



BLADDER MANAGEMENT

Guide to male intermittent self catheterisation

Useful information about handling and products

Back in control with confidence

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 which we have collected over the past 30 plus years from communicating with users of all ages and working closely with healthcare professionals.

With this brochure we would like to ease your fears of the unknown and to make you feel more comfortable. Although it may be difficult for you to imagine 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 help you safely and competently self catheterise, and by answering some of the most commonly asked questions.

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

We care about your health and quality of life.

Your Teleflex Urology Care Team



Attention

This user guide should be used as a complement to the instructions and information on intermittent self catheterisation from your healthcare professionals who know your specific health condition. Naturally the brochure cannot be a substitute for a visit to the doctor or for medical treatment. Please always ask your doctor if you have medical problems.

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 Peter and Michael. Both are dealing with voiding disorders and are 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.



“My name is Michael. Two years ago at the age of 27, I had a motorcycle accident which fundamentally changed my life. I suffered from a spinal cord injury that made me paraplegic from the fifth thoracic vertebra. I wanted to regain my independence as soon as possible and practiced overcoming my disability in everyday life.

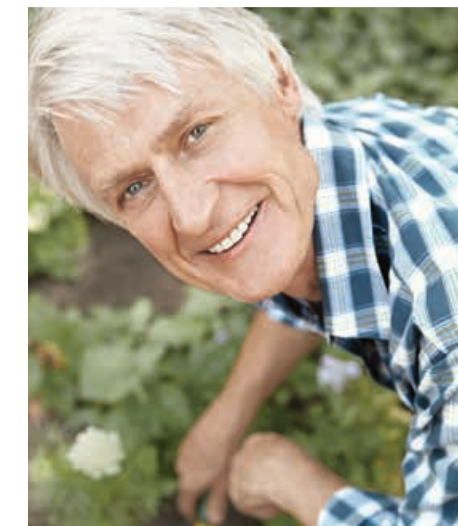
That included learning, whilst still at the hospital, how to perform intermittent self catheterisation (ISC). As I don't feel when I need to empty my bladder, I catheterise at regular intervals by the clock, usually four to five times a day. This schedule can be adapted to my drinking amount and makes it possible for me to plan my daily life independently.

I am free to perform ISC wherever I need to as I carry all I need for catheterisation in a handy little bag with me.”

“I am Peter. Recently I have been diagnosed with Parkinson's disease at the age of 55. It is a slowly progressive neurodegenerative disorder which can cause, among other things, a neurogenic malfunction of the urinary system. I cannot empty my bladder completely, which means that a small amount of urine always remains in the bladder and can cause infections.

With intermittent self catheterisation (ISC) I solved my bladder problem in a safe, convenient and easy way. I have my own schedule for the catheterisation that suits my daily routine and adapts to my daily life as well as special occasions such as going away for the weekend.

Usually I catheterise four to five times a day, but it depends on the amount I drink.”



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, consequently 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.

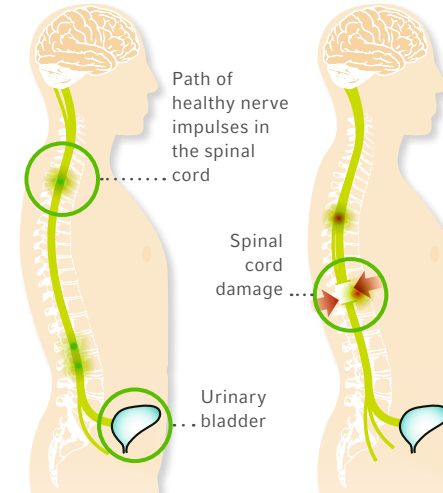
What does intermittent catheterisation mean?

“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 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).



How does the urinary system work?

Anatomy and physiology

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 excrete them in the urine from the kidneys via the ureters to the bladder. The bladder collects the urine.

