



Waitemata
District Health Board

Best Care for Everyone

Managing your suprapubic catheter

What you need to know

The information contained in this booklet is intended to assist you in understanding your proposed surgery. Not all of the content will apply to you. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you. If required, your nurse will arrange for an interpreter to assist with explaining the contents of the booklet. The interpreter can also be present for doctors' consultations. Please bring this book with you to hospital as it is a useful guide.

Maori Health – He Kāmaka Waiora

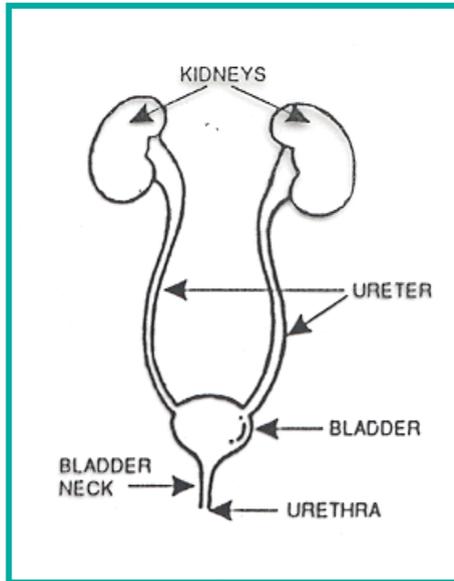
The He Kāmaka Waiora provider team work with Maori patients and their whānau when they need access to hospital services.

Please talk to your Health Professional if you would like support via this service.

What is the Bladder?

The bladder is a hollow, muscular organ in the pelvis behind the pubic bone.

The function of the bladder is to collect, store and expel urine as the kidneys produce it. When the bladder is full, the nerves that supply it send a message to the brain that you need to pass urine. Then, under your control, the outlet pipe (urethra) muscles relax and the bladder contracts until it is empty of urine.



What is a Suprapubic Catheter?

A suprapubic catheter (SPC) is a hollow, flexible tube that is inserted through the abdominal wall into the bladder to allow urine to pass outside the body without travelling down the urethra. The suprapubic

catheter connects to a drainage bag with a tap at the bottom which enables the bag to be emptied.

Why is a SPC necessary?

Some of the reasons why a suprapubic catheter may be needed are listed below:

- The urethra is blocked and it is not possible to insert a urethral catheter.
- To assess whether the bladder is emptying completely after certain surgery.
- As an alternative to a urethral catheter:
 - ~ after urethral injury or surgery
 - ~ when recurrent urinary tract infections are a problem
 - ~ when sexually active
 - ~ for long-term continence management
 - ~ for people with spinal cord damage

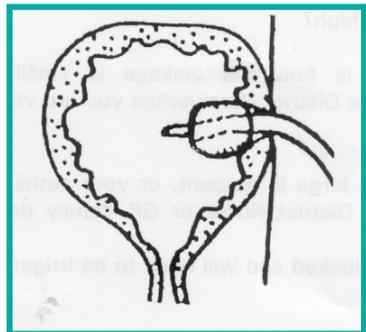
How long will I have the SPC?

This will depend on why it was inserted. Your doctor will discuss this with you. If your SPC is long term or permanent the District Nurse or your GP (family doctor) will change it approximately every 10 – 12 weeks (some people need it changed more often).

Types of supra-pubic catheters

A supra-pubic catheter may be used for short or long-term management of bladder drainage.

Two-way Foley catheter



This is the most commonly used type of supra-pubic catheter. It is held in place by a balloon filled with water that rests against the wall of the bladder.

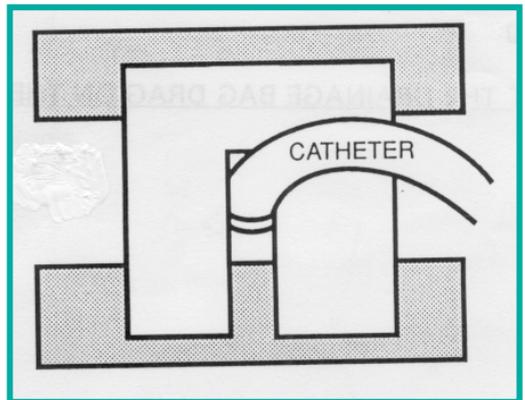
Catheter with securing device

These are small catheters that are secured in place with stitches (sutures) or a fixation plate. These are temporary catheters and are not often used.

Dressing the SPC site

The SPC insertion site (stoma) should be cleaned with warm water. Initially, while the insertion site is healing, a new gauze dressing should be applied to the site three times a week or more frequently if there is bleeding, infection or discharge.

