Bladder & Bowel Continence Product Formulary Prescribing Guide - 2023

NHS Norfolk And Waveney ICB in collaboration with Norfolk Community Health & Care trust

First Line, Second Line and Specialist Recommended Choices

Continence Formulary and Prescribing Guide 2023

This document is used to provide continence care in line with NICE guidance across the Norfolk and Waveney Integrated Care Board has been developed with input from primary care and secondary care health care professionals. A comprehensive continence assessment is required before considering any continence appliance; the emphasis should be on appropriate treatment.

Product selection should be made to meet **patient needs** on an **individual basis** as not all products are suitable for all. **Ensure catheterisation is used as a last resort and only when at least ONE of the following have been met**:

1. Pre/post-operative surgery
2. Monitoring Renal function hourly during critical illness
3. Chronic urinary retention, only if symptomatic and/ or renal compromise
4. Acute urinary retention
5. Allowing bladder irrigation/lavage
6. Bypassing an obstruction
7. For investigative purposes such as urodynamics
8. Instillation of medication e.g., chemotherapy
9. **Where it is viewed as "better" for the patient to use a catheter, such as end of life care, disability, unfit for surgery**.

Nurses must remember that the risks associated with catheter usage are of a serious nature that increasingly may become more difficult to justify (RCN 2012).

This formulary provides guidance to prescribers for first and some second line products only and is not intended to restrict patient choice. Guidance on quantities is provided to prevent over ordering of products.

The intention is that this formulary must be used for all new patients and for current patients when a re-assessment of their needs is completed.

The formulary will be reviewed regularly when additions and amendments will be made.
Every effort has been made to ensure the information contained in the formulary is correct at the time of publication.



GP Practices should not issue prescriptions *retrospectively* for any Dispensing Appliance Contractor (DAC)

In preparation of this formulary acknowledgement is made to NHS Herefordshire CCG and PresQIPP Continence Guide 2013.

This formulary has been reviewed in collaboration with the Bladder & Bowel Health Service NCHC /ECCH teams.

Ruth Broom, Service Lead

Jo Clatworthy, Lead Nurse South/Central NCHC

Hayley Rigg, Lead Nurse North/West NCHC

Helene Sullivan, Clinical Lead Nurse Kings Lynn/Coastal Integrated

Helen Wilson, Quality Matron North Place

Claire Hall, Clinical Nurse Lead, Norwich, CNT, NCHC

Helen Notley, Service Lead East Coast Community Healthcare

CONTENTS

Urinary Catheters
- medium term (up to 4 weeks)
- long term (up to 4 weeks)

Intermittent Self-Catheterisation
Catheter Valves
Catheter Drainage Bags:
Leg bags – day
Infants and babies
Leg bags – night
Belly bags
Lubricant gels
Catheter Accessories
Catheter Maintenance Solutions
Urinary Sheaths, Retaining Strap and Wipes
Retracted Penis Pouch
Urinals and funnels
Skin Barrier Film / Cream
Faecal Continence Appliances
Trans Anal Irrigation
References :
Appendix One – Autonomic Dysreflexia
Appendix Two : Planned and unplanned reviews for patients with long-term indwelling urinary catheters
Appendix Three: Lubricating Gel – Making a Choice.
Appendix Four: See NCHC Adult Management of Bowel Dysfunction for full details.
Appendix Five: TAI Initiation

Urinary Catheters

Quality & Safety

Consider non-invasive alternatives prior to catheterisation as funnels, sheaths and urinals cause less patient harm, such as urethral trauma and catheter associated UTIs.

Please see page 24

- **National alerts have highlighted the need to ensure female length catheters are used for female patients. CAUTION is therefore recommended when choice of catheter is made to reduce the risk and trauma associated with FEMALE catheter insertion into a MALE patient.**
- **If male catheters are to be used on female patients e.g. For obese or wheelchair user, then the clinical assessment should be documented in patient care plan by the health professional undertaking the assessment.**
- Patient assessment, monitoring and on-going support is essential to prevent urinary tract infections and improve quality of life for those patients who have a urinary catheter.
- Aim to use the smallest size that provides adequate drainage to avoid problems such as bypassing.
- **Select the correct length and type of catheter**: **Do not use FEMALE catheters in MALE patients under any circumstances.**
- **ALWAYS** wash the patient prior to catheterisation.
- For indwelling catheters, balloon sizes could be 3ml, 5ml or 10ml, this represents the amount of sterile water required to fully inflate the balloon. Under inflation can distort the angle of the catheter tip, causing bladder spasm.
- Choice of product depends upon:
    - Assessment and diagnosis
    - Patient Choice – where lifestyle or circumstances require.
    - Local guidelines
    - Latex Allergy – use only 100% silicone – **DO NOT** confuse with silicone elastomer.
- **Special Precaution must be exercised when using catheters and catheter valves in spinal cord injuries patients. Autonomic Dysreflexia (AD) syndrome develops secondary to any noxious stimulus below the level of the injury.** Please see Appendix One for full information on AD.
- If problems persist i.e., frequent re-catheterisations, bypassing, blocking **See Appendix Two** (page 26) Planned and unplanned reviews for patients with long-term indwelling urinary catheters. For further support contact the community continence service for advice/support. (see local contacts list)

Please use HOUDINI to guide appropriate catheterisation, prompt removal, and make that catheter disappear!

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Indwelling Catheters – Medium Term (up to four weeks)

- **A prescription must be generated and authorised by the prescriber prior to any ordering/delivery of catheters, this will prevent excessive ordering, both quantity and frequency.**
- Packaged in single units.
- Prescribe **TWO initially** and from then on only **ONE** to be prescribed at a time.
- Catheters listed are licensed for both urethral/supra pubic.
- PTFE Coated latex (Polytetrafluoroethylene).
- In **Latex allergy** use ONLY 100% silicone **LONG** term catheters.

Prescribing information:

PTFE Catheters - Product licence for catheter up to **28 days**
A PTFE catheter can remain in-situ for up to 28 days.
If more than 2 per month, refer to Continence Team

Teleflex - PTFE Aquaflate Coated Latex Catheter (foley) 2 ways.
Short to medium term use (up to four weeks)

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
DP310112	Standard Male	1	12	Usually, one every 4 weeks	At each catheter change.	£2.16
DP310114			14			
DP210112	Female	1	12			£2.16
DP210114			14			

Bard PTFE Coated Latex
Short to medium term use (up to four weeks)

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
D1265LV	Standard Male	1	12-26	Usually, one every 4 weeks	At each catheter change.	£2.71
D1266LV			16-26			
D0168LV	Female	1	12-22			£3.04

Indwelling Catheters - Long term (up to twelve weeks)

- **A prescription must be generated and authorised by the prescriber prior to any ordering/delivery of catheters, this will prevent excessive ordering, in both quantity and frequency.**
- Catheters are packaged in single units. In a drive to prevent contamination, patient harm, and unnecessary admissions.
- Prescribe **TWO initially** and from then on for replacements **ONE** to be prescribed at a time.
- After **two** attempts at insertion seek further advice.
- (Catheters listed are licensed for both urethral/supra pubic use.)
- If catheter life is less than four weeks, i.e., requiring recurrent re-catheterisation, consider a medium-term catheter.

- **If latex allergy,** ensure 100% silicone catheter is used **NOT** elastomer coated.
- If problems persist and/ or further advice is required **refer** to your local continence service for advice.

Prescribing Information:

Hydrogel /Silicone Catheters - Product licence 4 weeks, to 12 weeks (84 Days)
Quantity 4-6 per year - If more than 6 per year, considering changing to a short/medium term catheter.
Prescribe 3 initially and up to 2 to be added to repeats.
"Each Catheter can last up to 12 weeks".

L.I.N.C Medical Uni-Flo All Silicone Catheter with UniBal type balloon 5ml
Pack includes sterile water filled syringe for balloon inflation, empty syringe for balloon deflation and a syringe of lidocaine & chlorhexidine for lubrication.

