TELEFLEX GUIDE TO INTERMITTENT SELF CATHETERISATION
Your safe way to more freedom and independence
Dear Reader,

There are more people facing bladder problems than is generally known. It is not a subject people usually talk about, but we would like to talk openly with you about your situation and intermittent self catheterisation (ISC).

We would like to share with you the experience and expertise we have collected over more than 25 years communicating with users of all ages and working closely with healthcare professionals.

With this brochure we would like to make you feel comfortable and lose your fear of the unknown. Although you might not imagine it now, intermittent self catheterisation is easy to understand and to do. We would like to give you the security and confidence to start by sharing with you essential information, helpful recommendations and important tips to handle safely and competently an intermittent self catheterisation, and by answering the most commonly questions.

On selected Teleflex intermittent catheter systems we describe their application in every detail.

We aim to demonstrate that this method of bladder emptying gives you back the control of your bladder and helps you to live your life to the full and as independently as possible.

We care about your health and quality of life.

Your Teleflex Care at home Team
ATTAIN A NORMAL DAILY LIFE – DIFFERENT BUT INDEPENDENT AND HASSLE-FREE

You have recently experienced changes in your health and body which you now have to get used to. We would like you to meet Eve and Marianne. Both are dealing with voiding disorders and practicing intermittent self catheterisation (ISC). Their health situation has changed, but due to ISC, both of them are able to live a normal everyday life – different but independent, confident and with fewer restrictions than you might think.

WHEN DOES THE URINARY SYSTEM MALFUNCTION?

Voiding Disorder

There are different reasons why the bladder may not be able to store or empty urine. Most frequently illness, injury or aging damage the function of the urinary system. Voiding disorder can be based on physiological problems, e.g. due to a urethral stricture, or on neurogenic problems caused by paraplegia, spina bifida or multiple sclerosis.

In a neurogenic voiding disorder, the nerves between the bladder and the brain are impaired or completely interrupted. With this damaged information transfer the brain is no longer able to control the bladder muscle and the sphincter.

VOIDING DISORDERS OCCUR AS
- storage problems – the bladder cannot hold/retain the urine, consequentially there is an unintentional loss of urine, which is called urinary incontinence
- emptying problems – the bladder cannot be emptied intentionally, which is called urinary retention
- incomplete voiding (residual urine) – after voiding a small amount of urine remains in the bladder and can lead, if untreated, to urinary tract infection
- combinations of incontinence, retention and residual urine

If you are diagnosed with a voiding disorder, the doctor will often advise you to perform intermittent catheterisation.
“My name is Marianne. I am 25 years old and by birth paraplegic because of spina bifida aperta. Therefore my voiding disorder is based on neurogenic problems which means I am not able to empty my bladder. Because of this overflow incontinence I practice intermittent self catheterisation (ISC) which really improved my quality of life. It has reduced my risk of urinary tract infections and helps me to live my daily life independently. I catheterise at regular intervals by the clock, so I can easily plan my activities. ISC is no problem, even out of the house; I carry all I need for catheterisation in a handy little bag with me.”
WHAT DOES INTERMITTENT CATHETERISATION MEAN?
“Intermittent” means “occurring occasionally or at regular intervals”.
During intermittent catheterisation (IC), the bladder is emptied at certain times by using a single use catheter. This is a small tube which is inserted up the urethra into the bladder and allows the urine to flow out. The catheter will be slowly removed again once the bladder is completely emptied.
With this form of treatment the bladder can be emptied without pressure and without leaving residual urine, which reduces the risk of inflammation of the bladder and protects the kidney function.

WHAT IS INTERMITTENT SELF CATHETERISATION (ISC)?
Intermittent catheterisation (IC) can be performed for the patient by health staff, a carer or relative. It can also be performed by the user themselves and then it is called intermittent self catheterisation (ISC).