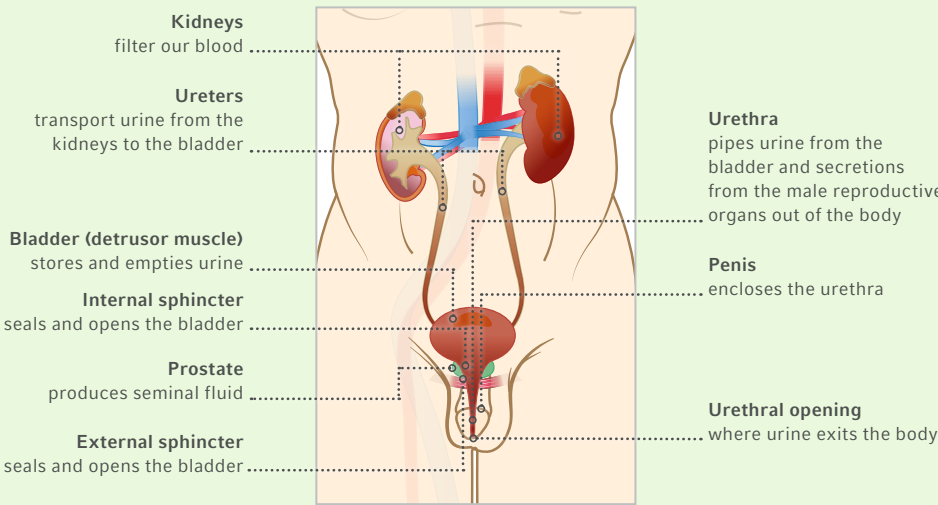
What happens, when we feel the need to empty our bladder?

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”.

Male anatomy

The organs in the male urinary system



- 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 is usually the preferred catheterisation technique if possible, as it offers more freedom 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 required 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 400–500ml.

What are the advantages of intermittent self catheterisation (ISC)?

Intermittent self catheterisation is a gentle technique which may help improve the quality of life for many people with a 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 the kidney and bladder
- reduces the risk of urinary tract infections and secondary complications/diseases
- improves the chances of regaining continence
- improves your personal comfort

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, use the right type of catheter, and keep to some basic rules, self catheterisation will be unproblematic and can be carried out over a long period of time without causing any damage to your urethra or bladder.

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.

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 healthcare 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 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 be reduced.

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. The important thing is to remember to take enough catheters with you.

Basic rules for intermittent self catheterisation (ISC)**:

- The ISC should be carried out under aseptic conditions*
- Wash your hands and meatus (urethral opening) with water and soap and/or disinfect them with a disinfectant agent 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. When 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 that is too large can harm the urethra, a catheter with a diameter that is 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) are usually the most appropriate.
- 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*

** *The information provided here is no substitute for consulting a physician and carefully reading the instructions for use.*

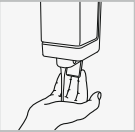
Safety first – how to wash your hands properly

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

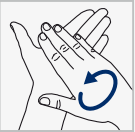
Directions for hygienic hand washing



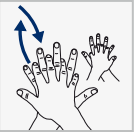
0 Wet hands with water.




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.



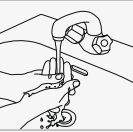
5 Backs of fingers to opposing palms with fingers interlocked.




6 Rotational rubbing of left thumb clasped in right palm and vice versa.



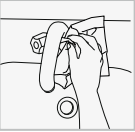
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.




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.

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

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.

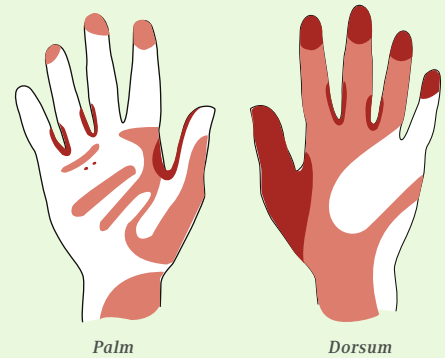
So before you start catheterisation, it is essential to thoroughly wash your hands to protect your urethra and to avoid urinary tract infections.

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:



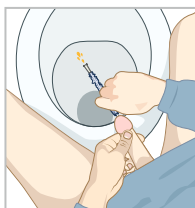
Source: Taylor, L.J. (1978), An evaluation of handwashing techniques

Step-by-step guide to aseptic intermittent self catheterisation

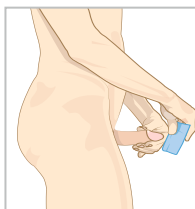
Please refer to the instructions for use found inside the box of your catheters. Your healthcare professional can also provide you with advice on how to use intermittent catheters.

- 0** Before you start each catheterisation, always wash your hands thoroughly with water and soap according to the already mentioned hygienic hand washing instructions (page 10).

