

NHS Norfolk And Waveney ICB in collaboration with Norfolk Community Health & Care Trust, East Coast Community Health, NNUH, and JPUH. Bladder and Bowel Formulary and Prescribing Guide 2026

First Line, Second Line and Specialist Recommended Choices

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

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Continence Formulary Norfolk and Waveney ICB Version 4.1
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This document provides continence care guidance in line with NICE recommendations across the Norfolk and Waveney Integrated Care Board has been developed with input from both 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.

Nurses must remember that the risks associated with catheter usage are serious and may become increasingly 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 and reduce wastage.

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.

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Urinals and funnels

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

In general, the individual components can be prescribed separately for replacement purposes. With proper care and cleansing, each appliance should last for 6 months. To align with East Coast Community Healthcare (ECCH) these should now be bought Over the Counter (OTC).

Catheter lubricants

- The purpose of using water-soluble, sterile, lubricating jelly during catheterisation is to dilate and lubricate the urethra, allowing the smooth insertion the of catheter, minimising pain and discomfort for the patient.
- By using a sterile lubricating jelly supplied in a pre-filled syringe, this allows effective instillation into the urethra, ensuring the entire urethra is lubricated before insertion of the catheter.
- Lubrication helps reduce the risk of associated infection by minimising trauma. If required, lubricant with additional chlorhexidine is available (**check for contraindication to chlorhexidine prior to use**).
- One to be used at each catheter change.

Anaesthesia is achieved within 5 minutes. Duration of anaesthesia is approximately 20-30 minutes.

Lubricant : Typically, these contain the following ingredients, lidocaine and chlorhexidine - CHG (chlorhexidine gluconate free)						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
	Instillagel 6ml	10	6ml female	1	At each change	£10.50 (10)
	Instillagel 11ml	10	11ml male			£11.00 (10)
1125	Opti Lube, pre-filled syringes	(6ml)	6ml female			£0.99
1126	Opti Lube,	(11ml)	11ml male			£1.05
1160	Opti Lube Active CHG free	(6ml)	6ml female			£1.10
1161	Opti Lube Active CHG free	(11ml)	11ml male			£1.15

- To make an informed choice for your patient, you need to know what options are available to you. There are three choices of catheterisation jelly, each available in 6ml (female/suprapubic) or 11ml (male) pre-filled syringes.

- All pre-filled syringes are single-use, sterile, and designed specifically for use during catheterisation procedures.
- Opti Lube Active contains local anaesthetic (Lidocaine 2%) and antiseptic (Chlorhexidine Gluconate 0.05%)
- Opti Lube Active CHG Free contains local anaesthetic (Lidocaine 2%).
- Opti Lube sterile lubrication contains no active ingredients

Skin Barrier products

Taking Care of Skin for Patients with Incontinence issues.

Exposure of the skin to excessive moisture can damage its natural barrier function and lead to tissue damage and breakdown. 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.

- Be proactive and prevent issues, ensure 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 similar to 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.
- 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.

Barrier Cream

- Provides gentle barrier protection on intact skin or for mild skin damage.
- It moisturises and protects damaged and intact skin by forming a protective waterproof barrier, preventing irritation from bodily fluids, adhesive products, and friction.
- It can be applied to both damaged and intact skin.
- It quickly absorbs into the skin
- Alcohol, Fragrance, Latex, Parabens and Phthalates Free
- **A 92g tube should be sufficient for 3 months treatment.**
NHS Norfolk & Waveney ICB does not support the prescribing of sachets.
- Medi Derma s Film **Do not use with Medi Derma S Cream, Medi Derma Pro or Cavilon Advance**

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, twice a day application and a further application if acutely incontinent and skin is being exposed to higher levels of moisture from incontinence.

Barrier Film

- Provides long lasting non-sting 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, hydrophobic protective barrier (up to 72 hours) for moisture associated skin damage.
- Dries in seconds.
- Alcohol, Fragrance, Latex, Parabens and Phthalates Free
- It can be used up to the expiry date on the product once opened: therefore, there is no need to discard after 28 days unless in a care home setting.

Below is a link to the management of moisture associated skin damage from incontinence (IAD)

<https://www.medicareplus.co.uk/uploads/resources/6d402918389f09a77a2f6ec7f1b3a0c3.pdf>

Skin Barrier Products					
Product Code	Product	Pack	Prescribing	Review	Unit Price
60628	Medi-Derma S	28g	1 tube per month initially and then review level of use.	Before each Rx	£2.98
60345	Medi-Derma S	90g	1 tube per 2 months/ can be used up to 3 months from opening.	Before each Rx	£5.95
60796	Medi-Derma S barrier film spray	30ml	1 pack per month	Before each Rx	£5.35
60796	Medi Derma S Film	30ml	1 pack per month	Before each Rx	£5.35
63605	Medi Derma Pro Ointment	115g	1 pack per month	after 14 days	£8.50
63582	Medi Derma Pro Cleanser	250ml	! pack per month	Before each Rx	£5.95
3027	Sorbaderm barrier cream	28g	1 tube per month initially and then review level of use.	Before each Rx	£3.43
3028	Sorbaderm barrier cream	92g	1 tube per 2 months/ can be used up to 3 months from opening	Before each Rx	£6.94
3020	Sorbaderm No Sting barrier film	28ml	1 pack per month	Before each Rx	£5.77

Wipes

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.

