

Bladder & Bowel Continence Product Formulary Prescribing Guide - 2025

**NHS Norfolk And Waveney ICB in collaboration with
Norfolk Community Health & Care trust**

First Line, Second Line and Specialist Recommended Choices

Continence Formulary and Prescribing Guide 2025

This document is used to provide continence care in line with NICE guidance across the Norfolk and Waveney Integrated Care Board has been developed with input from primary care and secondary care health care professionals. A comprehensive continence assessment is required before considering any continence appliance; the emphasis should be on appropriate treatment.

Product selection should be made to meet **patient needs** on an **individual basis** as not all products are suitable for all. **Ensure catheterisation is used as a last resort and only when at least ONE of the following have been met:**

1. Pre/post-operative surgery
2. Monitoring Renal function hourly during critical illness
3. Chronic urinary retention, only if symptomatic and/ or renal compromise
4. Acute urinary retention
5. Allowing bladder irrigation/lavage
6. Bypassing an obstruction
7. For investigative purposes such as urodynamics
8. Instillation of medication e.g., chemotherapy
9. **Where it is viewed as “better” for the patient to use a catheter, such as end of life care, disability, unfit for surgery.**

Nurses must remember that the risks associated with catheter usage are of a serious nature that increasingly may become more difficult to justify (RCN 2012).

This formulary provides guidance to prescribers for first and some second line products only and is not intended to restrict patient choice. Guidance on quantities is provided to prevent over ordering of products.

The intention is that this formulary must be used for all new patients and for current patients when a re-assessment of their needs is completed.

The formulary will be reviewed regularly when additions and amendments will be made. Every effort has been made to ensure the information contained in the formulary is correct at the time of publication.



GP Practices should not issue prescriptions *retrospectively* for any Dispensing Appliance Contractor (DAC)

In preparation of this formulary acknowledgement is made to NHS Herefordshire CCG and PrescQIPP Continence Guide 2013.

This formulary has been reviewed in collaboration with the Bladder & Bowel Health Service NCHC /ECCH teams.

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Skin Barrier products

Taking Care of Skin for Patients with Incontinence issues

Exposure of the skin to excessive moisture, such as in cases of incontinence, can damage its natural barrier function and lead to tissue damage and breakdown known as incontinence associated dermatitis. The most severe damage occurs when urine and faeces are mixed on the skin. When this occurs, there is an increase in the skin PH in the perineal area with an immediate chemical reaction. Infections such as incontinence associated dermatitis can erode the skin barrier, causing severe and uncomfortable symptoms.

- People who develop incontinence associated dermatitis are more likely to develop pressure ulcers, or bed sores.
- be pro-active and prevent issues, ensure sure you clean and dry the area right away after having a bowel movement. Use a soft, disposable non-woven cloth use soap-free skin cleansers that do not cause dryness or irritation. A skin cleanser with a Ph range like normal skin, pH 5.5, is preferred over soap and water.
- Barrier creams keep the skin free from pain and irritation. The creams are designed to provide an extra protective layer on the skin, preventing the development of infection.
- No Sting Barrier Film be used on broken skin?
- If patients are receiving radiation therapy, ensure you ask radiotherapy departments if it is okay to use any lotions or creams.

Do Not:

- Use soap and water when cleansing following incontinence episodes. Soap can dry the skin, leading to inflammation.
- Rub or scrub the skin. This can cause further irritation.
- Use more than one incontinence pad at one time

Medi Derma-S Barrier Cream is the preferred choice in Norfolk and Waveney provides gentle barrier protection on intact skin or for mild skin damage. moisturises and protects damaged and intact skin by forming a protective waterproof barrier, preventing irritation from bodily fluids, adhesive products, and friction. Can be applied to both damaged and intact skin. Can be used underneath incontinence pads as it does not block pad absorption. Prevents exudate damage and maceration. Only a small amount required for each application. Quickly absorbed into the skin Alcohol, Fragrance, Latex, Parabens and Phthalates Free

How to use: A pea-sized amount of Medi Derma-S Barrier Cream will cover an approximate area the size of a palm – do not over-apply, skin should always be clearly visible after application. Apply an even coating to clean skin and allow to fully dry before reapplication of incontinence pads or adhesive devices. As a general guideline Medi Derma-S can be reapplied after every third wash,

although may require more frequent application if skin is being exposed to higher levels of moisture from incontinence.

- **A 90g tube should be sufficient for 3 months treatment.**

Medi Derma-S Barrier Film provides long lasting barrier protection on mild/moderate skin damage.

- Silicone-based, long-lasting, non-sting medical grade liquid which forms a protective uniform film when evenly applied to the skin.
- Long Lasting Protection – resilient, hydrophobic protective barrier (up to 72 hours) from moisture associated skin damage.
- Non-Sting formulation helps protect both damaged and intact skin.
- Protects skin from exudates and adhesives and prevents damage and maceration.
- Does not impede the adhesion of dressings, pouches or adhesive devices and prevents and reduces trauma and related pain.
- Dries in seconds.
- Aerosol can be sprayed and used at any angle.
- Alcohol, Fragrance, Latex, Parabens and Phthalates Free
- It can be used up to the expiry date on the product once opened therefore no need to discard after 28 days unless in a care home setting.

NHS Norfolk & Waveney ICB does not support the prescribing of sachets.

Skin Barrier Creams					
Product Code	Product	Pack	Prescribing	Review	Unit Price
60628	Medi-Derma S	28g	1 per month initially and then review level of use.	Before each Rx	£2.98
60345	Medi-Derma S	90g	1 tube per 3 months	Before each Rx	£5.95
60796	Medi-Derma S barrier film spray	30ml	1 per month	Before each Rx	£5.35
3027	Sorbaderm	28g	1 per month initially and then review level of use. Adapt prescribing to reduce waste. Use until expiry date on product. DO NOT discard after 28 days.	Before each Rx	£3.40
3028	Sorbaderm	92g		Before each Rx	£6.88
300723	Clinifilm	28g	1 per month	1 tube per 3 months	£3.29
300722	Clinifilm	100g	1 tube per 3 months	1 tube per 3 months	£5.35

Urinals and funnels

These connect to drainage bags to allow for through flow of urine from the bottle to the bag overnight to prevent spillage.

- These may be used for patients who have functional incontinence.
- These should be used as part of their treatment or management plan.
- Used as appropriate to **maintain continence** and dignity.
- In conjunction with Verna gel **ONLY in exceptional circumstances**.

Urinals and funnels: *In general, the individual components can be prescribed separately for replacement purposes. With proper care and cleansing, each appliance should last for 6 months.*

Product code	Product	Pack	Size	Usual quantity	Review	Unit price
6-BBT	Beambridge Male urinal (Bed Bottle)with tap	1		1	As needed	£15.25
6-BB	Beambridge Male urinal (Bed Bottle)without tap	1		1		£15.25
6-45	Beambridge Female Lady Jug	1		1		£17.06

Product code	Product	Pack	Size	Usual quantity	Review	Unit price
6-35	Beambridge funnel	1		1	As needed	£14.65
6-40	Beambridge funnel	1		1		£15.24

Uri bags Manfred Sauer UK Ltd

These may be used for patients who have functional incontinence. These can be used as part of their treatment or management plan. Used as appropriate to maintain continence and dignity.

Product code	Product	Pack	Size	Usual quantity	Review	Unit price
URI Bag	URI Bag pocket sized (when not in use) reuseable urinal for men &urinary/ostomy appliance users,1.2Litre capacity	1		1	At Each Change	£15.59
URI Bag F	URI Bag pocket sized (when not in use) reuseable urinal for Female &urinary/ostomy appliance users,1.2Litre capacity	1		1	At Each Change	£15.59

Urinary sheaths

- A urinary sheath system can be an excellent method to manage urinary incontinence in men. It is particularly important when using an incontinence sheath system, for it to be assessed properly for the correct size. Urinary sheaths offer a valuable alternative method of urinary incontinence management for men.
- This should be done using the manufacturers measuring guide (as the same sizes may vary with assorted brands) to ensure that the sheath is:
 - not too tight, (which could result in discomfort or even sore skin)
 - not too loose in which case the sheath is more likely to fall off.
- Sheaths also come in standard or shorter lengths to enable the best fit.
- Before the sheath is applied, the penis and surrounding area should be washed and dried thoroughly. **Do not** use moisturising soap, any creams or talcum powder as these can affect adhesion.
- It is not advisable to shave the pubic area as this can cause skin irritation, but hair can be trimmed if necessary.
- Some sheaths come with a hair guard provided. Alternatively, a hole can be torn into a piece of kitchen paper then placed over the penis to push the hair back.
- Remove the sheath from the packet and place the end over the end of the penis.

ALWAYS ENSURE THE FORESKIN IS KEPT FORWARD. Leave a gap at the bulbous end of the sheath and unroll the sheath to its full extent along the penile shaft.

NB: please check manufacturers' instructions and relevant fitting instructions appertaining to the specific sheath used.

- It is recommended that sheaths are changed daily so over ordering more than one box of thirty per month may indicate poor fit although NHS Drug tariff states they can be kept in place for 1-3 days.

If patient uses more than 30 per month, please refer to continence team for advice.

When considering leg bags, note that there are safety and clinical considerations due to their weight and inflexibility. If you prefer to use them, please refer to catheter drainage options.

