

# Suffolk Continence Formulary

Version 18– February 2022

## Contents:

### Continence Products and Pathways

Prescribing Indicator
First Line
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Special Consideration

### Community nurses/District nurses

Items not listed in this formulary are non-formulary. If needed for a particular patient, an exception reporting form should be completed (available on the CCG website)

### Catheters

**Initial catheterisation:** the majority of catheters listed in this formulary can be ordered by community nurses through NHS Supply Chain for initial use only.

**Long term catheter use:** a prescription should be requested from GP practice

### Bowel Irrigation

**Anal irrigation:** irrigation system products – specialist recommendation only - please see the pathway attached

### Sheaths and intermittent catheters

Please see pathways at the back of the formulary for guidance

### GP practice staff

Wherever possible formulary items should be prescribed. If a non-formulary item is required, an exception reporting form should be completed (available on WSCCG & IESCCG website)

# Catheter Products

## Intermittent Catheters

### 1. Single-use Intermittent Catheters (single use)

Intermittent catheterisation allows patients to empty their bladder when the normal functioning of the bladder is impaired. A single use catheter is inserted into the bladder by the patient to drain and is then removed. The frequency of use will depend on the patients' clinical need and in normal circumstances may be up to 4/6 times daily for bladder emptying based on 1500-2000mls fluid intake

\*In certain circumstances some patients may require more frequent bladder emptying, including those with neurological and spinal conditions(6-8 times per day)\*

**Please see pathway below and in Appendix to assist with review when high quantities are requested**

Appliance	Product details	Gauge/ CH size	Cost per pack (pack size)	Comments	Usual quantity to order
<b>First Line Please consult the Drug Tariff for codes: link on page 7</b>					
Teleflex Liquick Base	Male	10-16	£87.35 (60)	Higher Quantity Pack For patients requiring a more flexible Catheter <b>Tiemann Tip under specialist recommendation</b>	Approx. use 4-5 catheters per day / 2-3 packs per month
	Female	6-14			
	Tiemann Tip	12-16			
Wellspect Healthcare LoFric Sense	Female 15cm	8-14	£49.32 (30)	Single use urinary catheter intended for clean intermittent urinary catheterisation for women	Approx. use in normal circumstances 3-5 catheters per day / 4-5 packs per month
Wellspect Healthcare LoFric Origo with water	Male 40cm	10-18	£53.33 (30)	<b>Tiemann Tip under specialist recommendation</b>	
Prosys SensaCath Hydrophilic Intermittent Catheter	Male	10-18	£38.49	<b>Standard Tip</b>	
	Female	10-16			
<b>Second Line</b>					
Coloplast Speedicath	Male	8-18	£46.41 (30)	<b>Tiemann Tip under specialist recommendation only</b>	Approx. use 4-5 catheters per day / 4-5 packs per month
	Female	6-16			
	Tiemann Tip	10-16			
Flexicare WyCath H20 <b>Soft Tip</b> catheter	Male 40cm	10-18	£43.50 (30)	Hydrophilic catheter with water sachet. <b>Soft Tip</b>	Approx. use 4-5 catheters per day / 4-5 packs per month
	Female 18cm	8-14	£43.50 (30)		
Flexicare WyCath H20 <b>Tapered Tip</b> catheter	Male 40cm	10-18	£42.00 (30)	<b>Under specialist recommendation only</b>	Approx. use 4-5 catheters per day / 4-5 packs per month
	Female 18cm	8-14	£42.00 (30)		

Third Line and - Specialist Recommendation Only					
Coloplast SpeediCath Flex	Male	10-16	£55.70 (30)	Compact size for rapid use OR poor dexterity Pre Lubricated	May be a 3 <sup>rd</sup> line product at lower quantities on repeat
Coloplast Compact Intermittent Catheter with lubricant and urine bag	Female	10-14	£54.12	<b>Specialist recommendation only under regular review</b>	
	Male	12-18			
Meatal Dilator: Dilatation Catheter not indicated for bladder drainage. This is to assist with the dilation of the urethral meatus under specialist recommendation					
Meatal dilators WyMedical	Tapered Tip	8-18	£40.20 (30)	WMT and then the size EG WMT16.	Daily to monthly. Maximum 30 a month
Peak medical Ultrasmooth Meatal Dilator	Standard	8-18	£34.56 (25 )	USMD (T if tapered) and then size EG USMD16	
	Tapered	12-18	£38.82 (30)		

### **Pathway considerations for Intermittent catheterisation**

Patients may be assessed and commenced on intermittent catheterisation from the following settings:

#### **Acute:**

- Ipswich Hospital / West Suffolk Hospital
- Urology Clinic
- Urogynaecology Clinic

#### **Community patients (anyone seen in their own home):**

- Suffolk GP Federation: Bladder and Bowel Community Service

When considering appliance overuse or changes in clinical need, patients should be assessed by their GP and if required referred back to the service which commenced the treatment. Patients in most cases should not be emptying their bladder more than 5 times a day, increased usage can cause trauma or risk of infection. If a patient has increased their usage then a fluid balance chart is recommended for completion, please see Appendix for an example of this.

Patients should not increase the amount they empty their bladder without the advice of the service where treatment was initiated. This will be either the acute hospitals or the bladder and bowel service ONLY. Please refer back to these professionals.

Sometimes these services will work with other nurse specialists within companies but they will still oversee the care and must be notified of any changes to the patient's prescriptions.

#### **Relevant contacts:**

Suffolk GP Federation Bladder and Bowel Service: 0300 123 2425

Ipswich Hospital central number: 01473 71223

- Urology dept. 01473 703214

West Suffolk Hospital central number: 01284 713000

- West Suffolk Hospital website: <https://www.wsh.nhs.uk/Services-A-Z/Services.aspx>
- WSH Urology contacts link: <https://www.wsh.nhs.uk/Services-A-Z/Urology/Urology.aspx>

## Indwelling Catheters and Accessories

Appliance	Product details	Gauge/ CH size	Cost per pack (pack size)	Comments	Usual quantity to order
<b>2. Long-term indwelling catheters (use for up to 12 weeks)</b>					
<b>First Line <a href="#">See page 7-8 for codes</a></b>					
Brillant AquaFlate All-Silicone catheter With prefilled syringe	Male	12-18	£6.11	1 <sup>st</sup> Line * Silicone catheters preferred as first line *	1 catheter every 4-12 weeks  Suprapubic catheters or complex conditions may require more frequent changes  Tiemann Tip catheters are for specialist recommendation only  * clinisupplies open ended catheter is currently being trailed *
	Female	12-16			
Rüsch Sympacath AquaFlate Hydrogel Coated Latex with prefilled syringe	Male	12-18	£6.51	<b>*contains latex*</b>	
	Female				
*CliniSupplies Prosys All-Silicone Foley Catheter*	Female	12-18	£5.79	* Open ended *	
	Male				
<b>Second Line <a href="#">See page 7-8 for codes</a></b>					
LINC All-Silicone catheter with prefilled syringe and Lidocaine Gel	Male	12-18	£5.71	2 <sup>nd</sup> line choice or patients with latex allergy *Includes lidocaine gel with pack*	
	Female	12-16			
<b>Teleflex</b> Rusch Brilliant Plus All silicone <b>Tiemann Tip</b>	Standard	12-22	£8.69	10ml balloon Glycerine Filled	
LINC All-Silicone catheter with prefilled syringe. Open Tipped Suprapubic catheter	Standard	12-24	£11.22	Glycerine filled Please note: balloon size can vary between 5-10ml <b>Licensed for Urethral</b>	
	Female	12-20			
<b>Catheters: Please note 30ml balloons are NOT promoted in primary care unless recommended by urology. These do not assist with the management of bladder spasm.</b>					