“I am Eve. I am 42 years old and married with two lively children. Three years ago I was diagnosed with multiple sclerosis. As you may know, MS is an autoimmune disease which is characterised by a chronic inflammation of the central nervous system. Some nerves between my bladder and brain were damaged. Since then I cannot deliberately control my bladder muscles to empty it. With intermittent self catheterisation I solved my bladder problem in a safe, convenient and easy way. I have my own daily routine and rhythm concerning the catheterisation. Usually I catheterise four to five times a day, but it depends on the amount I drink.”
Your doctor has explained why you need to catheterise and suggested that intermittent self catheterisation may be right for you.
To get a better understanding of some of the reasons behind why people may need to catheterise, we will take a look at how the urinary system works:
Every time we eat and drink, our body absorbs liquid. In the stomach the first breakdown of food and drink takes place. The content of the stomach passes through the intestines where the blood vessels absorb the liquid. Blood provides oxygen and nutrients to all body cells and transports excreta from the cells. The kidneys ensure that the necessary substances remain in our body while filtering out waste products from the blood and excreting them in the urine from the kidneys via the ureters to the bladder. The bladder collects the urine.

What happens, when we feel the need to empty our bladder? When the bladder needs to be emptied the nerves in the bladder send a signal to the brain and we feel an urge to urinate. Once we reach the toilet, our brain sends a message to the large bladder muscle, the detrusor, to contract making the urine leave the bladder. At the same time, the brain tells the sphincter muscle, which keeps the bladder sealed, and the pelvic floor muscles to relax. The process of urination starts. When we have finished urinating, the sphincter muscle contracts again and the bladder muscle relaxes and stops squeezing. Then the bladder is ready to fill up again. Generally we empty our bladder several times a day.
In some conditions the nerve impulses to the brain do not function or are damaged so that we are unable to control the bladder. If the urination process is malfunctioning, we call it “voiding disorder”.

**FEMALE ANATOMY**
The organs in the female urinary system

- **KIDNEYS** – filter our blood
- **URETERS** – transport urine from the kidneys to the bladder
- **BLADDER (DETRUSOR MUSCLE)** – stores and empties urine
- **SPHINCTER** – seals and opens the bladder
- **URETHRA** – pipes urine from the bladder out of the body
- **URETHRAL OPENING** – where urine exits the body
- **CLITORIS**
- **LABIA**
- **VAGINAL OPENING**
- **ANUS**
WHAT ARE THE ADVANTAGES OF INTERMITTENT SELF CATHETERISATION (ISC)?

Intermittent self catheterisation is a gentle technique which clearly improves the quality of life for many people with voiding disorder. It is a gentle and safe method to empty the bladder, that

- gives you back control over bladder emptying
- empties the bladder completely
- protects the function of kidney and bladder
- reduces the risk of urinary tract infections and secondary complications/diseases
- improves the chances of regaining continence
- improves your personal comfort
- does not interfere with your sex life
- increases your personal independence
- supports an active lifestyle

Above all, intermittent self catheterisation is not associated with irreversible changes. If the situation alters, the procedure can be stopped at any time without causing damage. ISC should always be the preferred technique if possible, as it offers more freedom, safety and comfort than catheterisation performed by another person.
WHAT ARE THE REQUIREMENTS FOR INTERMITTENT SELF CATHETERISATION (ISC)?
The intermittent self catheterisation method is not equally suited for every patient. Certain conditions in relation to both bladder function and the situation of the affected person as a whole must be met. The most essential of these conditions are to be both self-motivated and to have a good understanding of how the technique should be performed. It is important to comprehend the fundamentals of the technique and how to perform it safely.
Your hand function can be limited but must still be effective to an extent that you are able to access the urethra independently and perform the procedure (with or without aids). If this is not possible in a sitting position, then you must be able to move independently into a position that permits you to apply the catheterisation.

You have to make sure that the location where you want to perform ISC offers sufficient space to move and to lay out the needed materials.
If you suffer from bladder spasticity, there is a need to suppress it for ISC.
If anatomical changes or injuries to the urethra occur, ISC may no longer be suitable.
Your bladder capacity should be 400–500 ml.
WHAT DO I NEED TO KNOW ABOUT INTERMITTENT CATHETERISATION?