First Choice						
CliniMed - Clinisure silicone sheath The CliniSure urinary sheath can be worn for up to 24 hours. It is held in place by skin friendly adhesive for all day confidence and comfort.						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
CS24S	Standard Length	30	24mm	1 Pack (30) per month	Every 3 months	£43.31
CS28S	Standard Length	30	28mm			£43.31
CS31S	Standard Length	30	31mm			£43.31
CS35S	Standard Length	30	35mm			£43.31
CS40S	Standard Length	30	40mm			£43.31
CS24P	Shorter length (pop-on)	30	24mm			£43.31
CS28P	Shorter length (pop-on)	30	28mm			£43.31
CS31P	Shorter length (pop-on)	30	31mm			£43.31
CS35P	Shorter length (pop-on)	30	35mm			£43.31
CS40P	Shorter length (pop-on)	30	40mm			£43.31
CS24W	Wide Band	30	24mm			£43.31
CS28W	Wide Band	30	28mm			£43.31
CS31W	Wide Band	30	31mm			£43.31
CS35W	Wide Band	30	35mm			£43.31
CS40W	Wide Band	30	40mm			£43.31

Second Choice						
Bard Clear Advantage – Aloe Vera can be used for patients who experience penile soreness						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
1243	Sheath Style 1 -Standard Length	30	24mm	1 Pack (30) per month	Every 3 months	£57.05
1283	Sheath Style 1 -Standard Length	30	28mm			£57.05
1323	Sheath Style 1 -Standard Length	30	32mm			£57.05
1363	Sheath Style 1 -Standard Length	30	36mm			£57.05
1403	Sheath Style 1 -Standard Length	30	40mm			£57.05
2243	Sheath Style 2- Shorter length (POP on)	30	24mm			£57.05
2283	Sheath Style 2- Shorter length (POP on)	30	28mm			£57.05
2323	Sheath Style 2- Shorter length (POP on)	30	32mm			£57.05
2363	Sheath Style 2- Shorter length (POP on)	30	36mm			£57.05
2403	Sheath Style 2- Shorter length (POP on)	30	40mm			£57.05

Third Choice Conveen Optima Latex Free self-sealing Uri sheath						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
22025	Standard length	30	25mm	1 Pack (30) per month	Every 3 months	£56.78
22028	Standard length	30	28mm			£56.78
22030	Standard length	30	30mm			£56.78
22035	Standard length	30	35mm			£56.78
22040	Standard length	30	40mm			£56.78
22121	Shorter length	30	21mm			£56.78
22125	Shorter length	30	25mm			£56.78
22130	Shorter length	30	30mm			£56.78
22135	Shorter length	30	35mm			£56.78

Catheter Drainage Bags

The choice of the drainage bag is agreed during assessment in partnership with the patient. Where possible the system selected should be easily managed by the patient/carer. Factors to consider are:

- Patient choice and body image.
- Bag capacity (a wide range are available).
- Fabric or non-fabric backed.
- Tubing length (a wide range are available).
- Tap design - manual dexterity (ability to manage tap confidently).
- Placement / position of bag.

Leg Bags

- Can be used in conjunction with **catheters and sheaths**.
- Leg bags may be worn in various positions on the leg, i.e., inside thigh/calf, which is an individual choice, and this will determine the length of the inlet tube.
- Leg bags should be changed every **5-7 days** (manufacturer's recommendation).
- Maintaining a closed drainage system (i.e., not removing the leg bag when attaching a night bag) reduces the risk of infection.
- The leg bag must remain connected to the catheter and linked to the night bag if additional drainage capacity is required overnight.
- Leg bags with two step safety lock and anti-kink tubing may be helpful for some patients.
- Do not over stretch the catheter when fitting leg bag.
- **ALL** patients **MUST** have a sterile leg bag fitted to catheter.
- **No more than one box of ten should be issued alternate months (6 x10 boxes per year).**

CARE: care with positioning of the patient after insertion of catheter and attachment of leg bag. Poor positioning may cause skin trauma, e.g., sitting on leg bag tubing.

For those managing drainage in community or residential care environments, it is essential to ensure compatibility between the catheter, leg bag, and any additional drainage extensions. Emphasis should be placed on patient comfort, particularly during mobility, by selecting appropriately sized tubing and ensuring secure but non-restrictive fittings. Attention to detail when securing the leg bag can prevent unnecessary discomfort or complications, such as leakage or skin irritation, especially during prolonged wear.

FIRST CHOICE (First choice in community residential settings where a carer/ care assistant is changing bags)

Linc Medical <i>LINC-Flo sterile leg drainage bag with tap outlet, overnight connector and elastic Velcro straps.</i> <i>Containing 10 pairs of straps per box of 10 leg bags</i>						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
LM350MD-T	350ml 10cm inlet tube, T-tap	10 per pack	350ml	10 every 2 months	At each catheter change	£22.60
LM350SD-T	350ml direct inlet tube, T-tap	10 per pack	350ml			£22.60
LM500MD-L	500ml 10cm inlet tube, Lever Tap	10 per pack	500ml			£24.29
LM500LD-L	500ml 30cm inlet tube, Lever Tap	10 per pack	500ml			£24.01
LM500AD-L	500ml adjustable inlet tube, Lever Tap	10 per pack	500ml			£24.29
LM500SD-L	500ml direct inlet tube, Lever Tap	10 per pack	500ml			£24.34
LM500MD-T	500ml 10cm inlet tube, T-tap	10 per pack	500ml			£24.34
LM500LD-T	500ml 30cm inlet tube, T-tap	10 per pack	500ml			£24.34
LM500AD-T	500ml adjustable inlet tube, T-tap	10 per pack	500ml			£24.30
LM500SD-T	500ml direct inlet tube, T-tap	10 per pack	5600ml			£24.30
LM750MD-T	750ml 10cm inlet tube, T-tap	10 per pack	750ml			£24.30
LM750LD-T	750ml 30cm inlet tube, T-tap	10 per pack	750ml			£24.30
LM750AD-T	750ml adjustable inlet tube, T-tap	10 per pack	750ml			£24.30
LM750SD-T	750ml direct inlet tube, T-tap	10 per pack	750ml			£24.30
LM750AD-L	750ml adjustable inlet tube, Lever Tap	10 per pack	750ml			£24.30

Lever taps: The design aims to make them easy to open and close, addressing feedback that this feature is necessary for users with limited dexterity. The T-tap version is available for those who find the lever taps too hard to operate.

SECOND CHOICE

Rusch Leg bags (day bags) – Teleflex						
Prescribing Information: Each bag should last 5-7 days. No more than 1 x 10 should be issued alternate months (6 x 10 per year). Suggest that patients put the date on the back of the bag when new bag is attached. Suggested addition to dosage instructions “Each bag should last 5-7 days”						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
Lever Tap – Short Tube						
850363-000350	Lever tap. 350ml bag. 10cm	10 per box	350 ml	10 every 2 months	Before each Rx	£23.11
850363-000500	Lever tap 500ml – 10cm	10 per box	500 ml		Before each Rx	£24.58
Lever Tap - Long Tube						
850364-000350	Lever tap. 350ml bag. 30cm tubing	10 per box	350ml	10 every 2 months	Before each Rx	£23.11
850364-000500	Lever tap. 500ml bag. 30cm inlet tube.	10 per box	500ml			£24.58
Slide Tap – Short Tube						
850361-000350	Slide tap. 350ml bag. 10cm tubing	10 per box	350ml	10 every 2 months	Before each Rx	£23.11
850361-000500	Slide tap. 500ml bag. 10cm tubing	10 per box	500ml			£24.58
Slide Tap - Long Tube						
850362-000350	Slide tap. 350ml bag. 30cm tubing	10 per box	350ml	10 every 2 months	Before each Rx	£23.11
850362-000500	Slide tap. 500ml bag. 30cm tubing	10 per box	500ml			£24.58

Third CHOICE

Flexicare sterile leg bag						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
Lever Tap – Short Tube						
00-1352	350ml bag. Short tube	10 per box	350 ml	10 every 2 months (1 pack every 2)	Before each Rx	£23.63
00-1502	500ml bag. Short tube	10 per box	500ml			£23.63

				months)		
Lever Tap - Long Tube						
00-2352	350ml bag. Long tube	10 per box	350ml	10 every 2 months (1 pack every 2 months)	Before each Rx	£23.63
00-2502	500ml bag. Long tube	10 per box	500ml			£23.63

FOR INFANTS & BABIES

Linc Panda Paediatric - Panda bags cater to the needs of infants and babies who require urine drainage. Pair leg bag straps & latex free gloves /needle free sample port/step connector						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
LM100SD-L	Panda baby sterile leg bag. 100ml bag. Direct tube	10 per box	100ml	10 every 2 months (1 pack every 2 months)	At each catheter change	£30.30
LM100MD-L	Panda baby sterile leg bag 100ml, 10 m tube	10 per box	100ml			£30.30
LM100LD-L	Panda bag 100ml, 30cm tube	10 per box	100ml			£30.30
LM200SD-L	Panda baby sterile leg bag 200ml, direct inlet tube	10 per box	200ml			£30.30
LM200MD-L	Panda baby sterile leg bag 200ml, 10cm tube	10 per box	200ml			£30.30
LM200LD-L	Panda baby sterile leg bag 200ml, 30cm	10 per box	200ml			£30.30
Second Choice SmartFlow Children’s Leg Bag Manfred Sauer Ltd						
CBDirectS	Smartflow children’s leg bag Paediatric Leg Bag Direct Inlet	10 per box	210ml	10 every 2 months (1 pack every 2 months)	At each catheter change	£32.38

Drainable Night Bags 2L

Single use bags drainable night bags

- Suitable for night-time use for the collection of urine from indwelling catheters.
- The position of the bag should be **below bladder level** to enhance drainage and be directly connected to the leg bag to maintain a closed system but not more than 30cm below as can have a negative effect and cause suction to the bladder mucosa and cause blockage to the catheter.
- Night bags should be used in conjunction with a leg bag stand. (Floor or bed attached)

- A **single use** drainable night bag **MUST** be attached to a leg bag for infection control reasons.

To ensure optimal care and hygiene, the positioning and handling of night bags require strict adherence to guidelines. Proper drainage relies on placing the bag no more than 30cm below bladder level, with a leg bag stand providing additional stability and ergonomic convenience. For enhanced infection control, it is imperative that the system remain closed, and all components are securely attached. Furthermore, prioritising single-use bags not only facilitates compliance with these guidelines but also aligns with best practices for minimising infection risks. Patients and caregivers should remain informed about product-specific usage recommendations and integrate this knowledge into daily care routines.

- Bags should not be re-used, and a new bag **MUST** be used every night (unless personalised choice is for longer use bag as noted below).

Night bags						
<i>Single Use Only Bags</i>						
To reduce the risk of infection patients should be prescribed single use night bags. This applies to patients in care homes and those being looked after in their own homes						
Prescribing Information: These should be used routinely. Each bag should last 24 hours, 3 x 10 per month. Suggested addition to dosage instructions "Single usage only"						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
LM2LNS	LINC-Flo non-sterile 2 litre overnight drainage bag with 100cm inlet tube, non-return valve and twist off tube outlet	10 per pack	2 litres	3 x 10 per month – note Teleflex are 30 per pack.	Before each prescription	£2.32
LM3LS	Linc-3-litre Single Use Sterile Drainage Bags 120cm	10 per pack	3 litres			£5.72
850422	Teleflex non-sterile drainable night drainage bag	30 per pack	2 litres			£10.05

Sterile drainable night bags (5 to 7 day use)

Night Bags Sterile Drainable (5-to-7-day use)	
These are NOT for single use.	
<i>Drainable night bags are the preferred option in some circumstances e.g., Palliative care, diabetes insipidus and heart failure with oedema, bed bound patients</i>	
Prescribing Information: Patients must be clinically assessed for this type of product. Each bag should last 5-7 days. No more than 1 x 10 should be issued alternate months (6 x 10 per year). Suggest that patients put the date on the back of the bag when new bag is attached. Suggested addition to dosage instructions "Each bag should last 5-7 days"	

Product code	Product	Pack	Size	Usual quantity	Review	Unit price
SLC13	LINC-Flo sterile 2 litre T Tap with gloves	10 per pack	2 litres	1 x 10 Every two months	Included in the pack - slide to tap 2 litre sterile night bag with integral bag hanger tuck up tap pair latex free gloves/needle free port/step connect.	£10.38
SLC13L	Linc Flo Sterile Lever tap with gloves					
850420	Rusch drainable night drainage bag 120cm tube with tuck away slide tap and needle free sampling port (Teleflex)	10 per pack	2 litres	1 x 10 Every two months		£10.05
P2000	Proslys Sterile 2 litre night bag with 90cm inlet tube, non-return valve, sample port	10 per pack	2 litres	1 x 10 Every two months		£12.81

These bags are suitable for night-time use for the collection of urine from indwelling catheters or incontinence sheaths. They are used in conjunction with a bag hanger which, being a nursing aid, is not prescribable. Supply arrangements for bag hangers tend to vary throughout the country but they are normally supplied through the community nursing service.

