptying the bladder (also called voiding or urination) involves the coordination of both voluntary and involuntary muscles and an intact nervous system. When the bladder is emptied, urine leaves the body through a tube called the urethra. Voiding occurs when the bladder muscle, also called the detrusor, contracts and the sphincters open. Urine then passes through the urethra and leaves the body.

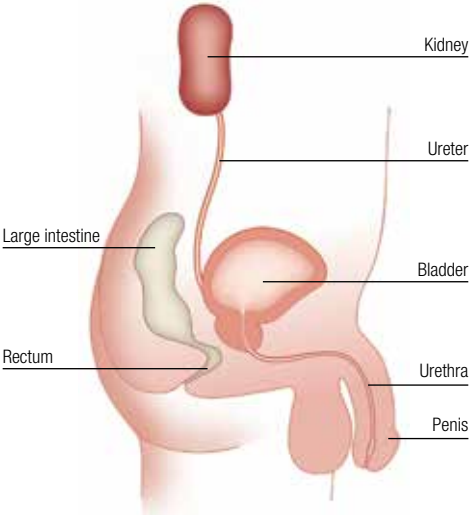
Urethra

The function of the urethra is to drain urine from the bladder, the urethra's inner surface is covered with a mucous membrane. In males, the urethra is about 20–25cm long. It is S-shaped and passes from the bladder through the prostate gland and the pelvic floor muscle and ends at the tip of the penis.

Front view of male urinary system



Side view of male urinary system



Good Hygiene Practice to Reduce Urinary Tract Infection

What is a Urinary Tract Infection (UTI)?

A urinary tract infection occurs when there is an increased amount of bacteria in the urinary tract, which includes the bladder, urethra, ureters, and kidneys. Symptoms may include fever, loin pain, chills, blood in urine, confusion, leakage of urine between catheterisations, cloudy, milky or darkly coloured urine, and urine with a strong odour. Should you experience any of these symptoms, it is possible you have a UTI and you should see your healthcare provider as soon as possible to confirm diagnosis and seek treatment. UTIs are typically treated with antibiotics.

Why are people who perform intermittent self-catheterisation at risk of a UTI?

For people who intermittent self-catheterise, UTIs can be the result of a number of factors:

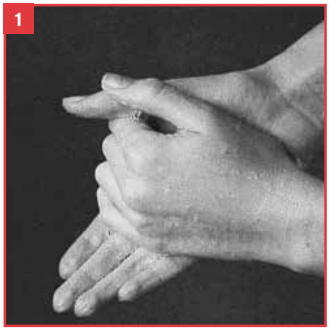
- Transferring bacteria present on the catheter into the bladder
- Transmitting bacteria from your hands to the catheter
- Pushing bacteria from the opening of the urethra into the bladder

While each individual is different, the risk of a UTI can be minimised with proper hygiene, which includes:

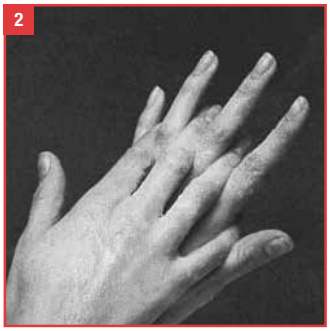
1. Thoroughly washing hands per recommended guidelines
2. Cleansing the meatus with a gentle soap and water or non-alcoholic wet wipe
3. Catheterising in a clean environment
4. Fully emptying the bladder with each catheterisation episode
5. Following clinical instruction regarding frequency of catheterisation

To maintain optimal bladder health, it is important to always follow clinical instruction and contact your healthcare provider immediately should you experience any discomfort, pain, bleeding, or difficulty passing the catheter.

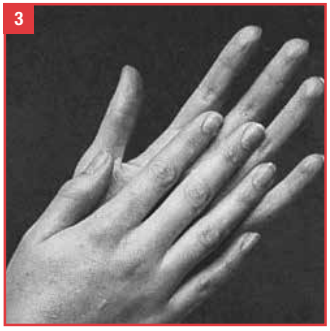
Hand Washing Guidelines



Rub palm to palm.

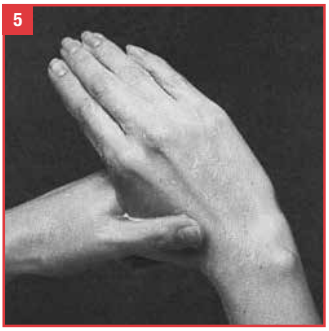


Right palm over left dorsum and left palm over right dorsum.