WHAT IS IMPORTANT TO KNOW ABOUT APPLYING INTERMITTENT SELF CATHETERISATION (ISC)?
The main worries of patients who are learning to catheterise themselves are injuring the urethra and causing inflammation of the bladder. There is no need to worry. When you carefully follow the instructions of your teacher using the right type of catheter and keeping to some basic rules, self catheterisation will be unproblematic and carried out without causing any damage to your urethra or bladder, even over a long period of time.

IS IT DIFFICULT TO LEARN THE APPLICATION TECHNIQUE?
It may seem strange at first to empty your bladder with a catheter. Fear of the unknown is common and it is normal to feel scared of things we don’t understand or are not familiar with. You can relax. Almost everyone can perform intermittent self catheterisation, even children and people with limited mobility and manual dexterity. With the right training it is easy to learn to safely catheterise yourself. Clinical studies show that patients who have been trained effectively are far less likely to cause any trauma to the urethra and have fewer infections than patients who are not familiar with the technique* (on average less than 1 infection per year carrying out the ISC five times per day). When you start catheterising yourself, try to be relaxed and patient. The handling can be at first a little tricky and difficult until you find the right grip and your best practice. Your ISC teacher will help you. They are specialised health care professionals, who individually teach you the right technique, so that you find the best way and position for you to accomplish safe and pain-free ISC.

If appropriate, they also may introduce you to various aids, which can make catheterisation substantially easier, such as a leg position holder for thighs with severe spasticity, aids to remove and put on trousers or catheterisation aids for limited hand function.

Besides detailed training they also help you to put aside your fears and uncertainties and respond to your individual needs and questions. You will see, with some practice self catheterisation will become natural to you.

Take part in a professional training session, it is essential for your comfort as well as for a low complication rate and your long-term satisfaction with the procedure.

ARE THERE COMPLICATIONS TO EXPECT?
Potential complications can be injury to the urethra, bleeding from the urethra, inflammation of the urethra and urinary tract infections that are caused by introducing bacteria during catheterisation. With the right and appropriate catheterisation technique this risk can, however, be prevented.

BASIC RULES FOR INTERMITTENT SELF CATHETERISATION (ISC):

- ISC must be carried out under aseptic conditions.
- Wash your hands and meatus (urethral opening) with water and soap and/or disinfect them with a disinfectant before catheterisation.*
- Use a new sterile catheter for every catheterisation.
- Never touch the part of the catheter that is inserted into the urethra and bladder and avoid letting it touch other surfaces. In doubt discard the catheter and start over the process with a new one.
- Never exceed your normal bladder capacity. It varies from person to person and will be identified in your training. The bladder should not contain more than 350–500 ml. If you don’t catheterise often enough and the bladder is overstretched, the risk of urinary tract infection and urine leakage increases. In the long term you can seriously damage your kidneys.
- Make sure you have chosen the right diameter for your catheter. A catheter with a diameter too large can harm the urethra, a catheter with a diameter too small will take too long for the urine to leave the bladder. It also increases the risk of injury. For adults, catheters of size 12–14 Charrière (3 Charrière = 1 mm) have proved the best.
- Never force the catheter. If you have difficulties inserting or are unable to catheterise, you should see a urologist or the nearest hospital for appropriate evaluation.

* Recommendations of the European Association of Urology Nurses (EAUN) Guidelines 2013

SHOULD I TELL THE PEOPLE CLOSE TO ME?
It might be helpful to share and feel able to talk about it with someone close like your family, partner or friend. It can be useful when you need assistance or understanding in a special situation. Otherwise using this form of catheterisation is very discreet. Nobody will notice.

Specially packaged catheters can be carried discreetly, even several at a time, in a small washbag etc. Catheters with integrated collection bags are available to facilitate catheterisation in the workplace or on holiday, for example.