Trial for patients that regularly expel their catheter

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
0850120W	Standard Male	1	12	Usually, one every 12 weeks	At each catheter change or if catheter is in situ less than 4 weeks.	£6.83
85012051W	Female	1	12			
85014051W		1	14			

Teleflex - Sympacath Aquaflate Hydrogel Coated Latex Catheter (foley) 2 ways

Product code	Product	Pack size	Size	Usual Quantity	Review	Unit price
DH310112	Standard Male	1	12	Usually, one every 12 weeks.	At each catheter change or if catheter is in situ less than 4 weeks.	£6.59
DH310114			14			
DH210112	Female	1	12			
DH210114			14			

Prosys All-Silicone Catheter (foley) 2 way
Use only if latex allergy

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
PCF12M10	Standard Male	1	12	Usually, one every 12 weeks	At each catheter change or if catheter is in situ less than 4 weeks.	£5.89
PCF14M10			14			
PCF12F10	Female	1	12			
PCF14F10			14			

Indwelling Catheters …… continued

Coloplast - Folysil All Silicone Open Ended Silicone catheter - *Standard size only option here– may offer an alternative for those patients experiencing problems with repeated bypassing and blockage. There is no tip to the end of this catheter creating an additional drainage channel.*

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
AA7412	Standard Male only available option for open ended catheter.	1	12	Usually, one every 12 weeks	At each catheter change or if catheter is in situ less than 4 weeks.	£6.11
AA7414		1	14			
AA7416		1	16			

Teleflex - Brillant Plus Aquaflate All Silicone- TIEMANN Tip catheter with 10ml Sterile Glycerine solution.						
The tiemann tip catheter (Coudé-tipped catheter) has a unique shape angled upward at the tip that allows easier insertion. This feature facilitates passage through the bladder neck in patients who have an obstruction from a slightly enlarged prostate gland (e.g., in benign prostatic hyperplasia) or urethral stricture. The 100% silicone catheter and an Integral balloon result in trauma free insertion and removal. The Silicone material allows wider drainage lumen and reduces blockages. The glycerine solution stops premature balloon deflation and helps to prevent unnecessary catheter changes						
Product code	***Product***	***Pack size***	***Size***	**Usual quantity**	**Review**	**Unit price**
850084 followed by 000120 or 000140	*Standard Male ONLY*	*1*	*12 - 14*	Usually, one every 12 weeks	At each catheter change or if catheter is in situ less than 4 weeks.	£8.69

Clean Intermittent Self Catheters (CISC) – Specialist Initiation Only

- These are suitable for patients with incomplete bladder emptying e.g., neurogenic bladder disorders, particularly patients with multiple sclerosis, spina bifida, diabetes and spinal cord injury.
- Patient needs good dexterity and cognitive ability.
- Help to reduce catheter-associated urinary tract infections (CAUTI). These catheters are for single use only.
- How many a patient uses a day depends on their medical reason for ISC ranging from 1 to 5 times daily.
- All patients to be managed by an appropriately trained healthcare professional. **Please note this is a clean procedure for the patient and ASEPTIC technique for ALL others conducting the procedure on behalf of the patient.**
- **In partnership with the patient an individualised care plan MUST be developed.**
- **Formulary products will be trialled prior to prescribing.**

Indications for CISC

- Incomplete bladder emptying
- Neurogenic bladder
- Bladder outflow obstruction (prostate, vaginal prolapse)
- Detrusor failure
- Reflex incontinence
- Urethral Stricture management
- Following pelvic surgery
- Instillation of medication to the bladder

Frequency of CISC / IC The frequency of performing CISC will depend on residual urine volume (how much urine is left in the bladder).

As a general guide

- <100ml with no lower urinary tract symptoms (LUTS) – no need to catheterise.
- Patients should be encouraged to attempt urethral voiding prior to catheterisation.

- Post micturition residual

100-200ml with LUTS – once daily

200-300ml with LUTS – twice daily

300-400ml with or without LUTS – three times daily

400ml> with or without LUTS – four times daily

- Chronic retention patients who fail to void but have urge should catheterise four times daily and once overnight if they wake with urge.
- Patients who develop overactive bladder symptoms following initial drainage may need to be considered for antimuscarinic therapies until symptoms settle.
- Patients with chronic retention should be warned they may not initially feel the

Prescribing Information:

- One used each time the patient requires to void (100-150 per month)
- Prescribe in multiples of 30, up to 150 each time.
- Suggested addition to dosage instructions “3-5 catheters will be required each day”.
- Excessive use of intermittent catheters is known to cause trauma.

Prescription requirements

- Patients are taught how to use catheters according to their need / ability, catheters should not be changed without the patient being assessed for ability to use an alternative.
- Requirements depend upon frequency of catheterisation.
- Patients with a normal capacity bladder (300-500ml) and 2litre fluid intake should not need to catheterise more than 6 times in 24 hours.

Frequency of catheterisation / day	**Total catheters / month**	**Boxes / month**
1	30	1
2	60	2
3	90	3
4	120	4
5	150	5

Quality and Safety alert

Patients requiring more frequent catheterisation should be referred for review by the continence team to reduce the **risk of urethral trauma**.
Please use direct referral template on systmOne to refer to your local community continence team.

Standard Intermittent Self Catheters (ISC) (Not compact)

LISTED IN ORDER OF PREFERENCE

ISC Catheter – Standard with sachet

Ready to use, hydrophilic coated catheter with non-touch slide and glide.

Bullen's HiSlip Plus - with sachet

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
HS.PM4010	Standard Male	1	10	As per care plan	Every 3 months.	£33.11
HS.PM4012			12			
HS.PM4014			14			
HS.PM4016			16			
HS.PM4018			18			
HS.PF2010	Female	1	10			£33.11
HS.PF2012			12			
HS.PF2014			14			
HS.PF2016			16			
HS.PF2018			18			

BD Ready-To-Use Hydrophilic Catheter

Product code	Product	Size	Pack size	Prescription frequency	Product review	Unit price
RTU10F	Female 19cm	10	30	As per care plan	Every three months	£37.92
RTU12F	Female	12	30			£37.92
RTU12M	Male	12	30			£37.92
RTU14M	Male	14	30			£37.92
RTU16M	Male	16	30			£37.92

Rusch Flocath quick (Teleflex)

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
85122110	Female 20cm	30	10	As per care plan	Every 3 months	£37.57
85122112		30	12			
85122114		30	14			
85124110	Standard/male	30	10			£37.57
85124112		30	12			
85124114		30	14			

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Compact Intermittent Self Catheters (ISC)

These catheters should be used for discreteness when the patient is going out. (discreet) or those who are unable to use first line catheters due to dexterity problems.

Curan Lady (Clinimed Ltd)						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
CL10	Female	30	10	As per care plan	Every 3 months	£43.84
CL12		30	12			
CL14		30	14			
Curan Man (Clinimed Ltd)						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
CM12	Male	30	12	As per care plan	Every 3 months	£48.81
CM14		30	14			

Hydrosil GO (Bard Ltd)						
Product Code	**Product**	**Pack Size**	**Size**	**Usual quantity**	**Review**	**Unit price**
71810	Female	30	10	As per care plan	See prescription requirements	49.46
71812		30	12			
73812 G	Male	30	12			53.43
73814 G		30	14			
73816 G		30	16			

Lofric Sense Sterile hydrophilic catheter (Wellspect Healthcare)						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
4161050	Female 15cm	30	10	As per care plan	Every 3 months	£50.62
4161250		30	12			
416150		30	14			

Speedicath Compact Set Catheter (Coloplast Ltd)						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
28520	Female	20	10	As per care plan	Every 3 months	£47.04
28522		20	12			
28524		20	14			
28422	Standard/ Male	20	12			£47.04
28424		20	14			
28426		20	16			

Non-Touch ISC catheters with integral drainage bag (3rd Line)

Not for routine prescribing, specialist prescribing only.

- **for use by carers and HCP** (wearing nonsterile gloves) for IC when the patient is unable to perform CISC
- **Patients who have manual dexterity difficulties with first line catheters.**

Vapro Plus Pocket (Hollister Ltd)

Product Code	product	Pack Size	Pack	Usual quantity	Review	Unit price
71102	Female	30	10	As per care plan	See prescription requirements	95.98
71122		30	12			
71124	Male	30	12			
71144		30	14			
71164		30	16			

Coloplast Speedicath Flex set

SpeediCath Flex Set is an all-in-one solution for men with a soft catheter featuring triple action coating technology, a dry-sleeve, a flexible tip, and a dry-to-the touch bag.

Product Code	product	Pack Size	pack	Usual Quantity	Review	Unit price
28931	Male	30	10	Every 3 months	See prescription requirements	£ 96.00
28932		30	12			
28934		30	14			
28936		30	16			

Meatal Dilation / Urethral Stenosis Vesica Urology Meatal dilator

Product code	product	Pack Size	Size	Usual Quantity	Review	Unit price
OSMDIL16	Male	30	16	**Every 3 months**	In line with frequency guide	£36.00
OSMDIL18	Male	30	18			
OSMDIL14	Female	30	14			

Catheter Valves

In people for whom it is appropriate a catheter valve may be used as an alternative to a drainage bag.