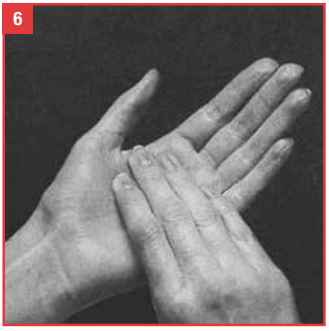


Palm to palm fingers interlaced.

Backs of fingers to opposing palms with fingers interlocked.



Rotational rubbing of right thumb clasped in left palm and vice versa.



Rotational rubbing back and forwards with clasped fingers of right hand in left palm and vice versa.[1]

1. Infection Prevention Society Hand Decontamination Guidelines. Infection Control Guidance for General Practice. Jan. 2003.

Advance

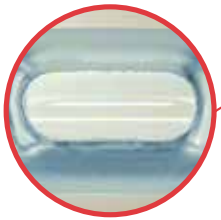
Touch Free Intermittent Catheters

Selecting the Advance intermittent catheter helps bring more safety and convenience.

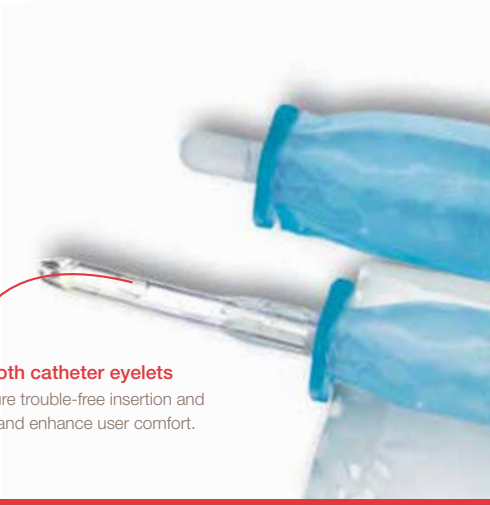
Hollister **Advance** Intermittent Catheters feature a Touch Free technology, enabling users to catheterise with confidence, without ever having to touch the sterile catheter or to expose it to possible environmental contamination.

A unique Touch Free protective tip helps reduce the risk of carrying bacteria up into the urinary system, and serves as a guide for proper and easy insertion.

Ultra-smooth catheter eyelets, together with a user-regulated patented gel reservoir, help ensure worry-free insertion and withdrawal for enhanced user convenience and comfort. These intermittent catheters are easy to learn and easy to use



Close-up of eyelets produced on other catheters using traditional processes.



Ultra-smooth catheter eyelets
Help to ensure trouble-free insertion and withdrawal, and enhance user comfort.

Protective tip - for safe insertion

In most people, the greatest concentration of bacteria is located within the first 15 mm of the distal urethra. As the Touch Free protective tip is inserted into the urethra, the tip shields the sterile catheter from contact with these bacteria. When forwarded into the urethra, the sterile catheter bypasses the concentration of bacteria, reducing the risk of carrying it further into the urinary tract.

- There are ultra-smooth catheter eyelets which help to ensure trouble-free insertion and withdrawal, and enhance user comfort.
- The user-regulated patented gel reservoir pre-lubricates the catheter for user convenience and protection against possible bacterial contamination, it also stabilises the catheter for easy insertion and withdrawal.
- A smooth flexible Touch Free protective sleeve shields the sterile catheter from environmental contamination before and during insertion.
- A red catheter ring cap helps keep the Touch Free protective tip clean and protected after package is open; finger hole makes it easy to remove and replace, even for users with limited manual dexterity; the red oval shape prevents it from rolling if dropped.

The **Advance** catheter supports user mobility and promotes independence.

Intermittent catheterisation

Intermittent self-catheterisation is a reliable method of emptying the bladder at regular intervals.

During this procedure, a catheter – a thin, hollow tube – is inserted into the bladder in order to drain the urine. This method of bladder drainage is called intermittent because the catheter is inserted and then removed again.

Men of all ages can learn how to use an intermittent catheter. It is important, however, that patients wishing to self-catheterise are physically and mentally able to find the entrance to the urethra and to handle the catheter with confidence. Catheterisation may be carried out by a family member or carer who has been taught by a healthcare professional if the patient is unable to do it himself.