The important thing is to remember to take enough catheters with you.
SAFETY FIRST – HOW TO WASH YOUR HANDS PROPERLY

Recommended after the hygiene standard of the World Health Organisation (WHO)

DIRECTIONS FOR HYGIENIC HAND WASHING

0. Wet hands with water.
1. Apply enough soap to cover all hand surfaces.
2. Rub hands palm to palm.
3. Right palm over left dorsum with interlaced fingers and vice versa.
4. Palm to palm with fingers interlaced.
5. Backs of fingers to opposing palms with fingers interlocked.
6. Rotational rubbing of left thumb clasped in right palm and vice versa.
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
8. Rinse hands with water.
9. Dry hands thoroughly with a single use towel.
10. Use towel to turn off faucet.
11. Your hands are now safe.

Hand washing is the most important prophylaxis for reducing the spread of germs – from one person to another as well as from the hands to other parts of the body.

So before you start catheterisation it is essential to thoroughly wash your hands to protect your urethra and to avoid urinary tract infections:

We all think we know how to wash our hands but do we really know how to do it properly?
The entire hand washing procedure should take 40 to 60 seconds, 15 to 20 seconds of them should be used for the hand rub.

Our handy tip:
For using bathrooms outside your home, private and public, always carry with you some paper tissues and single packed disinfectant tissues to be prepared.

Our healthy tip:
Effective hand washing ensures that no areas of the hand are missed. Pay particular attention to the red and pink areas which are the most commonly missed parts during hand washing.

Source: WHO guidelines on hand hygiene in health care, 2009

Source: Taylor, L. J. (1978), An evaluation of handwashing techniques
STEP BY STEP GUIDE TO ASEPTIC INTERMITTENT SELF CATHETERISATION

How to apply our Liquick Base

In the following we will explain to you step by step how to carry out a self catheterisation. This detailed direction will show you how to catheterise using our hydrophilic catheter system, Liquick Base*. If needed, talk with your ISC teacher about it or contact our Care at home Team. The information provided on these pages is no substitute for consulting a physician and carefully reading the instructions for use.

HOW TO APPLY THE LIQUICK BASE HYDROPHILIC CATHETER SYSTEM

1. Without opening the sterile package squeeze the pouch with the saline solution gently until the liquid reaches the catheter. Sway the packaging to make sure that the liquid covers the whole catheter.

2. Tear the package open by a length of approx. 10 cm. While waiting for 30 seconds for the catheter’s hydrophilic coating to be activated, you may hang up the catheter package in preparation for the next step.

3. Before you start each catheterisation, always disinfect and/or wash your hands thoroughly with water and soap according to the already mentioned hygienic hand washing instructions (page 11).

4. Choose a position that is comfortable and most suitable according to your condition and location.

5. Also disinfect and/or wash the genital area with the urethral opening (meatus) with water and soap before each catheterisation.

6. Gently spread your labia apart using the index finger and the middle finger of the non dominant hand, the hand you will not be using to hold the catheter. Lift gently upwards to see the urethral opening. In the beginning a mirror might be helpful.

*You will find more information on our Liquick Base range on page 20.
Remove the catheter by using the blue protective sleeve. If necessary push the blue protective sleeve towards the catheter tip.

Urine will start to flow when the catheter reaches the bladder. Ensure that the funnel is directed into a toilet or suitable container.

Holding the catheter by the blue protective sleeve with your dominant hand, you are able to insert the catheter tip gently into the urethral opening without any hand contact. Insert the catheter slowly further.

Empty your bladder completely each time to avoid urinary tract infections. Once the urine flow has stopped or is slowing down, remove the catheter slightly and stop if the urine starts to flow again.

As soon as the urine stops flowing, slowly and gently withdraw the catheter from the urethra by using the blue sleeve. It may be helpful to kink the catheter above the funnel to avoid vacuum.

Place the used catheter back into the packaging. Discard the catheter system. Your healthcare professional will tell you the best method for disposing of the catheter. Do not flush it down the toilet.