<b>3. Catheter maintenance solutions</b>					
<b>Sodium chloride 0.9%</b>					
OptiFlo S	Code: <b>CSS50</b>	50ml	£3.49	Used to unblock a catheter	Usually not on repeat
Uro-Tainer NaCl 0.9%	Code: <b>FB99849</b>	50ml	£3.61		
<b>Solution G</b>					
OptiFlo G (Suby G)	Code <b>CSG50</b>	50ml	£3.70 (50ml sachet)	For patients prone to encrustation. Used as regular maintenance to prevent blockage	Usually not on repeat
Uro-Tainer Twin (Suby G)	Code: <b>9746609</b>	2x30ml sachets	£4.94 (2 x 30ml sachets)		

<b>4. Catheter lubricating gel</b>					
<b>Cathejel Lidocain</b>	Female or Male	12.5g <b>CJLL12501</b>	£1.16	For catheter insertion <b>Contains Lidocaine</b> *Not required for LINC catheters that include Lidocaine gel	PRN for use at each catheterisation

5. Catheter valves (change every 7 days)					
CliniSupplies Ltd Catheter Valve	Prosys PCV3942	Lever Tap	£10.01 (5)	Alternative to leg bag *Assessment of bladder function is necessary before using this product*	1 box per month.
Teleflex Catheter Valve	Teleflex 850560-000000	Lever tap	£2.00 (each)		5 per month

## Incontinence Sheaths and Accessories

Appliance	Product details	Gauge/ CH size	Cost per pack (pack size)	Comments	Usual
6. Incontinence Sheaths (External Catheter)					
<b>First Line: please note Prosys Bags are first line with sheaths</b>					
Prosys Flofit Self Adhesive Silicone Sheath	Standard	24mm 28mm	£47.94 (30)	Use 1 sheath per 24 hours  *Ensure patient is correctly measured prior to use*  <b><u>Page 7-8 for codes</u></b>	Approx. use – 1 sheath per day / 1 pack per month
	Pop-on	31mm 35mm			
	Wide Band	40mm			
<b>Second Line</b>					
Jade Ultra Flex Extra Clear Sheath  Self- Adhesive extra Wide application of adhesive.	Small	25mm 29mm 32mm 36mm 41mm	£47.65 (30)		
	Medium				
	Intermediate				
	Large				
	Extra large				

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7. Sheath Accessories					
<b>Barrier Film Wipes: Restricted use and only required for some patients who have sensitive skin</b>					
Salts Barrier Film Wipes	Sheath prep wipes PPS1	Box of 30	£16.35	1 wipe used at each sheath change Approx. every 24 hours	1 box every month
<b>Adhesive Remover: Restricted use and only for when Soap and Water is not suitable in exceptional circumstances</b>					
Great Bear GB Soft Skin No Sting Medical Adhesive Remover Spray	Aerosol Spray 10380A	50ml	£9.52	To aid sheath removal when required	1 can of spray per month
Jade Sleeves for Sheaths Euro sleeve	Catheter bag pocket sleeve	Medium JES3	£8.44 (4)	Sleeves are longer in length to fit lower down the leg	PRN use Approx. every 4-6 months
		Large JES4			
<b>For re-assessments and reviews please see the pathway in the appendix and contact: CCC: 03001232425 and ask for Bladder and Bowel Service.</b>					

## Drainage Bags

Appliance	Product details	Gauge/ CH size	Cost per pack (pack size)	Comments	Usual quantity to order
<b>8. Leg Drainage Bags</b>					
<b>First Line</b>					
CliniSupplies Prosys Leg Bag Use for 5-7 days	350ml Slide tap only	10cm	£26.84 (10)	<b>Each box comes with 10 pairs of leg bag straps and gloves</b>  Plastic backing available: <u>non-flocked.</u>  <b>Page 7-8 for codes</b>	Approx. 1 box every 2 months
		30cm			
	500ml slide-tap or lever Tap	10cm tube	£26.84 (10)		
		30cm tube			
	750ml Slide action only	10cm tube	£26.84 (10)		
		30cm tube			
<b>Second Line (first line with Sheaths)</b>					
LINC Medical Systems LINC Flo Leg Bag Use for 5-7 days	350ml T tap only	10cm tube	£21.23 (10)	<b>Each bag comes with leg bag straps and gloves</b>  <b>Page 7-8 for codes</b>  <i>*Linc-flo lever tap is designed with an easy open function for patients with limited dexterity</i>	Approx. 1 box every other month
		30cm tube			
	500ml (*lever tap for limited dexterity)	Direct	£22.51 - £22.83 (10)		
		10cm tube			
	750ml Slide action only	30cm tube	£22.83 (10)		
		Direct			
	10cm tube				
	30cm tube				
To maintain a closed system overnight leave the leg bag connected and connect a night bag to the leg bag. This minimises infection.					

<b>9. Belly bag® (use for up to 28 days)</b>					
Teleflex Rusch Belly Bag with belt  *Patient must have functioning bladder musculature to use product*	1 litre  B1000	Twist tap	£11.20 (1)	For patients where a leg bag cannot be Connected  *Not suitable for external catheters or nephrostomy tubing*	1-2 bags per month

<b>10. Disposable Single Use Night Drainage Bags</b>					
<b>First Line: Single use bags should be issued as FIRST LINE whenever possible</b>					
Clinisupplies Prosys Non-sterile 2 litre night bag	2 litre PSU2	90cm tube	£3.18 (10)	First choice single use Twist off tap	1 bag per night 3 boxes per month
<b>Second Line</b>					
Linc-Flo Non-sterile Single use bags	2 Litre LM2LNS	100cm tube	£2.15 (10)	Single use bag with drainable twist tap outlet	3 boxes every month

## 11. Reusable Night Drainage Bags

**First Line Reusable Night drainage bags are not permitted in care homes**

CliniSupplies Prosys Sterile night drainage bag Linc-Flo drainage bag with tap outlet  Use for 5-7 days	2 Litre lever / slide tap  <b>P2000-LT</b> <b>P2000 (t tap)</b>	90cm tube	£12.42 (10)	Change every 5-7 days	1 box every 2-3 months  If patient using bags more frequently – consider daily single use bags as alternative
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### Second Line – Reusable Drainage Bag