Intermittent self-catheterisation helps increase independence and quality of life for users. It is carried out 4–6 times daily – depending on liquid intake. The necessary devices can be carried discreetly in a pocket or handbag and, with practice, catheterisation can be carried out quickly. Urine can be drained either into the toilet directly or into a closed system catheter bag.

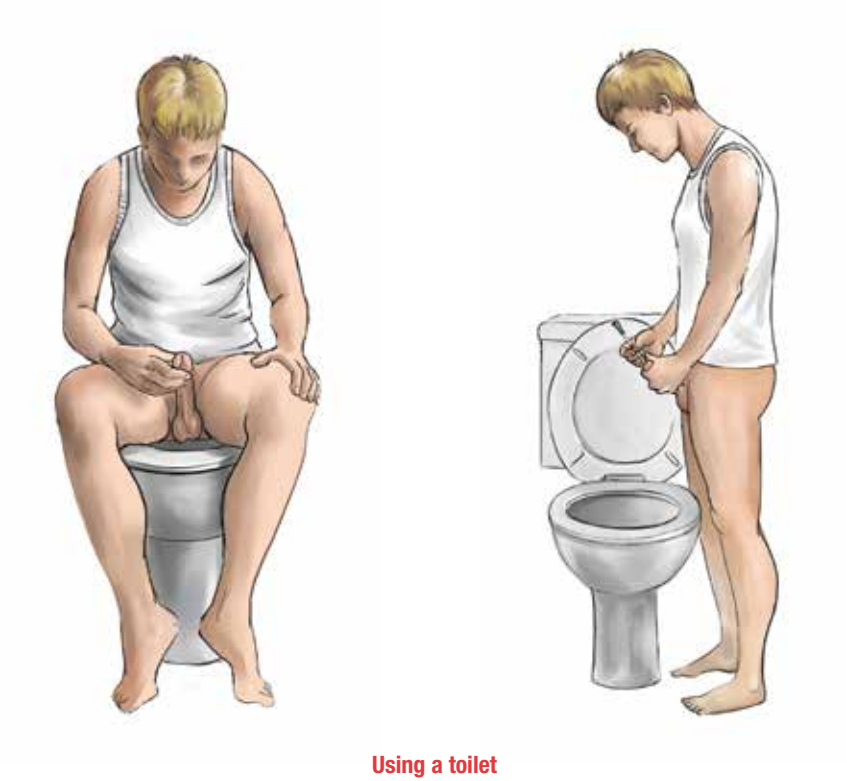
Self-catheterisation should only be carried out under medical advice and only in accordance with the instructions provided. With care and practice you will find that self-catheterisation becomes easy to perform.

The illustrations and descriptions on the following pages show you how to carry out catheterisation using the Advance intermittent catheter.

This booklet is designed as a guide to supplement the information and care given by your healthcare professional. It is not designed to replace it.

Please consult your healthcare professional for complete information on how to keep a catheterisation diary in order to establish your continence patterns.

Some suggested positions for catheterisation



Using a toilet

Catheterisation Procedure
Advance intermittent catheter - Male

Wash hands with mild soap and water.

Fully fold back the packaging of Advance intermittent catheter from Hollister by peeling the clear side of the package.

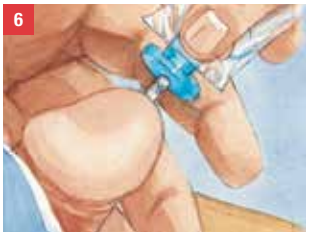
Remove the red cap from the catheter.

Hold the gel reservoir, without squeezing, in one hand and with the other hand move the catheter forward until the tip of the catheter fills the protective tip and stabilises it during insertion. Ensure the catheter does not protrude from the protective tip.

Lay the catheter on the inside of the opened package, so the protective tip is on the paper – take care not to contaminate it.

Hold the penis. Pull back the foreskin and cleanse the glans and around the opening of the urethra/water-pipe as you have been taught by your healthcare professional, with mild soap and water, a non-alcoholic wet wipe or antiseptic and swabs.

Direct the funnel end into a proper receptacle or the toilet.



Lift the penis as you have been taught. Grasp the catheter by the gel reservoir and insert the protective tip until the base comes in contact with the urethral opening. Try to keep the protective tip in place. The gel reservoir should be held gently until the catheter has passed a few centimeters into the urethra. If you are uncircumcised, retract the foreskin from the glans of the penis. Once you have inserted the tip of the catheter, release the foreskin, so that it assumes its natural position.