Complete the procedure by washing your hands again.
STEP BY STEP GUIDE TO ASEPTIC INTERMITTENT SELF CATHETERISATION

How to apply our Liquick Plus

In the following we will explain to you step by step how to carry out a self catheterisation. This detailed direction will show you how to catheterise using our hydrophilic catheter system, Liquick Plus*. If needed, talk with your ISC teacher about it or contact our Care at home Team. The information provided on these pages is no substitute for consulting a physician and carefully reading the instructions for use.

HOW TO APPLY THE LIQUICK PLUS HYDROPHILIC CATHETER SYSTEM

1. Open the outer packaging of the catheter pack by tearing the grip holes apart and remove the Liquick Plus system. Then open the pouch with the saline solution by squeezing the whole closed system. The liquid will reach the catheter.

2. Wait for 30 seconds until the catheter’s hydrophilic coating has been activated.

3. By opening the transparent tape the water-resistant cloth which can be used as a clean surface or to protect clothing, can be removed. Unfold the system and the activated catheter.

4. Before you start each catheterisation, always disinfect and/or wash your hands thoroughly with water and soap according to the already mentioned hygienic hand washing instructions (page 11).

5. Hold the blue gripper and open the cap on the top of the bag. Using the gripper and the collection bag feed the catheter through the outlet port of the collection bag until the catheter is exposed by a few centimeters. Place the system so that an aseptic handling is guaranteed (i.e. on the water-resistant cloth with the catheter tip facing to the top).

6. Choose a position that is comfortable and most suitable according to your condition and location.

*You will find more information on our Liquick Plus range on page 22.
7 Also disinfect and/or wash the genital area with the urethral opening (meatus) with water and soap before each catheterisation.

8 Gently spread your labia apart using the index finger and the middle finger of the non-dominant hand, the hand you will not be using to hold the catheter. Lift gently upwards to see the urethral opening. In the beginning a mirror might be helpful.

9 Holding the catheter using the gripper and the collection bag with your dominant hand you are able to insert the catheter tip gently into the urethral opening without any hand contact. Continue to insert the catheter slowly until the urine starts to flow.

10 Urine will start to flow when the catheter reaches the bladder. The urine will drain into the integrated drainage bag.

11 Empty your bladder completely each time to avoid urinary tract infections. Once the urine flow has stopped or is slowing down, remove the catheter slightly and stop if the urine starts to flow again.

12 As soon as the urine stops flowing slowly and gently withdraw the catheter from the urethra and push the catheter back into the collection bag with the help of the protective cloth. It may be helpful to kink the catheter above the funnel to avoid vacuum.

13 Next to the grip holes you find a perforated tear which needs to be completely removed to allow full emptying of the urine into the toilet. Afterwards discard the catheter system. Your healthcare professional will tell you the best method for disposing of your catheter. Do not flush it down the toilet.

14 Complete the procedure by washing your hands again.
IN THE FOLLOWING, HEALTHCARE PROFESSIONAL IS USED FOR DOCTOR / ISC TEACHER / NURSE, AND ISC FOR INTERMITTENT SELF CATHETERISATION.

Q: WHY DO I NEED TO CATHETERISE?
A: Your bladder is unable to store and/or empty urine properly. There are many reasons why some people cannot empty their bladders and your healthcare professional will explain what the reasons are in your case and why you need to do ISC. ISC will improve your health condition and increase independence and self-confidence.

Q: HOW LONG WILL I NEED TO CATHETERISE FOR?
A: This depends on the reason for incomplete emptying and on your specific condition. Performing ISC could be temporary after surgery or injury while your bladder returns to normal function again. Or it can be permanent due to a spinal cord injury or a disease that affects your urinary system. Your healthcare professional will support you and help you to manage the new situation to protect your bladder health.

Q: HOW OFTEN SHOULD I CATHETERISE?
A: Your healthcare professional will assess and determine how often catheterisation is necessary. Keeping a urine record may precede the defining of the amount. Please consider the intervals also change with the daily drinking volume.