Choose a position to catheterise (standing or sitting) that is comfortable and most suitable according to your condition and location.

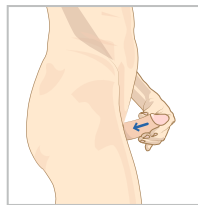


- 1** Wash the genital area and the urethral opening (meatus) with water and soap before each catheterisation.



- 2** Use compresses or swabs for urethral disinfection. Depending on the type of disinfection you are performing, wet the compresses with mucosal disinfectant. Take care that you do not touch the compresses. To disinfect the urethral opening, pull back the foreskin (if present). Observe the contact time specified by the manufacturer.

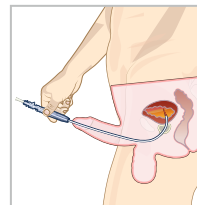
- **Spray-wipe disinfection:** Spray disinfectant directly onto the urethral opening with the spray bottle, dab dry, spray again-allow to act.
- **Spray disinfection:** Make 2 sprays of mucosal disinfectant and leave this to take effect.
- **Wipe disinfection:** Disinfect with at least 3 soaked sterile compresses/swabs, wipe away from the urethral opening. Allow the disinfectant time to act. Each compress/swab may be used only once!



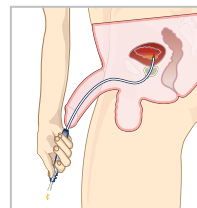
- 3** Remove the catheter from the packaging being careful not to directly touch the catheter shaft.



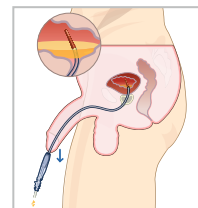
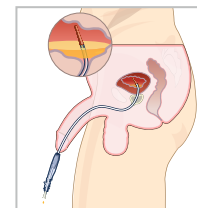
- 4** Lift the penis slightly upwards to overcome the first natural bend in the urethra. Then insert the catheter without touching it (observe the manufacturer's instructions for use) and, without putting pressure on the urethra, advance the catheter carefully until urine flows.



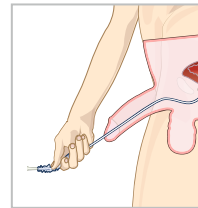
- 5** Make sure you always hold your penis firmly, stretching it slightly. The foreskin must not be allowed to slip forward during catheterisation as it has not been disinfected. For optimal flow of urine, push the catheter about 1 cm further so that both catheter eyes are in the bladder.



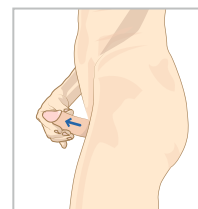
- 6** Empty your bladder completely each time to avoid urinary tract infections. Once the urine flow has stopped or is slowing down, remove the catheter slightly and stop if the urine starts to flow again.



- 7** As soon as the urine stops flowing, slowly and gently withdraw the catheter from the urethra by using the protection sleeve if there is one present. In order to avoid suction from occurring during removal, it is helpful to bend the catheter below the funnel as you take it out.



- 8** If you are uncircumcised, ensure you replace the foreskin over the glans and wash the end of your penis.



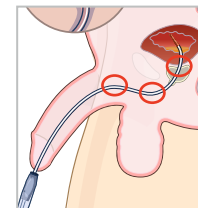
- 9** Place the used catheter back into the packaging. Discard the catheter system. Your healthcare professional will tell you the best method for disposing of the catheter. Do not flush it down the toilet.



- 10** Complete the procedure by washing your hands again.



Note: When inserting the catheter, you have to negotiate some natural physiological narrowing. You may feel resistance - this gives way at slight pressure. This is normal because you need to get past the urethral sphincter. Make sure that you breathe evenly and, if possible, actively relax the pelvic floor. Or try to hold your penis differently the next time, for example, hold it down more.



Important: If the unpacked catheter comes into contact with non-sterile materials (clothing, hair, etc.), you must throw it away and use a new one.

Questions and answers

Compiled below is a list of some of the most commonly asked questions from people like you who are new to ISC. The answers may help you to dispel uncertainty and worries, and increase your confidence about intermittent self catheterisation. However, this should not replace the advice of your healthcare professional.