Catheter Accessories: Catheter lubricants

- To reduce injury to the urothelium and subsequent risk of urethra damage.
- Gel lubricants can facilitate pain free insertion – the primary action of gels contained in this formulary is lubrication with an ancillary anaesthetic action and / or antibacterial action.
- Lubrication is to help reduce the risk of associated infection due to reduced trauma with lubricant. If required, lubricant with additional chlorhexidine is available (check if contraindication to chlorhexidine prior to use).
- One to be used at each catheter change.
- **Order in singles.**
- Suitable for supra pubic use - 6ml to be used for this procedure.

Anaesthesia is achieved within 5 minutes, depending on the area of application. Duration of anaesthesia is 20-30 minutes.

Lubricant						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
(6ml) (11ml)	Instillagel 6ml-11ml	1	6ml female and suprapubic 11ml male	1 Per catheter ordered	At each change	£10.50 (10) £11.00 (10)

1167 (6ml) 1168(11ml)	OptiLube sterile lubricating jelly, pre-filled syringes	1	6ml female 11ml male	1 Per catheter ordered	At each change	£0.98 £1.04
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Retaining Straps:

Liberty, Fix IT retaining Strap. These are used to prevent tugging on the sheath.						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
10646C	Liberty Fix-it straps short. Cut to fit 35cm	5	35cm	1 x 5	Every three months	£15.51
10644A	Liberty Fix-it straps medium. Cut to fit 45cm	5	45cm			£15.51

These straps are particularly important for ensuring comfort and stability during use, as they help minimize movement and reduce the risk of accidental dislodgement. Designed for practicality, they complement the syringes and other equipment by adding reliability to the overall system.

Catheter Accessories / Leg Bag Holders

- It is extremely important that both the catheter and leg bag are well supported to reduce traction and trauma to the bladder neck/urethra.
- The G strap can be used as a retaining strap which secures the tubing or catheter firmly and comfortably against the leg acting as a shock absorber for all indwelling catheters.
- G strap and leg bag holders are washable and reusable.
- Leg bag holders can be used as an alternative or alongside leg straps, particularly good for frail skin, or problems with straps digging into or rubbing against the leg as it distributes the weight of the urine more uniformly.

Fixation Sleeve - Leg Bag Holders

UGO FIX SLEEVE LEG/BAG HOLDER Washable, knitted fibre blends for strength and durability						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
3005	Ugo fix sleeve leg bag holder Small (24-39cm)	4	Small	1 Pack of 4 every 6 months	Before each Rx	£7.95
3006	Ugo fix sleeve leg bag holder Medium (36-55cm)	4	Medium			£7.95
3007	Ugo fix sleeve leg bag holder (40-70cm)	4	Large			£7.95

Bard Uri -sleeve- Leg Bag Holder As an alternative to leg straps, the URISLEEVE® Leg Bag Holder supports weight of the Leg Bag preventing 'drag' on the catheter, providing security and maximum comfort.						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
150111	Small 24cm-39cm"	4	Small	1 Pack of 4 every 6 months	Before each Rx	£9.12
150121	Medium 36cm-55cm	4	Medium			£9.12
150131	Large 40cm-70cm Large	4	Large			£9.12

This product, designed for effective urological care, offers a reliable and comfortable solution for patients requiring periodic maintenance or support. Its practical design ensures ease of use and consistent results, aligning well with the needs of individuals facing specific medical conditions.

Its versatility makes it particularly suitable for individuals with varying requirements, seamlessly integrating into daily routines while ensuring optimal hygiene and comfort. Complementing its ease of application, the product is designed to cater to diverse medical challenges, embodying a thoughtful approach to patient care with a focus on usability and durability.

Meatal Dilation /Urethral

With its innovative design and focus on patient-centric solutions, this product addresses a wide array of urological needs, merging practicality with advanced medical technology. It ensures a hygienic, user-friendly experience, tailored to accommodate diverse conditions with precision and care. The thoughtful engineering behind this product highlights its commitment to supporting patients' well-being, allowing for greater independence and confidence in managing their conditions effectively.

Meatal Dilation / Urethral Stenosis Vesica Urology Meatal Dilator						
Product code	Product	Pack	Size	Usual Quantity	Review	Unit price
OSMDIL16	Optismooth MD hydrophilic meatal dilatation catheter male taper tip. Male	30	16	Every 3 months	In line with frequency guide	£35.40
OSMDIL18	Optismooth MD hydrophilic meatal dilatation catheter male taper tip. Male	30	18			£35.40
OSMDIL14	Optismooth MD hydrophilic meatal dilatation catheter male taper tip. Female	30	14			£35.40

Urinary Catheters

Quality & Safety

Consider non-invasive alternatives prior to catheterisation as funnels, sheaths and urinals cause less patient harm, such as urethral trauma and catheter associated UTIs.

- National alerts have highlighted the need to ensure female length catheters are used for female patients. **CAUTION** is therefore recommended when choice of catheter is made to reduce the risk and trauma associated with FEMALE catheter insertion into a MALE patient.
- If male catheters are to be used on female patients e.g. For obese or wheelchair user, then the clinical assessment should be documented in patient care plan by the health professional undertaking the assessment.
- Patient assessment, monitoring and on-going support is essential to prevent urinary tract infections and improve quality of life for those patients who have a urinary catheter.
- Aim to use the smallest size that provides adequate drainage to avoid problems such as bypassing.
- **Select the correct length and type of catheter: Do not use FEMALE catheters in MALE patients under any circumstances.**
- **ALWAYS** wash the patient prior to catheterisation.
- For indwelling catheters, balloon sizes could be 3ml, 5ml or 10ml, this represents the amount of sterile water required to fully inflate the balloon. Under inflation can distort the angle of the catheter tip, causing bladder spasm.
- Choice of product depends upon:
 - Assessment and diagnosis
 - Patient Choice – where lifestyle or circumstances require.
 - Local guidelines
 - Latex Allergy – use only 100% silicone – **DO NOT** confuse with silicone elastomer.
- **Special Precaution must be exercised when using catheters and catheter valves in spinal cord injuries patients. Autonomic Dysreflexia (AD) syndrome develops secondary to any noxious stimulus below the level of the injury.** Please [see Appendix One](#) for full information on AD.
- If problems persist i.e., frequent re-catheterisations, bypassing, blocking **See Appendix Two** (page 26) Planned and unplanned reviews for patients with long-term indwelling urinary catheters. Contact the community continence service for advice or support. ([see local contacts list](#))

Please use **HOUDINI to guide appropriate catheterisation and prompt removal and make that catheter disappear!**

See urinary catheter audit in [Appendix Three](#)

In addition to adhering to these principles, healthcare providers must consider the unique challenges posed by specific patient conditions, such as mobility restrictions or pre-existing infections, to ensure optimal outcomes. Proper documentation and communication among the care team are essential, particularly when handling patients with complex medical histories or when transitioning care settings. By fostering a patient-centered approach and integrating technological advancements in catheter design, providers can enhance both the safety and efficacy of catheterisation procedures while minimising potential complications. This comprehensive strategy will support not only immediate clinical needs but also the long-term well-being and comfort of the patient.

Healthcare providers must remain vigilant in selecting the most appropriate catheter type and adhering to established guidelines to ensure patient safety and comfort during catheterisation. This involves not only choosing products that align with patient-specific needs, such as allergies or physical conditions, but also implementing protocols for timely removal and monitoring. Regular reviews and consultations are key, particularly for those requiring medium-term catheterisation or experiencing complications like bypassing or blocking. By combining a tailored approach with thorough training, practitioners can mitigate risks, enhance outcomes, and maintain adherence to prescribing requirements.

Proper training and adherence to best practices are essential in ensuring the safe and effective use of catheters, particularly for patients with specific medical conditions or sensitivities. It's crucial to follow all safety precautions and consider the patient's clinical state, preferences, and any contraindications before proceeding. When managing medium-term catheterisation, healthcare providers should also ensure a streamlined process by aligning with prescribing protocols and seeking timely interventions or consultations when complications arise.

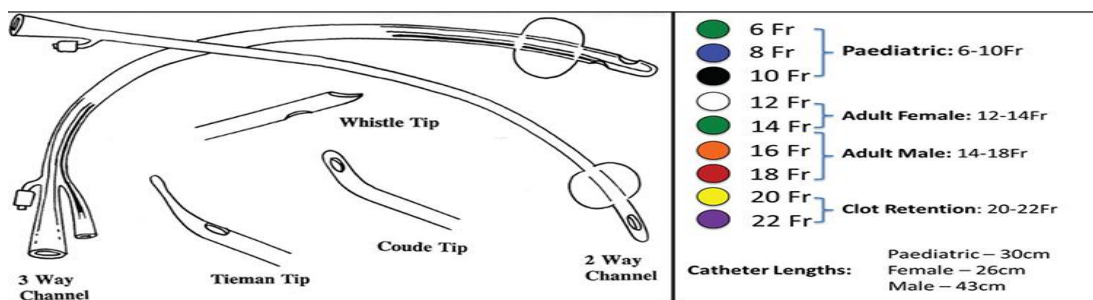
Indwelling Catheters – Medium Term (up to four weeks)

- **A prescription must be generated and authorised by the prescriber prior to any ordering/delivery of catheters, this will prevent excessive ordering, both quantity and frequency.**
- Packaged in single units.
- Prescribe **TWO initially** and from then on only **ONE** to be prescribed at a time.
- Catheters listed are licensed for both urethral/supra pubic.
- PTFE Coated latex (Polytetrafluoroethylene).
- In **Latex allergy** use ONLY 100% silicone **LONG** term catheters.

Prescribing information:

A PTFE catheter can remain in-situ for up to 28 days.