Q: IS ISC PAINFUL?
A: When you start learning ISC, your urethra might become sensitive, but with time that will disappear. Ensure that you are using the right size of catheter and follow the instructions of your healthcare professional. You might feel pressure, but no pain. ISC shouldn’t be painful. If you feel pain, contact your healthcare professional.

Q: SOMETIMES I HAVE TROUBLE TO FIND MY URETHRAL OPENING. WHAT SHALL I DO?
A: Your healthcare professional will help you to locate the urethral opening. In the beginning a mirror might be helpful, but with practice it will become an easy routine.

Q: WHAT SHOULD I DO IF I AM UNABLE TO INSERT MY CATHETER?
A: First rule, don’t panic, keep calm and try to relax. Never use force or be in hurry when inserting your catheter. If you meet resistance when inserting, stop, take a few slow breaths or wait for a moment. After a while the muscles will relax, try again. The catheter will slide in. If you continue to have difficulties, contact your healthcare professional for advice. You can enter the contact number of your healthcare professional on page 26 in this booklet in your personal data.

Compiled below is a list of the most commonly asked questions from people like you who are new to ISC. The answers should help you to dispel uncertainty and worries and increase your confidence about aseptic intermittent self catheterisation. However, this only can complement and should not replace the advice of your healthcare professional.
Q: WHAT SHOULD I DO IF I AM UNABLE TO REMOVE MY CATHETER?
A: Relax, don’t worry. This happens usually because your muscles are tense. Wait for 10 minutes and then try again. For some people gently coughing may help as this relaxes the muscles. Never force a catheter out. It may also be helpful to kink the catheter above the funnel to avoid vacuum. If you are still unable to remove your catheter, contact your healthcare professional for advice.

Q: SOMETIMES I NOTICE DROPS OF BLOOD IN MY URINE. IS THIS NORMAL?
A: Especially when you start practicing ISC, small drops of blood in the urine can be seen. The urethral tissue can be slightly damaged but this will soon heal. It is quite common and only temporary. You can continue to perform ISC. However, if it is persistent or heavy, contact your healthcare professional: This might be an indication for a urinary tract infection.

Q: WHAT CAN I DO TO PREVENT A URINARY TRACT INFECTION?
A: There is a slight chance for urinary tract infection as the catheter provides a direct route for bacteria to enter the bladder. Therefore attention should be paid to:
- Hygiene – always carry out ISC as a strictly aseptic procedure including washing hands and genitals before catheterisation. The catheter must not touch anything before entering the urethra.
- No residual urine – ensure to empty your bladder regularly and completely each time you catheterise. When the urine stops flowing, remove the catheter stepwise and stop if urine flows again.
- Enough fluids – drinking sufficient fluid ensures a flushing effect. Adults should drink a minimum of 1.5–2 litres per day.

Q: HOW DO I KNOW IF I HAVE A URINARY TRACT INFECTION?
A: You might have a urinary tract infection, when you have the following symptoms:
- feeling unwell
- having a temperature or fever, chills or shivering
- pain on catheterising
- back pain
- cloudy or offensive smelling urine
- persistent blood in the urine

Q: WHAT SHALL I DO IF I HAVE A URINARY TRACT INFECTION?
A: Consult your doctor for medical help, drink plenty of fluids and continue with ISC.

Q: WHY IS IT IMPORTANT TO WASH MY GENITAL AREA AFTER BOWEL MOVEMENT?
A: This is essential to prevent any bacterial contamination of the urethral area. Always wash away from the urethral area.

Q: DO I NEED TO CATHETERISE AT NIGHT?
A: It is usually sufficient to catheterise before going to sleep and immediately after waking up in the morning, however, your healthcare professional will advise what is right for you.

Q: SHOULD I STILL CATHETERISE DURING MY MENSTRUAL CYCLE?
A: Continue to catheterise as normal during menstrual cycle. Pay extra attention to your hygiene procedure. Wash your genitals thoroughly before each catheterisation. If you are concerned, talk to your healthcare professional for advice.

