



GentleCath™ Pro Closed-System

Help minimize the risk of infection with no-touch catheterization^{1,2}



Experience the difference™

www.gentlecath.com/profemale



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GUIDE INSIDE



Live the difference



Getting started

We understand that right now you might be going through a challenging time, entering a whole new phase in life. We are here to make the transition as smooth as possible, and to provide information and tips to help you move forward successfully!

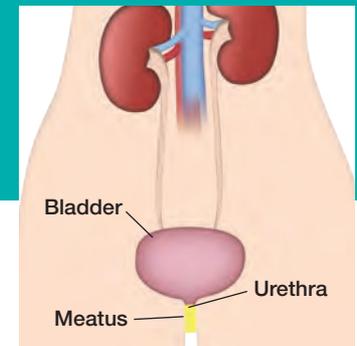
We want you to experience the difference ConvaTec can make. With a long history of continence care, we can give you the support you need, whenever you need it. We're just a phone call away and always happy to answer any question you might have. Simply call the **ConvaTec Customer Interaction Center toll free at 1-800-422-8811** and one of our Wound, Ostomy and Continence nurses will help you.

You probably received a lot of information from your healthcare provider, but we want to make sure you have all the important things in one place. In this booklet you will find information about how to use intermittent catheters, including tips, troubleshooting and much more.

What is intermittent catheterization?

Intermittent catheterization means periodic insertion of a hollow plastic tube (a catheter) into the bladder to drain urine.

Catheterization is done when the bladder is full, if you are unable to pass urine or after incomplete voiding to drain residual urine in the bladder.



Catheterization and your body

The bladder needs to be emptied 4-6 times a day (based on your fluid intake)³. The catheter is inserted into the urinary meatus (the little opening of the urethra where urine comes out) and then travels through the urethra to the bladder. Once the catheter is in the bladder, it can drain the urine.

The advantages

- Catheterization prevents the bladder from overfilling
- It eliminates residual urine
- It helps prevent bladder infections⁴
- It gives you independence⁴

GentleCath™ Pro Closed-System

Closed-System intermittent catheters combine an intermittent catheter and urine collection bag in a simple, convenient, easy to use catheterization solution.



Help minimize the risk of infection with closed-system catheterization^{1,2}

- Because you only touch the GentleCath™ Pro collection bag and not the catheter, this helps to reduce the incidence of urinary tract infections.^{1,2}
- By first inserting the GentleCath™ Introducer Tip, this helps the catheter to avoid the bacteria that is most prominent at the entrance to the urethra.⁵



Learn more about the
GentleCath™ Pro Closed-System
www.gentlecath.com/profemale

Frequently Asked Questions

How often should I empty my bladder?

- Usually, first thing in the morning, last thing at night and about 2-3 times during the day.
- When you have the urge to urinate or your bladder contains 10-18 fl oz (300-500 mL) of urine.
- Check the amount when you empty your bladder to see that the bladder is not holding more than 18 fl oz (500 mL). If it is, you will need to catheterize more often.
- Whenever your doctor recommends.

What about intimacy?

- You should be able to have sexual relations as before. Prior to sexual activity you may want to catheterize to ensure your own comfort and prevent the possibility of urine leakage. It is important to wash your genital area after sexual activity.

How do I obtain supplies?

- There are several retailers who will ship supplies right to your home. Call ConvaTec for more information.

If you have any questions, call the
ConvaTec Interaction Center at

1-800-422-8811

Monday-Friday 8:30am-7:00pm EST

CIC@convatec.com www.convatec.com

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Questions about urinary tract infections (UTI's)

How can I avoid UTI's?

Urine is normally sterile and the normal flow of urine usually prevents bacteria from growing in the urinary tract. When urine stays in the bladder, however, bacteria have a chance to grow and infect the urinary tract.³

You can help reduce the risk of UTI's in several ways.

- **Wash your hands thoroughly:** Hand washing and personal hygiene before and after you use a catheter are very important.
- **Drink enough fluids:** Try to drink at least 8-10 cups of fluids daily.
- **Use a catheter regularly:** Regular elimination of urine is important to help reduce the infection risk.

Avoid touching the sterile catheter - No-touch catheterization can help reduce the risk of infection.^{1,2}

How will I know if there may be an infection?

- Fever
- Pain or a burning feeling when passing the catheter or urine
- Cloudy, oddly-colored or offensive-smelling urine
- The need to empty the bladder more often than usual
- Leakage between catheterizations
- Kidney pain

Contact your healthcare provider if you experience any of these symptoms.



Medicare guidelines

Many people have questions about Medicare Guidelines regarding Urinary Catheter Supplies. At ConvaTec, we want to give you the most up-to-date information possible.

Medicare: at-a-glance*

Per the Medicare guidelines on Intermittent Urinary Catheterization, any patient who utilizes intermittent catheters can receive one sterile urological catheter and one packet of lubricant for each catheterization.

- Physician prescriptions should reflect the actual number of times a patient catheterizes per day.
- Medicare will cover one catheter per cathing episode up to a maximum of 200 intermittent catheters per month:
 - **A4351:** Intermittent urinary catheter with straight tip
 - **A4352:** Intermittent urinary catheter with Coudé/Tiemann tip
When a coudé tip catheter (A4352) is used there must be documentation in your medical record stating why the patient cannot use a straight tip catheter.
 - **A4353:** Intermittent urinary catheter, with insertion supplies
With qualifying documentation in your medical record stating why the patient needs this.