Prep wipes (provide a barrier for protection and adhesion to skin)						
Product Code	Product	Pack	Size	Usual Quantity	Review	Unit Price
50.50	Preventox skin protecting film individual Wipes	1	1x 50	1 pack per month	As necessary	£10.33
STC200	Stocare protect barrier film wipes	1	1 x 30	1 pack per month	As necessary	£8.50

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

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 inserting a FEMALE catheter 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! This is to be used in conjunction with clinical judgement.



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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.

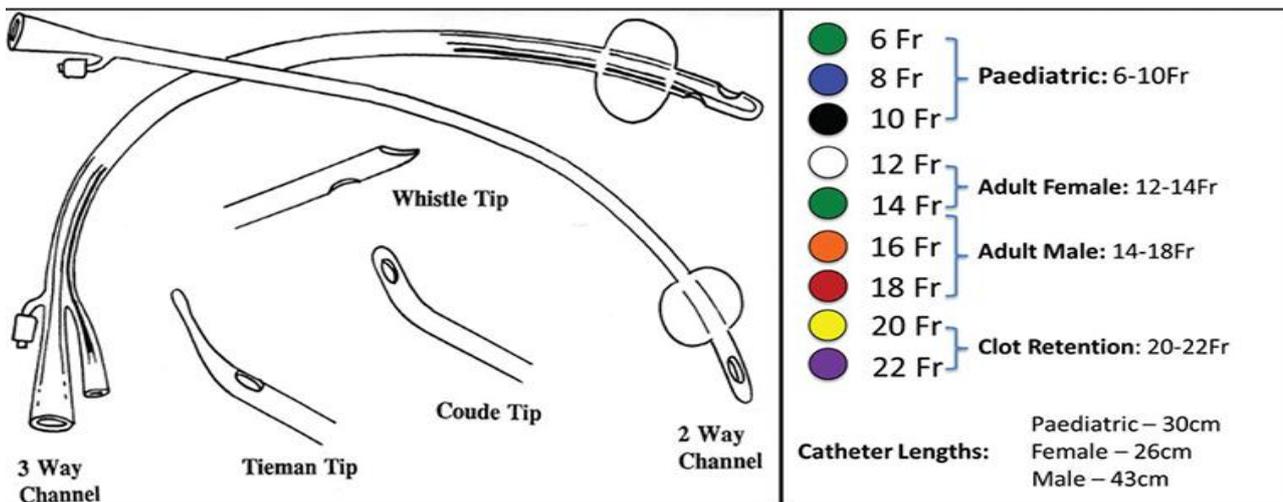
Indwelling Catheters – Medium Term (up to four weeks)

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.

- Prescribe TWO initially, thereafter, only ONE should be prescribed at a time. (these come in singles)
- Standard length catheters listed are licensed for both urethral/suprapubic.
- In Latex allergy use ONLY 100% silicone LONG term catheters.
- PTFE Coated latex (Polytetrafluoroethylene) In Latex allergy uses ONLY 100% silicone LONG term catheters.
- If is required less than 28 days due to blockage, consider changing to 100% silicone catheter.

Prescribing information:

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



Teleflex - Rüscher PTFE AquaFlate. PTFE Coated Latex with sterile water filled syringe for balloon inflation and empty syringe for balloon deflation Short to medium term use (up to four weeks)						
Product Code	Product	Pack	Size	Usual Quantity	Review	Unit Price
DP310112 - DP310118	Standard Male 10ml balloon (TELEFLEX)	1	12-18	Usually, one every 4 weeks	At each catheter change.	£2.36
DP210112- DP210118	Female 10ml balloon (TELEFLEX)	1	12-18			£2.36

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.
- Prescribe TWO initially and from then on for replacements ONE to be prescribed at a time.
- Standard Length 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.
- If problems persist and/ or further advice is required, refer to your local Bladder and Bowel MDT 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 2 initially and up to 1 to be added to repeats.

HYDROGEL COATED CATHETERS – Long Term (product licence up to 12 weeks/84days)

- HYDROGL coated latex-- known latex allergy patients should only be prescribed 100% silicone catheters
- Standard length catheters are licenced for use in both urethral and suprapubic catheter use
- If change is required less than 8 weeks due to blockage, consider changing to 100% silicone catheter

Prosys 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.	£6.02
PCF12M10- PCF18M10	Male 10ml balloon	1	12-18			£6.18
PCF12F10- PCF18F10	Female 10ml balloon	1	12-18			£6.18

Teleflex - Rüsç Sympacath AquaFlate 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.	£6.75
DH210112 - DH210124	Female 10ml ballon	1	12-24			£6.75

Coloplast - Folsil 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.	£6.99
AA75	Open ended catheter Female 10ml balloon	1	12-18			£6.99

100% SILICONE CATHETERS - Long Term (product licence up to 12 weeks/84days)

- Standard length catheters are licenced for use in both urethral and suprapubic catheter use
- Silicone catheters have wide drainage lumen which may help reduce blockage

TIEMANN TIP CATHETER

- Angled tip to aid passage through the bladder neck or enlarged prostate if a standard tip catheter is difficult to pass.