A keyhole dressing (a gauze square cut from one edge to the centre) is ideal to apply around the catheter. Secure the dressing and the catheter to the abdomen with a non-irritating tape e.g. micropore. When securing the catheter, check that the tubing is not kinked.



District nurses will do this dressing until you feel confident to manage doing it yourself. Once the catheter insertion site is completely healed it no longer needs a dressing.

Caring for your SPC

The following are guidelines for caring for your catheter at home:

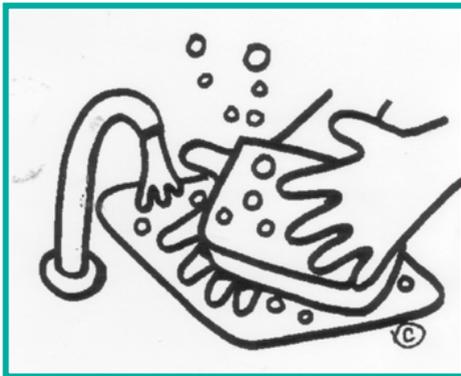
Hygiene

You should always wash your hands thoroughly before and after:

- Emptying the drainage bag
- Changing the drainage bag
- Any time when the catheter is handled

General care

- Shower regularly – daily if possible.
- When showering, the gauze dressing around the catheter should be removed and the stoma rinsed with warm water.
- If there is any debris or crusting around the stoma or catheter gently clean these away with warm water.
- Avoid using soaps or detergents as they may irritate the stoma.
- Do not use creams, powders or ointments around the catheter unless your doctor has prescribed them.



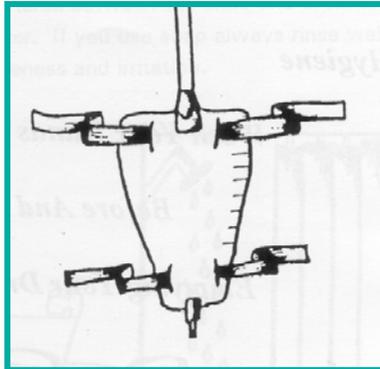
Who is Available to Help?

Your District Nurse and GP (family doctor) will help you to manage your catheter at home. Your District Nurse will visit you at home and give you practical help and advice as well as a supply of drainage bags.

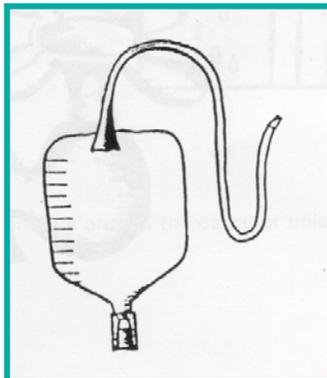
Drainage Bags

There are two types of drainage bags:

1. Leg-bag (day-bag)



2. Night-bag (large capacity)



After one week, once healing has occurred after the initial insertion of the catheter, you may be able to connect a catheter valve (flip-flo valve) to the catheter through which you can drain the bladder at regular intervals. Your District Nurse will be able to advise you if this is an option for you.

Daytime Care

Wear the leg bag during the day under your normal clothing. Strap it comfortably to your thigh (short tube bag) or calf (long tube bag). Empty it regularly so it does not become too full and heavy.

Overnight Drainage

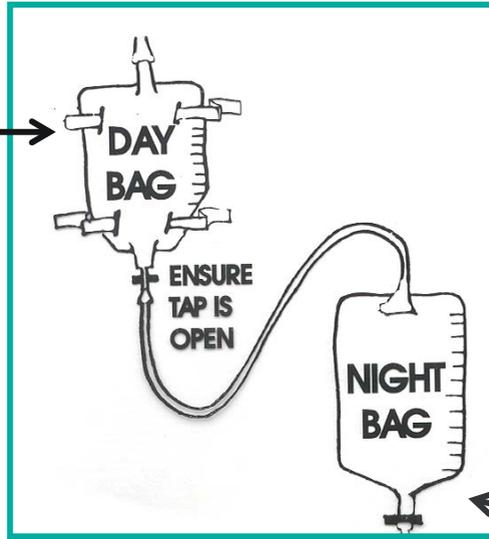
The larger capacity night bag connects at the tap of the day bag. You will be shown how to do this – make sure you remove the protective cap first.

It is important to check that the tubing does not kink or the urine will be unable to drain. Loosening the lower leg strap may allow better drainage overnight by avoiding kinking of the drainage outlet.

Once you have connected the night bag to the day bag, make sure you open the tap from the day bag and position the night bag lower than your bed.

The catheter and drainage bag make what is called a closed system, preventing bacteria getting in and so reducing the risk of bladder infection. You should only disconnect the drainage bag from your catheter when you are changing the bag.