- Patients must have an individualised specialist assessment to ensure a catheter valve is appropriate. Points to consider.
  - Person's preference
  - Family member and carer support
  - Manual dexterity
  - Cognitive ability
  - Lower urinary tract function
- For use with indwelling catheters only.
- Their use helps to imitate normal bladder function by allowing the bladder to fill and empty, maintaining normal capacity and tone and is a discrete alternative to drainage bags.
- They allow the catheter balloon to be lifted from the bladder wall decreasing the risk of bladder wall erosion and trauma to the bladder neck. (Addison 2001)
- To be used for chronic catheterisation patients 2-3 weeks prior to trial without catheter (twoc) to regain bladder function and tone.
- To be used for acute catheterisation patients prior to twoc.
- Catheter valves should be changed every 5-7 days.

No more than one packet (5) should be prescribed every month.

Contraindications

- Reduced bladder capacity
- No bladder sensation
- Cognitive impairment
- Unstable Bladder
- Poor manual dexterity
- Renal impairment
- Post Radical Prostatectomy

Special Precautions

- Spinal Injuries/ neuropathic disease – use of catheter with valves should be encouraged where ISC is not possible.

Special Precaution must be exercised when using catheter valves in spinal cord injuries patients. Autonomic Dysreflexia (AD) syndrome develops secondary to any noxious stimulus below the level of the injury. Please see Appendix One for full information on AD.

Please note T-tap catheter valves are no longer available.

Catheter Valves						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
CF1	Linc Care-Flo Catheter Valve	5	Std	5 per month	At every catheter change.	£1.76 each
PCV3942	Clinisupplies Prosys valve	5	std	5 per month		£2.04 each

Catheter drainage bags

The choice of the drainage bag is agreed during assessment in partnership with the patient. Where possible the system selected should be easily managed by the patient/carer. Factors to consider are:

- Patient choice and body image.
- Bag capacity (a wide range are available).
- Fabric or non-fabric backed.
- Tubing length (a wide range are available).
- Tap design - manual dexterity (ability to manage tap confidently).
- Placement / position of bag.

Leg bags

- Can be used in conjunction with **catheters and sheaths**.
- Leg bags may be worn in various positions on the leg, i.e., inside thigh/calf, which is an individual choice, and this will determine the length of the inlet tube.
- Leg bags should be changed every **5-7 days** (manufacturer's recommendation).
- Maintaining a closed drainage system (i.e., not removing the leg bag when attaching a night bag) reduces the risk of infection.
- The leg bag must remain connected to the catheter and linked to the night bag if additional drainage capacity is required overnight.
- **500mls bags have been listed below, as this is the most common size used. Other volume leg bags are available.**
- Leg bags with two step safety lock and anti-kink tubing may be helpful for some patients.
- Do not over stretch the catheter when fitting leg bag.
- **ALL** patients MUST have a sterile leg bag fitted to catheter.
- **No more than one box of ten should be issued alternate months (6 x10 boxes per year).**

CARE: care with positioning of the patient after insertion of catheter and attachment of leg bag. Poor positioning may cause skin trauma, e.g., sitting on leg bag tubing.

FIRST CHOICE (First choice in community residential settings where a carer/ care assistant is changing bags)

Linc Medical

All packs come with a pair leg bag straps & latex free gloves and the following features, needle free sample port, step connectors. Packs with adjustable tubes contain sterile scissors.

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
LM350SD-T LM350MD-T	Leg Bag - 350ml, Direct Tube, T-Tap, with fabric backing	10 per pack	350ml	10 every 2 months (1 pack every 2 months)	At each catheter change	£21.50
LM500SD-T	Leg Bag - 500ml, Direct Tube, T-Tap, with fabric backing	10 per pack	500ml	10 every 2 months (1 pack every 2 months)	At each catheter change	£23.15
LM500MD-T	Leg Bag - 500ml, Direct					

	Tube, T-Tap, with fabric backing 10cm					
LM500LD-T	Leg Bag - 500ml, Direct Tube, T-Tap, with fabric backing 30cm	10 per pack	500ml	10 every 2 months (1 pack every 2 months)	At each catheter change	
LM500AD-T	Leg Bag - 500ml, Direct Tube, T-Tap, with fabric backing 60cm					£23.15
LM500SD-L	Leg Bag - 500ml, Direct Tube, Lever Tap, with fabric backing	10 per pack	500ml	10 every 2 months (1 pack every 2 months)	At each catheter change	
LM500LD-L	30cm					
LM500AD-L	60cm					£23.15
LM750SD-T	Leg Bag - 750ml, Direct Tube, T-Tap, with fabric backing	10 per pack	750ml	10 every 2 months (1 pack every 2 months)	At each catheter change	
LM750MD-T	Leg Bag - 750ml, Direct Tube, T-Tap, with fabric backing 10cm					
LM750LD-T	30cm					
LM750AD-L	Leg Bag - 750ml, Direct Tube, T-Tap, with fabric backing 60cm					
LM750AD-T	60cm					£23.15

Lever taps:

The design has been to keep it easy to open/close as there were feedback that there is a need for this to cater for users with poor dexterity. The T-tap version is offered for those that find the lever taps far too easy to open/close.

Second CHOICE (First choice in community residential settings where a carer/ care assistant is changing bags)

Rusch Leg bags (day bags) – Teleflex						
Prescribing Information: Each bag should last 5-7 days. No more than 1 x 10 should be issued alternate months (6 x 10 per year). Suggest that patients put the date on the back of the bag when new bag is attached. Suggested addition to dosage instructions “Each bag should last 5-7 days”						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
Lever Tap – Short Tube				10 every 2 months (1 pack every 2 months)	Before each Rx	
850363-000350	Rusch sterile leg bag – 10cm	10 per box	350 ml			£22.20
850363-000500		10 per box	500 ml			£24.24
Lever Tap - Long Tube						

850364-000350	Rusch sterile leg bag – 30cm	10 per box	350ml			£22.20
850364-000500		10 per box	500ml			£24.24
Slide Tap – Short Tube				10 every 2 months (1 pack every 2 months)	Before each Rx	
850361-000350	Rusch sterile leg bag – 10cm	10 per box	350ml			£22.20
850361-000500		10 per box	500ml			£24.24
Slide Tap - Long Tube						
850362-000350	Rusch sterile leg bag – 30 cm	10 per box	350ml			£22.20
850362-000500		10 per box	500ml			£24.24

Third CHOICE (First choice in community residential settings where a carer/ care assistant is changing bags)

Flexicare						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
Lever Tap – Short Tube				10 every 2 months (1 pack every 2 months)	Before each Rx	
00-1352		10 per box	350 ml			£22.90
00-1502		10 per box	500ml			£22.90
Lever Tap - Long Tube						
00-2352		10 per box	350ml			£22.90
00-2502		10 per box	500ml			£22.90

FOR INFANTS & BABIES

Linc Panda Paediatric Panda bags *cater to the needs of infants and babies who require urine drainage. Pair leg bag straps & latex free gloves /needle free sample port/step connector*

Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
LM100SD-L	Panda bag 100ml, direct inlet tube	10 per box		10 every 2 months (1 pack every 2 months)	At each catheter change	£29.21
LM100MD-L	Panda bag 100ml, 10 m tube					
LM100LD-L	Panda bag 100ml, 30cm tube					
LM200SD-L	Panda bag 200ml, direct inlet tube					
LM200MD-L	Panda bag 200ml, 10cm tube					
LM200LD-L	Panda bag 200ml, 30cm					
Second Choice Great Bear Mummy Bear						
10111M	Mummy Bear Paediatric Leg Bag Backing Lever Tap Direct Inlet	10	100ml	10 every 2 months (1 pack every 2 months)	At each catheter change	£31.90
10135M	Mummy Bear Paediatric Leg Bag Backing Lever Tap Direct Inlet	10	350ml	10 every 2 months (1 pack every 2 months)	At each catheter change	£31.13

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Drainable Night Bags 2L
Single use bags drainable night bags

- Suitable for night-time use for the collection of urine from indwelling catheters or urinary sheaths.
- The position of the bag should be **below bladder level** to enhance drainage and be directly connected to the leg bag to maintain a closed system but not more than 30cm below as can have a negative effect and cause suction to the bladder mucosa and cause blockage to the catheter.
- Night bags should be used in conjunction with a leg bag stand. (Floor or bed attached)
- A **single use** drainable night bag **MUST** be attached to a leg bag for infection control reasons.
- Bags should not be re-used, and a new bag **MUST** be used every night (unless personalised choice is for longer use bag as noted below).