If the frequency exceeds two times per month, refer to the Continence Team.



Teleflex - Rüsç PTFE AquaFlate. PTFE Coated Latex with sterile water filled syringe for balloon inflation and empty syringe for balloon deflation <i>Short to medium term use (up to four weeks)</i>						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
DP310112 - DP310118	Standard Male 10ml balloon	1	12-18	Usually, one every 4 weeks	At each catheter change.	£2.34
DP210112- DP210118	Female 10ml balloon	1	12-18			£2.34

Indwelling Catheters - Long term (up to twelve weeks)

- A prescription must be generated and authorised by the prescriber prior to any ordering/delivery of catheters, this will prevent excessive ordering, in both quantity and frequency.
- Catheters are packaged in single units. In a drive to prevent contamination, patient harm, and unnecessary admissions.
- Prescribe **TWO initially** and from then on for replacements **ONE** to be prescribed at a time.
- After **two** attempts at insertion seek further advice.
- (Catheters listed are licensed for both urethral/supra pubic use.)
- If catheter life is less than four weeks, i.e., requiring recurrent re-catheterisation, consider a medium-term catheter.
- If **latex allergy**, ensure 100% silicone catheter is used **NOT** elastomer coated.
- If problems persist and/ or further advice is required **refer** to your local continence service for advice.

Prescribing Information:

Hydrogel /Silicone Catheters - Product licence 4 weeks, to 12 weeks (84 Days)

Quantity 4-6 per year - If more than 6 per year, considering changing to a short/medium term catheter.

Prescribe 3 initially and up to 2 to be added to repeats.

"Each Catheter can last up to 12 weeks".

Non-Touch ISC catheters with integral drainage bag (3rd Line)

Not for routine prescribing, specialist prescribing only.

- for use by careers and HCP (wearing nonsterile gloves) for IC when the patient is unable to perform CISC

- **Patients who have manual dexterity difficulties with first line catheter**

Teleflex - Rüsch Sympacath AquaPlate Hydrogel Coated Latex with sterile water filled syringe for balloon inflation and empty syringe for balloon deflation.						
Product code	Product	Pack	Size	Usual Quantity	Review	Unit price
DH310112 - DH310124	Standard Male	1	12-24	Usually, one every 12 weeks.	At each catheter change or if catheter is in situ less than 4 week.	£6.69
DH210112 - DH210124	Female 10ml balloon	1	12-24			£6.69

Proslys All-Silicone Catheter (foley) 2 way Use only if latex allergy						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
PCF12M10E-PCF18M10E	Male 10ml balloon Open Ended	1	12-18	One every 12 weeks	At each catheter change or if catheter is in situ less than 4 weeks.	£5.97
PCF12M10-PCF18M10	Male 10ml balloon	1	12-18			£6.13
PCF12F10-PCF18F10	Female 10ml balloon	1	12-18			£6.13

Coloplast - Folsyl All Silicone Open Ended Silicone catheter - Standard size only option here– may offer an alternative for those patients experiencing problems with repeated bypassing and blockage. There is no tip to the end of this catheter creating an additional drainage channel.						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
AA74	Open ended catheter Male 10ml balloon	1	12-18	Usually, 1 every 3-12 weeks	At each catheter change or if catheter is in situ less than 4 weeks.	£6.93
AA75	Open ended catheter Female 10ml balloon	1	12-18			£6.93

Teleflex -Brillant Plus AquaFlate 2 way All Silicone foley catheter with 10% glycerine solution pre-filled syringe for balloon inflation						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
850084 followed by 000120 or 000240	Brillant Plus AquaFlate all silicone catheter male 10ml balloon Tiemann Tip	1	12 - 24	Usually, one every 12 weeks	At each catheter change or if catheter is in situ less than 4 weeks.	£8.62
850081-000120-000240	Brillant Plus AquaFlate all silicone catheter male 10ml balloon cylindrical tip	1	12-24			£6.25

The tiemann tip catheter (Coudé-tipped catheter) has a unique shape angled upward at the tip that allows easier insertion. This feature facilitates passage through the bladder neck in patients who have an obstruction from a slightly enlarged prostate gland (e.g., in benign prostatic hyperplasia) or urethral stricture.

The 100% silicone catheter and an Integral balloon result in trauma free insertion and removal. The Silicone material allows wider drainage lumen and reduces blockages. The glycerine solution stops premature balloon deflation and helps to prevent unnecessary catheter changes.

Catheter Valves

In people for whom it is appropriate a catheter valve may be used as an alternative to a drainage bag.

- Patients must have an individualised specialist assessment to ensure a catheter valve is appropriate. Points to consider.
- Person's preference
- Family member and carer support
- Manual dexterity
- Cognitive ability
- Lower urinary tract function
- For use with indwelling catheters only.
- Their use helps to imitate normal bladder function by allowing the bladder to fill and empty, maintaining normal capacity and tone and is a discrete alternative to drainage bags.
- They allow the catheter balloon to be lifted from the bladder wall decreasing the risk of bladder wall erosion and trauma to the bladder neck. (Addison 2001)
- To be used for chronic catheterisation patients 2-3 weeks prior to trial without catheter (twoc) to regain bladder function and tone.
- To be used for acute catheterisation patients prior to twoc.
- Catheter valves should be changed every 5-7 days.

No more than one packet (5) should be prescribed every month.

Contraindications

- Reduced bladder capacity
- No bladder sensation
- Cognitive impairment
- Unstable Bladder
- Poor manual dexterity
- Renal impairment
- Post Radical Prostatectomy

Special Precautions

- ◆ Spinal Injuries/ neuropathic disease – use of catheter with valves should be encouraged where ISC is not possible.

Special Precaution must be exercised when using catheter valves in spinal cord injuries patients. Autonomic Dysreflexia (AD) syndrome develops secondary to any noxious stimulus below the level of the injury. Please [see Appendix One](#) for full information on AD.

Please note T-tap catheter valves are no longer available

Catheter Valves						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
CF1	Linc Care-Flo Catheter Valve	5	Std	5 per month	At every catheter change.	£1.66 each
PCV3942	Prosys sterile catheter valve	5	std	5 per month		£2.06 each

Compact Intermittent Self Catheters (ISC)

These catheters should be used for discreteness when the patient is going out. (discreet) or those who are unable to use first line catheters due to dexterity problems.

Curan Lady (Clinimed Ltd)						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
CL08-CL14	Curan Lady catheter female	30	8-14	As per care plan	Every 3 months	£46.09
CM12-CM16	Curan man catheter male	30	12-16	As per care plan	Every 3 months	£49.51

Ready-to-Use (Bard Ltd) BD ready-to-use hydrophilic catheter Includes insertion aid for no-touch insertion technique						
Product Code	Product	Pack Size	Size	Usual quantity	Review	Unit price
RTU10F-RTU14F	Catheter female	30	10-14	As per care plan	See prescription requirements	£38.90
RTU12M-RTU16M	Catheter Male	30	12-16			£38.90

Wellspect Healthcare - Lofric (non-PVC) Single Use						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
4040825-4041425	LoFric catheter female non-PVC 15cm	30	8-14	As per care plan	Every 3 months	£46.06
4030825-4031825	LoFric catheter female non-PVC 12cm	30	8-18			£46.06
4000825-4002225	LoFric catheter Male non-PVC	30	8-22			£44.86
4051025-4051825	LoFric catheter Male non-PVC Tiemann Tip	30	10-18			£45.72

Speedicath (pre -Hydrated Polyurethane)						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
28506-28516	SpeediCath catheter Female	20	6-16	As per care plan	Every 3 months	£49.11
28408-28418	SpeediCath catheter male	20	8-18			£49.11
28490-28496	SpeediCath catheter male Tiemann	20	10-16			£49.11

- These are suitable for patients with incomplete bladder emptying e.g., neurogenic bladder disorders, particularly patients with multiple sclerosis, spina bifida, diabetes and spinal cord injury.
- Patient needs good dexterity and cognitive ability.
- Help to reduce catheter-associated urinary tract infections (CAUTI). These catheters are for single use only.

- How many a patient uses a day depends on their medical reason for ISC ranging from 1 to 5 times daily.
- All patients to be managed by an appropriately trained healthcare professional. **Please note this is a clean procedure for the patient and ASEPTIC technique for ALL others carrying out the procedure on behalf of the patient.**
- **In partnership with the patient an individualised care plan MUST be developed.**
- **Formulary products will be trialled prior to prescribing.**

Indications for CISC

- Incomplete bladder emptying
- Neurogenic bladder
- Bladder outflow obstruction (prostate, vaginal prolapse)
- Detrusor failure
- Reflex incontinence
- Urethral Stricture management
- Following pelvic surgery
- Instillation of medication to the bladder

Frequency of CISC / IC The frequency of performing CISC will depend on residual urine volume (how much urine is left in the bladder).

As a general guide

- <100ml with no lower urinary tract symptoms (LUTS) – no need to catheterise.
- Patients should be encouraged to attempt urethral voiding prior to catheterisation.
- Post micturition residual.
 - 100-200ml with LUTS – once daily
 - 200-300ml with LUTS – twice daily
 - 300-400ml with or without LUTS – three times daily
 - 400ml> with or without LUTS – four times daily
- Chronic retention patients who fail to void but have urge should catheterise four times daily and once overnight if they wake with urge.
- Patients who develop overactive bladder symptoms following initial drainage may need to be considered for antimuscarinic therapies until symptoms settle.
- Patients with chronic retention should be warned they may not initially feel the

Prescribing Information:

- One used each time the patient requires to void (100-150 per month)
- Prescribe in multiples of 30, up to 150 each time.
- Suggested addition to dosage instructions “1-5 catheters will be required each day”.
- Excessive use of intermittent catheters is known to cause trauma.

Prescription requirements

- Patients are taught how to use catheters according to their need / ability, catheters should not be changed without the patient being assessed for ability to use an alternative.
- Requirements depend upon frequency of catheterisation.
- Patients with a normal capacity bladder (300-500ml) and 2litre fluid intake should not need to catheterise more than 6 times in 24 hours.

Frequency of catheterisation / day	Total catheters / month	Boxes / month
1	30	1
2	60	2
3	90	3
4	120	4
5	150	5

Important Information

Patients requiring more frequent catheterisation should be referred for review by the continence team to reduce the risk of urethral trauma.

Please use direct referral template on SystmOne to refer to your local community continence team.

