



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Suprapubic Catheter

Information for patients, relatives and carers

① For more information, please contact:
Your community nurse or family doctor

General Surgery and Urology

The York Hospital
Wigginton Road, York, YO31 8HE
Telephone: 01904 631313

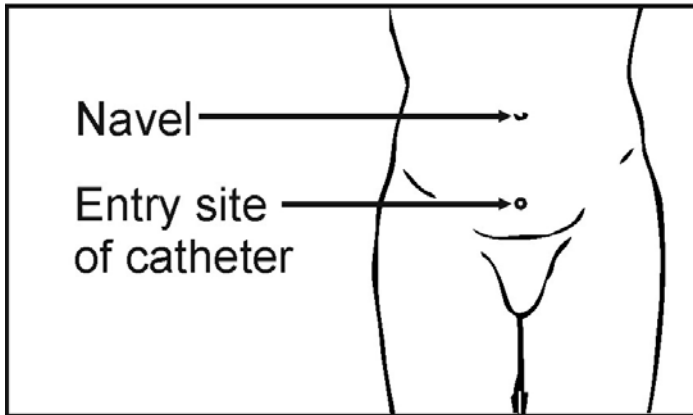
Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL
Telephone: 01723 385246

Malton Hospital
Middlecave Road, Malton, YO17 7NG
Telephone: 01653 604611

Contents	Page
What is a Suprapubic Catheter?	5
Are there any side effects or risks?.....	7
What are the alternatives to having a Suprapubic Catheter?	8
Drainage Bags.....	9
Emptying the Bag	10
Changing the Bag.....	11
Storage and Disposal	12
Supplies	12
Personal Hygiene	13
Diet and fluids.....	14
Sex.....	14
Possible Problems.....	15
When to Call for Help	16
Tell us what you think of this leaflet	19
Teaching, training and research.....	19
Patient Advice and Liaison Service (PALS).....	19

What is a Suprapubic Catheter?

A suprapubic urinary catheter is a hollow, flexible tube that drains urine from your bladder. It is inserted through a small cut in the abdominal wall just above the pubic bone: This is done by a doctor in hospital.



To prevent the catheter falling out, a small balloon at the catheter tip is inflated inside the bladder by a syringe of water.

As urine fills the bladder, it drains down the catheter and is collected in a drainage bag attached to your leg.

If the catheter is blocked in the first 12 weeks of insertion, it should only be attended to by a consultant or doctor at the hospital and not changed by the District Nurses.

Should the catheter fall out please attend accident and emergency as soon as possible.

Your first change of catheter is usually between 8 to 12 weeks. This is usually done in hospital. The change will be organised by your consultant, or the specialist urology nurses.

There are several reasons why a suprapubic catheter may be more convenient for you. You may find it more comfortable, and easier to care for than a catheter that fits up the water pipe (urethra).

There are fewer risks of problems with a suprapubic catheter, compared to a urethral one.

Everyday life doesn't stop because of the catheter, tube and bag. Normally, there is no reason why you should not participate in activities you were previously involved in. The catheter should not greatly restrict your independence.

When you are discharged home, the hospital would have booked a District Nurse to come to your home to check the catheter and supply you with bags and dressings.

Are there any side effects or risks?

Most procedures have a potential for side effects. Inserting a Suprapubic Catheter is an open operation that carries risk. You should be reassured that, although all these risks well recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Temporary mild burning or bleeding at the catheter insertion site or during urination, making blood appear in the urine collecting bag

Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics (occasionally recurrent infections)
- Blocking of the catheter requiring unblocking
- Bladder discomfort/pain
- Persistent leakage from the water pipe (urethra), despite the catheter
- Development of stones and debris in the bladder, causing bladder blockage and requiring evacuation or crushing by be a further procedure

Rare (less than 1 in 50)

- Bleeding requiring irrigation or additional catheterisation to remove blood clot
- Rarely damage to surrounding structures, such as bowel or blood vessels with serious consequences, possibly requiring additional surgery or even a bowel stoma (colostomy).

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

These risks are no higher than if you had a catheter put in the urethra (water pipe).

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

If you have had tummy (abdominal) surgery or radiotherapy before, we may need to make an extra cut (incision) during the operation. This is so that we can make sure the catheter is put in safely. We may recommend that you have an alternative to a suprapubic catheter if you have internal scarring from previous surgery or radiotherapy.

What are the alternatives to having a Suprapubic Catheter?

Catheter through urethra, permanent urinary diversion, intermittent, self-catheterisation.

Drainage Bags

Your catheter will usually be attached to a bag that is then attached to your leg, by either straps or an elasticated sleeve. Some bags can be attached at the waist. Either way, the bag should be well supported so that it does not pull on the catheter.

The bag is worn under your normal clothing and should only be disconnected from the catheter when you change it every five to seven days.

The catheter and bag together make a 'closed system'. If bacteria get into this system, there is a chance of you getting a bladder infection.

At night time, the leg bag can be connected to an overnight bag as this holds more urine and will prevent you from having to get up in the night to empty the bag. This bag is usually disposable and you will need to attach a new bag to your leg bag every night.

Avoid contact of the bag with the floor. Bags should always be positioned below the level of the bladder to reduce the likelihood of backflow.

Some patients may be suited to the use of a catheter Fli, Flo valve, instead of having a bag. Ask your nurse for further information.

Emptying the Bag

As the bag fills up, it gradually gets heavier and you will feel a strain on the straps or sleeve. It should be emptied when about two thirds full.