Night bags						
Single Use Only Bags To reduce the risk of infection patients should be prescribed single use night bags. This applies to patients in care homes and those being looked after in their own homes						
Prescribing Information: These should be used routinely. Each bag should last 24 hours, 3 x 10 per month. Suggested addition to dosage instructions “Single usage only”						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
LM2LNS	**LINC-Flo non-sterile 2 litre** overnight drainage bag with 100cm inlet tube, non-return valve and twist off tube outlet	10 per pack	2 litres	3 x 10 per month – **note** Teleflex are 30 per pack.	Before each prescription	£2.21
LM3LS	**Linc**-3-litre Single Use Sterile Drainage Bags 120cm	10 per pack	3 litres			£5.44
850422	**Teleflex Non-sterile drainable** night drainage bag	**30 per pack**	2 litres			£9.78

Night bags Sterile Drainable (5-to-7-day use) **These are NOT for single use.** *Drainable night bags are the preferred option in some circumstances e.g., Palliative care, diabetes insipidus and heart failure with oedema, bed bound patients*						
Prescribing Information: Patients must be clinically assessed for this type of product. Each bag should last 5-7 days. No more than 1 x 10 should be issued alternate months (6 x 10 per year). Suggest that patients put the date on the back of the bag when new bag is attached. Suggested addition to dosage instructions "Each bag should last 5-7 days"						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
First Choice				One pack of 10 every other month	Included in the pack - slide to tap 2 litre sterile night bag with integral bag hanger tuck up tap pair latex free gloves/needle free port/step connect.	
SLC13 T-tap SLC13L lever tap	**LINC-Flo sterile 2 litre** overnight drainage bag with 120cm anti-kink inlet tube, non-return valve. A pair of nitrile gloves, and needle free sampling port	10	2 litres			£9.88
850420	**Rusch drainable** night drainage bag 120cm tube with tuck away slide tap and needle free sampling port	10	2 litres			£11.04
Last Option use - before specialist intervention						
PHSU2	Prosy's 2000+ drainable, non-sterile, 2000ml night bag With unique Click-Close outlet tap	10	2 litres			£12.63

Belly Bags

The pressure of the bladder muscles is more than sufficient to ensure that the urine flows through the catheter from the bladder into the bag. The residual pressure of the bladder is 10 to 25 cm H_2O. Only 6 cm H_2O is required to ensure that urine flows from the bladder into the bag.
http://www.teleflex-homecare.com/products/urology-continence/urine-drainage-systems/belly-bag/

Belly Bags – each bag may be used for up to 28 days						
Product code	***Product***	***Pack size***	***Size***	***Usual quantity***	***Review***	***Unit price***
B1000P	*Belly Bag with sample port (Teleflex)*	*1*	*1 litre*	*1*	-	*£11.34*
B1000CT	*Belly Bag with extended tubing (Teleflex)*	*1*	*1 litre*	*1*	-	*£11.34*

Catheter Accessories:
Catheter lubricants

- To reduce injury to the urothelium and subsequent risk of urethra damage.
- Gel lubricants can facilitate pain free insertion – the primary action of gels contained in this formulary is lubrication with an ancillary anaesthetic action and / or antibacterial action.
- Lubrication is to help reduce the risk of associated infection due to reduced trauma with lubricant. If required, lubricant with additional chlorhexidine is available (check if contraindication to chlorhexidine prior to use).
- One to be used at each catheter change.

- **Order in singles**.
- Suitable for supra pubic use - 6ml to be used for this procedure.

Anaesthesia is achieved within 5 minutes, depending on the area of application. Duration of anaesthesia is approximately 20-30 minutes.

Lubricant						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
(6ml) (11ml)	Instillagel 6ml-11ml	1	6ml female and suprapubic 11ml male	1 per catheter ordered	At each change	£10.50 (10) £11.00 (10)
FST887 (6ml) FST888 (11ml)	Opti lube 6ml -11ml	1	6ml female 11ml male	1 per catheter ordered	At each change	£11.10 (10) £11.10 (10)

Catheter Accessories / Leg Bag Holders

- It is extremely important that both the catheter and leg bag are well supported to reduce traction and trauma to the bladder neck/urethra.
- The G strap can be used as a retaining strap which secures the tubing or catheter firmly and comfortably against the leg acting as a shock absorber for all indwelling catheters.
- G strap and leg bag holders are washable and reusable.
- Leg bag holders can be used as an alternative or alongside leg straps, particularly good for frail skin, or problems with straps digging into or rubbing against the leg as it distributes the weight of the urine more uniformly.

Fixation Sleeve - Leg Bag Holders

UGO FIX SLEEVE L/BAG HOLDER 3006						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
3007	large	4	1 x 4	1 pack of 4 every 6 months	Before each Rx	£7.66 (4)

Bard Uri -sleeve						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
150111	Small	4	1 x 4	1 pack of 4 every 6 months	Before each Rx	£9.01 (4)
150121	Medium					
150131	large					

Catheter Maintenance Solutions

USE ONLY WHEN clinically indicated and prescribed for individual patients.

- There should be a clinical rationale for use and prescribed for individual patients.
- Should only be considered **for short-term use**, to treat indwelling catheters for prevention of encrustation, or to dissolve crystal formation prior to removal of catheter to prevent urethral trauma.
- Catheter solutions must not be used to prevent catheter-associated infection (NICE 2003)
- **Monitoring pH** will help identify the need for, and the type of solution required.
- Citric acid should **ONLY** be used for those patients who have a consistently high pH of 6.8 and above.
- It is good practice to cut open the catheters on removal, from those patients where blocking is a problem to see if the lumen is blocked by sediment deposit.
- Two sequential instillations of a small volume are more effective than a single administration.
- (Getliffe 2000).

Formulary Range of maintenance solutions (B Braun Guide to best practice)

Flushing debris and mucus from within the bladder

Uro-Tainer Saline NaCl 0.9%

Sodium Chloride is recommended to flush out debris and mucus, it has a purely mechanical action. Dosage is as required.
It is a sterile isotonic solution. It does not contain any preservatives.

Encrustation

To minimise the use of catheter maintenance solutions where encrustation is a problem, best practice states: -
To estimate the lifespan of a catheter in individuals that are prone to struvite formation, (encrustation), it is advisable to monitor and observe the length of time the catheter remains functional before becoming blocked. This will give a good indication of the time frame required, for pre-planned, re catheterisation procedures to be carried out before blockage occurs.

Uro-Trainer Suby G (Citric Acid 3.23%)

Suby G is recommended if the patient is identified as a "blocker."
A regular regime can be used as a prophylactic measure to prevent the build-up of encrustation and catheter blockage. By measuring the pH regularly and the length of time the catheter takes to block, the frequency of Suby G use can be determined.
The **maximum** dosage is twice daily.
If irritation is experienced, treatment should be **discontinued**.

Uro-Trainer Solution R (Citric Acid 6%)

Solution R is recommended prior to catheter change and for "persistent blockers."
Solution R can be effective in clearing a catheter which is completely blocked with encrustation. Prior to catheter removal it will dissolve crystals formed in and around the catheter tip making removal less traumatic to the delicate urethral tissue.
A combination of Suby G and Solution R is also an option for persistent "blockers."
The **maximum dosage** is twice daily.
If irritation is experienced, treatment should be **discontinued.**

Catheter maintenance solutions – restricted use – for individualised care ONLY						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
FB99849	Uro-tainer sodium chloride (0.9% saline)	50ml	Singles	Only if clinical rationale for use – SHORT TERM ONLY	Before each Rx	£3.76
FB99833		100ml				£3.76
9746609	Uro-tainer twin (3.23% Citric Acid - Suby G)	2 x 30ml				£5.42
9746625	Uro-tainer twin (6.0% Citric Acid - Solution R)	2 x 30ml				£5.42

Urinary sheaths

- A urinary sheath system can be an excellent method to manage urinary incontinence in men. It is particularly important when using an incontinence sheath system, for it to be assessed properly for the correct size. Urinary sheaths offer a valuable alternative method of urinary incontinence management for men.

- This should be done using the manufacturers measuring guide (as the same sizes may vary with different brands) to ensure that the sheath is:
  - not too tight, (which could result in discomfort or even sore skin)

-not too loose in which case the sheath is more likely to fall off.

- Sheaths also come in standard or shorter lengths to enable the best fit.
- Before the sheath is applied, the penis and surrounding area should be washed and dried thoroughly. **Do not** use moisturising soap, any creams or talcum powder as these can affect adhesion.
- It is not advisable to shave the pubic area as this can cause skin irritation, but hair can be trimmed if necessary.
- Some sheaths come with a hair guard provided. Alternatively, a hole can be torn into a piece of kitchen paper then placed over the penis to push the hair back.
- Remove the sheath from the packet and place the end over the end of the penis.