Continue to insert the catheter into the urethra, as you have been taught, until the urine starts to flow. For additional lubrication during insertion, squeeze the gel reservoir. You may meet some resistance as the catheter passes through the prostate gland before entering the bladder. Once the flow of urine has stopped, advance the catheter approximately another 2.5 cm to ensure the bladder is completely empty.

Withdraw the catheter slowly to allow any residual urine in the bladder to drain. Catheter removal is made more comfortable by lifting the penis as you withdraw the catheter from your urethra.

The catheter may be disposed in a waste bin. Do not flush it down the toilet.

Wash hands with your usual soap and water.

Frequency / volume chart
Important – please read carefully

It is very important that you fill in the chart on the next page to establish your continence patterns.

It is designed to give an idea of your average fluid intake, urine output and any leakage during the day. This is important to your health care professional.

Each day, record how much you drink (see pictures on the next page for a guide of how many mls) and when you drink it (put the volume in the box provided for that time). If you often drink from the same or similar sized cups, then you need only measure how much it holds once and put that value down every time you drink from it, otherwise use our guide for the amount in mls.

When you go to the toilet, measure the urine you pass using a small jug. Record the volume in mls rather than fluid ounces. Record it in the box next to the nearest hour in the 'out' column.

Each time you leak put a cross in the column marked 'Catheter'.

When you go to bed put a 'B' on the chart next to the right time, so that we can tell how many times you have to get up at night to pass water.

If you are unable to fill the chart in properly every day because of other commitments, please try to fill it in accurately for at least 2 days by measuring and recording the frequency of passing urine and leaking by ticking the correct boxes for the remaining days.

Example of correctly completed section:

Guide for volume of drinks:

Glass
180ml

Cup
150ml

Mug
200ml

Name: _____ **Week commencing:** _____

Please see instructions on the previous page.

	Day 1 Date:			**Day 2** Date:			**Day 3** Date:		
Time	**In**	**Out**	**Catheter**	**In**	**Out**	**Catheter**	**In**	**Out**	**Catheter**
1am									
2am									
3am									
4am									
5am									
6am									
7am									
8am									
9am									
10am									
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4pm									
5pm									
6pm									
7pm									
8pm									
9pm									
10pm									
11pm									
12pm									
Total									

Glossary of Terms

Antibiotics
Medication administered to treat infection.

Bladder
A hollow organ with a muscular wall that has two functions: the storage and emptying of urine.

Catheter
A hollow tube inserted through the urethra into the bladder to drain urine.

Distal urethra
The very end of the urethra by the meatus.

Indwelling catheter
A hollow tube that rests in the bladder to continually drain urine from the bladder.

Intermittent catheter
A hollow tube inserted through the urethra into the bladder to drain urine at timed or regular intervals.

Intermittent self-catheterisation (ISC)
The process of performing intermittent catheterisation on oneself.

Involuntary leakage of urine
The involuntary loss of bladder control that is typically the result of a medical condition.

Kidneys
Two bean shaped organs that lie internally on either side of the spinal cord whose purpose is to filter waste from the blood and to produce urine.

Meatus
The opening of the urethra in both men and women.

Touch Free technique
The process of performing intermittent self-catheterisation where the length of the sterile catheter is protected by a sleeve or product packaging and not touched by the user's hands.

PALS
Patient Advisory Liaison Service

Protective sleeve
A sleeve that covers the sterile catheter and allows for intermittent self-catheterisation with a Touch Free technique.

Protective tip
Also called an "introducer tip," a tip on the end of a catheter that helps to protect the sterile catheter from bacteria in the distal urethra.

Rectum
Lower section of the bowel

Sphincter
The opening and closing mechanism at the bottom of the bladder

Ureters
Two tubes that carry urine from the kidneys to the bladder.

Urethra
A muscular tube that carries urine from the bladder to the outside of the body.

Urinary tract
Comprised of the kidneys, ureters, bladder, and urethra.

Urinary tract infection
An illness caused by the presence of bacteria in the urinary tract.

Urine
Liquid waste filtered from the blood by the kidneys.

