



A Guide to  
**SELF-CATHETERIZATION**  
for Women

**magic<sup>3</sup>** INTERMITTENT CATHETER  
*with m<sup>3</sup> technology*



Intermittent self-catheterization (ISC) is a simple procedure that drains urine from the bladder. It can be carried out safely at home, at work, or when traveling so it will not restrict your busy life. While your clinician is your best resource on ISC, this booklet is intended to provide additional information and support as you learn to take back control of your bladder management.

# Take Back Control of Your BLADDER

CLINICIAN:		
CLINIC OR HOSPITAL:		
TELEPHONE NUMBER:		EMERGENCY NUMBER:
CATHETER:	FR SIZE:	REF NUMBER:
GENERAL INFORMATION:		



# MANAGEMENT

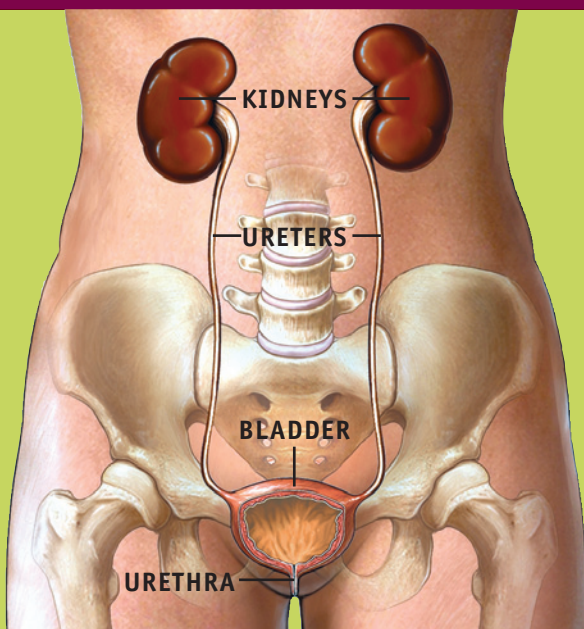
# USEFUL INFORMATION

The bloodstream carries the body's waste products to the kidneys where they are filtered from the blood and combined with water to produce urine. The urine flows – via tubes called ureters – a few drops at a time from the kidneys to the bladder.

The bladder acts as a storage vessel for urine. As it gradually fills with urine, the stretch receptors in the bladder wall send messages to the brain that it is time to think about emptying. When functioning normally, the bladder receives signals from the brain that cause the urethral sphincter to open and the bladder walls to contract. The urine is then discharged from the bladder through the urethra. A woman's urethra is about 1.5 inch long and runs from the bladder to outside the body at a point between the clitoris and vagina.

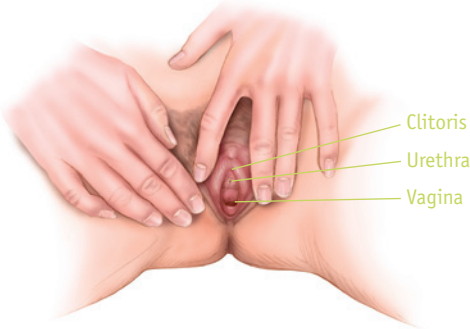
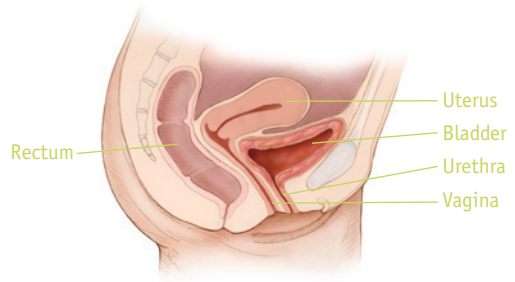
## REASONS THAT MAY CONTRIBUTE TO INCOMPLETE URINATION:

- > Nerve damage, such as spinal cord injury or diseases that affect the nervous system
- > Poor bladder tone
- > Back injury
- > Pelvic surgery
- > The presence of urethral obstructions
- > Problems with the normal feedback mechanism between bladder and brain
- > Constipation



# ABOUT YOUR ANATOMY

Urination typically occurs 5-6 times per day, or whenever the bladder collects 250-350ml of urine. Production of urine slows down during the night, decreasing the need for urination.



Normally the bladder will be virtually empty when you finish urinating, but in some people the process of urination remains incomplete, leaving a residual pool of urine in the bladder. Residual urine provides a haven for bacterial growth and may lead to a urinary tract infection.