Also
known as
leg bag



Ensure tap is closed

Cleaning the Night-bag

When you disconnect the night-bag it will need to be emptied, cleaned and stored in a dry place. For cleaning you will need a bowl (or sink) containing warm water and detergent e.g. washing-up liquid.

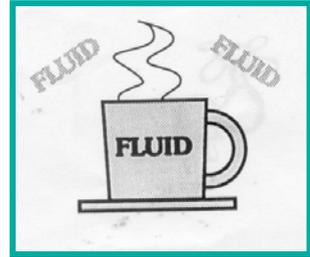
How to wash the night-bag:

- Empty the urine from the night-bag down the toilet.
- Wash the inside and outside of the drainage bag with the warm, soapy water and then rinse with warm water to clear the soap. Using a funnel can make washing and rinsing of the bag easier.
- After rinsing, shake off excess water and dry the outside of the night-bag with a clean towel or disposable paper towel. Recap the end of the tubing.
- Hang the clean night-bag to dry e.g. over towel rail, bath/shower.

- Do not leave the night-bag soaking in a solution, as this will damage the bag.

Promoting Drainage

Unless your doctor has told you otherwise, you are advised to drink approximately 2 litres of fluid a day. This is equal to 8-10 cups. Your urine should be a light yellow colour.



Drinking plenty of fluids will help the catheter to drain, lessen the risk of infection and the blockage of the catheter by debris.

As well as drinking plenty, it is important to check that the drainage tubing is not kinked as this will prevent urine draining from the bladder. This is especially important if you are using a night-bag for overnight drainage as this longer tubing can become kinked more easily.

Keep the drainage bag lower than the bladder. If the drainage bag is raised higher than your bladder, urine will be unable to drain 'downhill' into the bag.

Prevent 'Pulling' on the Catheter

Traction or 'pulling' on the supra-pubic catheter may cause trauma to the bladder, discomfort, or accidental removal of the catheter.

You can prevent pulling by following the advice described below:

- Tape the catheter to the abdomen
- Wear a leg-bag during the day

Secure the leg-bag with straps making sure there is enough free tubing to allow your leg to straighten

Empty the drainage bag regularly – it will become heavy when it is full

DO NOT LET THE DRAINAGE BAG DRAG ON THE FLOOR

What if the SPC Leaks?

You may experience some leakage from the urethra or around the SPC insertion site.

If you do, check the following:

- Is the catheter or tubing kinked?
- Is the drainage bag too high (i.e. above the level of your bladder)?
- Is the drainage bag connected securely to the catheter?

If the drainage system is alright and the amount of leakage is small and infrequent, report it to your District Nurse when you are next visited or telephoned.

If leakage is ongoing, large in amount, or your catheter is not draining, contact your District Nurse or GP PROMPTLY! Your catheter may be blocked and it may need to be irrigated or replaced.

Sometimes urine leakage is due to spasms of the bladder muscles. This occurs if the catheter irritates the bladder. This is normal, but if you find it unmanageable, report it to your District Nurse. It may be possible to relieve the bladder spasms with medication.

What if the SPC Blocks?

If there is no drainage from the catheter you need to contact your District Nurse, GP or attend the Emergency Department at your local hospital (after hours).

If you have had a long term or permanent SPC inserted it is important that this is not removed or changed within the first 4 weeks.

What if the SPC Falls Out?

This is uncommon but it is important that a new catheter is inserted promptly and so you need to seek urgent medical assistance. The catheter should be reinserted quickly, within six hours, so that the track between the abdomen and bladder does not close down.

Recognising Infection

A complication sometimes associated with having a supra-pubic catheter is infection. This is because the catheter allows bacteria (germs) to get into the bladder more easily.

Signs of infection to watch out for:

- Do you feel unwell – tired, loss of appetite, vomiting?
- Do you have a fever, “shivering”, or chills?
- Do you have pain over the bladder?
- Do you have pain or aching in your back?
- Is your urine cloudy or does it have a bad smell?
- Is there blood in your urine?

If you have some or all of these signs and symptoms, contact your GP **PROMPTLY** as they indicate that you may have a urinary tract infection.

At times you may notice some debris or floating particles in your urine. This is usually due to crystals or salts in the urine – you should drink more fluid.

Supplies

When you are discharged from hospital your hospital nurse will provide you with a spare day-bag and night-bag.

When you go away on holiday, please remember to let your District Nurse know and arrange to take any supplies you may need with you.

Issued by: Urology Dept WDH B	Date Published: February 2018
Classification no: 0100-03-054	Review date: February 2021



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