It is essential to monitor patients using intermittent self-catheters closely to ensure proper adherence to prescribed frequency, as this can significantly reduce complications. Regular evaluation of catheter type, size, and unit price, as well as individual needs, forms a critical component of holistic care, fostering both comfort and effectiveness

Standard Intermittent Self Catheters (ISC) (Not compact)

Rusch Flocath quick (Teleflex) With Integrated 0.9% sterile Saline Solution This catheter range is designed for convenience and efficiency, offering integrated saline solutions for easy use. With a variety of sizes and compatible designs, it ensures users can find an option tailored to their specific needs, whether for male or female applications.						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
851221-	Female with 0.9% sterile saline solution.20cm	30	8-14	As per care plan	Every 3 months	£39.42
851241-	Male with 0.9% sterile saline solution male	30	8-18			£39.42

Specialist Catheters

VaPro Plus Pocket No Touch Urethral Intermittent Catheter with Integrated Collection Bag (formerly Hollister VaPro Plus Pocket)						
Product Code	Product	Pack	Size	Usual quantity	Review	Unit price
71082-71142	Catheter female 20cm	30	8-14	As per care plan	See prescription requirements	£100.91
71084-71164	Catheter Male 40cm	30	8-16			£100.91

Coloplast Speedicath Flex Set is an all-in-one solution for men with a soft catheter featuring triple action coating technology, a dry-sleeve, a flexible tip, and a dry-to-the touch bag.						
Product Code	Product	Pack	Size	Usual Quantity	Review	Unit price
28931-28936	SpeediCath Flex set catheter male	30	10-16	Every 3 months	See prescription requirements	£97.37

B.Braun Medical Actreen Mini Catheter Easy and ready to use catheter 9cm Catheter – Pre lubricated with smooth eyelet at the tip for deep Bladder emptying, Universal catheter PVC Free						
Product Code	Product	Pack	Size	Usual Quantity	Review	Unit price
228010E-228016E	B. Braun Actreen Mini Female	30	10-16	Every 3 months	See prescription requirements	£49.90

Catheter Maintenance Solutions

USE ONLY WHEN clinically indicated and prescribed for individual patients.

- There should be a clinical rationale for use and prescribed for individual patients.
- Should only be considered **for short-term use**, to treat indwelling catheters for prevention of encrustation, or to dissolve crystal formation prior to removal of catheter to prevent urethral trauma.
- Catheter solutions must not be used to prevent catheter-associated infection (NICE 2003)
- **Monitoring pH** will help identify the need for, and the type of solution required.
- Citric acid should **ONLY** be used for those patients who have a consistently high pH of 6.8 and above.
- It is good practice to cut open the catheters on removal, from those patients where blocking is a problem to see if the lumen is blocked by sediment deposit.
- Two sequential instillations of a small volume are more effective than a single administration.
- (Getliffe 2000).

Formulary Range of maintenance solutions (B Braun Guide to best practice)

Flushing debris and mucus from within the bladder

Uro-Tainer Saline NaCl 0.9%

Sodium Chloride is recommended to flush out debris and mucus, it has a purely mechanical action.

Dosage is as required.

It is a sterile isotonic solution. It does not contain any preservatives.

Encrustation

To minimise the use of catheter maintenance solutions where encrustation is a problem, best practice states: -

To estimate the lifespan of a catheter in individuals that are prone to struvite formation, (encrustation), it is advisable to monitor and observe the length of time the catheter remains functional before becoming blocked. This will give a good indication of the time frame required, for pre-planned, re catheterisation procedures to be conducted before blockage occurs.

Uro-Trainer Suby G (Citric Acid 3.23%)

Suby G is recommended if the patient is identified as a “blocker.”

A regular regime can be used as a prophylactic measure to prevent the build-up of encrustation and catheter blockage. By measuring the pH regularly and the length of time the catheter takes to block, the frequency of Suby G use can be determined.

The **maximum** dosage is twice daily.

If irritation is experienced, treatment should be **discontinued**.

Uro-Trainer Solution R (Citric Acid 6%)

Solution R is recommended prior to catheter change and for “persistent blockers.”

Solution R can be effective in clearing a catheter which is completely blocked with encrustation. Prior to catheter removal it will dissolve crystals formed in and around the catheter tip making removal less traumatic to the delicate urethral tissue.

A combination of Suby G and Solution R is also an option for persistent “blockers.”

The **maximum dosage** is twice daily.

If irritation is experienced, treatment should be **discontinued**.

Catheter maintenance solutions – restricted use – for individualised care ONLY						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
FB99849	Uro-tainer sodium chloride (0.9% saline)	1	50ml	Only if clinical rationale for use – SHORT TERM ONLY	Before each Rx	£3.82
FB99833		1	100ml			£3.82
9746609	Uro-tainer twin (3.23% Citric Acid - Suby G)	2 x 30ml	60ml			£5.45
9746625	Uro-tainer twin (6.0% Citric Acid -Solution R)	2 x 30ml	60ml			£5.45

These solutions are specifically designed to provide effective catheter maintenance and prevent blockages caused by mineral deposits or infections. By maintaining the appropriate pH and ensuring the catheter remains unblocked, they provide convenience and comfort for users. This careful attention to detail ensures that essential products like belly bags perform as intended, supporting proper urinary flow and overall well-being.

Belly Bags

The pressure of the bladder muscles is more than sufficient to ensure that the urine flows through the catheter from the bladder into the bag. The residual pressure of the bladder is 10 to 25 cm H₂O. Only 6 cm H₂O is required to ensure that urine flows from the bladder into the bag.

<http://www.teleflex-homecare.com/products/urology-continenence/urine-drainage-systems/belly-bag/>

Belly Bags – each bag may be used for up to 28 days						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
B1000P	Belly Bag with sample port (Teleflex)	1	1 litre	1	-	£11.50
B1000CT	Belly Bag with extended tubing (Teleflex)	1	1 litre	1	-	£11.50

Adhesive remover Wipes

Prep wipes (provide a barrier for protection and adhesion to skin) and **Adhesive remover**.

Skin prep wipes can be used if the sheath is not staying in place or used to protect the skin if the patient is experiencing penile soreness.

Prep wipes (provide a barrier for protection and adhesion to skin)						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
STC250	Stocare Protect Barrier wipes	1	1 x 30	1 pack per month	As necessary	£13.16
PPS1	Salts Barrier film Wipes	1	1x30	1 pack per month	As necessary	£17.30

If the above products are unsuitable, please contact your local Continence Service for advice.

Alternative products and recommendations are available for specific needs. Ensure that options fit individual care plans, considering suitability and practicality.

Retracted Penis Pouch

Hollister Retracted Penis Pouch Changed every 5-7 days						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
9873	Retracted Penis Pouch with Flex tend Skin Barrier	10	-	1 pack every two months	As necessary	£32.38
9811	Retracted Penis Pouch	10		1 pack every two months	As necessary	£32.95

These products, tailored for specific needs, reflect a commitment to practical solutions that enhance comfort and manage conditions effectively. Addressing bowel management as part of broader healthcare strategies involves utilising innovative methods such as Trans Anal Irrigation (TAI), which calls for careful consideration and patient training to ensure optimal outcomes.

Bowel Management: Faecal continence

Trans Anal Irrigation can reduce the severity of constipation and incontinence, improve quality of life, and promote dignity and independence.

TAI may not be suitable for all people with bowel dysfunction. It may take several weeks before a person is comfortable with using the system, and some people may choose to stop using it. TAI is therefore most effective when it is offered with specialist training for users, carers and NHS staff, and structured patient support.

Assessment of the patient is needed before undertaking TAI by a specialist service to:

- Confirm the reason for initiation, for example, failure of conservative therapy, unpredictability of bowel function.
- Help to ascertain the optimal TAI system for a patient to use.
- Identify any criteria that would contraindicate the use of TAI.

Not all patients with chronic idiopathic constipation will be suitable for TAI. Referral to the most appropriate healthcare professional should be made in accordance with a local pathway. [See Appendix Four and Five](#)

Decision Tool

Adapted from *Development of a decision guide for trans anal irrigation in bowel disorders*. [Anton Emmanuel](#), et al. Published Online:16 Oct 2019 <https://doi.org/10.12968/qasn.2019.17.7.24>

Bowel Condition		
<ul style="list-style-type: none"> •Passive faecal incontinence •Post defaecation seepage •Rectocele •Incomplete evacuation •Evacuation difficulties 	Low volume	Low volume mini-irrigation +/- extension tube Regime 1
Low anterior resection syndrome (LARS)	Low volume	Low volume mini-irrigation +/- extension tube Regime 1
	High volume	High volume cone irrigation manual/electronic Regime 2
<ul style="list-style-type: none"> •Urge faecal incontinence/urgency •Constipation (slow transit/idiopathic/opioid induced/IBS-C) •Neurogenic (spinal cord injury, upper/lower motor neurone/MS/Parkinson's/spina bifida/cauda equina) 	High volume	High volume cone irrigation manual/electronic Regime 3
		High volume catheter irrigation manual/electronic Regime 3
<ul style="list-style-type: none"> •Bed bowel management •Poor balance unable to transfer •SCI with upper motor neurone lesion/trunk balance e.g. upper motor neurone lesion 	High volume	High volume bed irrigation Regime 4

Management regimens in stages:

REGIME 1	Irrigate daily. Commence with one irrigation each day +/- extension tube. This can be increased to twice each day if required Use only for a maximum of 2 irrigations each day If needing to use more often go to higher volume system
REGIME 2: For LARS	Irrigate daily. Commence with 200mls daily Increase to 300-400mls (if bowel symptoms continue) Increase to a maximum of 500mls (if bowel symptoms continue)

REGIME 3	Irrigate daily. Commence with up to 500mls daily (if starting with a lower volume, increase over a few days until 500mls is used) Continue with 500mls daily. If continuing to experience bowel symptoms increase to 800mls (may want to increase this over a few days)
REGIME 4	Irrigate daily. Commence with 200mls for initial irrigation. Allow water to flow into bag, replace stopper and repeat irrigation with 300mls (or lower if not tolerated), giving a maximum of 500mls Continue with 500mls (this may be in 1-3 irrigations. If required, increase volume of water to a maximum of 800mls (this may be in 1-3 irrigations)

Anal Plugs

Anal Plugs – these MUST NOT be used for patients with inflammatory bowel disease. They can stay in situ for 12 hours						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
FG730	Renew Insert Anal Plug Regular	30 per month	Small	1 Pack	As necessary	£71.54
FG731	Renew Insert Anal Plug Large	30 per month	Large			£71.54

Faecal collectors

Fecal collectors – bed bound patients only Fecal Collector in place for up to seven days if the skin barrier is intact and adherent. Vary according to product type and facility protocol BUT may be as often as every TWO hours.						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
9822	Hollister fecal collector 500ml Medium 10"	10	500ml	As Required	As necessary	£51.03
9821	Hollister fecal collector 1000ml Large 12"	10	1000ml			£51.03

Faecal Continence Appliances

Quality and safety messages

Prescribing of anal irrigation products should **ONLY be undertaken following specialist advice.**

They are indicated for patients with neurogenic bowel dysfunction and chronic constipation in whom other options have been tried at maximum doses and remain unsuccessful.