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 000220	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.	£8.90
850081-000120-000240	Brillant Plus AquaFlate all silicone catheter male 10ml balloon cylindrical tip	1	12-24			£6.31

Catheter Drainage Systems

No more than one box of ten should be issued alternate months (6 x10 boxes per year).

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.

Day/Leg Bags

- The choice of drainage bag should be established with the patient during the decision to catheterise assessment, regarding positioning on the leg and ease of use for emptying.
- For users with an active life the Belly Bag collection bag can be worn invisibly and comfortably under the clothing at the waist, which increases freedom of movement. The only precondition for using the Belly Bag is a functioning bladder musculature. As the level of the bag is above the bladder it requires a pressure of 6 cm H₂O to transport the urine from the bladder into the bag.
- Tap design - manual dexterity (ability to manage tap closure). Lever taps: easy to open/close for users with poor dexterity.
- ALL patients MUST have a sterile bag fitted to catheter.
- All bags can be used in conjunction with all catheters.
- Do not over stretch the catheter when fitting leg bag, this will cause bladder neck and urethral friction trauma.
- Leg bags should be changed every 5-7 days.
- The leg bag must remain connected to the catheter and linked to the night bag if additional drainage capacity is required overnight. Maintaining a closed drainage system reduces the risk of infection.

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. 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
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
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
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

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: 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	Slide tap. 350ml bag. 10cm	10 per box	350 ml	10 every 2 months	Before each Rx	£23.32
850363-000350	Lever tap 350ml – 10cm	10 per box	500 ml		Before each Rx	£23.32
Lever Tap - Long Tube						
850362-000350	Lever tap. 350ml bag. 30cm tubing	10 per box	350ml	10 every 2 months	Before each Rx	£23.32
850364-000500	Lever tap. 500ml bag. 30cm inlet tube.	10 per box	500ml			£23.32
Slide Tap – Short Tube						
850361-000350	Slide tap. 350ml bag. 10cm tubing	10 per box	350ml	10 every 2 months	Before each Rx	£24.80
850363-000500	Lever tap. 500ml bag. 10cm tubing	10 per box	500ml			£24.80
Slide Tap - Long Tube						
850362-000350	Slide tap. 500ml bag. 30cm tubing	10 per box	350ml	10 every 2 months	Before each Rx	£24.80
850364-000500	Slide tap. 500ml bag. 30cm tubing	10 per box	500ml			£24.80

Third CHOICE

Flexicare sterile leg bag : These are 10 leg bags per pack and include a pair of leg straps.						
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	Before each Rx	£23.85
00-1502	500ml bag. Short tube	10 per box	500ml			£23.85
Lever Tap - Long Tube						
00-2352	350ml bag. Long tube	10 per box	350ml	10 every 2 months	Before each Rx	£23.85
00-2502	500ml bag. Long tube	10 per box	500ml			£23.85

Night Bags 2L-3L

- Night bags should be attached directly to the leg bag drainage outlet (DO NOT disconnect the leg bag each night)
- If a catheter valve is in use, a single use sterile night bag should be used, although the patient should be encouraged to keep the valve closed overnight to promote bladder function and not require continuous night drainage.
- Best practice is the use of non-sterile single use bags, if patients request reusable drainage bags they should be instructed in daily cleaning and storage of the bag and re capping the connection point whilst not in use.

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 single use 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						
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	30/month	Before each prescription	£2.32(£6.96 x 30)
LM3LS-T	Linc-3-litre Single Use Sterile Drainage Bags 120cm T-Tap	30 per pack	3 litres	30/month		£16.19
850422	Teleflex non-sterile drainable night drainage bag single use	30 per pack	2 litres	30/month		£11.44

Night Bags Sterile Drainable (5–7-day use)

THESE ARE NOT SINGLE USE

Drainable night bags are the preferred option in some circumstances e.g. Palliative care, diabetes insipidus and heart failure with odema, bed bound patients.

Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
SLC13	LINC-Flo sterile 2 litre 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 per pack	2 litres	1 x 10 Every two months Each bag should last 5-7 days	Before each prescriptio n	£10.38
SLC13L	Linc Flo Sterile Lever tap 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 per pack	2 litres	1 x 10 Every two months Each bag should last 5-7 days		£10.38
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		£11.44
P2000	Prosys 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		£12.93

FOR INFANTS & BABIES

First Choice						
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	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						
Smart Flow Children's Leg Bag cater to the needs of infants and babies who require urine drainage.						
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

URI Bags

Uri bags Manfred Sauer UK Ltd						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
URlbag	URI Bag pocket sized	1		1	At Each Change	£15.59
URlbag F	URI Bag pocket sized	1		1	At Each Change	£15.59

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. reusable urinal for men/Women & urinary/ostomy appliance users, 1.2 Litre capacity.

Belly Bags

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

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.

