



Kapi'olani Pediatric Urology  
**Self-Catheterization**  
**(clean intermittent catheterization – CIC)**  
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**What is a catheter?**

A catheter is a thin, flexible tube you insert into the body to allow the passage of fluids. Children or their parents are occasionally asked to insert a catheter into the urethra or an abdominal stoma. The urethra is the canal that carries urine from the bladder to the outside of your body. The word “stoma” comes from the Greek word meaning mouth. A stoma is an opening made in the abdomen by your doctor for the discharge of body wastes.

Ordinarily this type of catheterization does not have to be done using gloves or sterile techniques, although clinic and hospital personnel will wear gloves when handling catheters and urine.

If a child has had bladder augmentation surgery, he or she may have an abdominal urinary stoma created from appendix or intestine (also known as Mitroffanoff appendico-vesicostomy or Monti ileal-vesicostomy). A small catheter will present through the stoma for about 3 weeks. Removal will take place in the office and you will be taught how to perform catheterization.

**How do you self-catheterize?**

- Wash hands with soap and water or use Purell disinfectant. Again, no gloves are required.
- Assemble catheter and lubricant (K-Y jelly).
- The older child can usually catheterize on the toilet or lying down. Infants and young children will need to be lying down, and you may wish to have a protective pad to avoid urine spilling on the bed.
- Clean the urethra or stoma with a handi-wipe or soap and water soaked cloth.
- Insert the catheter into the stoma or urethra. If resistance is encountered, withdraw slightly and twist the catheter to help get past the resistance. Usually the resistance is a result of the stoma turning or the urethral sphincter muscle located just outside the bladder.
- Once the catheter is in the bladder, urine will flow into the catheter. Be sure the other end of the catheter is in the toilet or collection container.
- Occasionally the doctor or nurse will ask the child to measure the urine output. This may be necessary if unable to empty the bladder completely on voiding or if there is some kidney damage.

*(see next page)*



**How often is it done?**

Usually self catheterization is performed every 3 to 4 hours during the day. Occasionally the frequency is increased. After bladder augmentation surgery, catheterization through a stoma may be as frequent as every 1 to 2 hours. In some children, the catheter will be left in overnight and attached to a drainage bag.

**How do I care for my catheters?**

Catheters are reusable and should be cleaned with soapy water or dilute betadine solution, rinsed with hot water and left to dry. The best way to prevent bacteria growth is to allow the catheter to fully dry between catheterization. It may be better to alternate 2 or 3 catheters at a time. Each catheter can easily be used repeatedly for a month or longer if kept clean and dry. If the catheter becomes soft and discolored it may be time for a new one. The scientific evidence shows that there is no advantage or difference in infection rates between the clean, reusable technique and using a new catheter and sterile technique each time.

For children in school or day-care, you may want to bring a “kit” with several catheters in a zip-lock bag, handi-wipes, extra zip-lock bag for used catheters, and containers to catch the urine.

**For any questions or assistance, call Kapi'olani's Pediatric Urology Office at (808) 983-6210.**