Q: WILL MY SEX LIFE BE AFFECTED BY USING THE CATHETER?
A: There is no reason why your sex life should be affected negatively. On the contrary, a sexual relationship is possible without discomfort or the fear of incontinence. Discuss this with your healthcare professional who can give you specific advice. It is OK to perform catheterisation either before or after sex.

Q: WHAT DO I NEED TO DO IF I TRAVEL ABROAD?
Q: If you are travelling abroad, please ensure to take enough catheters with you, as they may not be available there during your visit. Carry them in your hand luggage with a medical certificate from your healthcare professional explaining that you need them to empty your bladder.

Q: HOW OFTEN CAN I USE MY CATHETER AND DOES IT HAVE AN EXPIRY DATE?
A: Our intermittent catheters are single use catheters. You must dispose the catheter once it has been used. Each new catheter in unopened and undamaged packaging has a particular shelf life (you will find it on the labeling).

Q: WHERE DO I GET MY CATHETERS?
A: On the personal data sheet on page 26 your healthcare professional will fill in the details of the catheter that you will be using and can advise you about local suppliers. You should stock and replenish your catheter regularly. It is important that you do not change your type of catheter without first discussing with your healthcare professional.

Q: WHERE AND HOW DO I STORE MY CATHETERS?
A: Store your catheters flat in their original packaging in a dry place and keep away from direct and indirect sources of light and heat. Also keep them out of reach of children.

Q: DO THE TELEFLEX INTERMITTENT CATHETERS CONTAIN ANY LATEX DERIVATIVES?
A: Our intermittent catheter systems are completely latex-free.
OUR PRODUCTS

Being easy to use and easy to dispose of, our catheter systems Liquick Base and Liquick Plus also mean you can be assured of maximum of safety, flexibility and discretion – to regain control and an independent life style.

We want to make your self catheterisation not only safe but also as simple as possible. Our accessories are little convenient helpers which will facilitate your start with ISC and later your daily life.

INTERMITTENT CATHETERS WITH HYDROPHILIC COATING

LIQUICK BASE
Comfort and safety at its best

Liquick Base, our state-of-the-art catheter system offers the user a high level of independence, comfort and safety. Being easy to use, this system also means the user can be assured of maximum flexibility and discretion.

MODERN THREEFOLD SAFETY IN ONE SYSTEM FEATURING
- the SafetyCat catheter with its patented softly rounded Soft Cat Eyes
- the flexible Ergothan tip which allows a gentle passage through the urethra and preserves the urethral mucosa
- a blue protective catheter sleeve which permits an aseptic insertion of the catheter without contact to reduce the risk of urinary tract infections

COMPACT & DISCREET – compact and space-saving packaging contains all necessary components: the SafetyCat catheter plus an integrated pouch with sterile saline solution

READY TO USE WITHIN A FEW SECONDS – one squeeze opens the pouch and the saline solution reaches the catheter to activate its hydrophilic coating for a safe, smooth and comfortable catheterisation

CONVENIENT – due to the self-adhesive patch and the packaging hole, the catheter pack can be hung at any appropriate, convenient place while preparing the catheterisation procedure with both hands free

EASY TO HANDLE – due to the packaging hole the pack can be opened quickly and easily even with limited manual dexterity

HYGIENIC – after insertion of the catheter the blue protective sleeve can be used as an extension of the catheter during bladder emptying into the toilet

EXPANDABLE – if a drainage bag is needed, it can be connected with the funnel at the end of the catheter

INDIVIDUAL – Liquick Base is available in different lengths, diameters (sizes) and catheter tips

INFOMATION
Gentle on the urethral mucosa thanks to the SafetyCat catheter.
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<th>TIEMANN TIP – 2 EYES, STAGGERED</th>
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= female catheter length
= paediatric catheters
People who are active and like to be out and about, need a compact and complete system for catheterisation, which is convenient to use and easy to dispose of. Liquick Plus fits all these requirements and also provides proven safety.