## HELPFUL HINTS FOR BLADDER MANAGEMENT

- > Always maintain a good healthy diet and keep your fluid intake up at a level of about 6-8 cups each day.
- > Contact your clinician for advice if you become constipated as this can affect your bladder function.
- > If your urine becomes cloudy or has an unpleasant odor, or you have a burning sensation or discomfort while passing urine, increase your fluid intake and contact your clinician as these symptoms may indicate a urinary tract infection.
- > Should you become feverish, contact your clinician immediately.

## INTERMITTENT SELF-CATHETERIZATION

If the bladder cannot be emptied completely through normal urination, it can be drained by inserting a thin tube up the urethra and into the bladder. The tube, called a catheter, is removed when drainage is complete.



This procedure is called ISC and most women can easily learn to do it themselves. ISC is taught by specially trained healthcare professionals who provide training and advice to ensure correct procedures are followed to minimize risks.

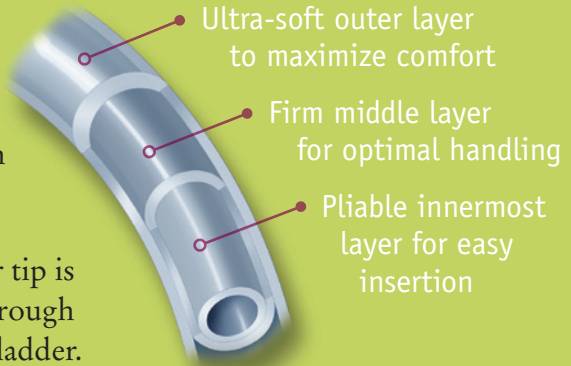
## TIPS FOR INTERMITTENT SELF-CATHETERIZATION

- > To help minimize contamination of the catheter, avoid touching the tip with your fingers and avoid letting it touch other surfaces.
- > Try to stay relaxed when inserting the catheter. If you feel tense, your sphincter muscle may tighten and make it difficult to insert or withdraw the catheter. Coughing or taking a warm bath can help relax your sphincter muscle.
- > You should continue to empty your bladder using the catheter during your menstrual cycle. If you use a tampon always remove it before commencing the catheterization procedure.
- > Remember that your catheter is designed to be used one time only. After each use, the catheter should be discarded in a suitable receptacle.

## ABOUT YOUR MAGIC<sup>3</sup> INTERMITTENT CATHETER

Your Magic<sup>3</sup> intermittent catheter with m<sup>3</sup> technology has many special features that make it soft and comfortable to use, but easy to handle.

> Designed from a unique composite of three distinct all-silicone layers. Each layer supports a particular function required for catheterization.



Ultra-soft outer layer  
to maximize comfort

Firm middle layer  
for optimal handling

Pliable innermost  
layer for easy  
insertion

> The tapered seamless catheter tip is designed to pass smoothly through your urethra and into your bladder.

> Four comfort-sized drainage eyes in the catheter tip allow urine to flow through the catheter tube and into the toilet or a collection device.

> The funnel shaped catheter outlet prevents urine from running back up the outside of the catheter. The funnel end may also be connected to a urine collection bag, if preferred.

> The catheter is made of silicone, so there are no toxins or disposal concerns like those that may be associated with PVC catheters.

> Available with a unique outer surface that becomes slippery when wet, for virtually friction-free insertion and removal.

> Available with an exclusive antibacterial coating that provides a non-systemic antibacterial directly to the urethra and bladder neck.

# HOW TO PREPARE AND USE YOUR

Always try to pass urine and empty your bladder as

## Step 1

Wash your hands thoroughly with soap and water and dry them. Washing your hands properly will ensure that you don't accidentally contaminate the catheter. You should pay particular attention to washing between your fingers and the backs of your hands - these are areas that are all too often overlooked.



## Step 2

### *Standard*

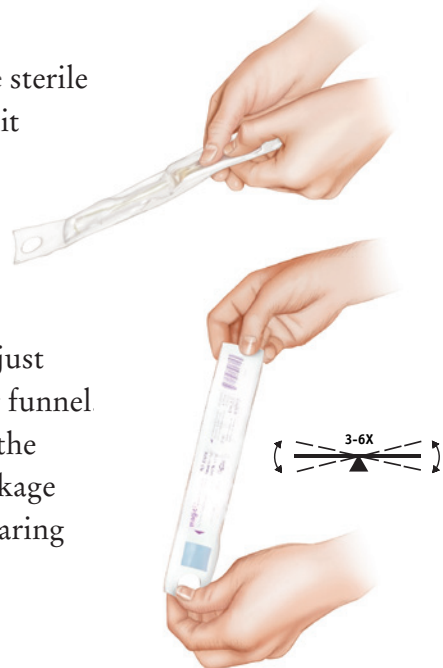
Carefully open the catheter package to expose the entire length of the catheter. Lubricate the tip and shaft of the catheter with water-soluble lubricant being careful not to place the catheter on an unclean surface.