Belly Bags – each bag may be used for up to 28 days						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
B1000P	Belly Bag with sample port (Teleflex)	1	1 litre	1	Clinician led	£11.60
B1000CT	Belly Bag with extended tubing (Teleflex)	1	1 litre	1	Clinician led	£11.60

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 Trial With Out Catheter.
- 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
- Unstable Bladder
- Poor manual dexterity
- Renal impairment
- Cognitive impairment

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	Size	Usual Quantity	Review	Unit Price
CF1	Linc Care-Flo Catheter Valve	5	Std	5 per month	At every catheter change.	£8.28
PCV3942	Prosys sterile catheter valve	5	Std	5 per month		£10.41

Catheter Accessories & Leg Bag Accessories

- 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 Retaining 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.
- Retaining 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

- It is extremely important that the catheter is well supported to reduce catheter trauma or movement that could cause bypassing of the catheter.
- Comfasure® is available in three sizes. To determine the correct size needed, measure the circumference of the widest point of the thigh.
- Clinifix is available for securing suprapubic catheters or where straps are not appropriate, hydrocolloid adhesive can remain in place for up to 7 days.

UGO FIX SLEEVE LEG/BAG HOLDER Washable, knitted fibre blends for strength and durability						
Product Code	Product	Pack Size	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	£8.02
3006	Ugo fix sleeve leg bag holder Medium (36-55cm)	4	Medium			£8.02
3007	Ugo fix sleeve leg bag holder Large (40-70cm)	4	Large			£8.02

LINC Leg Bag Sleeve						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
ME350-750SS	Small 24-39cm	4	Small	1 Pack of 4 every 6 months	Every 3 months	£8.07
ME350-750SM	Medium 36-55CM	4	Medium			£8.07
ME350-750SL	Large 40-70cm	4	Large			£8.07
ME350-750SXL	X Large 65-95cm	4	X Large			£8.07
ME350-750SXXL	XX Large 75-105cm	4	XX Large			£8.07

Retaining Straps

Product code	Product	Pack size	size	Usual Quantity	Review	Unit Price
00-0032C	Flexicare Leg bag straps (pairs); washable, anti-slip with Velcro fastening	10				£12.07
CSRS60	Clinisure Catheter Retaining Strap adult 60	5	60cm	5		£12.79
CSRS100	Clinisure Catheter Retaining Strap Long	5	100cm	5		£14.33

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	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.

Catheter Maintenance Solutions

USE ONLY WHEN clinically indicated and prescribed for individual patients.

When considering the use of any instillation, HCPs should consider the clinical rationale, evidence and manufacturer's advice before commencing. A clear clinical rationale must be documented and reviewed at each catheter change. 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.

Types of catheter maintenance solutions

- Normal saline – mechanical removal of small clots, debris, tissue etc. Not effective for encrustation. Use as required.
- 3.23% citric acid – dissolves crystals formed by urease producing bacteria. Contains magnesium oxide to protect the bladder. Use once weekly, up to a maximum of twice daily (depending on severity of symptoms). Instil for 5 to 10 minutes in the bladder.
- 6% citric acid – stronger solution, effective in severe encrustation and dissolves persistent crystallisation in the bladder or catheter. Can also be used prior to catheter removal to prevent trauma. Use once a week, up to a maximum of twice a day (depending on severity of symptoms). Instil for 5 to 10 minutes in the bladder (5 to 10 minutes prior to removal of a catheter).

Catheter maintenance solutions – restricted use – for individualised care ONLY						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
URO50S	UroFlush (0.9% saline)	1	50ml	Only if clinical rationale for use – SHORT TERM ONLY	Before each Rx	£3.15
URO100S		1	100ml			£3.15
CSS50	Opti Flo S (0.9% saline)	1	50ml			£3.76
CSS100		1	100ml			£3.76
FB99849	Uro-tainer NaCL (0.9% saline)	1	50ml			£3.85
FB99833		1	100ml			£3.85

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.

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 Bladder and Nowel Health service for advice and reassessment.

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	Size	Usual Quantity	Review	Unit Price
CS24S	Standard Length	30	24mm	1 Pack (30) per month	When necessary	£43.70
CS28S	Standard Length	30	28mm			£43.70
CS31S	Standard Length	30	31mm			£43.70
CS35S	Standard Length	30	35mm			£43.70
CS40S	Standard Length	30	40mm			£43.70
CS24P	Shorter length (pop-on)	30	24mm			£43.70
CS28P	Shorter length (pop-on)	30	28mm			£43.70
CS31P	Shorter length (pop-on)	30	31mm			£43.70
CS35P	Shorter length (pop-on)	30	35mm			£43.70
CS40P	Shorter length (pop-on)	30	40mm			£43.70
CS24W	Wide Band	30	24mm			£43.70
CS28W	Wide Band	30	28mm			£43.70
CS31W	Wide Band	30	31mm			£43.70
CS35W	Wide Band	30	35mm			£43.70
CS40W	Wide Band	30	40mm	£43.70		

Second Choice – Conveen Optima Latex Free self-sealing Uri sheath						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
22025	Standard length	30	25mm	1 Pack (30) per month	When necessary	£57.30
22028	Standard length	30	28mm			£56.76
22030	Standard length	30	30mm			£57.30
22035	Standard length	30	35mm			£57.30
22040	Standard length	30	40mm			£57.30
22121	Shorter length	30	21mm			£57.30
22125	Shorter length	30	25mm			£57.30
22130	Shorter length	30	30mm			£57.30
22135	Shorter length	30	35mm			£57.30

