

Bladder Care After Surgery

Questions and Answers for Women

Introduction

The cervical cancer removed during your recent operation was very close to the bladder. Because surgery in this area usually affects bladder control, you may not be able to empty your bladder completely or tell when your bladder is full.

With proper care, your bladder can be taught to work normally. The time this will take varies with each person. Some people have no loss of bladder function, and others regain normal bladder function shortly after surgery. In some cases, the ability to urinate and empty the bladder completely returns gradually over several weeks or months. Since the recovery period varies from patient to patient, please talk with your nurse or doctor if you have any questions.

How can I help my bladder work normally?

You will be taught to empty the urine from your bladder with a rubber tube or catheter, a procedure called clean intermittent self-catheterization.

You will need to urinate often, at least every 2 hours while you are awake, to avoid over distention (overstretching) of the bladder with urine.

Allowing the bladder to become over distended (too full) could increase the possibility of infection and prolong the time it takes for your bladder to recover.

What is clean intermittent self-catheterization?

This procedure helps patients who cannot empty their bladder when they urinate. It involves placing a catheter into the bladder to drain the urine. This catheter is like the one that drained the urine from your bladder after surgery. The difference is that you will insert the catheter, keep it in your bladder until the urine is drained, and then remove the catheter. This is much more convenient than having a catheter that remains in your bladder.

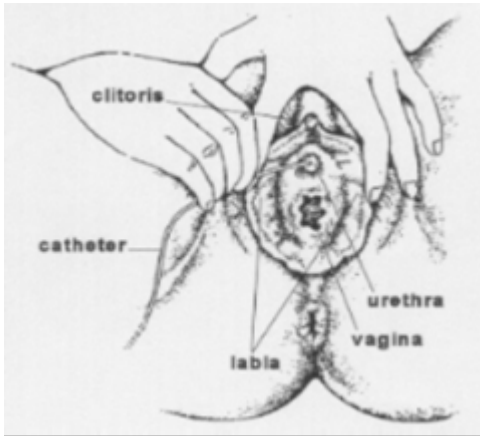
How do I catheterize my bladder?

A member of your health care team will teach you how to insert a catheter into your bladder. You will also receive a supply of catheters to take home.

To do so, complete the following steps:

1. Place the pan that measures your urine (also called the "speci pan") on the commode.
2. Wash your hands with soap and water.
3. Sit on the commode and try to urinate.

4. If you are able to urinate, observe the amount of urine in the speci pan. Record this amount on your copy of Output Flow Sheet. For more information, see the topic, Do I need to limit the fluids I drink? Empty the speci pan and wash your hands again.



diagram, left.

Catheter Placement

5. Spread the labia apart (see diagram, left), and wash the area with soap and water.
6. If you are not sure where the urethra (opening to the bladder) is, use a mirror to find it. Some women use the clitoris as a landmark because this organ lies just above the urethra. The urethra can be described as a "dimple" between the clitoris and the vaginal opening. See
7. Some women prefer to apply a small amount of water-soluble lubricant, such as K-Y[®] Jelly, to the smaller end of the catheter to ease its insertion. This is optional. Use whatever is most comfortable for you. Do not use an oil-based lubricant such as petroleum jelly.
8. Take the smaller end of the catheter in one hand and place the larger end of the catheter into the speci pan.
9. Holding the labia apart with one hand, place the tip of the catheter into the urethra, and push the catheter until urine freely flows out.
10. Hold the catheter in this position until the urine stops; then gently pull the catheter out. Measure the total amount of urine in the speci pan (amount voided plus the urine obtained with the catheter). Record this amount on your copy of Output Flow Sheet. If the total is more than 300 cc (ml), catheterize more often, such as every 3 rather than 4 hours. Discard the urine.
11. Wash the catheter with soap and water.
12. Store the catheter in a clean container, such as an envelope or a plastic bag, that you can easily carry.

How often should I empty my bladder?