Linc-Flo drainage bag with tap outlet  Use for 5-7 days	T-tap  <b>SLC13</b>	120cm tube Anti-kink tube	£9.62 (10)	Change every 5-7 days non-return valve, sample port connector	1 box every 2-3 months
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## 12. Accessories

### Leg bag holders

Clinisupplies Prosys sleeves	Small <b>PLS3881</b>	24-40cm	£7.90 (4)	Washable	PRN use Approx. every 4-6 months
	Medium <b>PLS3904</b>	36-50cm			
	Large <b>PLS3928</b>	40-65cm			

**Thigh Strap: All catheters must use one of these to support the tube securely.**

Clinisupplies Prosys Retainer Strap	Adult <b>PCS50</b>	£12.73 (5)	Washable	PRN use Approx. every 4-6 months
	Abdominal <b>PCS85</b>	£14.05 (5)		

## Long term catheters, drainage bags and accessories

For support in ordering and advice with the **catheter and drainage bag products** on formulary please see useful contact details below:

### Linc Medical:

- Urology Product Specialist: Alison Naeem [alisonnaem@linc-medical.co.uk](mailto:alisonnaem@linc-medical.co.uk)
- LINC customer services 01572 717515
- [sales@linc-medical.co.uk](mailto:sales@linc-medical.co.uk)

### Clinisupplies:

- Urology product advisor: Traci Frank 07920 100742
- **Clinisupplies Customer services number: +44 (0)20 8863 4168**
- [customerservices@clinisupplies.co.uk](mailto:customerservices@clinisupplies.co.uk)

To access further guidance and information, please see the Continence section on Ipswich & East Suffolk and West Suffolk CCG websites:

**East:** [http://www.ipswichandeastsuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Medicinesmanagement/CCGF  
ormularies/Woundcareandstoma.aspx](http://www.ipswichandeastsuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Medicinesmanagement/CCGFormularies/Woundcareandstoma.aspx)

**West:** <https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/dressings-and-stoma/>

### Catheter Appliances ordering codes and request form

Patient name:	Date of Birth:	GP:
Date of request:	NHS number (optional):	
Address:	Requesting Nurse/Carer:	
Primary diagnosis and reason for appliances: e.g. Retention or incontinence		
Is the patient currently under a urologist or clinical specialist? Yes or No		
Additional comments: Any relevant contra-indications or known allergies		
When was the patient last reviewed?		

#### First line choice for catheters and accessories

Type of Appliance	FORMULARY LIST (Tick box for relevant product & size)		APPROX QUANTITY PER MONTH	Product code	Comments
	The Product	Size/tube			
All Silicone <u>Female</u> indwelling catheter	Brillant Aquaflate All-silicone with prefilled syringe	<input type="checkbox"/> 12ch <input type="checkbox"/> 14ch <input type="checkbox"/> 16ch	1-2 catheters	<input type="checkbox"/> DA210112 <input type="checkbox"/> DA210114 <input type="checkbox"/> DA210116	*Caution – Female catheterisation only*
All Silicone <u>Male/standard</u> indwelling catheter	Brillant Aquaflate All-silicone with prefilled syringe	<input type="checkbox"/> 12ch <input type="checkbox"/> 14ch <input type="checkbox"/> 16ch <input type="checkbox"/> 18ch		<input type="checkbox"/> DA310112 <input type="checkbox"/> DA310114 <input type="checkbox"/> DA310116 <input type="checkbox"/> DA310118	1 catheter every 4-12 weeks depending on frequency of changes
Latex <u>Female</u> Indwelling catheter	Sympacath AquaFlate Hydrogel Coated Latex with prefilled syringe	<input type="checkbox"/> 12ch <input type="checkbox"/> 14ch <input type="checkbox"/> 16ch <input type="checkbox"/> 18ch		<input type="checkbox"/> DH210112 <input type="checkbox"/> DH210114 <input type="checkbox"/> DH210116 <input type="checkbox"/> DH210118	*Contains LATEX* *Caution – Female catheterisation only*
Latex <u>Male</u> Indwelling catheter	Sympacath AquaFlate Hydrogel Coated Latex with prefilled syringe	<input type="checkbox"/> 12ch <input type="checkbox"/> 14ch <input type="checkbox"/> 16ch <input type="checkbox"/> 18ch		<input type="checkbox"/> DH310112 <input type="checkbox"/> DH310114 <input type="checkbox"/> DH310116 <input type="checkbox"/> DH310118	1 catheter every 4-12 weeks depending on frequency of changes *Contains LATEX*
Silicone Open Ended Catheter	CliniSupplies Prosys All-Silicone Foley Catheter	<input type="checkbox"/> 12ch <input type="checkbox"/> 14ch <input type="checkbox"/> 16ch <input type="checkbox"/> 18ch		<input type="checkbox"/> PCF12M10E <input type="checkbox"/> PCF14M10E <input type="checkbox"/> PCF16M10E <input type="checkbox"/> PCF18M10E	Open ended catheter currently being trailed

#### Second line choice for catheters and accessories

Type of Appliance	Product	Product codes and tube/balloon size	Quantity	Comments
Second line All-Silicone catheter <u>Female</u>	LINC All-Silicone catheter with prefilled syringe and Lidocaine Gel	<input type="checkbox"/> 5ml balloon 12ch 085012051G <input type="checkbox"/> 5ml balloon 14ch 085014051G <input type="checkbox"/> 10ml balloon 14ch 08501410F-OTG <input type="checkbox"/> 10ml balloon 16ch 085016101G	1-2 catheters	Glycerine filled to prevent evaporation.
Second line All-Silicone catheter <u>Standard</u>	LINC All-Silicone catheter with prefilled syringe and Lidocaine Gel	<input type="checkbox"/> 5ml balloon 12ch 08501205G <input type="checkbox"/> 5ml balloon 14ch 08501405G <input type="checkbox"/> 10 ml balloon 14ch 08501410-OTG <input type="checkbox"/> 10ml balloon 16ch 08501610G <input type="checkbox"/> 10ml balloon 18ch 08501810G		Water filled alternatives available See formulary
Second line All-Silicone open tipped catheter <u>Female</u>	LINC All-Silicone catheter with prefilled syringe. Open Tipped catheter	<input type="checkbox"/> 5ml balloon 12ch 08471205G <input type="checkbox"/> 5ml balloon 14ch 08471405G <input type="checkbox"/> 10ml balloon 16ch 08471610G <input type="checkbox"/> 10ml balloon 18ch 08471810G		Please note some catheters only come with a 5ml balloon.  Comes with a syringe of lidocaine lubricant gel

Please note \*\* There are other types of catheters on formulary so refer to this if the above products are not suitable \*\*  
Intermittent catheters available to view on the formulary



