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Hospital Stop Smoking Service

For advice and information on quitting smoking, or for an informal chat, please contact the Hospital Stop Smoking Sister on:
01691 404114

Information for patients

Scheduled Insertion of Suprapubic Catheter



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Information for patients

It has been recommended by your consultant or a member of the team to have a catheter drainage tube into the bladder placed via an incision in the skin (just above the pubic hair line). This is performed aided by a Cystoscopy (an inspection of the bladder and urethra with a telescope) which is carried out in an operating theatre. In keeping with the patient education programme, an allocated nurse should have provided you with bladder education to help you understand how your bladder has been affected following your spinal injury. This will help you make an informed decision on suitable bladder management.

What should I expect?

Prior to surgery you will be asked not to eat and drink from midnight prior to theatre and to stop drinking water from 0600hrs. Any usual morning medications need to be taken before this time. This is a precaution, should you require any anaesthesia or sedation during the procedure. It is important that your usual bowel routine has been carried out. Any usual bowel medications should not be taken on the evening prior to surgery. Precautions will be taken prior to surgery if you take regular blood thinning medication (Aspirin, Clexane, Warfarin, Clopidogrel, Apixaban, Rivaroxaban).

What the procedure involves?

On the morning of surgery your designated nurse will administer a dose of antibiotics usually intravenously through a cannula. Checks will also be made to ensure you are fit for the procedure.

You will be asked to sign a consent form in order for the operation to be carried out, this is to confirm your understanding of the procedure and that you agree for this to go ahead. The opportunity to discuss any concerns or answers to any questions will be facilitated at this point. If you are unable to provide a signature due to your spinal injury then verbal consent would be requested with the witness of another healthcare professional or a family member who would be able to sign on your behalf.

On arrival to theatre you will meet the theatre team and an Anaesthetist who will discuss options of sedation or anaesthetic which best suits yourself and your spinal injury. This conversation is unique to you and your anaesthetists.

A telescope is inserted through the penis or urethra to examine the passage way into the bladder (urethra) and the bladder itself. Occasionally the passage to the bladder may need stretching, this can be done with the telescope or with urethral dilators. Your bladder will be filled and then the catheter is inserted through a small incision in the lower abdomen with the help of a suprapubic catheter inserter kit. Precautions are taken to prevent a piece of bowel lying in the way of the proposed catheter site. This is done by tilting the head end of the operating table down so that gravity moves any bowels out of the way. The bladder is also distended with saline to push away any bowel. The positioning of the catheter is then confirmed with telescopic inspection.

At the end of the procedure you will be taken into a recovery area and then taken back to your designated nurse on the ward when deemed medically fit.

Post-operative care following the procedure

On return to the ward routine observations will be carried out and monitored to rule out any Autonomic symptoms such as headache and urinary retention. You will be encouraged to eat and drink plenty to ensure your catheter is flowing freely with urine, bowel sounds will be observed by listening through a stethoscope placed on the abdomen. It is advised to remain in bed for the operation day following the procedure to facilitate post-operative monitoring. Mobilisation and recommencement of your rehabilitation programme is determined on how quickly urine returns to a straw like colour as it is quite normal for this to appear bloodstained for a few hours after surgery.

How to care for the supra pubic site

It is important to clean the entry site of the catheter daily with sterile water and gauze to avoid any build-up of blood or discharge leading to possible infection. The catheter should be covered with a dressing such as Mepore and taped upwards to facilitate optimum drainage. This daily routine should continue until healed and then usual washing routines would be acceptable. Seek advice if the site has increased discharge or odour.

What are the side effects?

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period following the operation

Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics
- Blocking of the catheter which needs unblocking
- Pain and discomfort within the bladder
- Leaking from the urethra
- Formation of stones or debris in the bladder resulting in catheter blockages or the need for a further procedure to remove this

Rare (less than 1 in 50)

- Delayed bleeding requiring irrigation with additional catheterisation to aid the removal of clots.
- Rarely, there can be damage to the surrounding structures such as the bowel with serious consequences that may need further surgery.

*Guidelines provided by British Association of Urological Surgeons (2016)
Suprapubic catheter insertion : Information for patients. Leaflet No 16/035*

What happens next?

Following the Suprapubic catheterisation, your nurse will support you with how to manage your catheter. It is advised to double your fluid intake for the first 48 hours to reduce any irritation and reduce any bleeding.

It is recommended that a clinician with the assistance of a nurse changes the catheter for the first time at MCSI. Should your discharge be before that date following your rehabilitation programme, then you will be given a clinic appointment to facilitate this.

Following the first change, subsequent changes will be performed by your local community team (District Nurses). It is possible for our centre to support the facilitation of this transition in the community.

Our normal recommendation is to change the catheters every 6-8 weeks. Once discharged should you have any concerns regarding your bladder routine or have any symptoms of feeling unwell, fever, redness or pus from the catheter site, a new onset of blood in urine or urine flow please seek medical advice locally through your GP or via your Spinal Injuries Centre.

Should the catheter fall out, it must be replaced urgently or the tract will close resulting in failure to re-insert it. Urgent medical attention must be sourced.

If a catheter blockage should occur within the first six weeks, the tract between the catheter and the skin may not have healed which may cause difficulty in exchanging a new catheter. It is recommended not to change the suprapubic catheter but to leave it in place. A urethral catheter should be inserted to facilitate drainage of the bladder. If this was to happen, please alert your spinal injuries centre.

The Midland Centre for Spinal Injuries

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