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* The reimbursement information provided by ConvaTec is intended to provide general information relevant to coding and reimbursement of ConvaTec's products only. Coverage and payment policies for the same insurer can vary from one region to another and may change from time to time because of ongoing changes in government and insurance industry rules and regulations. Therefore please confirm HCPCS codes with your local DME-MAC, private insurer, or Medicaid agency before processing claims. ConvaTec does not guarantee coverage or payment of its products listed herein.

Support networks

There are many support groups that may be of interest to you once you have settled back in to a routine. We list some of them below.

The Wound, Ostomy, Continence Nurses at ConvaTec are also available to answer any questions you may have, and direct you to a local support group.

ConvaTec Interaction Center

1-800-422-8811
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Miami Project to Cure Paralysis

miamiproject.miami.edu
1-800-STANDUP (1-800-782-6387)

The Christopher Reeve Paralysis Foundation

www.ccrpf.org
1-800-225-0292

National Multiple Sclerosis Society

www.nmss.org
1-800-344-487

Paralyzed Veterans of America

www.pva.org
1-800-555-9140

The Simon Foundation

www.simonfoundation.org
1-800-23SIMON (1-800-237-4666)

Seekwellness

www.seekwellness.com
1-800-840-9301





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REFERENCES: **1.** Hudson E. & Murahata R.I. (2005) The 'no-touch' method of intermittent urinary catheter insertion: can it reduce the risk of bacteria entering the bladder? *Spinal Cord* 43(10), 611–614. **2.** Charbonneau-Smith R. (1993) No-touch catheterization and infection rates in a select spinal cord injured population. *Rehabilitation Nursing* 18(5), 296–299, 305. **3.** Newman D.K. & Willson M.M. (2011) Review of intermittent catheterization and current best practices. *Urological Nursing* 2011 Jan-Feb **4.** Woodward S. & Rew M. (2003) Patients' quality of life and clean intermittent self-catheterization. *British Journal of Nursing*. October 2009 **5.** Bennett C.J. et al (1997) The effect of urethral introducer tip catheters on the incidence of urinary tract infection outcomes in spinal cord injured patients. *The Journal of Urology* 1997 Aug;158(2):519-21..

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Female step-by-step instruction guide*



www.gentlecath.com/profemale

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* Please refer to the Instructions for Use for a detailed guide

What you need...

Before you begin, gather the following items: catheter, water-based lubricant and washcloth or antiseptic wipe.

Wash your hands thoroughly and then choose the position that is most comfortable for you.



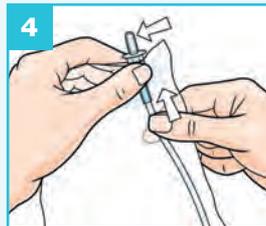
STEP 1: Wash hands thoroughly with soap and water.



STEP 2: Clean the genital area from the front to the back, from the inside to the outside, with soap and water. Antiseptic swabsticks or a towelette may be used.



STEP 3: Open the peel pack and take out the GentleCath™ Pro catheter. Remove the plastic cap from the silicone “introducer tip”. A slight twisting motion makes this easier.



STEP 4: While holding the introducer tip guide in one hand, feed the pre-lubricated catheter forward, until the tip is about to come out of the flexible introducer tip.

This helps give the introducer sufficient firmness to enter the urethral opening.

Be careful not to push the catheter completely out of this tip.



STEP 5: You can add additional lubricant to the loaded tip by swabbing gel from inside the cap.



STEP 6: Using your index and middle fingers on one hand, separate the labia.



STEP 7: Insert the soft silicone tip into the urethral opening, using your other hand. Now release the labia.



STEP 8: Hold the catheter to feed the silicone introducer with one hand. Use your other hand to feed the catheter into the bladder by pushing it gently at 1 inch intervals until the urine begins to flow.



STEP 9: When the urine starts to flow, push the catheter in a little (one or two cms/half an inch) to make sure that it is fully inside the bladder.



STEP 10: To make sure the bladder is emptied completely, remove the catheter with the bag attached and stop if more urine starts to flow.



STEP 11: Once the catheter is removed, grasp the bag at the corner where it says “TEAR HERE TO EMPTY” and tear the bag gently down towards the middle of the bag. This will allow you to dispose of the contents without any mess. Then discard the catheter.



STEP 12: Wash your hands with soap and water.

To help you keep track of your fluid intake and output, it might be helpful to make a daily chart like this one.

	Monday		Tuesday		Wednesday		Thursday		Friday	
TIME	Drink	Void: fl oz/mL	Drink	Void: fl oz/mL	Drink	Void: fl oz/mL	Drink	Void: fl oz/mL	Drink	Void: fl oz/mL

Trouble Shooting

I'm having trouble inserting, or removing, the catheter...

- You may feel some resistance when inserting or removing the catheter. If this happens, wait momentarily and take a few deep breaths until the sphincter muscle relaxes.
- Never force the catheter, neither when inserting nor upon removal.
- If you have trouble removing the catheter - don't panic! Relax and take some deep breaths - perhaps a little cough to relax the muscles as you remove it.
- Contact your health care provider immediately if you cannot get the catheter out.

No urine is draining...

- Check the eyelets at the tip of the catheter to make sure they are not blocked.
- Ensure the catheter is inserted far enough into the bladder.
- Pull the catheter back a short distance.
- If you are unable to drain for over 6-8 hours contact your healthcare provider.

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