Patient name:		Date of Birth:		GP:	
Catheter Bags and Accessories					
First line choice for catheter bags					
Type of Appliance	Product	Tube size	Quantity	Product code	Comments
CliniSupplies Prosys Leg Bag	<input type="checkbox"/> 350ml	<input type="checkbox"/> 10cm <input type="checkbox"/> 30cm	Approx. 1 box every 2 months	<input type="checkbox"/> P350S <input type="checkbox"/> P350L	1 box approx every 2-3 months. Bag to be changed every 5-7 days.
	<input type="checkbox"/> 500ml <input type="checkbox"/> T-tap	<input type="checkbox"/> 10cm <input type="checkbox"/> 30cm		<input type="checkbox"/> P500S <input type="checkbox"/> P500L	
	<input type="checkbox"/> 500ml <input type="checkbox"/> lever Tap	<input type="checkbox"/> 10cm <input type="checkbox"/> 30cm		<input type="checkbox"/> P500S-LT <input type="checkbox"/> P500L-LT	
	<input type="checkbox"/> 750ml	<input type="checkbox"/> 10cm <input type="checkbox"/> 30cm		<input type="checkbox"/> P750S <input type="checkbox"/> P750L	
Clinisupplies Prosys Non-sterile 2 litre night bag	2 litre single use night bag	<input type="checkbox"/> 90cm tube	1 bag per night 3 boxes per month	<input type="checkbox"/> PSU2	
CliniSupplies Prosys Sterile night drainage bag	Drainable Night Bag	<input type="checkbox"/> 2 litre	1 box every 2-3 months	<input type="checkbox"/> P2000-LT <input type="checkbox"/> P2000 TP	Please note it is best practice care homes <b>do not</b> use drainable night bags due to infection control

Second line choice for catheter bags					
LINC Medical Systems LINC Flo Leg Bag	<input type="checkbox"/> 350ml day bag T tap only	<input type="checkbox"/> Direct inlet <input type="checkbox"/> 10 cm tube	1 box of 10	<input type="checkbox"/> LM350SDT <input type="checkbox"/> LM350MDT	1 box approx every 2-3 months. Bag to be changed every 5-7 days.  Lever Tap is designed for poor dexterity
LINC Medical Systems LINC Flo Leg Bag	<input type="checkbox"/> 500ml Lever Tap	<input type="checkbox"/> Direct <input type="checkbox"/> 10cm <input type="checkbox"/> 30cm	1 box of 10	<input type="checkbox"/> LM500SDL <input type="checkbox"/> LM500MDL <input type="checkbox"/> LM500LDL	
	<input type="checkbox"/> 500ml T Tap			<input type="checkbox"/> LM500SDT <input type="checkbox"/> LM500MDT <input type="checkbox"/> LM500LDT	
LINC Medical Systems LINC Flo Leg Bag	750ml day bag T Tap only	<input type="checkbox"/> Direct <input type="checkbox"/> 10cm <input type="checkbox"/> 30cm	1 box of 10	<input type="checkbox"/> LM750SDT <input type="checkbox"/> LM750MDT <input type="checkbox"/> LM750LDT	
Linc-Flo Non-sterile Single use bags NIGHT BAG	2 litre night bag	<input type="checkbox"/> 100cm tube	3 bags of 10 per month	<input type="checkbox"/> LM2LNS	First choice single use Twist off tap
Linc-Flo drainage bag with tap outlet  2 litre drainable night bag	<input type="checkbox"/> T tap	<input type="checkbox"/> 120cm tube	1 box of 10	<input type="checkbox"/> SLC13 <input type="checkbox"/> SLC13-L	1 box every 2-3 months *If patient using bags more frequently – consider daily single use bags as alternative
	<input type="checkbox"/> Lever tap				
Teleflex Rusch Belly Bag with belt	1 litre	<input type="checkbox"/> TWIST OFF TAP	1-2 bags per month	<input type="checkbox"/> B1000	For patients where a leg bag cannot be Connected *Not suitable for external catheters or nephrostomy tubing*

Patient name:		Date of Birth:		GP:	
Catheter accessories					
Catheter lubricating gel: Lidocaine	Cathejel Teleflex	<input type="checkbox"/> 12.5g	2	<input type="checkbox"/> CJLL08501	For catheter insertion: Contains Lidocaine *Not required for LINC catheters that include Lidocaine gel
Catheter valves L.I.N.C	CliniSupplies Ltd Catheter Valve	<input type="checkbox"/> Lever tap	1 box of five	<input type="checkbox"/> PCV3942	Alternative to leg bag *Assessment of bladder function is necessary before using this product*
Holder support straps clinisupplies	Prosys Retainer G-Strap	<input type="checkbox"/> Adult size not abdominal for leg bags.	1 pack of 4.	<input type="checkbox"/> PCS50	PRN use Approx. every 4-6 months These are washable
	Prosys sleeves	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Box of 10.	<input type="checkbox"/> PLS3881 <input type="checkbox"/> PLS3904 <input type="checkbox"/> PLS3928	
Incontinence Sheaths and Accessories					
Incontinence Sheaths  Prosys Flofit Self Adhesive Silicone	<input type="checkbox"/> Standard	<input type="checkbox"/> 24mm <input type="checkbox"/> 28mm	1 Box of 30	<input type="checkbox"/> PSS24STD/B <input type="checkbox"/> PSS40STD/B <input type="checkbox"/> PSS24POPON/B <input type="checkbox"/> PSS40POPON/B <input type="checkbox"/> PSS24WIDEBD/B <input type="checkbox"/> PSS40WIDEBD/B	Use 1 sheath per 24 hours  *Ensure patient is correctly measured prior to use*  1 pack per month
	<input type="checkbox"/> Pop on	<input type="checkbox"/> 31mm <input type="checkbox"/> 35mm			
	<input type="checkbox"/> Wide-Band	<input type="checkbox"/> 40mm			
Barrier Film Wipes Coloplast	<input type="checkbox"/> Conveen Prep Wipes (Contains Alcohol)	<input type="checkbox"/> Sheath prep wipes <input type="checkbox"/> Standard size	1 Box of 54	<input type="checkbox"/> 62042	1 wipe used at each sheath change Approx. every 24 hours One box per month
Adhesive Remover Spray Great Bear	<input type="checkbox"/> GB Aerosol Spray	<input type="checkbox"/> 50ml	1 can	<input type="checkbox"/> 10380A	To aid sheath removal when required
Please note Catheter maintenance solutions are not included on this form as they require a clinical reason for use. Usually not on repeat unless requiring regular bladder wash outs following assessment and recommendation by a specialist. The catheter passport is has been developed collaboratively with national experts to support providers in delivering consistent evidence based catheter care. It will ensure healthcare Professionals have the right information to for each patient. Please refer to this tool.					
Other requests – please provide rationale for this					
Product name	Product size	Frequency, duration and quantity		Reason for request (must be completed or the product cannot be supplied)	
Please refer to IESCCG & WSCCG Catheter, Stoma and Skincare formulary for other products. For any queries regarding this order form contact Your Medicines management appliance nurse					