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 may 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 should 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. 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 a hurry when inserting your catheter. If you meet resistance when inserting, stop, take a few slow breaths or wait 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 18 of this booklet in your personal data.

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 should 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 of a 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 an aseptic non-touch 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 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. (for more information see page 17)

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: Will my sex life be affected by using the catheter?

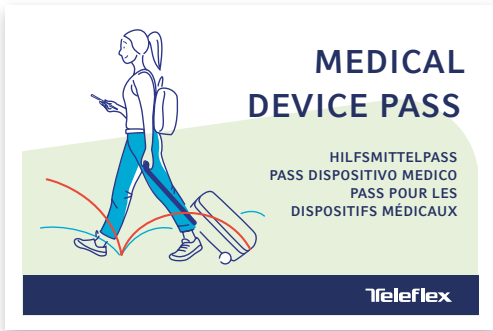
A: There is no reason why your sex life should be affected negatively. On the contrary, a sexual relationship is possible without discomfort or the fear of incontinence. Discuss this with your healthcare professional who can give you specific advice. It is OK to perform catheterisation either before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

Q: What do I need to do if I travel abroad?

A: 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 labelling).



Teleflex provides a medical device aid pass which your doctor can sign.

Q: Where do I get my catheters?

A: On the personal data sheet on page 18, your healthcare professional can fill in the details of the catheter that you can 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. Please follow the guidance in the instructions for use.

Q: Do the Teleflex intermittent catheters contain any latex derivatives?

A: Our intermittent catheter systems are not made with natural rubber latex.

This brochure does not substitute the IFU provided with each product. This brochure is intended as a guide only and is not substitute for a visit to the doctor or for medical treatment. Please always ask your doctor if you have medical problems. Teleflex cannot accept any liability for the accuracy or completeness of the information given in this brochure. For more information and advice regarding ISC, please contact your healthcare professional. For more information about our Teleflex intermittent catheter systems, please visit our website at www.teleflexurology.com or contact directly our Urology Care Team at 01494 532761.

Fluid intake

Fluid matrix*					
WEIGHT (ST)	WEIGHT (KG)	MILLILITRES (ML)	FLUID (OUNCES)	PINTS	MUGS
6	38	1,190	42	2.1	4
7	45	1,275	49	2.5	5
8	51	1,446	56	2.75	5–6
9	57	1,786	63	3.1	6
10	64	1,987	70	3.5	7
11	70	2,179	77	3.75	7–8
12	76	2,377	84	4.2	8
13	83	2,575	91	4.5	9
14	89	2,773	98	4.9	10
15	95	2,971	105	5.25	10–11
16	102	3,136	112	5.5	11

This table is to determine how much fluid you should try to take in a 24-hour period. This is purely a guideline and applies to body frame. Activity levels should be taken into consideration i.e. those partaking in vigorous exercise should drink more fluids.

It is important to maintain hydration at all times to aid health and wellbeing. Your bladder and bowels need an appropriate level of fluid intake to maintain function. On average an adult should drink at least 1500ml per 24 hours. Fluid intake is especially important when you perform intermittent catheterisation. The fluid matrix on this page is a guide to how much you should drink based upon your weight.

Water is the best fluid to drink. Other alternative fluids include decaffeinated drinks, non-fizzy drinks and fruit cordials and squashes.

Avoiding caffeinated drinks is advised as caffeine is an irritant to the bladder. Caffeine restriction has been thought to reduce bladder spasm and bladder overactivity.**



References

- * Abrams & Klevmar “Frequency Volume Charts – an indispensable part of lower urinary tract assessment” 1996 Scandinavian Journal of Neurology 179; 47-53.
- ** Patterson, A. (201) – Behaviour change to treat overactive bladder syndrome – Nursing Times. Available at: www.nursingtimes.net/nursing-practice.

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 record some of your personal details here. 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	Name and address (stamp)
Name of your nurse	Tel.
Name of your physician/healthcare professional	Tel.
Name of your healthcare facility	Tel.
Name of your catheter system	Length (cm)
Product code of your catheter system	Size (Ch.)
How often should you catheterise?	

Schedule for your catheterisation:



Fill in your times when to catheterise as your physician/healthcare professional has recommended.

Urine measurement

Name _____

Date _____

TIME	AMOUNT DRUNK	AMOUNT OF URINE	WET PAD	DRY PAD	REMARKS
Total					

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.



