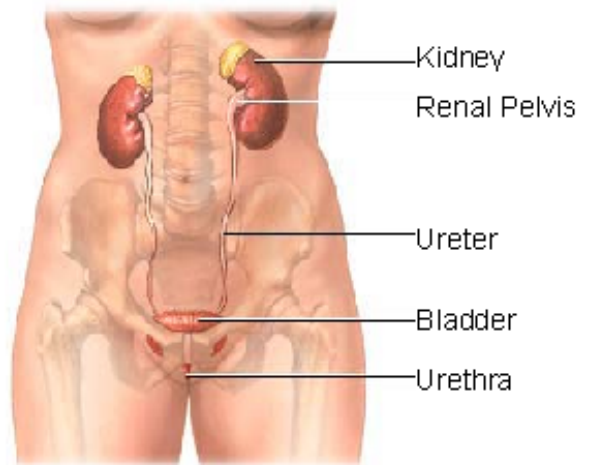


Managing your bladder with a suprapubic catheter (1 of 3)

A suprapubic catheter is inserted through your abdomen directly into your bladder. The procedure is usually carried out in Theatre by a surgeon. A general anaesthetic or a spinal anaesthetic will be used, depending on the level of your spinal cord lesion and any associated condition, such as autonomic dysreflexia. The procedure does not usually require an overnight stay.

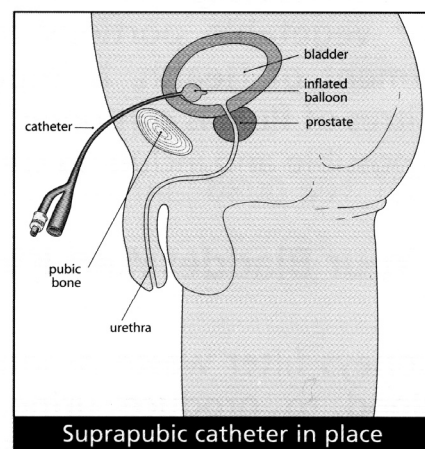
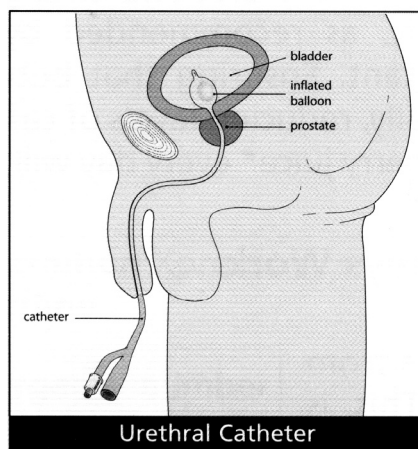


The first change of catheter needs to be carried out at the Spinal Centre. Subsequent catheter changes can be carried out by yourself,

If you need this information in another language or medium (audio, large print, etc) please contact the Patient Advice and Liaison Service (PALS) on 0800 374 208 email: palservice@salisbury.nhs.uk
You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the Data Protection Act 1998.

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your District Nurse, carer or relative, if they have been taught how to do this.

Why is a Suprapubic Catheter better than a Urethral Catheter?

- When a urethral catheter is used, the urethra may become damaged over a period of time, resulting in urinary leakage around the catheter. Additionally the balloon of a urethral catheter can cause damage to the bladder neck, leading to urinary leakage. A catheter

The Pressure Clinic
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that is forced through the external sphincter can cause damage.

- The catheter is less likely to be sat on and accidentally 'pulled'.
- If a suprapubic catheter becomes blocked, urine can drain via the urethra (although this may not be possible for everyone). This can act as a 'safety net' if you suffer from autonomic dysreflexia when your catheter blocks. With a suprapubic catheter you have an alternative entry point to your bladder (via the urethra), if problems occur with a blocked suprapubic catheter or a catheter cannot be passed suprapubically.
- A suprapubic catheter leaves your genitals free for sexual activity.
- It is easier to maintain hygiene around the site of a suprapubic catheter.
- If you have adequate hand function you can be taught to change your suprapubic catheter. The site of a suprapubic catheter is more accessible to you than the urethra.
- The procedure is reversible. The suprapubic site will heal quickly on permanent removal of the catheter.
- A larger size catheter can be used suprapubically, reducing the risk of blocked catheter. Urethral catheters should not exceed size 14Ch, whereas a suprapubic catheter can be gradually increased over a period of time from a size 16Ch up to a size 20Ch.

Disadvantages of a Suprapubic Catheter

- A few people experience hypersensitivity around the suprapubic catheter site, but this often reduces with time.
- If you are very overweight it may be difficult to site the catheter.
- The catheter site may produce a discharge. In some people this dries up after a few weeks, but in others it may be persistent. It may be necessary to wear a simple dressing over the site.
- Spasm may increase for a few weeks after the procedure.
- The Spinal Centre advises that an indwelling catheter should be changed every 6-8 weeks by a District Nurse, Carer or yourself (if able).
- All indwelling catheters are more likely to cause urinary tract infections and bladder stones, than other bladder management methods such as intermittent catheterisation or sheath drainage.
- Over time you may suffer from frequent catheter blockages which may require you to have a cystoscopy (a surgical procedure in which the inside of your bladder is viewed and is washed out).

Types of Suprapubic Catheters

- If you have a latex allergy you will need to use 100% silicone catheters. These can be more difficult to remove from the suprapubic site than other catheters. NB some 100% silicone catheters are not licensed for suprapubic use

- The usual type used is a hydrogel coated latex catheter.
- In Theatre a size 16Ch catheter is usually inserted.
- At the first catheter change an attempt is made to replace the size 16Ch catheter with a size 18Ch catheter.
- The size of catheter can be reviewed at each subsequent change, usually up to a size 20Ch, if necessary.
- The larger the catheter, the larger the drainage holes, which reduces the frequency of catheter blockages.

Caring for your bladder

- You need to drink at least 3 litres of fluids per day to flush through the kidneys and bladder, and to prevent urinary tract infections.
- You may need to take tablets to calm your bladder activity e.g. Oxybutynin/ Detrusitol which may also help to prevent urethral leakage of urine.
- After the initial procedure and subsequent catheter changes your urine may be pink or red. This is quite usual and there is no need to seek medical help unless the bleeding is prolonged and there are clots in the urine.
- Use a thigh strap and, if necessary, tape the catheter to your abdomen. This will reduce the likelihood of the catheter being 'pulled'.
- It is advisable to alternate the leg you wear your leg bag on. This helps the catheter to lie in a different position each day, minimising soreness at the catheter site.
- Some people use a catheter valve with their suprapubic catheter which enables them to turn their urinary drainage off and on. This may also mean that you may be able to manage without a urinary leg bag. A catheter valve regime is available from The Pressure Clinic.
- It is usual to have 10mls of water in the catheter balloon.
- If you find that the amount of water in the balloon has reduced when the catheter is next changed, do not worry, it is not unusual.
- If you suffer from catheters falling out before their change date, you may need to replace the water in the balloon i.e. remove the amount in the balloon and insert 10mls of sterile water back into the balloon.

NB: Catheter changes need to be performed swiftly e.g. remove the old catheter with one hand and insert the new catheter with the other hand. If too much time passes between removing the old catheter and inserting the new one, it may be difficult to catheterise the site, because the suprapubic tract begins to close. If this occurs and you are unable to pass a catheter it may be necessary for you to return to Theatre for insertion of a suprapubic catheter.

Please follow the 'Handy Hints for Changing a Suprapubic Catheter' leaflet (available from the Pressure Clinic).