### Drug Tariff Codes

Please see ordering codes to assist with prescribing. Full details located in the Drug Tariff which can be found here:

<https://www.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

# Bowel Irrigation

Product	Quantity and code	Price	Comments	Usual quantity to order
<b>1. Anal Plugs</b>				
These are initiated after specialist recommendation <b>ONLY</b> and not to manage diarrhoea or constipation. Patients can use 1-2 per day, depending on patient need. They should be left in place for no more than 12 hours				
Renew Insert Anal Plug	<b>Pack of 30</b> Regular: FG730 Large: FG731	£69.38	For management of bowel incontinence to prevent leakage	Variable quantities according on individual patient need <b>Approx. 30-60 per month</b>
Coloplast Peristeen Anal Plug	<b>Pack of 20</b> Small: 1450	£49.30		
	Large: 1451	£48.29		

## 2. Trans Anal Irrigation Systems – Peristeen unit, accessory pack and Aquaflush systems

Anal Irrigation is a highly specialist treatment requiring assessment and **initiation by a consultant/colorectal/stoma nurse/ Physiotherapy ONLY**. This system can be used as a treatment in the management of bowel disorders i.e. chronic constipation, bowel incontinence and/or neurogenic bowel dysfunction. This should only be considered where other less invasive options have been unsuccessful. Comprehensive training for patients and carers, prior to initiating treatment is **essential** to ensure safe and effective irrigation technique is undertaken.

Prescribing quantities should be based on individual patient need and take into consideration recommended quantities for prescribing. If quantities ordered exceed those listed without good reason refer to stoma specialist.

### Peristeen Plus System and Accessories: To be prescribed under the recommendation of a specialist

<b>Peristeen Plus System</b> <i>Includes:</i> <ul style="list-style-type: none"> <li>• 1 control unit (pump and tubes)</li> <li>• 2 rectal catheters (single use)</li> <li>• 1 water bag (lasting 15 uses)</li> <li>• 2 straps (to secure unit)</li> <li>• 1 Tube</li> </ul>	Regular: 29141 Small: 29148	£79.45	System is available in two sizes	1 unit every 3-6 months depending on daily or alternate day use. <b>90 uses per unit.</b>
<b>Peristeen Plus Rectal Catheters</b> <i>Includes:</i> <ul style="list-style-type: none"> <li>• 10 rectal catheters</li> </ul>	Regular: 29143 Small: 29150	£88.53	Available in smaller size May need additional catheters	Approx. 30 per month if using one per day. <b>Single use item</b> <b>Not commonly used</b>
<b>Peristeen Plus Accessory Unit</b> <i>Includes:</i> <ul style="list-style-type: none"> <li>• 15 rectal catheters Regular</li> <li>• 15 rectal catheters small</li> <li>*Catheters are single use*</li> <li>• 1 water bag (lasting 15 uses)</li> </ul>	Regular: 29142 Small: 29149	£138.47	System also available in two sizes	1-2 per month depending on frequency
<b>Peristeen Plus Tubes</b>	Pack of 2 Code: 29146	£7.94	As required in addition to the Unit	PRN

<b>Aquaflush Compact System Low Volume Irrigation</b>				
<b>Starter Set</b> (1 pump, 5 cones, 5 glove/disposal bags, 1 wash bag)	AFCS	£34.41	Compact is designed for those who only need a small amount of water when irrigating.	1 per month
<b>Monthly Set</b> (1 pump, 15 cones, 15 glove/disposal bags)	AFCM	£58.79		
<b>Aquaflush compact+ system Low Volume Irrigation</b>				
<b>Starter set</b> (1 pump, 5 cones, 5 disposal bags, 5 lubricant sachets, 1 wash bag, 1 extension tube)	AFCPS	£34.42	A larger, softer pump than the standard Compact, giving the user a little more water for irrigation.	1 per month
<b>Starter set</b> (1 pump, 15 cones, 15 disposal bags, 15 lubricant sachets)	AFCPM	£58.79		
<b>Aquaflush Lite High Volume Irrigation</b>				
<b>Starter set</b> (1 water bag, 1 pump, 1 hook for water bag, 1 extension tube, 7 cones, 7 lubricant sachets, 1 washbag)	AFLS	£74.00	Full irrigation system to deliver an easy-to-use solution. With its large capacity 1.2 litre bag, it is suitable for users who can sit on a toilet or commode.	1 per month
<b>Monthly set</b> Contains 1 water bag, 1 pump, 16 cones, 16 lubricant sachets	AFLM	£96.30		
<b>Aquaflush Self Retaining Catheter System High Volume Irrigation</b>				
<b>Starter set</b> (1 water bag, 1 pump, 1 hook for suspending water bag, 1 floor stand, 1 extension tube, 5 rectal catheters, 5 disposal bags, 1 lubricant sachet, 1 washbag)	AFSRCS	£77.00	Once the Self Retaining Cone (SRC) is inserted, the soft flexible petals allow the user to leave the SRC securely in place whilst preparing their irrigation kit. Useful for those with limited dexterity or altered balance, or for carers who assist in irrigation.	1 per month
<b>Monthly set</b> 1 water bag, 1 pump, 1 floor stand, 15 rectal catheters, 15 disposal bags, 15 lubricant sachets	AFSRM	£105.00		1 per month
Refill Pack	AFSRCA	£75.00	Extra pack if the patient requires daily irrigation.	1 per month
<b>Accessories</b>				
Aquaflush Extension Tubes	AFExtn	£6.21	Pack of two	PRN
Refill Pack	AFLA	£58.79		One per month
<b>Training Guides:</b>				
<ul style="list-style-type: none"> <li>• Compact &amp; Compact+ - <a href="https://www.youtube.com/watch?v=A-mYtA_6rSA&amp;feature=emb_imp_woyt">https://www.youtube.com/watch?v=A-mYtA_6rSA&amp;feature=emb_imp_woyt</a></li> <li>• Lite, SRC and Actif - <a href="https://www.youtube.com/watch?v=LfAA1vJFUuE&amp;feature=emb_imp_woyt">https://www.youtube.com/watch?v=LfAA1vJFUuE&amp;feature=emb_imp_woyt</a></li> <li>• Peristeen Plus System - <a href="http://www.coloplast.co.uk">Watch the bowel irrigation video guides (coloplast.co.uk)</a></li> </ul>				
Please find patient information and user guides on the website: <a href="https://renew-medical.uk/">https://renew-medical.uk/</a>				

**Third Line for patients with poor dexterity that require the digital element**

**Navina Classic: ONLY to be prescribed in exceptional circumstances. This system must be initiated by the appropriate clinician in acute services**

