

Reasons for changing catheter 4-6 weekly, as they are licensed for 12 weeks:

- Help prevent urinary infection.
- Help prevent bladder calculi.
- To stop the catheter adhering to the abdominal wall.
- Help prevent overgranulation around the catheter.
- Decrease the risk of formation of a biofilm building up, which leads to catheter encrustation and ultimately catheter blockages.

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Suprapubic Catheterization after Spinal Cord Injury

A Guide for Spinal Cord Injured Patients

Patient information leaflet

If you require a translation or an alternative format of this leaflet please call 01296 315829

Safe & compassionate care,

every time

You have been advised or may be considering having a suprapubic catheter. This leaflet is designed to inform you what a suprapubic catheter is, the procedure involved for insertion and maintenance afterwards. Suprapubic catheterisation is a method of draining the bladder by the insertion of a catheter through the lower abdominal wall into the bladder. It can be a short term or long term option of managing the bladder after spinal cord injury.

Advantages of Suprapubic Catheters

- Prevents damage to urethral/sphincter tissue, which may occur during urethral catheter insertion and long term use.
- Helps prevent 'kinking' of the catheter. (Catheter not so likely to be sat on, or trapped in the groin.)
- Usually easier to maintain hygiene and carry out routine changes, due to positioning of the site.
- Unlike a urethral catheter, a suprapubic catheter frees your private parts for sexual activity.
- Convenient; no need to visit the toilet to pass urine.
- Easily reversible; the exit site will start to heal within minutes of removal of the catheter. No permanent damage is done to the bladder or skin. A small abdominal scar may be visible.
- The urine can drain via the urethra if the catheter is blocked. This will act as a backup drainage channel. In some females the urethra may be sutured and closed. If this is done it will be discussed with you.
- Can be used with a catheter valve (flip-flow) rather than a leg bag, following a discussion with your consultant.

Equipment required

You may have used other forms of bladder management prior to having a suprapubic catheter inserted, so you will need to check you have the correct equipment for when you are at home.

- Catheter – check size (usually a size 16CH or 18CH). Whatever size you stay with – always keep one size smaller in reserve, just in case there is a difficulty changing it.
- Syringe – with sterile water to fill balloon (some Catheters come with a pre-filled balloon or a pre-filled syringe).
- Leg bags and fixation devices (i.e. leg bag holder, catheter straps, foley stabilization device).
- 10mL Luer Slip Syringe to deflate balloon.
- Lubricating gel (KY[®] jelly – Aquagel[®] – Instillagel[®] – Optilube[®]), any water-based lubricant is adequate. If the person has sensation in the suprapubic area, it can be discussed having a lubricant with a local anaesthetic to numb the site.
- Catheter valve (flip flow) *optional*.
- Night bag (2 Lt capacity).
- Night bag holder.
- Community staff will provide different types of bladder washouts if required (Urotainer[®]/Optiflow[®]).
- A catheter tip syringe is handy to keep at home for a bladder washout. Discuss with nurse in SPOP about keeping one at home.

Points to note:

- It is advisable to instil 100-150mls of saline or sterile water into the bladder prior to changing your catheter as this should make re-insertion easier. This can be carried out in a community setting, **OR** approximately 30-60 minutes prior to the change spigot or clamp (use a catheter valve) the catheter to ensure there is urine in the bladder. **In both cases it is important to observe for signs of Autonomic Dysreflexia, if injury is above or at T6 level.**
- The balloon usually contains 10mls of water although it is not unusual for the amount of water, when deflating, to be slightly less than this.
- Occasionally, some catheters are difficult to remove especially silicone catheters. Gently rotate the tube several times and gently tug. You can also try to cough while removing it, if you are able to. If the tube refuses to move contact your district nurse, also turn (rotate) the catheter daily as part of your routine.
- It is important to insert the new catheter immediately after removing the old one, in order to prevent closure of the tract and entry site into the bladder.
- In order to aid a smooth catheter change we would recommend good preparation of equipment prior to the changes and a catheter one size smaller should be available in case of extreme difficulty. Having an intermittent catheter to hand to use in an emergency would also be useful to prevent the suprapubic site from closing if, for any reason, the new suprapubic cannot be inserted. These options can be discussed with the SPOP team.

Disadvantages of Suprapubic Catheters

- Exit site discharge may take several weeks to disappear, and in some patients it may persist for a longer time.
- In obese patients siting the catheter may pose a problem.
- Hypersensitivity around the exit site area may be a problem in a small minority of patients.
- Requires to be changed every 4-6 weeks. A district nurse, GP, carer, or the patient can do this.
- Some patients develop bladder stones in the presence of any catheter. This requires treatment and can be an ongoing problem.
- A small minority of patients or their partners may not tolerate the change of body image.
- The tract can be lost occasionally on routine changes.

What the Procedure Involves

In this Centre most suprapubic catheters are 100% silicone. The catheter will be inserted in theatre by medical staff, usually size 16CH catheter. A general anaesthetic may be used, depending on your level of spinal cord injury and associated conditions. Your stay in hospital will probably be for two nights, one night before the procedure to allow time for preparation and one night following for observation.

After the Procedure

- You are advised to drink 2-3 litres of fluids per day, in order to flush the bladder and kidneys through and help prevent a urinary tract infection.
- You may be commenced on a drug (anti-cholinergic) to calm down your bladder spasms and prevent urine leakage urethrally. Please discuss this new medication with your doctor or named nurse before discharge.
- During the first few days you may notice that your urine is blood stained (red/pink urine). This is common. However, if it continues or you notice prolonged bleeding or the presence of blood clots, you should contact your GP or go to your local hospital's Accident and Emergency department, or contact SPOP.
- Ensure that your suprapubic catheter is draining well. If not then very gentle bladder washouts may be performed if needed. If the catheter blocks, do not remove it as the hole/stoma into which the catheter is inserted heals very quickly. Contact your district nurse or GP, spigot off your suprapubic catheter and insert a urethral catheter.
- To prevent damage to the hole/stoma through which the catheter passes, it is advisable to tape the catheter to your tummy, as this prevents the catheter pulling on the sides of the hole. Speak to SPOP re devices i.e. Statlock[®], G-strap[®].
- If you attach a leg bag, alternate the leg to which it is attached to, to prevent erosion of the site.

- If you partake in sports activities you are advised not to take up any vigorous activity for at least one week after the procedure as this may cause unnecessary trauma and bleeding.
- There may be a discharge from the suprapubic site for several months. This is normal and you can continue to apply a simple dressing to protect clothing. If you are concerned by the colour or smell, please contact your GP or district nurse.
- However, overgranulation may occur. This looks like proud flesh and may discharge or bleed. This requires removing by use of a foam dressing or a silver nitrate stick, by your district nurse.
- Ensure you have a supply of catheters and equipment for discharge.
- Routine Changes: These are carried out every 4-6 weeks using a long-term catheter. Your consultant may have requested you have a bigger size catheter inserted on this visit. Check with the nurse to enable you to order the correct size for home.
- A doctor or nurse in Spinal Outpatients will do the first catheter change 4-6 weeks following the procedure. Community nursing staff, carers, relatives or patients may carry out all future changes. Teaching can be arranged for whoever is identified to perform the catheter change, by contacting Spinal Outpatients.

Tel : 01296 315829 for advice and/or support