The products below are agreed and should only be prescribed in primary care following specialist assessment and patients being stable for 2 months.

This system is specifically designed for patients requiring effective bowel management solutions, ensuring controlled and hygienic irrigation. The Peristeen system is suitable for home use following specialist training, allowing patients to establish a routine with improved independence and quality of life.

Trans Anal Irrigation						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
Peristeen – Coloplast. A high-volume rectal catheter system with a manual pump						
29140	Peristeen System (System includes 1 control unit, 2 rectal catheters, 1 water bag, 2 straps)	1	1	1 Pack	Alongside symptom review	£81.59
29147	Peristeen System Small (System includes 1 control unit, 2 rectal catheters, 1 water bag, 1 strap) Regular	1	1	1 Pack		£81.59
29142	Peristeen Accessory Unit (Contains 15 rectal catheters, 1 water bag) Small	1	15	1 Pack per month		£142.20
29149	Peristeen plus anal irrigation system accessory unit Small (Contains 15 rectal catheters, 1 water bag)	1	15	1 Pack per month		£142.20
29143	Peristeen plus anal irrigation system rectal catheters regular	1	10	1 Pack	Alongside symptom review	£90.91
29150	Peristeen plus anal irrigation system catheters small	1	10	1 Pack		£90.91
29145	Peristeen Plus anal irrigation system straps	1	20	1 Pack per month		£5.82
29146	Peristeen plus anal irrigation system tubes	2	1	1 Pack per month		£8.15

Qufora Irrisedo Mini – Wellspect Healthcare – A low volume cone system with a manual pump						
53601-015	IrriSedo Mini System (15 irrigation set) (Contains 1 pump, 15 Hydrophilic coated cones, 15 waste bags)	1	1	1 Pack	Alongside symptom review	£63.11
53601-030	<i>IrriSedo Mini System (30 irrigation set) (Contains 1 pump, 30 Hydrophilic coated cones, 30 waste bags)</i>	1	1			£125.47

Aquaflush Irrigation Systems (CliniSupplies Ltd) Products in this category must be dispensed with a supply of wipes and disposal bags. All products in this category receive a home delivery fee of £3.40						
Product code	Product	Pack	Pack	Usual quantity	Review	Unit price
AFCS	Aquaflush Mini Starter set (Contains 1 Mini irrigation system, 5 standard cones, 5 waste bags, 5 lubricant sachets, 1 wash bag, 1 extension tube)	1	1	1 Pack	Alongside symptom review	£ 36.34
AFCM	Aquaflush Mini Monthly Set (Contains 1 Mini irrigation system, 15 standard cones, 15 waste bags, 15 lubricant sachets, 1 extension tube)	1	1	1 Per month		£ 62.08
AFCPS	Aquaflush <i>Midi - Compact+ System</i> (formerly Aquaflush Compact+ System) Starter Set (Contains 1 Midi irrigation system, 5 standard cones, 5 waste bags, 5 lubricant sachets, 1 wash bag, 1 extension tube)	1	1	1 Pack		£ 36.34
AFCPM	Aquaflush <i>Midi - Compact+ System</i> Monthly Set (Contains 1 Midi irrigation system, 15 standard cones, 15 waste bags, 15 lubricant sachets, 1 extension tube)	1	1	1 Pack		£ 62.08
AFSRCS	Aquaflush <i>Maxi Self Retaining Cone</i> (formerly Aquaflush Self-Retaining Catheter System) Starter Set (Contains 1 Maxi irrigation system, 5 self-retaining cones, 5 waste bags, 5 lubricant sachets, 1	1	1	1 Pack		£81.31

	hanging hook, 1 leg strap, 1 water bag stand, 1 wash bag)				Alongside symptom review	
AFSRM	Aquaflush <i>Maxi Self Retaining Cone</i> Monthly Set (Contains 1 Maxi irrigation system, 15 self-retaining cones, 15 waste bags, 15 lubricant sachets)	1	1	1 Per month		£110.87
AFAS	Aquaflush <i>Maxi - Actif irrigation system</i> (formerly Aquaflush Actif Irrigation Cone System) Starter Set (Contains 1 Maxi irrigation system, 5 short (paediatric) cones, 5 waste bags, 5 lubricant sachets, 1 hanging hook, 1 leg strap, 1 water bag stand, 1 wash bag)	1	1	1 Pack		£78.14
AFAM	Aquaflush <i>Maxi - Actif irrigation system</i> Monthly Set (Contains 1 Maxi irrigation system, 15 short (paediatric) cones, 15 waste bags, 15 lubricant sachets)	1	1	1 Per month		£101.69
AFLS	Aquaflush <i>Maxi - Lite System</i> (formerly Aquaflush Lite System) Starter Set SetAFLS7688 (Contains 1 Maxi irrigation system, 7 standard cones, 7 waste bags, 7 lubricant sachets, 1 hanging hook, 1 leg strap, 1 water bag stand, 1 wash bag)	1	1	1 Pack		£78.14
AFLM	Aquaflush <i>Maxi - Lite System</i> Monthly Set (Contains 1 Maxi irrigation system, 16 standard cones, 16 waste bags 16 lubricant sachets)	1	1	1 Per month		£101.69
AFSRCA	<i>Aquaflush Cone Refill Pack</i> Self-Retaining Cones (Contains 15 self-retaining cones, 15 waste bags, 15 lubricant sachets)	1	1	1 Per month		£79.19
AFLA	Standard Cones (Contains 15 standard cones, 15 waste bags, 15 lubricant sachets) Aquaflush cone refill pack	1	1	1 Per month		£62.08
AFSC	Short Cones (Contains 15 short (paediatric) cones, 15 waste bags, 15 lubricant sachets) Aquaflush cone refill pack	1	1	1 Per month		£62.08
AFExtn	<i>Aquaflush Extension Tubes</i> anal irrigation system	2	2	1 Per month		£6.55

Nephrostomy

A nephrostomy is an artificial opening created between the kidney and the skin to allow the drainage of urine. The nephrostomy tube is a thin plastic tube that is passed from the back, through the skin and then through the kidney, to the point where the urine collects.

These are inserted in situations where the ureters get blocked by stones, clots, tumours etc. and without the nephrostomy urine would remain in the kidneys and cause problems.

Depending on the underlying condition, a patient may have a single or bilateral Nephrostomy.

A Nephrostomy tube has what is known as a 'luer lock' connector and often when a patient is discharged home, they have difficulty finding compatible drainage bags for their tubes.

Recommended Product: This product is the preferred choice for urology and is recommended for use in community settings.

Nephrostomy Products Manfred Sauer UK Ltd NephSys A nephrostomy tube will need to be in for different lengths of time, and this will depend on why you need a nephrostomy tube. Your doctor or nurse should be able to tell you how long you may need a nephrostomy tube.						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
NSBelt.01	NephSys belt	1	Small	1 Pack	As Advised	£21.45
NSBelt.02	NephSys belt	1	Adult	1 Pack		£21.45
NS721.1720S	500ml Sterile drainage bag	10	20cm inlet	1 Pack every two months		£45.76
NS721.1730S	500ml Sterile drainage bag	10	30cm inlet	1 Pack every two months		£45.76
NS721.3720S	500ml Sterile drainage bag Twist tap	10	20cm inlet	1 Pack every two months	As Advised	£45.32
NS721.3730S	500ml Sterile drainage bag Twist tap	10	30cm inlet	1 Pack every two months		£45.32

Alternative Option: This option should be selected if the primary choice is unavailable.

Nephrostomy UK Ltd						
Nexus drainage system Contains 560ml sterile drainage bags, 2x suspenders, 1x waist belt, 1x thigh strap						
Product code	Product	Pack	Size	Usual quantity	Review	Unit price
NX1S	Nexus drainage system 4 single bags	4		1 Pack	As Advised	£35.30
NX2S	Nexus drainage system 2 bilateral bags	2		1 Pack		£28.34
NXBelt	Nexus: Replacement belt	1		1 Pack		£19.50
NX1Bag	Nexus: 560ml sterile drainage bags Standard single	10	Single	1 Pack every two months		£39.50
NX2Bag	Nexus: 560ml sterile drainage bags Standard bilateral	1	Bilateral	1 Pack every two months		£ 44.19
NX1Adj	Nexus: 560ml sterile drainage bags Adjustable single	1	Single	1 Pack every two months		£44.19
NX2Adj	Nexus: 560ml sterile drainage bags Adjustable bilateral	1	Bilateral	1 Pack every two months		£44.19

References:

- PrescQIPP Continence and Stoma Guide 2013.
<https://www.bing.com/search?q=%2b%e2%80%a2+presqipp+continence+and+stoma+guide+2013+pdf&filters=rcrse%3a%221%22&FORM=RCRE>
- Herefordshire CCG Continence Prescribing Guide 2014.
<https://herefordshireandworcestershire.icb.nhs.uk/documents/clinical-and-prescribing-policies-guidance-and-pathways/continence>
- Department of Health - Drug Tariff November 2024
<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>
- NCHC Urinary Catheterisation Policy October 2015.
https://www.uhbristol.nhs.uk/media/3756649/19-738_urinarycatheterisationpolicy-4_2.pdf
- B Braun – Catheter Maintenance Solutions – A guide to Best Practice Edition 8.
<https://bbraun.com.au/en/products-and-solutions/therapies/continence-care-and-urology/uro-tainer-catheter-maintenance.html>
- Teleflex Belly Bags - <https://www.teleflexurology.com/products/>
- Catheterisation Jelly – Making a choice – available at
optimummedical.co.uk/product/Opti+lube-syringes/
- NICE Guidelines, 2024
- Management of Adult Bowel Dysfunction: Constipation and Faecal Incontinence including local treatment pathways and Trans anal Irrigation (Norfolk & Waveney 2018)
- Infection Control UK <https://www.infectionpreventioncontrol.co.uk/>
- Norfolk & Waveney ICS Catheter Care QI 2023/24 <https://youtu.be/IbMTcGtAy0E>

Norfolk & Waveney ICB update and review team	
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Document Approved by TAG:

Version Control

Version number	Date	Name and Title of Author/ Committee	Document Approval Status	Description of change to document or status
1.0	Jan 2016	Continence Formulary Review Committee, NCHC and NEL CSU.	Draft	Review and update of NHS Norfolk Continence Formulary 2009.
1.1	May 2016		Draft out for consultation	To add information as suggested by the NNUH/QEH urology team: added appendix re Autonomic dysreflexia and statements re catheter valves
	June 2016			Approved Prescribing Reference Group – representing the CCGs.
	July 2016			Approved NCHC.