Alternative Choice Bard Clear Advantage – Aloe Vera can be used for patients who experience penile soreness						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
1243	Sheath Style 1 -Standard Length	30	24mm	1 Pack (30) per month	When necessary	£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

Non-Sterile drainage bags for use with Urinary sheaths: Please refer to the Non-sterile Leg bags for other alternatives.						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
LM500AD-L	Linc 500ml adjustable inlet tube, Lever Tap(no Kink)	10	500ml	1 pack every 2 months	Every 3 months	£24.01
25501	Conveen Active 250ml Leg bag 7cm adjustable inlet tube	10	250ml			£30.73
00-2202C	Flexicare F2 2 litre bag (worn only at night)	10	2000ml	1 pack	Max 3 packs per month	£2.26

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	When necessary	£15.76
10644A	Liberty Fix-it straps medium. Cut to fit 45cm	5	45cm			£15.76

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 other equipment by adding reliability to the overall system.

Retracted Penis Pouch

Hollister Retracted Penis Pouch Changed every 5-7 days						
Product Code	Product	Pack Size	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

Meatal Dilation /Urethral

Frequency of dilation guide

Post operative- 2weeks	daily
2-4 weeks	Alternate days
4-6 weeks	Every 3 rd day
6-8 weeks	Every 4 th day
8-10 weeks	Every 5 th day
10-12 weeks	Every 6 th day
12-14weeks	weekly
Patients with Chronic / Pan urethral strictures may need to dilate daily/ alternate days long term	
If no restriction is felt continue to reduce frequency by 1 day until once monthly dilation.	

If restriction is felt, then continue at previous regime for further two weeks before progressing.
If patient continues to experience no restriction at monthly CISC catheterisation can be stopped with the patient being instructed to restart regime if flow deteriorates to reduce possible further surgical intervention.

Flexicare Medical Ltd Wycath meatal dilator						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
WCM16	Standard Tip	30	16		See prescription requirements	£39.28
WCM18	Standard Tip	30	18			£39.28
WMT16	Tapered Tip	30	16			£41.12
WMT18	Tapered Tip	30	18			£41.12

Urethral Dilation Catheters						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
4061625	Wellspect Dila Cath Male	30	16	In Line with Frequency guide	Every 3 months	£44.62
4061825	Wellspect Dila Cath Male	30	18			£44.62
W2SM16	Wycath H2o soft tip 40cm Male	30	16			£47.81
W2SF14	Wycath H2o 18cm Female	30	14			£47.81

Intermittent Self Catheterisation

- Clean intermittent self-catheterisation (CISC) is the intermittent insertion of a catheter into the bladder by the patient to assist drainage of the urine when normal voiding is not possible.
- CISC is a clinically clean procedure undertaken by the patient.
- Ensure that patients are appropriately assessed for their suitability to undertake CISC, are properly taught, and receive psychological support, both to motivate them and to overcome their anxieties.
- Nurses / HCPs teaching intermittent self-catheterisation (CISC) must have been taught how to teach patients.
- Intermittent catheterisation (IC) is performed by a career / HCP trained to perform this procedure.
- IC is an aseptic technique, non-touch catheters require the use of non-sterile gloves
- 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 same.

Prescribing Information

- 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 SystemOne/EMIS 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)

Convatec GC Glide hydrophilic catheter: With pure water inside the case to activate the integrated hydrophilic properties and a handling sleeve to ensure safe catheterisation.						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
421570	GC Glide catheter Female	30	8	Maximum 120-150 per month	Every 3 months	£39.23
421564-421569	GC Glide catheter male	30	8-18			£39.23
421907-421912	GC Glide catheter Tiemann TIP	30	8-18			£39.23

Convatec GentleCath Glide hydrophilic catheter: With pure water inside the case to activate the integrated hydrophilic properties and a handling sleeve to ensure safe catheterisation.						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
421571-421574	GentleCath Glide catheter Female	30	10-16	Maximum 120-150 per month	Every 3 months	£39.64
421565-421568	GentleCath Glide catheter male	30	10-16			£39.64

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

Speedicath (pre -Hydrated Polyurethane)						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
27508-27516	SpeediCath catheter Female	30	8-16	As per care plan	Every 3 months	£49.56
27408-27418	SpeediCath catheter male	30	8-18			£49.56
27490-27496	SpeediCath catheter male Tiemann	30	10-16			£49.56

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	£49.96

BD Hyrosil (silicone self-hydrating hydrophilic) Gripper previous GO						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
71410-71412	Hydrosil Rose catheter Female	30	10-12	As per care plan	Every 3 months	£52.01
73612-73614-73616	Hydrosil Gripper catheter male	30	12-16			£50.23

Non-Touch ISC catheters with integral drainage bag

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. Non touch ISC with bags should only be prescribed where patients are quadriplegic or paraplegic.

