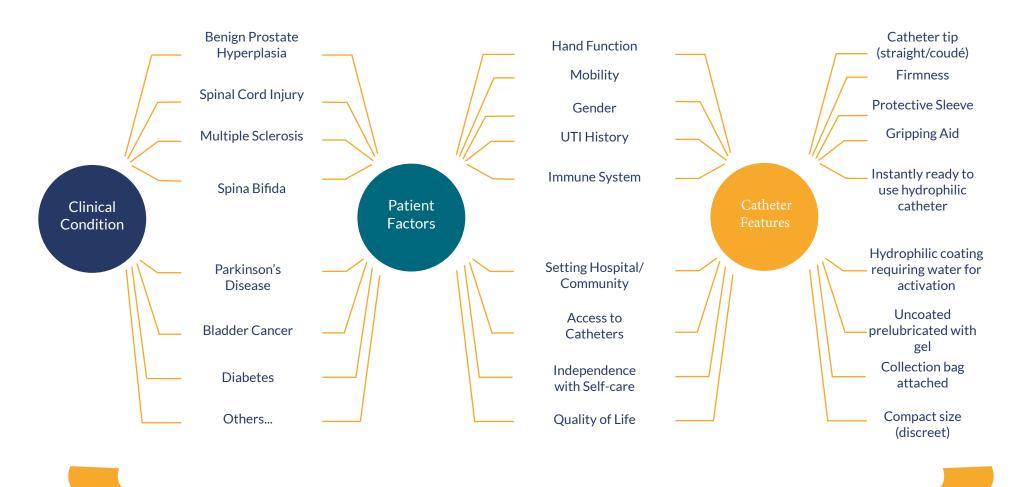


# Access to the right intermittent catheter can be critical for clinical success

Choosing the right intermittent catheter is complex







#### Intermittent catheter choice is individualized to the needs of the clinical condition

Clinical needs can be met with the right catheter. Here are a few examples of catheter features designed to address patient clinical needs...

# Tip \rangle

Males with enlarged prostate, risk of difficult catheterization, complicated urethral passages, or a spastic internal sphincter may find it difficult to navigate through complex urethral anatomy.1, 2

By inserting and re-inserting the intermittent catheters multiple times during each catheterization (performed 4-6 times a day) they may damage the delicate urethral tissue. A flexible coude tip which can bend in any direction to follow the curves of the urethra was specifically designed to support the ability of such patients to successfully self-catheterize.

Critical for patients with Benign Prostatic Hyperplasia

## Hydrophilic coating >>

Not all hydrophilic technology is the same. Advanced hydrophilic technology offers a more lubricious uniform layer that reduces the risk of urethral trauma 2, 3, 4, which is a known risk factor in UTI.

Advanced hydrophilic technology may reduce pain during catheter insertion and withdrawal, which leads to increased patient satisfaction.

Advanced hydrophilic catheters offer instantly ready to use technology. Uncoated catheters require gel application need for lubrication prior to insertion. This requires strict adherence to hygiene, and carries concerns of reuse, urethral damage, and compliance with a successful self-catheterization routine. Critical for patients with Spinal Cord Injury, Spina Bifida, MS, Diabetes, Parkinson's, Bladder Cancer

### No touch insertion

No touch features help reduce the insertion of microbes into the urethra 1, 5, thus reducing the risk of UTI. No touch features include protective grippers that slide the length of the catheter, protective sleeves that cover the length of the catheter, and introducer tips.

Critical for patients with Spinal Cord Injury, Spina Bifida, MS, Diabetes, Parkinson's, Bladder Cancer

#### References

Newman D.K., Wilson, M.M. Review of intermittent catheterization and current best practices. Society of Urologic Nurses and Associates, Urol Nurs, 2011; 48:12-29.
Averch T.D., Stoffel J., Goldman H.B., Griebling T., Lerner L., Newman D.K., Peterson A.C. AUA White Paper on Catheter-Associated Urinary Tract Infections: Definitions and Significance in the Urologic Patient. 2014.

3. Cardenas, D.D., et al. Intermittent catheterization with a hydrophilic-coated catheter delays urinary tract infections in acute spinal cord injury: a prospective, randomized,

multicenter trial. PM R. 2011; 3:408-417.

4. Chartier-Kastler, E. & Denys, P. Intermittent catheterization with hydrophilic catheters as a treatment of chronic neurogenic urinary retention. Neurourol Urodyn 30, 21-31 (2011).

 Goetz, L.L., Droste, L., Klausner, A.P. & Newman, D.K. Catheters Used for Intermittent Catheterization. in Clinical Application of Urologic Catheters, Devices and Products. 2018; 47-77.