ALWAYS ENSURE THE FORESKIN IS KEPT FORWARD. Leave a gap at the bulbous end of the sheath and unroll the sheath to its full extent along the penile shaft.
NB: please check manufacturers' instructions and relevant fitting instructions appertaining to the specific sheath used.

- When the sheath is in place it can be attached to a **non-sterile** drainage bag. Leg bags should be worn on the inside of the leg to aid drainage.

- It is recommended that sheaths are changed daily so over ordering more than one box of thirty per month may indicate poor fit although NHS Drug tariff states they can be kept in place for 1-3 days.

  If patient uses more than 30 per month, please refer to continence team for advice.
- For choice of suitable leg bags – see catheter drainage

First Choice Comfort latex sheaths						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
2389542	Standard Length	30	18mm	1 pack (30) per month	Every 3 months	£27.13
2389476			20mm			
2389484			22mm			
2389492			24mm			
2389500			26mm			
2389518			28mm			
2389526		30	30mm			

First Choice CliniMed - Clinisure silicone sheath						
				Usual quantity	Review	Unit price
CS24S	Standard Length	30	24mm	1 pack (30) per month	Every 3 months	£42.00
CS28S			28mm			
CS31S			31mm			
CS35S			35mm			
CS40S			40mm			
CS24P	Shorter length (pop-on)	30	24mm			
CS28P			28mm			
CS31P			31mm			
CS35P			35mm			
CS40P			40mm			
CS24W	Wide Band	30	24mm			
CS28W			28mm			
CS31W			31mm			
CS35W			35mm			
CS40W			40mm			

Second Choice **Bard Clear Advantage –** Aloe Vera can be used for patients who experience penile soreness						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
1243	Style 1 -Standard Length	30	24mm	1 pack (30) per month	Every 3 months	£54.26
1283			28mm			
1323			32mm			
1363			36mm			
1403			40mm			
2243	Style 2- Shorter length (POP on)	30	24mm	1 pack (30) per month	Every 3 months	£54.26
2283			28mm			
2323			32mm			
2363			36mm			
2403			40mm			

Third Choice Conveen Optima Latex Free self-sealing Uri sheath						
Product code	Product	Pack size	Size	Usual quantity	Review	Unit price
22025	Standard Length	30	25mm	1 pack (30) per month	Every 3 months	£55.39
22028			28mm			
22030			30mm			
22035			35mm			
22040			40mm			
22121	Shorter length	30	21mm	1 pack (30) per month	Every 3 months	£55.39
22125			25mm			
22130			30mm			
22135			35mm			

Retaining Straps: These are used to prevent tugging on the sheath.

Great Bear retaining Strap.						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
10644A	Great Bear Retaining Strap	5	-	1 x 5	Every three months	£18.91

Adhesive Remover Wipes

Prep wipes (provide a barrier for protection and adhesion to skin) and **Adhesive remover.**
Skin prep wipes can be used if the sheath is not staying in place or used to protect the skin if the patient is experiencing penile soreness.

Prep wipes (provide a barrier for protection and adhesion to skin)						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
62046	**Conveen** (Single use protective film wipes)	30	1 x 30	1 pack per month	As necessary	£12.95
3859014	Medicare plus prep wipes	1	1x100	1 pack per month	As necessary	£1.60

If the above products are unsuitable, please contact your local Continence Service for advice.

Retracted Penis Pouch

Holister Retracted Penis Pouch						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
9873	Retracted Penis Pouch with Flextend Skin Barrier	10	-			£30.80
9811	Retracted Penis Pouch	10				£31.34

Urinals and funnels

These connect to drainage bags to allow for through flow of urine from the bottle to the bag over night to prevent spillage.

- These may be used for patients who have functional incontinence.
- These should be used as part of their treatment or management plan.
- Used as appropriate to **maintain continence** and dignity.
- In conjunction with vernagel **ONLY in exceptional circumstances.**

Urinals and funnels						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
URINALS						
6-05T MALE	Beambridge Male urinal with tap	1		1	As needed	£15.03
6-05 MALE	Beambridge Male urinal no tap	1		1		£15.03
6-18T FEMALE	Beambridge Female Urinal with tap	1		1		£15.03
FUNNELS						
6-35 MALE	Beambridge funnel	1		1	As needed	£14.45
6-40 FEMALE	Beambridge Female	1		1		£14.63

Uri bags

*These may be used for patients who have functional incontinence. These can be used as part of their treatment or management plan. Used as appropriate to **maintain continence** and dignity.*

Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
URI bag	URI bag pocket sized (when not in use) reusable urinal for men & urinary/ostomy appliance users, 1.2 Litre capacity	1		1	At each change	£15.37
URI bag F	URI bag F pocket sized (when not in use) reusable urinal for females, 1.2 Litre capacity	1		1	At each change	£15.37

Verna gel *- For patients using bottles and whose condition or frailty means that they are likely to spill the urinal content.*
*This is a considered decision **for individualised patient care**.*

Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
322-9148	Verna gel	100	6g sachets	Depending on urinal use	Before each Rx or if >than 1 box. per month	£9.99

Patient Safety Alert reference number: NHS/PSA/W/2017/003 - Caution - Risk of death and severe harm from ingestion of superabsorbent polymer gel granules. The gel granules are not toxic but if put in the mouth they will expand on contact with saliva, risking airway obstruction. Full information on this alert can be found at https://improvement.nhs.uk/documents/1391/Patient_Safety_Alert_-_polymer_gel_granules_FINAL_v4.pdf

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Skin Barrier products

Taking Care of Skin for Patients with Incontinence issues
Exposure of the skin to excessive moisture, such as in cases of incontinence, can damage its natural barrier function and lead to tissue damage and breakdown known as incontinence associated dermatitis. The most severe damage occurs when urine and faeces are mixed on the skin. When this occurs, there is an increase in the skin PH in the perineal area with an immediate chemical reaction. Infections such as incontinence associated dermatitis can erode the skin barrier, causing severe and uncomfortable symptoms.

- People who develop incontinence associated dermatitis are more likely to develop pressure ulcers, or bed sores.
- be pro-active and prevent issues, ensure sure you clean and dry the area right away after having a bowel movement. Use a soft, disposable non-woven cloth use soap-free skin cleansers that do not cause dryness or irritation. A skin cleanser with a Ph range like normal skin, pH 5.5, is preferred over soap and water.
- Barrier creams keep the skin free from pain and irritation. The creams are designed to provide an extra protective layer on the skin, preventing the development of infection.
- No Sting Barrier Film be used on broken skin?
- If patients are receiving radiation therapy, ensure you ask radiotherapy departments if it is okay to use any lotions or creams.

Do Not:

- Use soap and water when cleansing following incontinence episodes. Soap can dry the skin, leading to inflammation.
- Rub or scrub the skin. This can cause further irritation.
- Use more than one incontinence pad at one time

Medi Derma-S Barrier Cream provides gentle barrier protection on intact skin or for mild skin damage.

- moisturises and protects damaged and intact skin by forming a protective waterproof barrier, preventing irritation from bodily fluids, adhesive products, and friction.
- Can be applied to both damaged and intact skin.
- Can be used underneath incontinence pads as it does not block pad absorption.
- Prevents exudate damage and maceration.
- Only a small amount required for each application.
- Quickly absorbed into the skin
- Alcohol, Fragrance, Latex, Parabens and Phthalates Free

How to use: A pea-sized amount of Medi Derma-S Barrier Cream will cover an approximate area the size of a palm – do not over-apply, skin should always be clearly visible after application. Apply an even coating to clean skin and allow to fully dry before reapplication of incontinence pads or adhesive devices. As a general guideline Medi Derma-S can be reapplied after every third wash, although may require more frequent application if skin is being exposed to higher levels of moisture from incontinence.

Medi Derma-S Barrier Film provides long lasting barrier protection on mild/moderate skin damage.

- Silicone-based, long-lasting, non-sting medical grade liquid which forms a protective uniform film when evenly applied to the skin.
- Long Lasting Protection – resilient, hydrophobic protective barrier (up to 72 hours) from moisture associated skin damage.
- Non-Sting formulation helps protect both damaged and intact skin.
- Protects skin from exudates and adhesives and prevents damage and maceration.