Specialist Catheters

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	Size	Usual Quantity	Review	Unit Price
228010E- 228016E	B. Braun Actreen Mini Female	30	10-16	As per care plan	See prescription requirements	£50.35

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	As per care plan	See prescription requirements	£98.25

VaPro Plus Pocket No Touch Urethral Intermittent Catheter with Integrated Collection Bag (formerly Hollister VaPro Plus Pocket)						
Product Code	product	Pack Size	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

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	Size	Usual Quantity	Review	Unit Price
NSBelt.01	NephSys belt	1	Small	1 Pack	As Advised	£21.64
NSBelt.02	NephSys belt	1	Adult	1 Pack		£21.64
NS721.1720S	500ml Sterile drainage bag	10	20cm inlet	1 Pack every two months		£46.17
NS721.1730S	500ml Sterile drainage bag	10	30cm inlet	1 Pack every two months	As Advised	£46.17
NS721.3720S	500ml Sterile drainage bag Twist tap	10	20cm inlet	1 Pack every two months		£45.74
NS721.3730S	500ml Sterile drainage bag Twist tap	10	30cm inlet	1 Pack every two months		£45.74

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	Size	Usual Quantity	Review	Unit Price
NX1S	Nexus drainage system 4 single bags	4		1 Pack		£35.30

NX2S	Nexus drainage system 2 Bilateral bags	2		1 Pack	As Advised	£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

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 Three](#) and [Four](#) .

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/gasn.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	<i>Low volume mini-irrigation +/- extension tube Regime 1</i>
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

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. 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.

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

Faecal collectors – bed bound patients only Faecal 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	PackSize	Size	Usual Quantity	Review	Unit Price
9822	Hollister faecal collector 500ml Medium 10"	10	500ml	As Required	As necessary	£51.03
9821	Hollister faecal collector 1000ml Large 12"	10	1000ml			£51.03

Faecal Continence Appliances

Trans Anal Irrigation Peristeen – Coloplast. A high-volume rectal catheter system with a manual pump						
Product Code	Product	Pack Size	Size	Usual Quantity	Review	Unit Price
29140	Peristeen System (System includes 1 control unit, 2 rectal catheters, 1 water bag, 2 straps)	1	1	1 Pack	Alongside symptom review	£82.33
29147	Peristeen System Small (System includes 1 control unit, 2 rectal catheters, 1 water bag, 1 strap) Regular	1	1	1 Pack		£82.33
29142	Peristeen Accessory Unit (Contains 15 rectal catheters, 1 water bag) Small	1	15	1 Pack per month		£143.49
29149	Peristeen plus anal irrigation system accessory unit Small (Contains 15 rectal catheters, 1 water bag)	1	15	1 Pack per month		£143.49
29143	Peristeen plus anal irrigation system rectal catheters regular	1	10	1 Pack	Alongside symptom review	£91.74
29150	Peristeen plus anal irrigation system catheters small	1	10	1 Pack		£91.74
29145	Peristeen Plus anal irrigation system straps	1	20	1 Pack per month		£5.88
29146	Peristeen plus anal irrigation system tubes	2	1	1 Pack per month		£8.23

Qufora Irrisedo Mini – 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	£63.68
53601-030	<i>IrriSedo Mini System (30 irrigation set) (Contains 1 pump, 30 Hydrophilic coated cones, 30 waste bags)</i>	1	1			£126.61

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 Size	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	<i>Aquaflush 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	<i>Aquaflush 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
AFSRS	<i>Aquaflush Maxi Self Retaining Cone</i> (formerly Aquaflush Self-Retaining Catheter System) Starter Set (Contains 1 Maxi irrigation system, 5 self-retaining cones, 5	1	1	1 Pack		£81.31

	waste bags, 5 lubricant sachets, 1 hanging hook, 1 leg strap, 1 water bag stand, 1 wash bag)				Alongside symptom review	
AFSRC M	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
AFSRC A	<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

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, 2025
- 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/lbMTcGtAy0E>

Norfolk & Waveney ICB update and review team
<ul style="list-style-type: none">• Medicines Optimisation team• Senior Health Protection Nurse

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 uniflow. 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		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.

2.8	August 2023			<p>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</p> <p>Flexicare drainable bags removed.</p> <p>Peristeen Anal plugs removed (will be discontinued from November 2023)</p> <p>Replaced with Renew Insert Afex</p>
2.9	November 2023			<p>Included HI Slip Plus ISC Catheters Amended Prosys Codes Deleted</p> <p>Linc LM3LS</p> <p>Linc-3-litre Single Use Sterile Drainage Bags 120cm</p>
3.0	May 2024			<p>LINC medical catheters deletion Safety concerns. (TBC)</p>
3.1	February 2025			<p>Clinifilm barrier cream added, Hydrosil Go taken off as no longer available. Bullens Hydroslip removed. Appeal wipes added as Medicare wipes discontinued.</p> <p>Added In aqua flush range into Trans anal.</p>
3.2	February 2025			<p>Added in second choice of nephrostomy nexus range.</p>
3.3	May 2025			<p>Update Prices and layouts for clarity.</p>
3.4	June 2025			<p>Kemi request Also added on convatec Gentlecath Glide and GC Glide and GC Air male and female in to Indwelling self-catheters.</p>
3.5	July 2025			<p>Added to formulary Medi derma s Film and Medi derma s Pro ointment and cleanser at request of TVN /Roisin</p>
3.6	August 2025			<p>Link added to the Management of moisture associated skin damage from incontinence (IAD)</p>
3.7	October 2025			<p>Salts wipes removed due to high cost and replaced with Preventox wipes as cheaper and a better alternative.</p> <p>Deletion of urinal Funnels due to aligning with GYW formulary and move of arrangement .</p>
3.8	November 2025		Draft	<p>Sorbaderm cream and film added as an alternative ,(Kemi asked to add)</p>
4.0	December 2025		Draft	<p>Change of font to Ariel 12.</p> <p>Additions per Ruth Broom Request change in title continence removed.</p> <p>Change in order of lay out, service name updated to bowel and bladder MDT, Nonsterile drainage bags for</p>