Useful Information

Aspire
ANTC, Wood Lane, Stanmore
Middlesex, HA7 4AP
020 8954 5759
www.aspire.org.uk

Association for Spina Bifida and Hydrocephalus
42 Park Road
Peterborough PE1 2UQ
01733 555988
www.asbah.org.uk

The Back-Up Trust
Jessica House, Red Lion Square
191 Wandsworth High Street
SW18 4LS
020 8875 1805
www.backuptrust.org.uk

Bladder & Bowel Foundation
SATRA Innovation Park
Rockingham Road
Kettering, Northants, NN16 9JH
General enquiries: 01536 533255
www.bladderandbowelfoundation.org

Infection Prevention Society
c/o FitwiseManagement Ltd
Drumcross Hal, Bathgate, EH48 4JT
01506 811077
www.ips.uk.net

Mitrofanoff Support
07967004517
www.mitrofanoffsupport.co.uk

Multiple Sclerosis Society
MS National Centre
372 Edgeware Road
London NW2 6ND
0808 800 8000
www.mssociety.org.uk

Promocon
Redbank House
St Chad's Street, Cheetham
Manchester M8 8QA
0161 834 2001
www.promocon2001.co.uk

Scottish Spina Bifida Association
The Dan Young Building
6 Craighalbert Way
Cumbernauld G68 0LS
01236 794500
www.ssba.org.uk

Spinal Injuries Association
76 St James' Lane
Muswell Hill, London N10 3DF
0800 980 0501
www.spinal.co.uk

Spinal Injuries Scotland
Festival Business Centre
150 Brand Street, Govan
Glasgow, G51 1DH
0141 427 7686
www.sisonline.org

Our Delivery Partner

fittleworth

As part of our ongoing commitment to improving patient care, Hollister have teamed up with Fittleworth to bring you an even faster, more convenient, dedicated home delivery service. Fittleworth have an enviable reputation, with over 20 years experience in supplying continence goods throughout the UK. With our 12 regional care centres throughout the UK and Scotland, Fittleworth is able to offer all its customers a reliable, first class service.

Freephone orderline: 0800 378 846
Scotland freephone orderline: 0800 783 7148
www.fittleworth.net

Notes

Care plan
Personal details & follow up appointments

Date first seen: _____

Patient name: _____

Doctor/Nurse: _____

Telephone: _____

Emergency contact: _____

Product name: _____ Product code: _____

Size: _____ Length: _____

Frequency of catheterisation (per 24 hours): _____

Follow-up with: _____

Follow up appointments

Signatures	Date	Time	Location

Advance

Touch Free Intermittent Catheter System

Stock No	Tip	Size length	Size diameter	Box Qty
92084	Nelaton	(40 cm)	Ch 08	25
92104	Nelaton	(40 cm)	Ch 10	25
92124	Nelaton	(40 cm)	Ch 12	25
92144	Nelaton	(40 cm)	Ch 14	25
92164	Nelaton	(40 cm)	Ch 16	25
92184	Nelaton	(40 cm)	Ch 18	25

Warning: To help reduce the risk of infection and/or other complications, do not reuse.

Information for Use: This intermittent catheter is a flexible tubular device that is inserted through the urethra by male, female, and paediatric patients who need to drain urine from the bladder. Please consult a medical professional before using this product if any of the following conditions are present: severed urethra, unexplained urethral bleeding, pronounced stricture, false passage, urethritis–inflammation of the urethra,prostatitis–inflammation of the prostate gland, epididymitis–inflammation of the epididymis (testicle tube).

This product is designed for single use and should be disposed of appropriately after procedure. Self-catheterisation should only be carried out under medical advice and only in accordance with instructions provided. You should always follow the plan of care and advice given by your healthcare professional. Generally, for urethral intermittent self-catheterisation (ISC), it is typical to catheterise at least 4 times a day between 6-8 hour intervals. If you are unsure about your catheterisation, please contact your regular healthcare professional. If discomfort or any sign of trauma occurs, discontinue use immediately and consult your clinician.

For more information contact us FREE on:

UK 0800 521 377
Ireland 1800 503 400

For FREE samples contact us FREE on:

UK 0800 521 377
Email samples.uk@hollister.com

Ireland 1800 503 400
Email customerservices.ie@hollister.com

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Rectory Court
42 Broad Street
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Berkshire RG40 1AB

Ireland
Hollister Limited
Unit 4045
Kingswood Road
Citywest Business Park
Co Dublin

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