<b>Navina Classic System</b> 1 manual control unit, 1 water container, 1 tube set, 2 (single use) rectal catheters or 2 cones, 1 accessory set and 1 Navina case	Small: 69007	£76.47	6 monthly (100 uses)
	Standard: 69005	£77.89	
	Cone: 69017	Cone: £75.64	
<b>Navina Smart System</b> 1 electronic control unit, 1 water container, 1 tube set, 2 (single use) rectal catheters or 2 cones, 1 accessory set and 1 Navina case	Small: 69010	£310.08	2 years (400 uses)
	Standard: 69009	£311.57	
	Cone: 69019	Cone: £302.59	
<b>Navina Consumable set</b> 15 (single use) rectal catheters or cones, 1 water container (15 uses)	Small: 69004	£132.47	1-2 per Month
	Standard: 69003	£134.93	
	Cone: 69016	Cone: £117.59	
<b>Tube Set</b>	69011	£9.14	6 months (100 uses)
2 sizes of catheter and 1 cone available for each. All catheters and cones are interchangeable across Navina Systems (Classic or Smart)			

**Pathway considerations for Bowel and Ostomy Irrigation**

Patients may be assessed and commenced on an irrigation system from the following settings:

**Acute:** Ipswich Hospital / West Suffolk Hospital

- Stoma Nurse Team
- Colorectal Clinic or Physiotherapy

When considering patient appliance overuse or changes in patient clinical need, patients should be assessed by their GP and if required referred back to the clinic which commenced the treatment.

Bladder and Bowel Service may refer to the Physiotherapy Team (Finn Clinic) in the hospital for treatment. Treatments commonly include lifestyle advice, bowel advice, pelvic floor exercises, electrotherapy modalities. This Clinic will assess the need for bowel irrigation and **must** oversee any changes to treatment.

Finn Clinic: 9<sup>th</sup> Floor Maternity Block, Ipswich Hospital, Heath Road IP4 5PD  
01473 703522 Lead Clinician: Fiona Lennard

Please note some patients maybe followed up in the community by the clinical skills trainer for ESNEFT in East Suffolk. Changes to treatment maybe initiated by Lisa Mickleburgh in discussion with the Finn clinic.

## PATIENT PATHWAY FOR TRANS-ANAL IRRIGATION

### RED FLAGS

If 'Red Flag' symptoms are present – STOP Trans-anal Irrigation Pathway and follow NICE suspected cancer pathway:

[NICE \(2015\) NG12 Suspected cancer: recognition and referral](#)

### Step 1 - ASSESSMENT

Patient presenting with a **long-standing** and **unresolved** bowel disorder i.e. chronic constipation, bowel incontinence and/or neurogenic bowel dysfunction

**Consider patient history and medical conditions potentially contributing to patient's symptoms:**

- Bowel function after spinal cord injury
- Gastrointestinal disorders
- Previous investigations and diagnosis

### Step 2 - CONSERVATIVE MANAGEMENT

**Consider other factors and strategies to manage and improve bowel function:**

For example:

- Medication review i.e. consider any current medication side effects
- Oral/rectal laxative treatments
- Lifestyle Inc. Exercise, Diet and Fluid management – consider commencing \*Bowel Diary
- Digital stimulation/evacuation (Spinal cord injuries)
- Emotional and/or psychological factors

\*[Bowel and bladder Foundation Bowel Diary](#)

### Step 3 - TREATMENT OPTIONS

**Where conservative or less invasive options have been unsuccessful:**

- Consider onward referral to colorectal for investigations and management options
- Consider onward referral to physiotherapy for lifestyle and bowel advice, pelvic floor exercises, electrotherapy modalities
- Consider Trans-anal Irrigation where surgical or treatable options are not appropriate or clinically indicated – **See guidance below**
- Consider onward referral to Bowel and Bladder service where all treated options have been unsuccessful or not clinically appropriate (continence products for faecal incontinence management). Patients can be referred via the Care Coordination Centre **0300 123 24 25**

### TRANS-ANAL IRRIGATION

Rectal irrigation is a highly specialist management option in the management of chronic constipation and/or chronic faecal incontinence due to neurogenic bowel dysfunction and functional bowel disorders. It is not recommended for initiation by GPs in primary care, without specialist management.

All patients considered appropriate for this treatment should be referred for clinical assessment directly to:

- **Ipswich and East Suffolk:** FINN Clinic - Physiotherapy (Ipswich Hospital Trust)
- **West Suffolk:** Stoma Nursing Team (West Suffolk Hospital)

[Prescipp \(2017\) Rectal irrigation](#)

[NICE \(2007\) CG49 Faecal incontinence in adults: management](#)

[Overview | Peristeen transanal irrigation system for managing bowel dysfunction | Guidance | NICE](#)

## **TRANS-ANAL IRRIGATION FLOWCHART**

### **REFERRAL**

Patient referred to FINN Clinic Physiotherapy Service by:

- GP
- NHS Consultant/Specialist

### **ASSESSMENT**

Patient assessed for treatment by physiotherapy specialist and be identified for trans-anal irrigation if clinically indicated

### **INITIATION**

Healthcare professional (Physiotherapist/Stoma Nurse) will write to GP Practice to confirm prescription requirements to commence and place on repeat template

### **PRODUCT DISPENSING**

Healthcare professional will register patient with patient's chosen dispensing appliance contractor (DAC) or pharmacy

### **REQUESTS**

**New or Initial request** for irrigation systems will be requested via the DAC by the healthcare professional – The DAC will then request the prescription from the GP Practice

**Subsequent requests** – those patients identified as able will be advised to request all repeat prescriptions for their irrigation system directly to the GP Practice

**This will NOT affect the patient's choice of dispenser.**

## Body Worn Appliances and other specialist products

### **Non-surgical treatment for pelvic organ prolapse using vaginal pessaries**

There is new guidance developed which aims to deliver a best practice support for healthcare professionals providing non-surgical treatment for pelvic organ prolapse using vaginal pessaries, and information for women seeking this treatment.

The guideline aims to standardise pessary management by providing clinical guidance in pessary use that is based on the evidence where available, or expert clinical consensus within the guideline group.

It contains a comprehensive guideline, patient information leaflet, a training package and other useful information regarding types of pessary/fitting.

For further information please see the following Link

<https://www.ukcs.uk.net/UK-Pessary-Guideline-2021>

### **Contiform Pessary**

The Contiform Pessary is an intravaginal device designed to be inserted and removed by patients. It is used to support the bladder neck alongside a pelvic floor exercise programme and can help with stress incontinence. The pessary is classified to be used as and when it is needed, from once or twice a week to all day but it must be removed at least once every 24 hours. A starter pack needs to be ordered initially to determine which size fits. Once the correct size has been established you can then order the one size replacement.

The pessary is guaranteed to last for 30 insertions so it will depend on how often the individual uses the pessary as to how frequently it will need to be prescribed. At most one pessary every 30 days would suffice for a lot of patients. They may only need a prescription every 2-3 months.