1.2	July 2016		Draft	Add liquick, hydrosil Go and gripper to ISC. Removed stat loc not universally compatible.
1.2	August 2016		FINAL	
2.0	August 2018	Continence Formulary Review Committee, NCHC and AGEM CSU.	Draft	Updated contact details Added company names to have clearer identification of products. Reviewed catheters – added 5ml LINC uniflo. Reviewed ISC – separated into regular, compact and sets with additional guidance on appropriate use. Removed lofric sense regular, added Curan range.
2.2	December 2018		Draft	Added Great Bear Sheaths – Conveen security plus removed. Added retaining straps, prep wipes, adhesive remover,
2.3	January 2019		Draft	Added Tieman Tip information
2.4	January 2019		FINAL	Removed first catheterisation selection. Added Appendix two – catheter review
2.5	April 2019		Final	Updated contact details for North/West
2.6	October 2019		Draft	Single use night drainage bags- amended title to include 'suitable for nursing & residential care settings. Night bags 5–7-day use - Removed LINC-flo LM2LS as this is single use bag and replaced with LINC-flo SLC13 T-tap SLC13-L Lever tap.
2.7	July 2023 August 2023 November 2023		Draft	Update prices and remove careline lines as no longer available and add Linc lines in their place. Leg bags remove careline as discontinued and replace with Lincs added Flexicare as a third line option, Lubricants updated and added instillagel as a more cost effective. Fixation sleeves remove careline as discontinued and added prosy's cost effective instead. Added bard Uri sleeve and UGO fix sleeve as alternatives, added. Comfort sheaths included, as more cost effective and finally added Medi-derma s to barrier creams as more cost-effective alternative. Removed simpla night bags. Added Flexicare drainable bags removed. Peristeen Anal plugs removed (will be discontinued from November 2023) Replaced with Renew Insert Afex Included HI Slip Plus ISC Catheters Amended Prosys Codes

	<p>May 2024</p> <p>February 2025</p> <p>February 2025</p> <p>May 2025</p>		<p>Deleted Linc LM3LS Linc-3-litre Single Use Sterile Drainage Bags 120cm</p> <p>LINC medical catheters deletion Safety concerns. (TBC)</p> <p>Clinifilm barrier cream added, Hydrosil Go taken off as no longer available. Bullens Hydrosilip removed. Appeal wipes added as medicare wipes discontinued. Added In aqua flush range into Trans anal. Added in second choice of nephrostomy nexus range. Update Prices and layouts for clarity. Indwelling catheter image.</p>
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Autonomic Dysreflexia

1. When catheterising people with injury to the spinal cord at or above the level of the 6th thoracic vertebrae the healthcare professional must be aware of the symptoms and treatment for Autonomic Dysreflexia (AD). It is a serious life-threatening condition. The syndrome develops secondary to any noxious stimulus below the level of injury. As the spinal cord is damaged, signals cannot pass normally to the brain, therefore, the body produces exaggerated abnormal nerve signals which cause problems above and below the level of the spinal injury. Below the injury, blood vessels go into spasm causing the blood pressure to rise. Above the level of injury, the body senses the high blood pressure and tries to relax the blood vessels (but can only influence the blood vessels above the level of injury).
2. **Bladder problems** are the most common cause of AD, these include:
 - An overfull bladder / urinary retention
 - Kidney or bladder stones
 - High pressure voiding
 - Urinary tract infection
 - Blocked catheter
 - Defective drainage system (e.g., kinked tubing or leg bag too full).
3. **Constipation**- this may be independently causing AD or causing out flow blockage to the catheter.
4. **Symptoms**
These may be mild or severe and patients may present with one or more of the following:
 - Pounding headache
 - Profuse sweating
 - Flushing and/or blotching above the level of cord damage.
 - Pallor below the level of injury
 - Slowed heart rate.
 - Palpitations
 - Goose bumps
 - Blurred vision or seeing spots before your eyes.
 - Stuffy nose
 - Feeling of doom and gloom
 - Anxiety
 - Apprehension
 - Elevated blood pressure.
5. Under normal circumstances, a tetraplegic person may have a low blood pressure (e.g., 90/60). A rise of 20mmHg can be quite significant, if the BP rises to 120/80mmHG it could become an emergency. Therefore, it is good practice to monitor and record the baseline blood pressure of patients known to be at risk of AD. Hypertension may be severe enough to lead to seizures, stroke or death.
6. **Treatment**
 - Identify the source of the noxious stimulus. Removing the stimulus will help the symptoms to settle.
 - Reduce the blood pressure by returning the patient to bed and place in a sitting position. (If bladder problems suspected only sit the patient to 45 degrees. Sitting at 90 degrees may cause increased pressure on the full bladder.)
 - Check the bladder. If the patient is not catheterised and the bladder appears full, catheterise immediately using an anaesthetic gel and leave on free drainage.
 - If catheterised, empty the leg bag and untwist any kinked tubing. If the catheter appears blocked, change the catheter immediately. DO NOT ATTEMPT A BLADDER WASHOUT - this will only distend the bladder further with potentially fatal consequence. If infection is suspected commence antibiotic therapy. Check bowel and check for other potential causes and treat appropriately.

Appendix Two: Planned and unplanned reviews for patients with long-term indwelling urinary catheters.

Standard Operating Procedure.

Planned And Unplanned Reviews For patients With Long Term Indwelling Urinary Catheters.

Elements	Clinical Rationale For Review.	Action
1. Continence Formulary – Prescribing Guide. NCH&C, NEL CSU August 2016.	This document has been compiled to provide continence care in line with NICE guidance across CCGs in Norfolk. Product selection should be made to meet patient needs on an individual basis as not all products are suitable for all. The intention is that this formulary must be used for all new patients and for current patients when a re-assessment of their needs is completed.	Review of existing equipment currently prescribed. To cross match equipment in alignment with current formulary – prescribing guide. Request prescription from appropriate source using the order form attached to the formulary. Document.
2. Catheter Review.	Consider the clinical rationale for initial catheterisation and ongoing need. Consider the benefits of clean intermittent catheterisation. Patient perception and expectation. Consent. Promotion of harm free care. 'Best Practice' guidelines.	Holistic review of current need. Consider trial without catheter – ongoing. Discuss with patient. Consider risks – falls, care package, skin integrity and continence status. Consider onward referral. Document.
3. Catheter Passport.	Educational resource of information for patients. A resource for health care professionals, ensuring up to date documentation and catheter history. Continuity of care.	Ensure patient is allocated a catheter passport. Explain the rationale to the patient. Document.
4. Daily Catheter Care.	Minimise complications associated with long term indwelling catheters. Promotion of harm free, cost effective, person centred care. Current practice based on 'Best Practice' guidelines.	Holistic assessment. Assess patient's knowledge and perception. Provision of advice and educational resources. Daily catheter care leaflet for carers. Document.

Elements	Clinical Rationale For Review.	Action
5. Infection.	Symptomatic signs. Scotland CA-UTI Surveillance - Definition. Promotion of harm free, cost effective, person centred care. Current practice based on 'Best Practice' guidelines. NCH&C Urinary Catheterisation Policy – Intranet.	Address sections 1, 2, 3, & 4. Patients whose catheter has been in situ for more than 7 days, and where continued use of a catheter is necessary, consideration should be given to changing the catheter. The catheter change should take place after the patient has completed 24 hours of antibiotic therapy but before the end of the 3rd day of treatment. Document.
6. Bypassing Of Urine Around the Catheter.	Infection / debris. Bladder spasm / instability. Constipation. Incorrect positioning of drainage system. Incorrectly sited catheter / catheter size too large. Hydrostatic suction – drainage holes may be occluded by urothelium. Promotion of harm free, cost effective, person centred care.	Holistic review - in addition, as indicated in sections above. Review of medication. Fluid and Dietary intake. Review of closed drainage system. Change catheter – adopting aseptic technique. Consider raising the drainage bag above the level of the bladder for 10 – 15 seconds. Document.
7. Encrustation.	Visually examine the catheter tip once removed, for 'Struvite' formation or cut a horizontal cross section of the removed catheter lengthways and observe the lumen – crystallisation may be seen. Roll the catheter between the forefinger and thumb – feel 'gritty'. Strong alkaline urine. Current practice based on 'Best Practice' guidelines. NCH&C Urinary Catheterisation Policy – Intranet.	Holistic review. Review - incorporating sections above. To minimise the use of catheter maintenance solutions where encrustation is a problem, best practice states:- In order to estimate the lifespan of a catheter in individuals that are prone to Struvite formation, (encrustation), it is advisable to monitor and observe the length of time the catheter remains functional before becoming blocked. This will give a good indication of the time frame required, in order for pre-planned, re catheterisation procedures to be carried out before blockage occurs. Document.

Appendix Three

<p>Care home/Own home/Clinic/ care home settings:</p> <p>Place:</p>	<p>Urinary catheters</p> <p>If person is catheterised please indicate CURRENT reason for the catheterisation in the boxes below (We are not interested in the initial reason for insertion but why the catheter is still insitu)</p>							<p>If catheter is clinically indicated does the person have a catheter passport?</p>	<p>Comments:</p> <p>Please provide:</p> <p>-Any additional information on the reason for catheterisation Or if reason is unknown or you do not know – just write don't know!</p>	<p>Do you think it is appropriate for this person to have a Catheter ?</p>	<p>If catheter has not got an appropriately reason to be in-situ - have you removed the catheter (if qualified to do so) or referred to have the catheter removed?</p>
<p>Date of survey:</p> <p>Total no of occupied beds:</p>	<p>H haematuria</p>	<p>O obstruction</p>	<p>U Urological</p>	<p>D Does the Person have a wound</p>	<p>I Input/output</p>	<p>N Neurogenic</p>	<p>I Immobilisation</p>	<p>Yes or No?</p>	<p>YES or NO</p> <p>Don't know</p>	<p>Please state Yes or No?</p> <p>And comment</p> <p>And improvement plans for HCP</p>	

Instructions: Please complete one audit per ward/care home setting as part of your infection control audit. If you are unsure ask a HCP for advice. Main aim of audit is to ensure appropriate reason for catheterisation – **If the catheterisation is appropriate** do they have a catheter passport. **If not** – what plans are in place to remove the catheter? Please review/discuss audit results with community nurse, HCP and save a copy of the audit for each infection control visit/audit. For further advice contact

Aim: To conduct a primary and secondary care catheter audit in Norfolk and Waveney to gain a better understanding of several aspects of catheter practice and catheter-associated urinary tract infections.