- Does not impede the adhesion of dressings, pouches or adhesive devices and prevents and reduces trauma and related pain.
- Dries in seconds.
- Aerosol can be sprayed and used at any angle.
- Alcohol, Fragrance, Latex, Parabens and Phthalates Free
- It can be used up to the expiry date on the product once opened therefore no need to discard after 28 days unless in a care home setting.
- **A 92g tube should be sufficient for 3 months treatment.**
  NHS Norfolk & Waveney ICB does not support the prescribing of sachets.

Creams					
Product Code	**Product**	**Pack Size**	**Prescribing**	**Review**	**Unit cost**
3883121	Medi-derma s	28g	1 per month initially and then review level of use.	Before each Rx	£2.98 £5.95
3413325		92g	1 tube per 3 months		
60796	Medi-Derma S barrier film spray	30ml	1 per month		£5.35
	Medi-derma S	1ml			
8026502	Sorbadem	28g 92g	1 per month initially and then review level of use. Adapt prescribing to reduce waste. Use until expiry date on product. **DO NOT** discard after 28 days.	Before each Rx	£2.85 £5.77

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Bowel Management: Faecal continence

TAI can reduce the severity of constipation and incontinence, improve quality of life, and promote dignity and independence.

TAI may not be suitable for all people with bowel dysfunction. It may take several weeks before a person is comfortable with using the system, and some people may choose to stop using it. TAI is therefore most effective when it is offered with specialist training for users, carers and NHS staff, and structured patient support.

Assessment of the patient is needed before undertaking TAI by a specialist service to:

• Confirm the reason for initiation, for example, failure of conservative therapy, unpredictability of bowel function.

• Help to ascertain the optimal TAI system for a patient to use.

• Identify any criteria that would contraindicate the use of TAI.

Not all patients with chronic idiopathic constipation will be suitable for TAI. Referral to the most appropriate healthcare professional should be made in accordance with a local pathway. **See Appendix Three and Four**

Decision Tool

Adapted from ***Development of a decision guide for trans anal irrigation in bowel disorders.*** *Anton Emmanuel, et al. Published Online:16 Oct 2019 https://doi.org/10.12968/gasn.2019.17.7.24*

Bowel condition		
•Passive faecal incontinence •Post defaecation seepage •Rectocele •Incomplete evacuation •Evacuation difficulties	Low volume	***Low volume mini irrigation*** *+/- extension tube* *Regime 1*
Low anterior resection syndrome (LARS)	Low volume	**Low volume mini-irrigation** +/- extension tube Regime 1
	High volume	**High volume cone irrigation** manual/electronic Regime 2
•Urge faecal incontinence/urgency •Constipation (slow transit/idiopathic/opioid induced/IBS-C) •Neurogenic (spinal cord injury, upper/lower motor neurone/MS/Parkinson's/spina bifida/cauda equina)	High volume	**High volume cone irrigation** manual/electronic Regime 3
		High volume catheter irrigation manual/electronic Regime 3

•Bed bowel management •Poor balance unable to transfer •SCI with upper motor neurone lesion/trunk balance e.g., upper motor neurone lesion	High volume	**High volume bed irrigation** Regime 4

Management regimens in stages:

REGIME 1	Irrigate daily. Commence with one irrigation each day +/- extension tube. This can be increased to twice each day if required Use only for a maximum of 2 irrigations each day If needing to use more often go to higher volume system
REGIME 2: For LARS	Irrigate daily. Commence with 200mls daily Increase to 300-400mls (if bowel symptoms continue) Increase to a maximum of 500mls (if bowel symptoms continue)
REGIME 3	Irrigate daily. Commence with up to 500mls daily (if starting with a lower volume, increase over a few days until 500mls is used) Continue with 500mls daily. If continuing to experience bowel symptoms increase to 800mls (may want to increase this over a few days
REGIME 4	Irrigate daily. Commence with 200mls for initial irrigation. Allow water to flow into bag, replace stopper and repeat irrigation with 300mls (or lower if not tolerated), giving a maximum of 500mls Continue with 500mls (this may be in 1-3 irrigations. If required, increase volume of water to a maximum of 800mls (this may be in 1-3 irrigations)

Faecal Continence Appliances

Quality and safety messages

Prescribing of anal irrigation products should **ONLY be undertaken following specialist advice.**

They are indicated for patients with neurogenic bowel dysfunction and chronic constipation in whom other options have been tried at maximum doses and remain unsuccessful.

The products below are agreed and should only be prescribed in primary care following specialist assessment and patients being stable for 2 months.

Trans Anal Irrigation						
Product code	***Product***	***Pack size***	***Size***	***Usual quantity***	***Review***	***Unit price***

IryPump – B Braun – Ahigh volume cone system with an electrical pump						
29120E	IryPump S Set	1	1	1 pack	Alongside symptom review	£521.73
29220E	IryCone+	1	1	1 pack		£68.49
29240	IryPump Container	1	1	1 pack		£43.77
Peristeen – Coloplast. A high-volume rectal catheter system with a manual pump						
29121	Peristeen System (System includes 1 control unit, 2 rectal catheters, 1 water bag, 2 straps)	1	1	1 pack	Alongside symptom review	£79.45
29126	Peristeen System Small (System includes 1 control unit, 2 rectal catheters, 1 water bag, 1 strap)	1	1	1 pack		£79.45
29122	Peristeen Accessory Unit (Contains 15 rectal catheters, 1 water bag)	1	15	1 pack		£138.47
29127	Small (Contains 15 rectal catheters, 1 water bag)	1	15	1 pack		£138.47
29123	Peristeen Rectal Catheters	1	10	1 pack		£88.53
29128	Peristeen Rectal Catheters small	1	10	1 pack		£88.53
29124	Peristeen Straps	1 pair	1	1 pack		£5.67
29125	Peristeen tubes	2	1	1 pack		£7.94
Qufora Irisedo Mini – Wellspect Healthcare – A low volume cone system with a manual pump						
53601-015	IrriSedo Mini System (15 irrigation set) (Contains 1 pump, 15 Hydrophilic coated cones, 15 waste bags)	1	1	1 pack	Alongside symptom review	£61.22
53601-030	*IrriSedo Mini System (30 irrigation set) (Contains 1 pump, 30 Hydrophilic coated cones, 30 waste bags)*	*1*	*1*	*1 pack*	Alongside symptom review	*£122.43*

MacGregor Healthcare Ltd – Low volume cone system, manual pump						
Product code	**product**	**Pack size**	**Pack size**	**Usual quantity**	**Review**	**Unit price**
QMGO	Qufora IrriSedo MiniGo (1 pump, 30 cones)	1	30	1 pack	Alongside symptom review	£125.47
QMGOFLEX	Qufora IrriSedo MiniGo Flex (1 pump, 30 cones with integral tube) better reach for those with balance or dexterity issues	1	30	1 pack		£230.58

Faecal collectors

Faecal collectors – bed bound patients only						
Product code	*Product*	*Pack size*	*Size*	*Usual quantity*	*Review*	*Unit price*

9822	*Holister faecal collector 500ml*	*10*	*500ml*	*1 pack*	*As necessary*	*£48.54*
9821	*Holister faecal collector 1000ml*	*10*	*1000ml*	*1 pack*	*As necessary*	*£48.54*

Anal Plugs

Anal Plugs – these MUST NOT be used for patients with inflammatory bowel disease. They can stay in situ for 12 hours						
Product code	**Product**	**Pack size**	**Size**	**Usual quantity**	**Review**	**Unit price**
FG730	Renew Insert	30 per month	Small	1 pack	As necessary	£70.54
FG731	Renew Insert	30 per month	Large	1 pack	As necessary	£70.54

References:

- PresQIPP Continence and Stoma Guide 2023. https://www.prescqipp.info/our-resources/webkits/continence-and-stoma/
- Herefordshire CCG Continence Prescribing Guide 2019. https://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=SKRZcLhWMdM%3D&portalid=1
- Department of Health - Drug Tariff December 2023. https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff
- NCHC Urinary Catheterisation Policy October 2022. https://www.ecch.org/media/keof1w05/catheter-policy.pdf
- B Braun – Catheter Maintenance Solutions – A guide to Best Practice https://www.bbraun.com.au/content/dam/catalog/bbraun/bbraunProductCatalog/S/AEM2015/en-au/b94/uro-tainer-cathetermaintenancesolutionsaguidetotherightmanagemen.pdf
- Teleflex Belly Bags – https://www.teleflex.com/usa/en/product-areas/urology/bladder-management/collection-devices/index.html
- Catheterisation Jelly – Making a choice – available at https://optimummedical.co.uk/product-category/catheterisation-jelly/
- NICE Guidelines,2023 https://www.nice.org.uk/guidance
- Management of Adult Bowel Dysfunction: Constipation and Faecal Incontinence including local treatment pathways and Transanal Irrigation (Norfolk & Waveney 2019) https://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=O2FC-6jrvRI%3D&tabid=750&portalid=1&mid=927
- Infection Control UK https://www.england.nhs.uk/publication/national-infection-prevention-and-control/
- Norfolk & Waveney ICS Catheter Care QI 2023/24 https://youtu.be/IbMTcGtAy0E