Always urinate as soon as you feel the urge. Remember, you may not have an urge to urinate even though your bladder is full. Therefore, whether or not you feel the urge, **try to urinate at least every 2 hours while you are awake.**

To ensure that your bladder is empty, catheterize yourself every other time you urinate (about every 4 hours). This prevents the bladder from becoming too full or over distended.

To avoid interrupting your sleep to empty your bladder, urinate and catheterize right before going to bed and as soon as you get up. To prevent your bladder from being too full while you

sleep, stop drinking fluids 2 hours before going to bed or by 8 p.m. If you do drink fluids within 2 hours of going to bed, set an alarm clock to ensure that you will wake up and catheterize in 4 hours.

If I can urinate, do I still need to catheterize?

Yes. Usually some residual urine stays in your bladder after you urinate. This is the urine that you drain out with the catheter every 4 hours.

As your bladder regains strength over the next few weeks, you will notice that you can urinate larger amounts and remove less residual urine with the catheter. Approximately 50 cc of residual urine is normal. Your doctor will tell you when you no longer need to catheterize after urinating.

Do I need to limit the fluids I drink?

To a certain degree, yes. The amount of fluid that you drink directly affects the amount of urine that will collect in your bladder. Some fluids, such as coffee, tea, soft drinks, and alcoholic beverages, will fill your bladder with urine more quickly. Your bladder should never hold more than 300 ml of urine at any one time. This can be measured easily by adding the amount you urinate to the amount removed with the catheter.

Use your copy of *Output Flow Sheet* to record how much urine you pass by urinating and how much you remove from your bladder with the catheter.

More than 300 ml of urine in the bladder may lead to over distention (overstretching) of the bladder muscle. This can damage the bladder wall and cause kidney or bladder infections.

In general, if you drink only the amount you need to satisfy your thirst, you should not need to urinate more than every 2 hours or catheterize after urinating more than every 4 hours. You will need to empty your bladder more often if you drink fluids such as coffee, tea, soft drinks, or alcoholic beverages. With time, you will learn how the amount you drink relates to the amount of urine your body produces.

Output Flow Sheet				
Date	Time	Urinated (cc)	Catheterized (cc)	Total (cc)
2/8	2 p.m.	150	100	250
	4 p.m.	200		200
	6 p.m.	300	150	450

In the example, left, the same schedule is continued at 2 p.m. and 4 p.m. because these totals are less than 300 ml. However, the 6 p.m. total is greater than 300 ml. If

this happens, try drinking less fluid or catheterizing more often, such as every 3 hours.

What will happen if my bladder becomes too full?

Two problems can occur if your bladder is allowed to hold more than 300 ml of urine:

1. You may develop a bladder infection.
2. The bladder wall may be damaged, interfering with your ability to urinate and prolonging the time it takes for your bladder to recover.

What is a bladder infection?

A bladder infection occurs when germs (bacteria) invade the bladder wall. This may cause pain and burning during urination. Sometimes the urine may appear cloudy or bloody, or it may have a bad odor. Report any of these symptoms to your doctor.

How can I help prevent bladder infections?

Allow no more than 300 ml of urine to fill your bladder at any one time. Do this by urinating every 2 hours (or more often if you have the urge) and by catheterizing yourself every other time you urinate (about every 4 hours). If you have difficulty keeping the amount in the bladder at or below 300 ml, try drinking less or catheterizing more often.

When will my bladder be normal?

Your bladder will work normally when you are able to urinate and empty your bladder completely without catheterization. In some people, this occurs within days after surgery. In others, it may take several weeks or months.

Because some of the nerves to the bladder may have been damaged during surgery, your bladder function may always be somewhat weak. You must protect your bladder by avoiding over distention. Urinate often, especially when you drink large amounts of liquid.

When can I stop catheterization?

Your doctor will tell you when you may stop catheterization. In general, you can do this when the amount of urine removed by the catheter after urination (residual urine) is small.

Your doctor may "wean" you from catheterization by reducing the number of times each day that you have to catheterize. This weaning process varies from patient to patient. Ask your doctor what the plan is for you.