You can easily use this table as a master copy to make further copies.

Your plus in terms of service – for a better quality of life

Your wellbeing is our concern. The supply of urological medical devices is very personal and intimate and requires carefully adapted products.

For this reason, the user's needs and requirements, in addition to our many years of experience and know-how, are incorporated into the product development of our intermittent catheters. It is our aim that you feel supplied in accordance with your personal needs.

We listen to you

We continually strive to further improve our tried and tested products for you. Please inform us of your experiences, problems, questions or requests. We are at your disposal at any time.



If you have any questions about ordering intermittent catheter products from Teleflex, contact our Home Delivery service at 0800 0323383 (free of charge).

Product information

Liquick X-treme intermittent catheter

Liquick X-treme is an intermittent catheter with hydrophilic coating – pre-activated and ready-to-use

Modern life is complex and fast. To simplify your everyday life and make it as comfortable and convenient as possible, Teleflex has developed the Liquick X-treme catheter system. It is designed to make intermittent catheterisation faster, simpler and more comfortable. Due to the pre-activated hydrophilic coating on the catheter, the Liquick X-treme catheter system is ready-to-use anywhere you need – for X-treme convenience. The Liquick X-treme catheter also features the technology of the SafetyCat catheter and is made of DEHP-free PVC.

Liquick X-treme Plus intermittent catheter

Liquick X-treme Plus is an intermittent catheter with hydrophilic coating and urine collector – pre-activated and ready-to-use

The new ready-to-use Liquick X-treme Plus catheter system is a complete system for a quick, convenient catheterisation virtually at any place and any time. This catheter system has a preconnected urine collection bag making it convenient to use wherever you need to catheterise yourself. Additionally, all the features of the Liquick X-treme catheter system make this product suitable for daily use.



Useful websites & addresses

ACA Association for Continence Advice

c/o Fitwise Management Limited
Blackburn House
Redhouse Road
Seafield – EH47 7AQ
Tel: +44 (0) 1506 811077
www.aca.uk.com

Bladder and Bowel Community

7 The Court
Holywell Business Park
Northfield Road
Southam – CV47 0FS
Tel: +44 (0) 1926 357 220
www.bladderandbowel.org

Provides information and support to people affected by bladder and bowel problems.

Disabled Living (Formerly Promocon)

Disabled Living
Burrows House
10 Priestley Road
Wardley Industrial Estate
Worsley
Manchester – M28 2LY
Tel: +44 (0) 161 607 8200
www.disabledliving.co.uk

Department of Health and Social Care

39 Victoria Street
London – SW1H 0EU
Tel: +44 (0) 20 7210 4850
www.doh.gov.uk

Spinal Injuries Association (SIA)

SIA House
2 Trueman Place
Oldbrook
Milton Keynes – MK6 2HH
Tel: +44 (0) 1908 604 191
www.spinal.co.uk

Is there to support people who have been touched by spinal cord injury directly or through working with those with spinal cord injuries.

Multiple Sclerosis Society

MS Society
MS National Centre
372 Edgware Road
London – NW2 6ND
Tel: +44 (0) 20 8438 0700
www.mssociety.org.uk

International Continence Society

19 Portland Square
Bristol – BS2 8SJ
Tel: +44 (0) 117 9444881
www.icsoffice.org
www.ics.org

Teleflex Headquarters International, Ireland

Teleflex Medical Europe Ltd., IDA Business and Technology Park,
Dublin Road, Athlone, Co Westmeath, Ireland
Phone +353 (0)9 06 46 08 00 · Fax +353 (0)14 37 07 73
orders.intl@teleflex.com · www.teleflex.com

Teleflex

Grosvenor House, Horseshoe Crescent,
Old Beaconsfield, Buckinghamshire, HP9 1LJ
Phone: +44 (0)1494 53 27 61 · Fax: +44 (0)1494 52 46 50

www.teleflexurology.com

Teleflex, the Teleflex logo, Liquick and Liquick X-treme are trademarks or registered trademarks of Teleflex Incorporated or its affiliates, in the U.S. and/or other countries. Other names may be trademarks of their respective owners. Information in this material is not a substitute for the product Instructions for Use. Not all products may be available in all countries. Please contact your local representative.

© 2022 Teleflex Incorporated. All rights reserved.

MCI-2021-0586-EN · REV 0 · 05 22 PDF