- Louise Egan Medicines Optimisation Technician
- Irene Karrouze RGN
- Kemi Banjo Head of Clinical Experience & Delivery, Medicines Optimisation

Document Approved by TAG:

Version Control

Version number	Date	Name and Title of Author/ Committee	Document Approval Status	Description of change to document or status
1.0	Jan 2016	Continence Formulary Review Committee, NCHC and NEL CSU.	Draft	Review and update of NHS Norfolk Continence Formulary 2009.
1.1	May 2016		Draft out for consultation	To add information as suggested by the NNUH/QEH urology team: added appendix re Autonomic dysreflexia and statements re catheter valves
	June 2016			Approved Prescribing Reference Group – representing the CCGs.
	July 2016			Approved NCHC.
1.2	July 2016		Draft	Add liquick, hydrosil Go and gripper to ISC.Removed stat loc not universally compatible.
1.2	August 2016		FINAL	
2.0	August 2018	Continence Formulary Review Committee, NCHC and AGEM CSU.	Draft	Updated contact details Added company names to have clearer identification of products. Reviewed catheters – added 5ml LINC uniflo. Reviewed ISC – separated into regular, compact and sets with additional guidance on appropriate use. Removed lofric sense regular, added Curan range.
2.2	December 2018		Draft	Added Great Bear Sheaths – Conveen security plus removed. Added retaining straps, prep wipes, adhesive remover,
2.3	January 2019		Draft	Added Tieman Tip information
2.4	January 2019		FINAL	Removed first catheterisation selection. Added Appendix two – catheter review
2.5	April 2019		Final	Updated contact details for North/West

2.6	October 2019		Draft	Single use night drainage bags- amended title to include 'suitable for nursing & residential care settings. Night bags 5–7-day use - Removed LINC-flo LM2LS as this is single use bag and replaced with LINC-flo SLC13 T-tap SLC13-L Lever tap.
2.7	July 2023 <

Norfolk Community Health and Care NHS Trust

Autonomic Dysreflexia

1. When catheterising people with injury to the spinal cord at or above the level of the 6th thoracic vertebrae the healthcare professional must be aware of the symptoms and treatment for Autonomic Dysreflexia (AD). It is a serious life-threatening condition. The syndrome develops secondary to any noxious stimulus below the level of injury. As the spinal cord is damaged, signals cannot pass normally to the brain, therefore, the body produces exaggerated abnormal nerve signals which cause problems above and below the level of the spinal injury. Below the injury, blood vessels go into spasm causing the blood pressure to rise. Above the level of injury, the body senses the high blood pressure and tries to relax the blood vessels (but can only influence the blood vessels above the level of injury).

2. **Bladder problems** are the most common cause of AD, these include:
   - An overfull bladder / urinary retention
   - Kidney or bladder stones
   - High pressure voiding
   - Urinary tract infection
   - Blocked catheter
   - Defective drainage system (e.g., kinked tubing or leg bag too full).

3. **Constipation-** this may be independently causing AD or causing out flow blockage to the catheter.

4. **Symptoms**
   These may be mild or severe and patients may present with one or more of the following:
   - Pounding headache
   - Profuse sweating
   - Flushing and/or blotching above the level of cord damage.
   - Pallor below the level of injury
   - Slowed heart rate.
   - Palpitations
   - Goose bumps
   - Blurred vision or seeing spots before your eyes.
   - Stuffy nose
   - Feeling of doom and gloom
   - Anxiety
   - Apprehension
   - Elevated blood pressure.

5. Under normal circumstances, a tetraplegic person may have a low blood pressure (e.g., 90/60). A rise of 20mmHg can be quite significant, if the BP rises to 120/80mmHG it could become an emergency. Therefore, it is good practice to monitor and record the baseline blood pressure of patients known to be at risk of AD. Hypertension may be severe enough to lead to seizures, stroke, or death.

6. **Treatment**
   - Identify the source of the noxious stimulus. Removing the stimulus will help the symptoms to settle.
   - Reduce the blood pressure by returning the patient to bed and place in a sitting position. (If bladder problems suspected only sit the patient to 45 degrees. Sitting at 90 degrees may cause increased pressure on the full bladder.)
   - Check the bladder. If the patient is not catheterised and the bladder appears full, catheterise immediately using an anaesthetic gel and leave on free drainage.
   - If catheterised, empty the leg bag and untwist any kinked tubing. If the catheter appears blocked, change the catheter immediately. DO NOT ATTEMPT A BLADDER WASHOUT - this will only distend the bladder further with potentially fatal consequence. If infection is suspected commence antibiotic therapy. Check bowel and check for other potential causes and treat appropriately.

Appendix Two: **Planned and unplanned reviews for patients with long-term indwelling urinary catheters.**

Standard Operating Procedure.

Planned And Unplanned Reviews For patients With Long Term Indwelling Urinary Catheters.

Elements	Clinical Rationale For Review.	Action
1. **Continence Formulary – Prescribing Guide. NCH&C, NEL CSU August 2016.**	This document has been compiled to provide continence care in line with NICE guidance across CCGs in Norfolk. Product selection should be made to meet **patient needs** on an **individual basis** as not all products are suitable for all. The intention is that this formulary must be used for all new patients and for current patients when a re-assessment of their needs is completed.	Review of existing equipment currently prescribed. To cross match equipment in alignment with current formulary – prescribing guide. Request prescription from appropriate source using the order form attached to the formulary. Document.
2. **Catheter Review.**	Consider the clinical rationale for initial catheterisation and ongoing need. Consider the benefits of clean intermittent catheterisation. Patient perception and expectation. Consent. Promotion of harm free care. 'Best Practice' guidelines.	Holistic review of current need. Consider trial without catheter – ongoing. Discuss with patient. Consider risks – falls, care package, skin integrity and continence status. Consider onward referral. Document.
3. **Catheter Passport.**	Educational resource of information for patients. A resource for health care professionals, ensuring up to date documentation and catheter history. Continuity of care.	Ensure patient is allocated a catheter passport. Explain the rationale to the patient. Document.
4. **Daily Catheter Care.**	Minimise complications associated with long term indwelling catheters. Promotion of harm free, cost effective, person centred care. Current practice based on 'Best Practice' guidelines.	Holistic assessment. Assess patient's knowledge and perception. Provision of advice and educational resources. Daily catheter care leaflet for carers. Document.