### *Hydrophilic*

Prior to opening the package, release the sterile water from the foil packet by squeezing it firmly between your fingers and thumb.

Tip the catheter pouch end-to-end three to six times to thoroughly wet the catheter surface.

Peel open the package at the funnel end just enough to allow you to grip the catheter funnel. Don't remove the catheter just yet. Use the adhesive tab at the funnel end of the package to stick it to a nearby surface while preparing to catheterize.



# MAGIC<sup>3</sup> INTERMITTENT CATHETER

much as you can before using an intermittent catheter.

## Step 3

Get yourself in a comfortable position and wash around the urethral opening, spreading the labia and wiping from front to back using an alcohol-free wet wipe or soap and water. (Wiping from back to front can spread bacteria from the perineum and should be avoided). You can choose from several different positions such as standing up, lying down or sitting.



# HOW TO PREPARE AND USE YOUR

Always try to pass urine and empty your bladder as

## Step 4

Wash your hands again and remove the catheter from the package, holding the funnel end. Spread the labia with the non-dominant hand. With the dominant hand, insert the catheter tip into the urethral opening, allowing it to pass gently up into the bladder until urine begins to flow. Advance the catheter another inch. A well-placed mirror will help you to locate the urethral opening, especially when you are learning the technique.

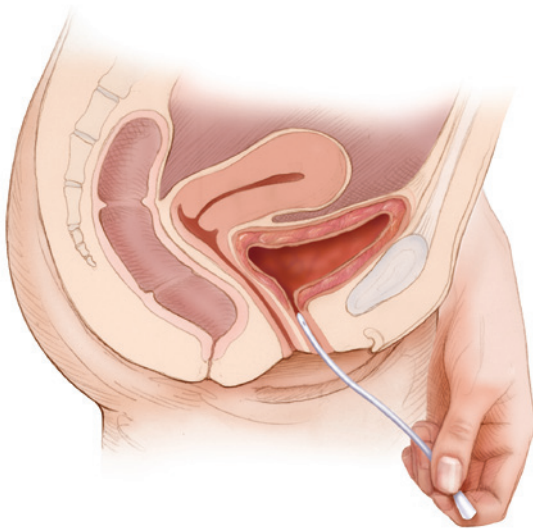


# MAGIC<sup>3</sup> INTERMITTENT CATHETER

much as you can before using an intermittent catheter.

## Step 5

When urine has stopped flowing, slowly withdraw the catheter. If urine begins to flow again wait until it stops then continue to fully withdraw the catheter.



## Step 6

Finish by disposing of the catheter and its packaging in a waste receptacle – do not flush it down the toilet. Wash your hands with soap and water, just as you would normally do.



## FREQUENTLY ASKED

**How often should I catheterize?** This will depend on the amount of your fluid intake, the amount of residual urine to be drained and the effect of any medication you may be taking. Some people may only need to catheterize once daily, while others may catheterize up to six times a day. Your clinician will advise on a schedule that will suit you.

**How much fluid should I drink?** You should drink about 6-8 cups of fluid every day.

**What do I do if I can't insert the catheter?** Just relax for a few minutes and try again. You may be anxious causing your sphincter muscle to tighten. Coughing may help or try relaxing in a warm bath. If you still have difficulty contact your clinician for further advice.

**What if there is blood in my urine?** Sometimes there will be specks of blood on the catheter or slight bleeding after removal. Don't worry, as this will usually clear up in a couple of days. If the bleeding persists, you should contact your clinician for advice.

**What if the catheter goes into my vagina by mistake?** Simply remove the catheter and dispose of it, then start again with a new catheter.

**What if the catheter won't come out?** This can happen if you are tense. When you are tense your muscles can go into spasm and prevent the catheter from coming out. Eventually these muscles will relax and allow you to remove the catheter, so rest for a few moments then try again. Coughing several times as you begin to remove the catheter will also help. If the catheter still won't come out, don't panic, run yourself a warm bath and lie in it to help relax. If these suggestions don't work you should contact your clinician for help.