To empty the bag, first wash your hands. The tap at the bottom should be opened to drain the urine into a flushed toilet, or a clean and dry container kept specifically for that job. Take care not to touch the toilet or container with the tap.

If you are in a residential care home, a member of staff will wear gloves to empty your catheter.

Close the tap again when you have finished and wash your hands again.

The night bags are usually disposable and you need to use a new one each night. You will need to empty the bag before disposing of it. After you have disconnected the bag, tear one of the top corners and follow the instructions above for emptying. Please dispose of in household waste bin.

You will be shown by the hospital or district nurse how to attach and remove your night bag correctly.

Changing the Bag

Your community nurse or ward nurse will help and guide you through this procedure initially.

You should change the leg bag once every five to seven days. Usually the overnight bag will not have a tap and a new one should be used every night

To change the bag:

- Wash and dry your hands
- Unwrap new bag and loosen the cap
- Disconnect the bag from the catheter with some absorbent tissue under the join
- Keep the catheter pinched to prevent leakage
- Pick up the new bag, shake off the cap and connect firmly to the catheter
- Now wash and dry your hands

Storage and Disposal

It is important to store spare drainage bags in their original packaging in a dry, safe place away from direct heat and sunlight.

Before throwing away your drainage bag, empty it and tie it in a plastic bag and place in the dustbin.

Do not burn the bags on an open fire or flush down the toilet.

Supplies

Your nurse on the ward or your community nurse will help you to find a catheter and bag system that suits your individual needs.

Most of the equipment you require is available on prescription from your family doctor.

Personal Hygiene

It is easy to acquire an infection when you have a catheter; so remember:

- Until the tract in your abdominal wall is established, there may be a dressing around the catheter. When you are first leave hospital, we will provide you with your first five dressings and tape. Your District Nurse provides you with dressings after this.
- It does not need to be covered with a dressing unless there is a discharge. When not covered, wash the skin gently around where the catheter enters your body at least once a day. Cool boiled water is adequate.
- Dry the area thoroughly and do not use talcum powder, creams or antiseptics unless prescribed by your doctor or nurse.
- Wash your hands before and after connecting or changing the drainage bags and after every bowel motion.
- Try to have a bath or shower every day (keep your leg bag attached to the catheter). Afterwards, the bag can be patted dry with a towel. A fresh pair of dry straps may be needed.

Diet and fluids

When you get home, you should drink twice as much fluid as you would normally for the next 24 to 48 hours to flush your system through and minimise any bleeding.

After this time, to help the catheter drain well, you need to drink at least 8 to 10 cups of fluid a day. Water and fruit juice are very good.

Your normal diet is fine as long as you can avoid constipation as a full bowel can press on the catheter and prevent the urine flowing properly.

Sex

A suprapubic catheter should be easy to manage. It may help to tape the catheter out of the way along your abdomen.

Possible Problems

The following problems can be addressed by your community nurse.

When a catheter has just been fitted, the feeling of needing to pass urine is usually due to a mild bladder irritation. The occurrence of bladder spasm or cramps may occur from time to time but should settle in a day or two.

If urine leaks around the outside of the catheter as a result of the spasm, consult your nurse or doctor once you have checked that it is not being caused by something as simple as the bag getting too full, or that your bag is pulling on the catheter.

Urine may occasionally leak through the urethra, the passage through which you normally pass urine. This again is probably due to bladder spasm. Check that the catheter is draining correctly.

If urine is not draining, there are some things you can do yourself:

- Ensure there are no kinks in the tubing
- Check the bag is below the level of your bladder

When to Call for Help

Contact your community nurse or doctor in the day or ring the emergency phone number at night if:

- You have a prolonged pain or cramps
- If urine is still not draining after two to three hours
- If there is blood in your urine and it does not clear after drinking extra fluids
- If your urine feels as if it is burning and it does not improve after drinking extra fluids
- If urine keeps leaking around the catheter
- If your catheter falls out, you must phone **immediately**, otherwise the opening used for the catheter may close up and you will return to having your original problems with passing urine.

It is helpful to keep a spare catheter in the house in case of emergency. Ask your District (Community) Nurse about this.

Once you are discharged home, your district nurse will oversee your care regarding your suprapubic catheter. This will be booked by the nurses on the ward prior to your discharge home.

The first change of your suprapubic Catheter is normally organised by the hospital and is performed by the urology team.

You will receive an appointment date in the post for this between 8 – 12 weeks after the catheter is inserted. Please contact the urology specialist nurses if you have not received an appointment for your change by 10 weeks from the date it was inserted.

Catheter changes do not involve a general anaesthetic.

After your first change, further changes are done by your district nurse. You may need to contact them after your first change so they can make a note of when they need to come and do a home visit for the next catheter change.

Some of the content in this leaflet has been reproduced with kind permission of The British Association of Urological Surgeons.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
the Urology Nurse Specialist, Specialist Nurses Office,
3rd Floor, Admin Block, The York Hospital, Wigginton
Road, York, YO31 8HE or telephone 01904 726315.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

Telephone: 01904 725566

Email: access@york.nhs.uk

Owner	Urology Nurse Specialist
Date first issued	March 2014
Review Date	May 2024
Version	4 (reissued May 2021)
Approved by	Sarah Hillery, Urology Advanced Nurse Practitioner NMP
Document Reference	PIL 587 v4.2

© 2021 York Teaching Hospital NHS Foundation Trust. All Rights reserved