**SAFETY PLUS FLEXIBILITY IN ONE SET FEATURING**
- the SafetyCat catheter with its patented softly rounded Soft Cat Eyes, flexible Ergothan tip and hydrophilic coating for a gentle and safe catheterisation
- urine collection bag with integrated pouch containing the sterile saline solution which activates the hydrophilic coating, enabling the catheter to slide incredibly smoothly – all without any hand contact

**COMPACT** – the set is packed in a space-saving manner and wrapped in a useful protective tissue

**READY TO USE WITHIN A FEW SECONDS** – one slight squeeze opens the pouch and the saline solution reaches the catheter to activate its hydrophilic coating for a safe, smooth and comfortable catheterisation

**DISCREET** – due to the sealing cap the collection bag can be securely closed and discreetly drained and disposed of when possible; the perforation on the bag facilitates the procedure

**CONVENIENT** – the blue gripper gives a good grip to push the catheter out of the collection bag

**INDIVIDUAL** – Liquick Plus is available in different lengths, diameters (sizes) and catheter tips

**INFORMATION**
Convenient to use and easy to dispose of.
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**40 CM | ERGOTHAN TIP – 2 EYES, STAGGERED**

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**40 CM | NELATON TIP – 2 EYES, STAGGERED**

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= paediatric catheters
The optimal supplement to our range of products for an independent lifestyle with intermittent catheterisation. For individual needs.

**FREEHAND TEXTILE HOLDER**
Keeps your clothing safely away from the genital region, leaving both hands free for performing catheterisation and preventing the catheter from coming into contact with your clothes.

**ERGOHAND CATHETER INSERTION AID FOR TETRAPLEGIC USERS**
Enables even users with impaired hand function to perform catheterisation independently. The catheter is fixed by being clamped in the insertion aid, allowing it to be inserted into the urethra without touching it directly. ErgoHand is available in versions designed for women and for men respectively.

**LEGFIX LEG FIXATION AID**
Fixes the legs securely in position during catheterisation. For taking along, the leg fixation aid can be folded together to a conveniently small size and stored in the bag included in delivery. Also available is an accessory kit (lamp and mirror) for the LegFix right-hander.

**OPTILUX MIRROR**
Helps to identify the opening of the female urethra more easily. The mirror is attached to the thigh using a flexible textile strap with Velcro fastener. OptiLux is available in versions both for right-handed and for left-handed users, with or without lamp.
## CONVENIENT HELPERS

### FREEHAND

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### ERGOHAND FOR MEN

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### ERGOHAND FOR WOMEN

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### LEGFIX RIGHT-HANDER

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### LEGFIX RIGHT-HANDER ACCESSORY KIT (LAMP AND MIRROR)

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### OPTILUX RIGHT-HANDER

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### OPTILUX LEFT-HANDER

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### OPTILUX RIGHT-HANDER WITH LAMP

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### OPTILUX LEFT-HANDER WITH LAMP

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MY PERSONAL CARE PLAN – WHICH PERSONAL DATA IS IMPORTANT TO DEFINE?

As this brochure may well be your companion when you first start ISC, you may find it useful if you and your healthcare professional can record here some of your personal details. Then you will always have the important information at hand when organising your daily life, e.g., in doctors’ appointments, and reordering your catheters.

YOUR NAME:

BROCHURE PRESENTED BY

NAME OF YOUR NURSE

NAME OF YOUR PHYSICIAN / HEALTHCARE PROFESSIONAL

NAME OF YOUR HEALTHCARE FACILITY

NAME OF YOUR CATHETER SYSTEM

PRODUCT CODE OF YOUR CATHETER SYSTEM

HOW OFTEN SHOULD YOU CATHETERISE?

SCHEDULE FOR YOUR CATHETERISATION:

Fill in your times when to catheterise as your physician/healthcare professional has recommended.
To define how many times a day you should perform intermittent self catheterisation your doctor or ISC teacher may at first ask you to keep a urine record as the amount of ISC varies from person to person depending on the individual bladder problem and medication.

**URINE MEASUREMENT**

**NAME:**

**DATE:**

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<tr>
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**INFORMATION**
You can easily use this table as a master copy to make further copies.
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