**This is not permanent and must only be initiated by a clinic from the acute hospitals.**

### **Contiform Pessary Prescribing Guidance**

Contiform Pioneer Medical	Starter pack	£50.93	SKU184	1 every month
	Small	£26.31	SKU16134	
	Medium		SKU16227	
	Large		SKU16270	

### **Body Worn Appliances**

These are Re-Usable and not to be placed on Repeat. They usually last 6 months, one to wash and one to be worn. The patient may need additional items such as pouches or sheaths. They must be assessed by the nurse specialist working alongside the Bladder and Bowel Service. Please ensure the patient has been referred via the CCC on 03001232425. Urology may also initiate treatment or the acute trust. These are specialist and only when all other alternatives have failed



## Pathway for referral for the assessment of sheaths

**Urinary sheaths** are made from a soft, flexible latex or silicone tubing that is placed over the penis to facilitate the drainage of urine away from the body into a drainage bag. These are an alternative/less invasive system used to manage male urinary incontinence. This can be self-taught therefore facilitating independence and reducing the risks of UTI's

Assessment should be undertaken by a professional with appropriate training and education. Each patient should be reviewed for suitability and allergies

Please ensure the pathway is followed to enable the NHS to monitor care and review patients effectively

A patient needs an assessment for an external continence sheath. This includes a review if current treatment is not suitable

**Nursing homes:** Please contact Traci Franks directly, a referral form will need to be completed.

Traci Franks RGN  
Mobile: 07920 100742  
Email: [Traci.frank1@nhs.net](mailto:Traci.frank1@nhs.net)

**Housebound patients living at home/care home:** Contact Suffolk CCC and request an assessment for sheaths via the **Bladder and bowel service** on **03001232425**

All patients are then activated on the system to ensure monitoring. Please note GP's and community nurses can complete the electronic referral form on system

Referrals are passed to the nurse specialist working alongside the Bladder and Bowel Service for triaging.

[Sgpfed.bodywornsupplies@nhs.net](mailto:Sgpfed.bodywornsupplies@nhs.net)

The team will make contact with the patients and arrange a review when appropriate

For any queries on existing patients please contact the CCC or Traci Franks:

Traci Franks RGN  
Mobile: 07920 100742  
Email: [Sgpfed.bodywornsupplies@nhs.net](mailto:Sgpfed.bodywornsupplies@nhs.net)

# Pathway for intermittent catheterisation

## Intermittent urinary catheters

These catheters are inserted several times a day, so a patient can drain their bladder, and then remove. It is usually inserted into your bladder through the urethra. Most patients are taught how to do this themselves.

The sterile catheter is usually pre-lubricated, to reduce the risk of any discomfort when inserted. One end is left open-ended to allow drainage into the toilet. Sometimes a bag is required to assist. When the flow of urine stops, the catheter can be removed. A new one is used each time.

Assessment should be undertaken by a professional with appropriate training and education. Each patient should be reviewed for suitability and allergies

A patient needs an assessment for an intermittent catheter.

Referral to the urology: Assessment can then be made by the appropriate clinician.

Patients **must receive teaching** of technique prior to onward referral into the community. The appropriate product must be chosen in line with formulary guidance where possible.

### **If the patient requires follow up in the community please contact:**

**Bladder and Bowel Service:** Contact Suffolk CCC on **03001232425**

Alternatively clinicians can email: [suffolkcommunityhealthcare.referrals@nhs.net](mailto:suffolkcommunityhealthcare.referrals@nhs.net)

All patients requiring follow up within the community **MUST** be reviewed by the Bladder and Bowel service.

GP practices should only accept changes to prescriptions or new requests with direction from either the acute trusts or bladder and bowel service.

A dispensing company may contact the surgery but clinicians must clearly show they have instructed this in these circumstances.

## Intermittent catheterisation overuse

The frequency of use will depend on patients' clinical need and in normal circumstances may be up to 4/5 times daily for bladder emptying. This is based on approximately 1500-2000mls a day fluid intake

\*In certain circumstances, some patients may require more frequent bladder emptying, including those with neurological and spinal conditions. This cohort of patients, following assessment by a qualified nurse in this field, may require emptying up to 6-8 times per day (maximum)\*

Some patients maybe more complex, if they have other long term conditions eg MS. These may require a more complex regime

**Patient or dispensing contractor (DAC) are requesting more than 150 per catheters per month**

Contact the patient and enquire as to how many times a day they perform the procedure and how many catheters they use per month. If less than the requested amount reduce the prescription accordingly.

Are patients using more than the recommended amount per day? If **YES** please complete steps below with the consent of the patient

The Practice will need to ask the patient to complete a fluid balance chart to assess bladder volume and emptying. **Examples** of this can be found on the following page. This should be over three days to allow for a proper review as recommended by the bladder and bowel service. The patient needs to record what goes in and what comes out.

If the patient is draining off more than 600ml then they may need to increase the frequency they carry out the procedure.

Anything in-between would be seen as appropriate drainage. Therefore continue on the required amount.

If the patient is draining less than 150ml then they may be performing the procedure too much and can decrease frequency.

**All treatment changes must be overseen by a GP or clinician. Please seek advice if required from urology or the bladder and bowel service (whoever is overseeing care). If the patient has not been reviewed in some time a re-referral maybe required.**

	Drink (Volume)	Type of drink	Urine volume passed (at all times, with or without a catheter)
6 am			
7 am			
8 am			
9 am			
10 am			
11 am			
Noon			
1 pm			
2 pm			
3 pm			
4 pm			
5 pm			
6 pm			
7 pm			
8 pm			
9 pm			
10 pm			
11 pm			
Midnight			
1 am			
2 am			
3 am			
4 am			
5 am			
Total			

Please note this is an **example** that can be used for a typical day. The patient can bring this with them to their appointment to assist review. Please complete one for each day.

## Catheter Management Pathway for clinicians only

### Catheter presents as Blocked or Bypassing –

Gain consent and document: Best practice is to refer to the **catheter passport** which is recommended by NHS England. Gather information on reason for catheterisation, type, size, when is the next planned catheter change and any long term conditions/contra-indications.

### Catheter in situ- Blocked/Bypassing

#### Blocked

#### General information:

Consider bypassing advice initially:

#### **Additional advice and tips:**

- Wash around the entry site daily with water.
- Do not use oil based creams or Talc
- Reduce bladder irritants such as caffeine or sweeteners.
- Consider possible cause of the blockage e.g.: constipation, enlarged prostate, position of the catheter bags, blood and encrustation.
- Is it re-occurring? What pattern is there to the blockage? How long does the catheter last, does it need changing earlier?
- Investigate the blockage: Is there a biofilm, encrustation, deposits?
- Check if the patient has a urine infection
- Test the acidity of the urine to ensure its not alkaline
- **Fit a thigh strap as per formulary**

#### Next Steps

#### Catheter maintenance solutions

Bladder irrigation, instillation and washouts **DO NOT** prevent catheter-associated infection. Regular use can lead to an increased risk if the sterile closed drainage system is repeatedly broken. This can lead to infection.

When considering the use of washouts/ maintenance solutions, there must be evidence of an individualised assessment and the clinical indication for use must be documented.

Small volumes are more effective than large.

A plan can be put in place to assess what kind of washout is needed and what regime. This must be documented.