4.1	March 2026		<p>urinary sheaths added. Simpla,convene,Flexicare. Drainage bag support added Linc Leg bag sleeves., flexicare sleeves, Intermittent catheter section re worded by Ruth Broom. BD Hydrosil go name change to Hydrosil gripper (male) or rose (female). Wellspect male removed as more appropriate available (Ruth broom) Catheter sets removed at request of Ruth Broom.Removed meatal dilation Vesica urology and replaced with Flexicare meatal dilator added Urethral dilators Wellspect,Wycath male and female. Urinary catheters re written by Ruth, Catheter lubricants re written by Ruth. Indwelling catheters re written by Ruth. Day/Leg bags re written Ruth , Linc adjustable tubes removed at request of Ruth Broom. Night bags re written by Ruth Broom. Great Bear removed as discontinued. Drainage bag support added Linc medical leg bag sleeves and Flexicare leg straps added. Ugo Fix sleeve removed. Catheter maintenance solution re written Ruth Broom. Belly bags removed. Retracted penis pouch removed request by Ruth Broom. Removal of speedicath Compact and replace with BD Gripper and BD Rose female due to cost indifference and requested by R. Broom . Clinisure catheter straps added as an alternative .Speedicath update on product codes as pack changed .</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.

Standard Operating Procedure.

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

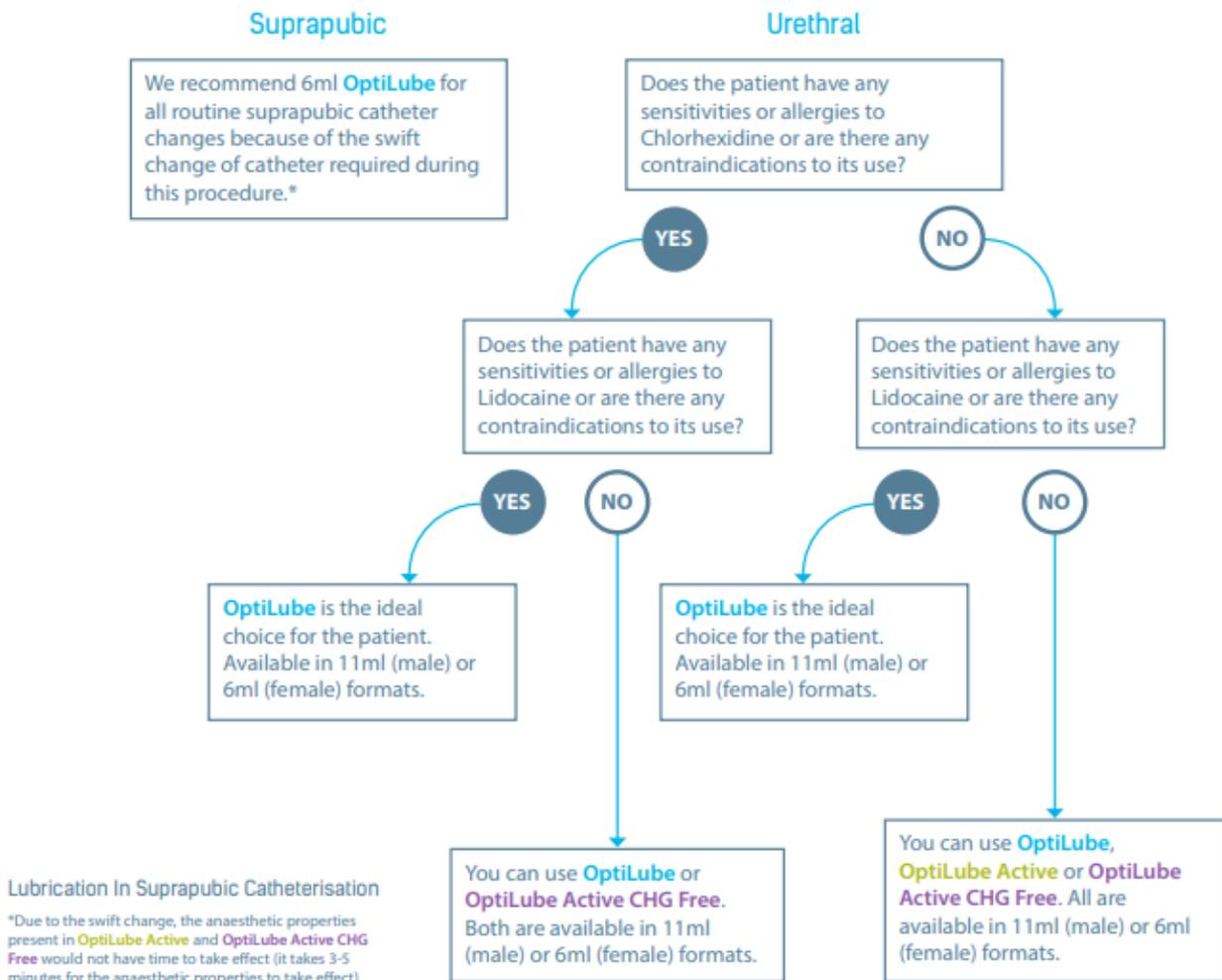
Elements	Clinical Rationale For Review.	Action
1. Continence Formulary – Prescribing Guide. NCH&C, NEL CSU August 2016.	This document has been compiled to provide continence care in line with NICE guidance across CCGs in Norfolk. Product selection should be made to meet patient needs on an individual 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.