Catheter associated urinary tract infections (CAUTI's)

CAUTIs can cause substantial harm to patients: they are a leading cause for bloodstream infections, with up to 20% of hospital-acquired bacteraemia traceable to a catheter (Nicolle, 2014). CAUTIs can also contribute to falls (Hazelett et al., 2006) and delirium with prolonged hospitalisation and re-admissions (Lee and Malatt, 2011). Furthermore, the definition and interpretation of CAUTIs is challenging and can contribute to excessive antimicrobial use, leading to antibiotic resistance (Nicolle et al., 2005) and undesirable side-effects (Chapple et al 2016).

Catheters can also cause physical and psychological patient distress (Geng et al., 2012), reduce clinician interaction with patients (e.g. assistance to toileting) and lead to increased risk of pressure-ulcer formation (RCN, 2008). Long-term catheter-use is also associated with a wide range of urological complications (Geng et al., 2012; Loveday et al., 2014).

Catheters impose a substantial financial burden on the NHS, with a single CAUTI episode costing an estimated £1968 (Ward et al., 2010); and an overall spend of around £99 million per year (Davenport and Keeley, 2005). The length of catheterisation is a major risk factor for infections, and complications with CAUTI risk increasing significantly after 2-4 days of catheterisation (Loveday et al., 2014). Wherever possible catheters should be avoided or removed as soon as possible.

Clinical indications for catheterisation

Haematuria

Obstruction

Urological

Does the patient have a wound?

Input/output

Neurogenic

Immobilisation

Please use **HOUDINI to guide appropriate catheterisation and prompt removal and make that catheter disappear!**

Haematuria: heavy bleeding with or without clots

Obstruction: unable to pass urine without a catheter; but it can often mean an obstruction even with a catheter

Urological: urology or uro-gynae surgery

Does: the person have a wound where healing would be aided by the insertion of a urethral catheter to reduce moisture and contamination. E.g.: sacral PU, perineal wounds.

Input/output: monitoring if requested by a health care professional (**Inpatient settings only**)

Neurogenic: bladder dysfunction or chronic indwelling catheter

Immobilisation: due to unstable fracture/spinal injury/bedbound or during End of Life where appropriate.

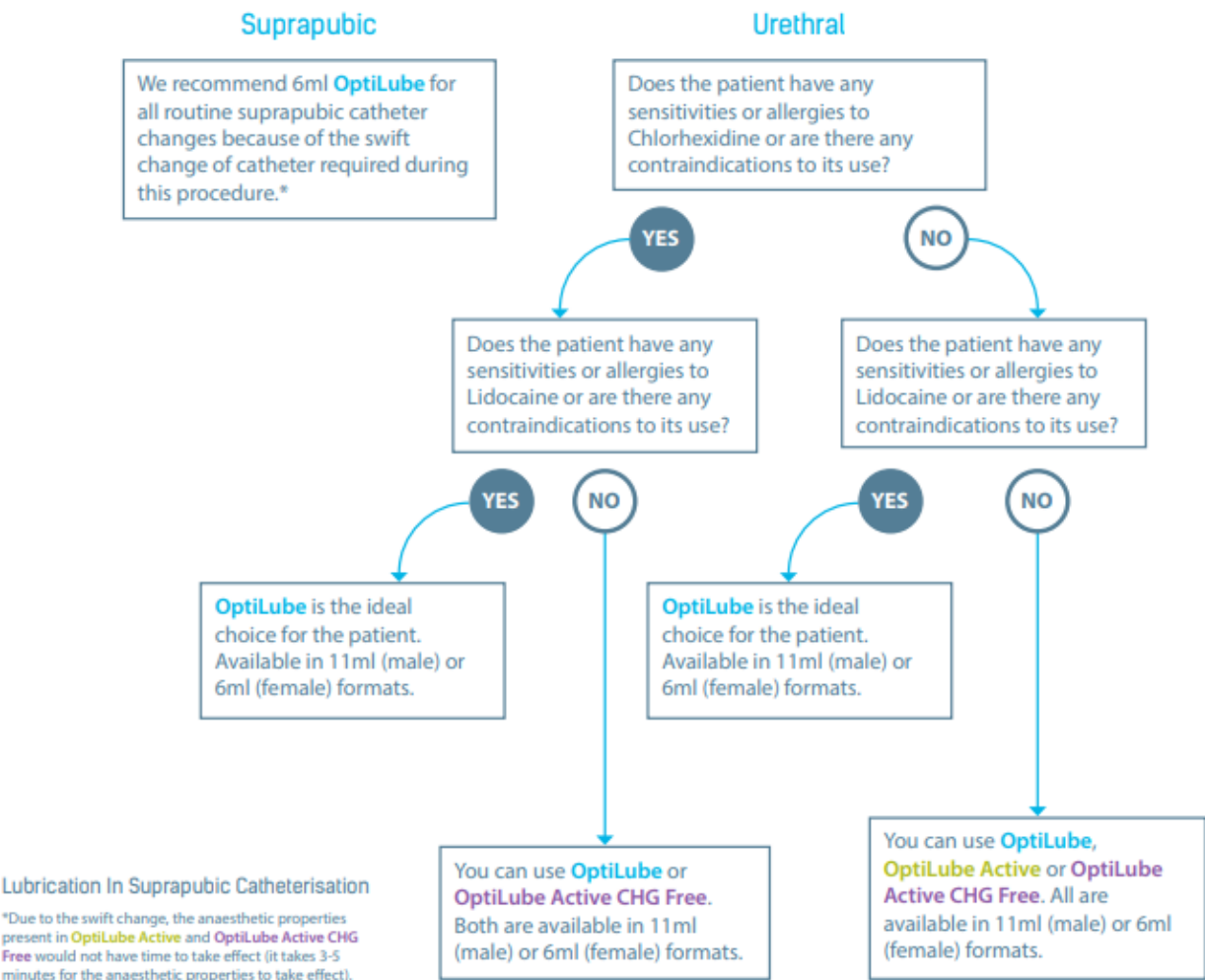
Contra indications of catheterisation: neutropenic, undergoing chemotherapy, haematology conditions, two failed attempts, cognitive impairment where the risk of a catheter outweighs the benefits, if catheter has been pulled out x 2.

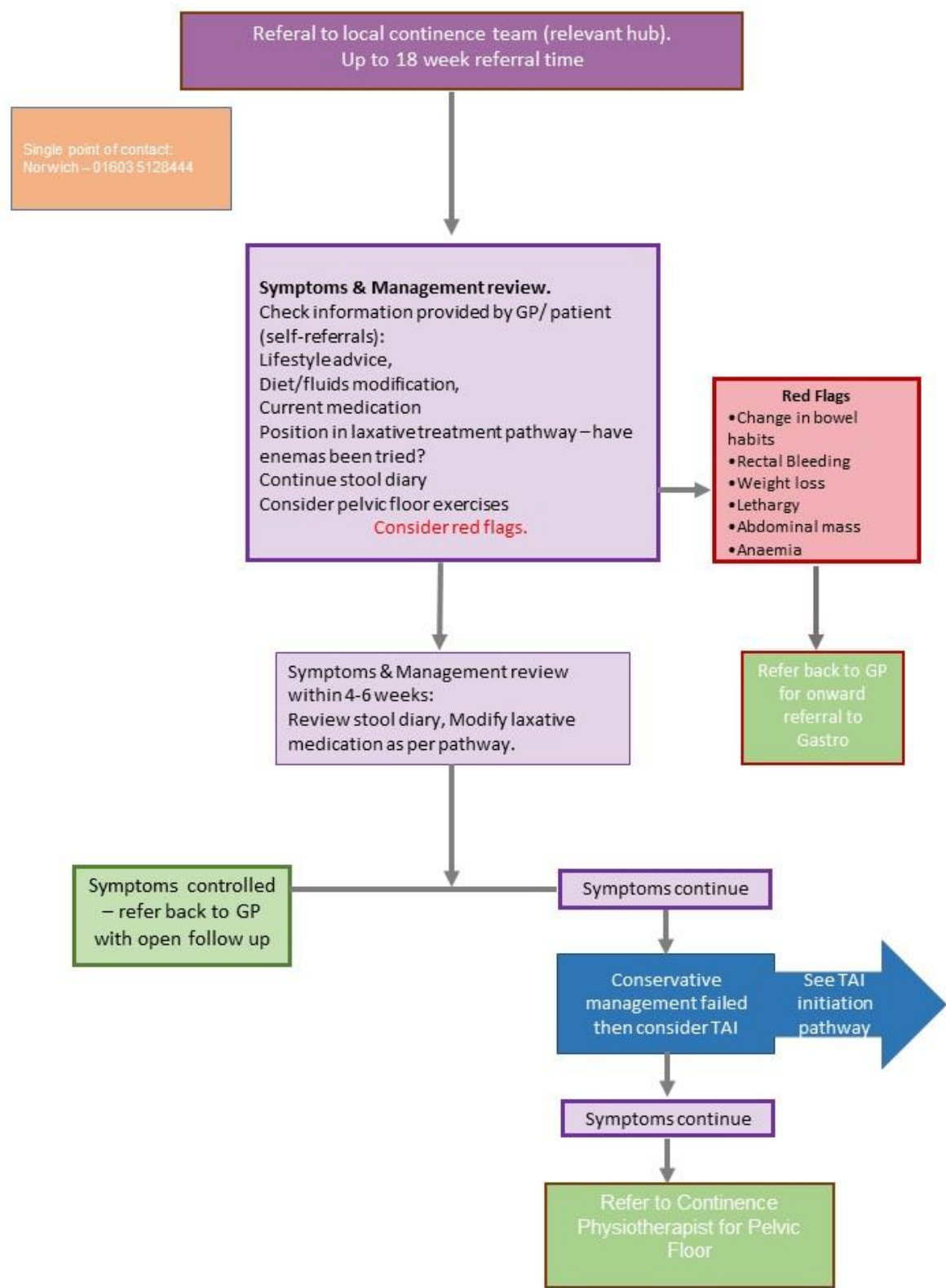
Trial without catheter (TWOC) Plan - If you insert a catheter always have a stop order – when is the catheter to be removed and by whom? If a long-term catheter did you complete the catheter passport. Always use clinical judgement but remember - *If in doubt take it out!*

Making a choice

Which lubricant gel should I choose for effective lubrication during the catheterisation procedure?

This flow chart has been developed to help clinicians make an informed choice about which catheterisation gel is most suitable for the patient. This is a visual guide only, and choice of catheterisation gel should always be in line with local catheterisation procedure policy and based on individual patient assessment.





Important notice

The initiating clinical service **should** provide the first unit and teach the patient how to use the equipment. They should put the patient on a two-month trial as per the ICB's local guidance. Once the patients' symptoms are controlled, they can be referred to GP Practice to continue prescribing.

Appendix Five: TAI initiation