Catheter maintenance solutions are not bladder washouts; they clean out the catheter, not the bladder

It is sensible to start with a regime once a week and to adapt this on the basis of its effectiveness for the patient. Urology must review after 3 months if problems persist.

#### Bypassing

Leakage can occur between the urethra and the catheter causing urine to overflow around the tube

#### - **Is the catheter newly fitted?** Leakage can occur after changing for the first 24-48 hours. Review after this period if clinically appropriate e.g. minimal leakage/no pain .

- **Check** the tubing isn't kinked or twisted

- **Check** the leg and night bag are below the level of the bladder. But raise for the short term to see if this assists with flow.

- **Encourage** fluid intake (4 pints/24 hours)

- **Ensure** the bag doesn't need emptying.

- **Mobilise** if the patient can as this can dislodge blockages and re-position

- **When** did the patient last open their bowels? Constipation must be managed effectively.

- **Fit a thigh strap**

#### Next Steps

#### **Reduce the size of the balloon**

If the balloon is too large then it can exert force. Some catheters come with smaller balloon sizes.

Adjusting the catheter balloon position may also assist, by moving the patient.

The balloon must not be over or under filled.

#### **Reduce the size of the Gauge**

If the catheter gauge is too large it can stretch the sensitive areas around the base of the bladder.

Adjusting the straps by using thigh ones can anchor the catheter and ensure it doesn't move as well.

#### **Change the material of the catheter**

Biofilms tend to form less easily on silicone catheters and encrustation can occur less. This also assists with managing latex allergies. The lumen tends to be larger.

#### Final steps: Referral to Urology

- Medication for bladder spasms
- Botox injections under guidance from urology specialist nurses
- Is the catheter needed? Why was it inserted?\_

**Preferred prescribing/usage guidance: In all cases refer to Urology if problems persist or are not managed**

<b>Bladder Irrigation</b>	Normal saline <b>OptiFlo®S</b>	<p>This is for the mechanical removal of small clots, debris, tissue etc. Not effective for encrustation. <b>Do not place on repeat prescriptions. PRN Use. Max of x2 weekly</b></p> <p><b>Haematuria:</b></p> <ul style="list-style-type: none"> <li>- Any haematuria must be reported to a doctor</li> <li>- Small amounts of blood may be caused by trauma or infection</li> <li>- Look at preventative measures (strap position etc)</li> <li>- If severe, establish cause e.g. trauma or possible infection. If symptoms suggest a urinary tract infection, treatment is required.</li> </ul>
	<b>3.23% Citric Acid optiFlo® G</b>	<p>This dissolves crystal formed by urease producing bacteria. Contains magnesium oxide to protect the bladder. <b>Use once a week to start, then increase to 2 x weekly if problems persist maximum.</b></p> <p>It may be more beneficial to apply two solutions sequentially to dissolve encrustation rather than a single application x 2 weekly. This ensures the catheter is disconnected from the bag as little as possible. This is applicable to catheter maintenance solutions eg optiflo.</p> <p><b>Up to a maximum of two times weekly</b> (depending on severity of symptoms).</p>
	<b>6% citric acid optiFlo® R</b>	<p>Stronger solution, effective in <b>severe</b> encrustation and dissolves persistent crystallization in the catheter. Can also be used prior to catheter removal to prevent trauma.</p> <p><b>Application should be once a week then twice weekly if problems persist</b></p> <p><b>This should be only used when reviewed by a specialist clinician and should be a last resort. Not for long term use.</b></p>
	<b>Bladder irrigation and three-way catheters</b>	<p>Bladder irrigation through a three-way catheter is for the purpose of removing clots and debris post urology surgery or in palliative care. This method of irrigation is normally used for short periods and <u>only within an acute care setting or under the advice of a urologist.</u></p> <p style="text-align: center;"><b>Three way catheters are not possible to prescribe.</b></p>

**Technique for the OptiFlo to ensure correct use and avoid waste:**

Check that the contents are clear and that the flexible container is intact. Do not use if there is any evidence of leakage or interference with the tamper evident feature of the cap.

Grip tear tab of cap firmly and pull to remove. Do not attempt to remove the shrink wrap around the bottle, this is designed to control agitation.

Twist cap in either direction to break the seal and remove the cap

Insert the nozzle of the container into the catheter

Hold container neck between first and second fingers and squeeze the bottle by pressing on the base with the thumb to provide a controlled flow into the catheter without the introduction of excess air.

A controlled flushing action can be achieved by gently compressing and releasing the bellows continuously for approximately one minute. Allow the fluid to gently drain back into the container after the agitation period. The contents are designed to flush the catheter **NOT** the bladder. The fluid should clear the tip of the catheter, rather than enter the bladder with force.

Discharge the contents of the container down a toilet, sluice or equivalent and dispose of the container.

Uro-Tainer NaCl 0.9% ( <b>Normal saline</b> )	<ul style="list-style-type: none"> <li>- Washouts must be gravity fed and avoid force.</li> <li>- One use only and then discard.</li> <li>- Place the un-opened packet in warm water before use.</li> <li>- Suby G should be left in the bladder for five minutes before releasing.</li> <li>- <b><u>1-2 weekly is the recommended usage</u></b> for these washouts for long term catheters.</li> <li>- Irritation can occur to the bladder lining so monitor and use normal saline when appropriate.</li> <li>- <b><u>Only use under clinical guidance as a second line option</u></b></li> </ul>
Uro-Tainer Twin (Suby G)  <b>3.23% Citric Acid</b>	

3. Catheter maintenance solutions					
Sodium chloride 0.9%					
<u>OptiFlo S</u>	Code: CSS50	50ml	£3.49	Used to unblock a catheter	Usually not on repeat
<u>Uro-Tainer NaCl 0.9%</u>	Code: FB99849	50ml	£3.61		
Solution G					
<u>OptiFlo G (Suby G)</u>	Code CSG50	50ml	£3.70 (50ml sachet)	For patients prone to encrustation. Used as regular maintenance to prevent blockage	Usually not on repeat
<u>Uro-Tainer Twin (Suby G)</u>	Code: 9746609	2x30ml sachets	£4.94 (2 x 30ml sachets)		
<b>Resources</b>					
Wound, Ostomy and Continence Nurses Society. (2016). Care and management of patients with urinary catheters: A clinical resource guide. Mt. Laurel: NJ. Author.					
Nursing and Midwifery Council (2007) NMC record keeping guidance, London: NMC.					
NHS England (2018) Excellence in Continence Care: practical guidance for commissioners, and leaders in health and social care, Leeds: NHS England.					
Catheter Care RCN Guidance for Health Care Professionals					
NICE: Guidelines for preventing healthcare-associated infections in primary and community care					
NICE: Farco-fill Protect for indwelling urinary Farco-fill Protect for indwelling urinary catheterisation					
OptiFlo catheter maintenance solutions. BARD Care patient guidance leaflets.					

## Process for Reviewing Formulary Products