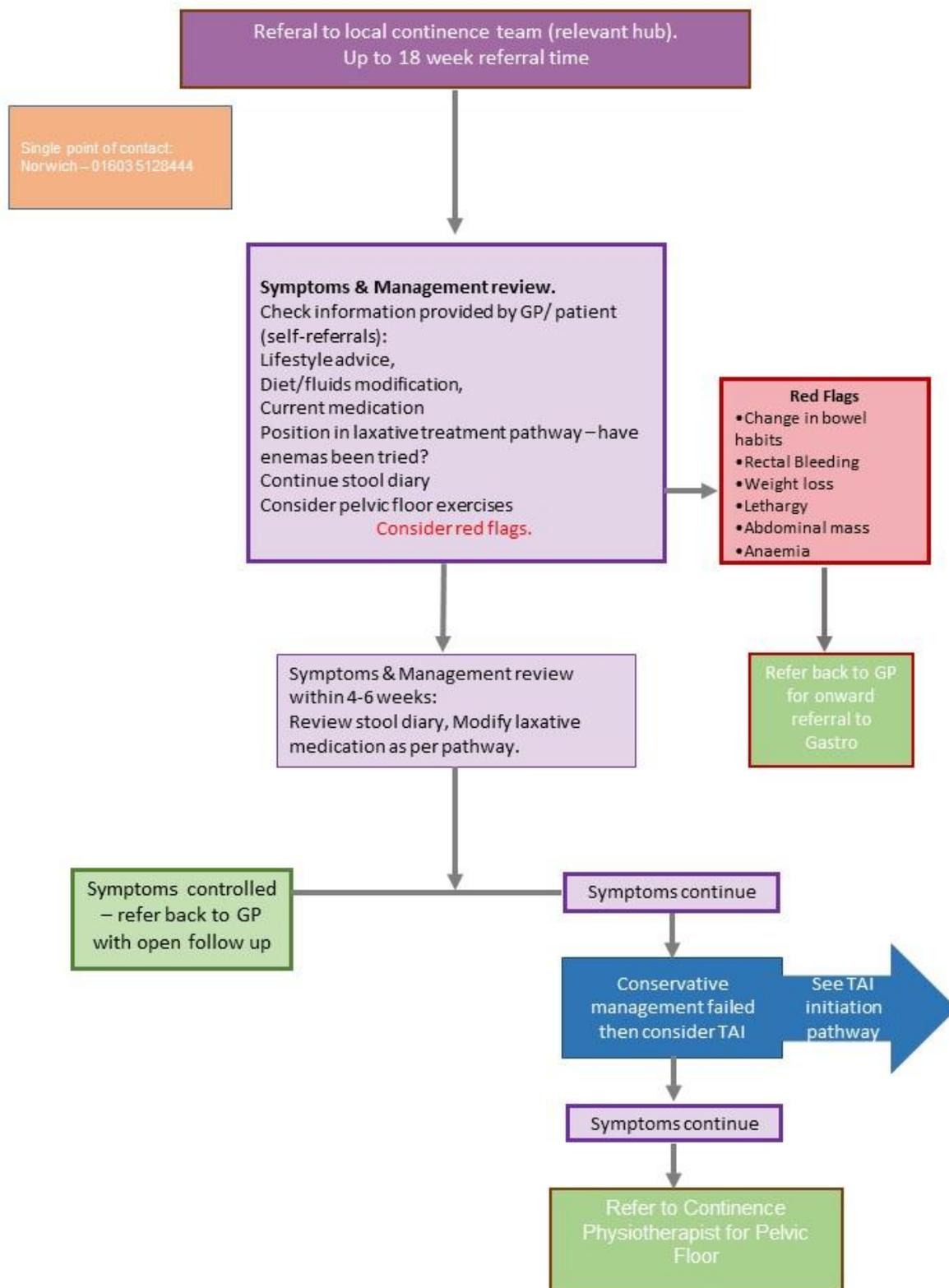
Elements	Clinical Rationale For Review.	Action
5. Infection.	Symptomatic signs. Scotland CA-UTI Surveillance - Definition. Promotion of harm free, cost effective, person centred care. Current practice based on 'Best Practice' guidelines. NCH&C Urinary Catheterisation Policy – Intranet.	Address sections 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.

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

