

# Intermittent Self-Catheterization (ISC)

Patient Information · Emptying the bladder yourself with a thin catheter

WARWIKI

Intermittent self-catheterization (ISC) is a way to empty your bladder by gently passing a thin, soft catheter yourself, draining the urine, and removing it — done a few times a day. It is used when the bladder does not empty well on its own. Once learned, it takes only a few minutes, gives you freedom, and protects your kidneys.

## Why It's Done

If the bladder cannot fully empty — after certain surgeries, with a **neurogenic bladder**, with prolapse, or with outlet blockage — leftover urine can cause infections, leakage, and pressure that can harm the kidneys. ISC **fully empties the bladder** on a schedule, solving these problems.

## Why It Beats a Permanent Catheter

- **Fewer infections** than an indwelling (left-in) catheter
- **No bag** and more freedom — nothing attached between catheterizations
- Better long-term protection for the bladder and kidneys

It feels daunting at first, but most people — and caregivers — learn it quickly with a nurse's help.

### LEARN THE TERMS

#### ISC

Intermittent self-catheterization — emptying the bladder yourself, then removing the catheter.

#### Catheter

A thin, soft tube passed into the bladder to drain urine.

#### Post-void residual

The urine left in the bladder after you urinate.

#### Neurogenic bladder

A bladder that doesn't work normally due to a nerve condition.

#### Clean technique

Washing hands and the area — clean, not fully sterile.

#### Indwelling catheter

A catheter left in place with a bag (what ISC helps avoid).

**DOES IT HURT?** Usually not — most people feel only mild pressure, and modern catheters are pre-lubricated and very thin. There may be slight discomfort or a little spotting the first few times. A nurse teaches you step by step until you feel confident doing it on your own.

### How to Do It (Clean Technique)

- 1 **Wash your hands** and gather your supplies; clean the opening.
- 2 **Gently insert** the lubricated catheter until urine flows; advance just a little more.
- 3 Let the bladder **drain completely**, then slowly remove the catheter.
- 4 **Dispose** of single-use catheters (or clean reusable ones as directed) and wash your hands.

### How Often

- Usually **every 4–6 hours** (about 4–6 times a day) — your team sets your schedule.
- Don't skip — a regular schedule prevents overfilling and infections.
- Drink normally; track output if asked.

### Good to Know

- It can be done in any clean bathroom; supplies are discreet and portable.
- A little cloudiness or bacteria is common — UTIs are treated only when you have **symptoms**.
- Caregivers can be taught if you're unable to do it yourself.

#### Call your team if you have:

- You **cannot pass the catheter**, or get little/no urine but feel full
- Fever, chills, or back/flank pain (possible infection)
- Ongoing **bleeding** or significant pain

### THREE THINGS TO REMEMBER

1. ISC empties a bladder that won't empty on its own — protecting your kidneys and preventing infections and leakage.
2. Use clean technique on a regular schedule (often every 4–6 hours); a nurse will teach you until it's easy.
3. It's usually painless and safer than a left-in catheter. Call if you can't pass it, can't empty, or develop fever.