## QUESTIONS

**Can I travel overseas?** Ask your clinician for a letter stating that you are carrying the catheters to manage a medical condition.

**Which type of catheter should I choose?** There are many different types of catheters and your clinician will show you a selection from those that are suitable for you. Together you will be able to choose one that suits you best.

**Does ISC hurt?** It may feel like a strange sensation at first, but ISC should not be painful. For some the urethra is more sensitive when first learning, but ask for advice if this does not settle with time.

**From now on, will I always have to catheterize?** This will depend on the underlying reasons for catheterization. Sometimes ISC is a temporary measure until your bladder regains its normal function. You should report any changes in drainage volumes or pattern of passing urine to your clinician who will review the clinical need for continuing ISC, or altering the frequency.

**What should I do if I forget to catheterize?** You should catheterize as soon as you remember. Then continue as normal at the regular intervals you have been advised. Remember that you must completely empty your bladder to remove any residual urine and reduce the risk of infection.

**What happens if I do not catheterize as often as I was told to?** If you miss catheterization once or twice don't worry, but if this happens often it can cause urinary tract infection or urinary leakage. If the pressure in your bladder becomes too high, there is a risk that your urine may back up to your kidneys, which can cause serious injury.

# OUTPUT CHART

Each day record the time and amount of urine you

## WEEK 1

Time	P/C	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							

## WEEK 2

Time	P/C	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							

P = Urine was passed normally

C = Urine was passed via catheter

# (4 WEEKS)

voided normally or via a catheter (measured in ml/cc).

## WEEK 3

Time	P/C	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							

## WEEK 4

Time	P/C	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							
	P							
	C							

P = Urine was passed normally

C = Urine was passed via catheter

## HOW TO OBTAIN SUPPLIES

Your clinician will provide you with a prescription for intermittent catheters. Ask your clinician to write down the description and codes of the catheter selected for you in the front of this booklet. The order numbers shown here will help to identify the correct product.

CATHETER	REF NUMBER	FR SIZE
<input type="checkbox"/> Magic <sup>3</sup>	513XX	<input type="checkbox"/> 10 FR
<input type="checkbox"/> Magic <sup>3</sup> + Antibacterial	519XX	<input type="checkbox"/> 12 FR
<input type="checkbox"/> Magic <sup>3</sup> + Hydrophilic	516XX	<input type="checkbox"/> 14 FR
<input type="checkbox"/> Magic <sup>3</sup> + Antibacterial + Hydrophilic	515XX	<input type="checkbox"/> 16 FR
		<input type="checkbox"/> 18 FR
		<input type="checkbox"/> 20 FR

**magic<sup>3</sup>**<sup>®</sup> INTERMITTENT CATHETER  
*with m<sup>3</sup> technology*

Supplies can be obtained from a national medical supply company. They offer a discreet and convenient way to obtain supplies quickly and easily. Additionally, they will process your insurance claims for you at no additional cost. Ask your clinician to recommend a medical supply company or call us at 800.243.3315 for assistance.



## ADDITIONAL RESOURCES

Rochester Medical Corporation	800.243.3315 <a href="http://www.rocm.com">www.rocm.com</a>
American Urological Association Foundation	410.689.3700 <a href="http://www.auafoundation.org">www.auafoundation.org</a>
American Spinal Injury Association (ASIA)	404.355.9772 <a href="http://www.asia-spinalinjury.org">www.asia-spinalinjury.org</a>
Christopher & Dana Reeve Foundation	800.539.7309 <a href="http://www.christopherreeve.org">www.christopherreeve.org</a>
National Association for Continence (NAFC)	800.BLADDER 843.377.0900 <a href="http://www.nafc.org">www.nafc.org</a>
National Multiple Sclerosis Society	800.344.4867 <a href="http://www.nationalmssociety.org">www.nationalmssociety.org</a>
National Spinal Cord Injury Association (NSCIA)	800.962.9629 <a href="http://www.spinalcord.org">www.spinalcord.org</a>
Paralyzed Veterans of America (PVA)	800.555.9140 <a href="http://www.pva.org">www.pva.org</a>
The Simon Foundation for Continence	800.23Simon (800.237.4666) <a href="http://www.simonfoundation.org">www.simonfoundation.org</a>

*For further information or assistance contact your healthcare professional.*





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