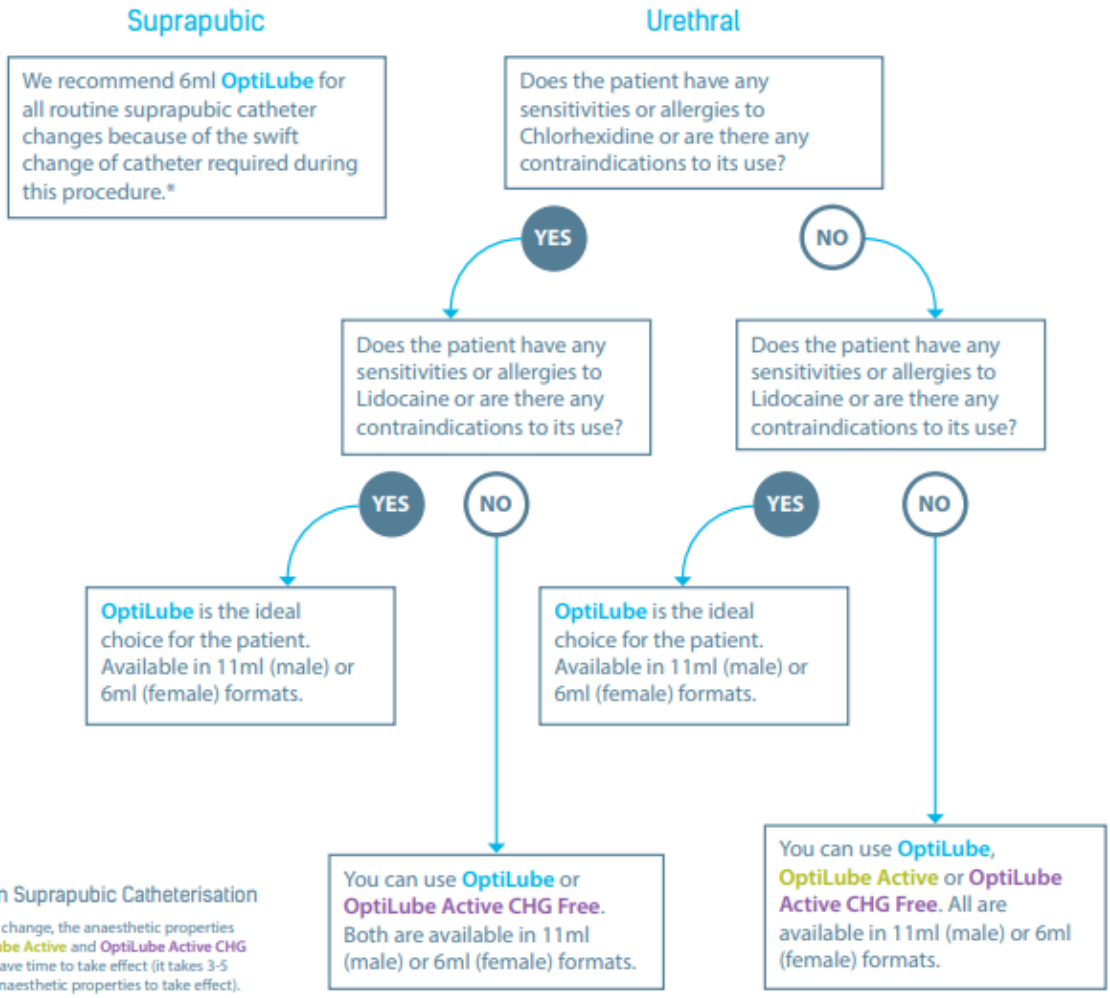
Elements	Clinical Rationale For Review.	Action
5. **Infection.**	Symptomatic signs. Scotland CA-UTI Surveillance - Definition. Promotion of harm free, cost effective, person centred care. Current practice based on 'Best Practice' guidelines. NCH&C Urinary Catheterisation Policy – Intranet.	Address sections 1, 2, 3, & 4. Patients whose catheter has been in situ for more than 7 days, and where continued use of a catheter is necessary, consideration should be given to changing the catheter. The catheter change should take place after the patient has completed 24 hours of antibiotic therapy but before the end of the 3rd day of treatment. Document.
6. **Bypassing Of Urine Around the Catheter.**	Infection / debris. Bladder spasm / instability. Constipation. Incorrect positioning of drainage system. Incorrectly sited catheter / catheter size too large. Hydrostatic suction – drainage holes may be occluded by urothelium. Promotion of harm free, cost effective, person centred care.	Holistic review - in addition, as indicated in sections above. Review of medication. Fluid and Dietary intake. Review of closed drainage system. Change catheter – adopting aseptic technique. Consider raising the drainage bag above the level of the bladder for 10 – 15 seconds. Document.
7. **Encrustation.** .	Visually examine the catheter tip once removed, for 'Struvite' formation or cut a horizontal cross section of the removed catheter lengthways and observe the lumen – crystallisation may be seen. Roll the catheter between the forefinger and thumb – feel 'gritty'. Strong alkaline urine. Current practice based on 'Best Practice' guidelines. NCH&C Urinary Catheterisation Policy – Intranet.	Holistic review. Review - incorporating sections above. To minimise the use of catheter maintenance solutions where encrustation is a problem, best practice states:- In order to estimate the lifespan of a catheter in individuals that are prone to Struvite formation, (encrustation), it is advisable to monitor and observe the length of time the catheter remains functional before becoming blocked. This will give a good indication of the time frame required, in order for pre-planned, re catheterisation procedures to be carried out before blockage occurs. Document.

Appendix Three: Lubricating Gel – Making a Choice.

Making a choice

Which lubricant gel should I choose for effective lubrication during the catheterisation procedure?

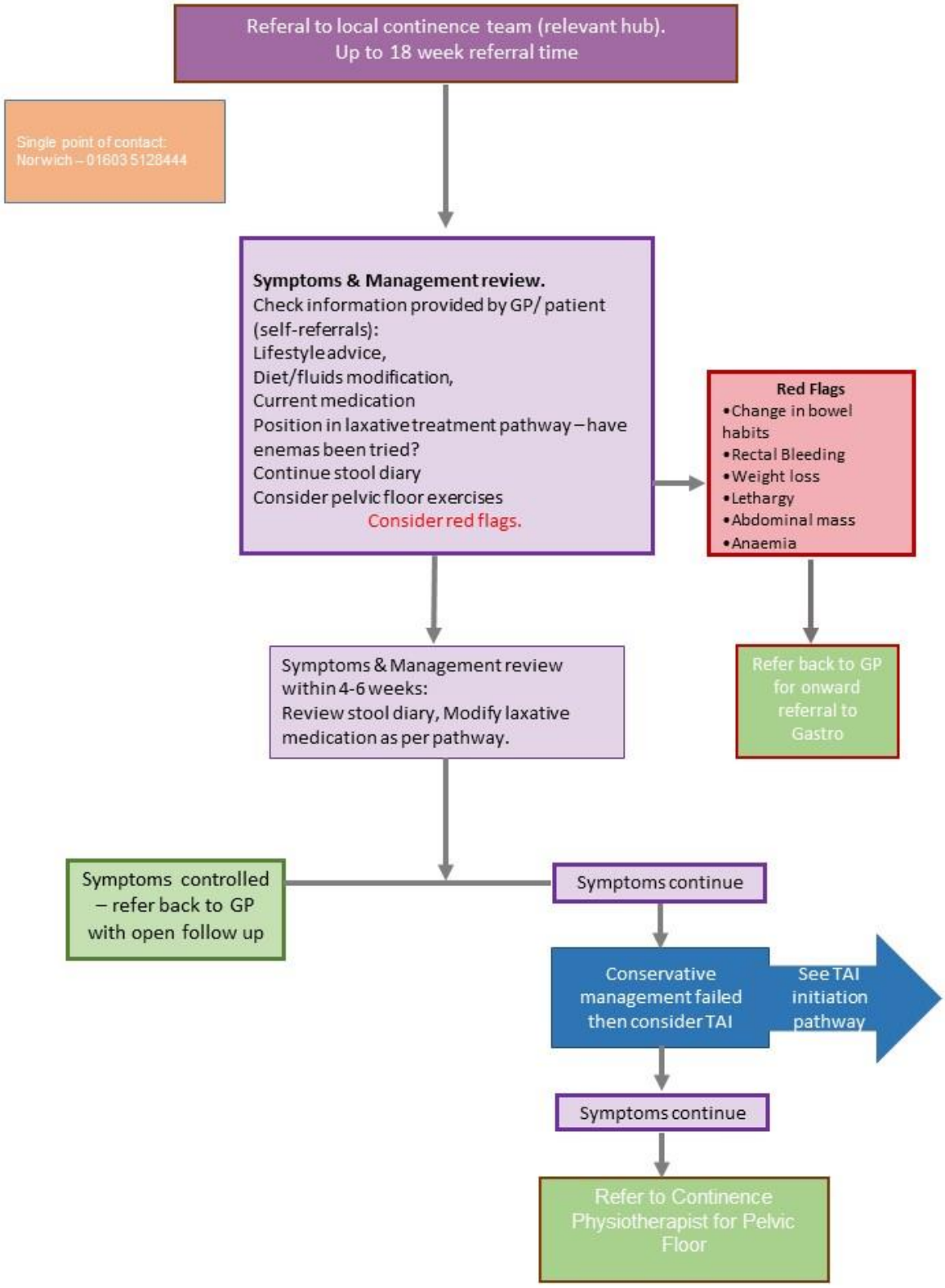
This flow chart has been developed to help clinicians make an informed choice about which catheterisation gel is most suitable for the patient. This is a visual guide only, and choice of catheterisation gel should always be in line with local catheterisation procedure policy and based on individual patient assessment.



Lubrication In Suprapubic Catheterisation

*Due to the swift change, the anaesthetic properties present in OptiLube Active and OptiLube Active CHG Free would not have time to take effect (it takes 3-5 minutes for the anaesthetic properties to take effect).

Appendix Four: See NCHC Adult Management of Bowel Dysfunction for full details.



Important notice
The initiating clinical service **should** provide the first unit and teach the patient how to use the equipment. They should put the patient on a two-month trial as per the ICB's local guidance. Once the patients' symptoms are controlled, they can be referred to GP Practice to continue prescribing.

Appendix Five: TAI initiation

