

Information for patients

Scheduled Admission for an Insertion Suprapubic Catheter



Midland Centre for Spinal Injuries

Scheduled Admission for an Insertion of Suprapubic Catheter

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.

On receipt of your letter to attend for the procedure, you will also be asked to complete an MRSA screen to facilitate your admission. Without this a postponement or cancellation may occur.

What should I expect?

You will be admitted to the Spinal Injuries Centre on the day of the procedure when you will undergo baseline investigations such as blood and urine screening and assess your general fitness and urological function. You will be seen by your allocated nurse and a doctor.

Prior to surgery you will be asked to have a light breakfast before 6am and only small amount of clear fluids after that time. 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.

Please inform the Spinal Injuries Centre if you take regular blood thinning medication (Aspirin, Warfarin, Clopidogrel, Apixaban, Rivaroxaban) as soon as possible to seek advice prior to surgery.

What the procedure involves?

On the morning of surgery your designated nurse will administer a dose of antibiotics usually intravenously through a cannula inserted on arrival. 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 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 anaesthetist.

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. 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. Mobilisation and discharge planning 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.

Routinely you would be discharged on the day of the procedure if your catheter has clear urine and you are able to safely mobilise as on admission. Please make sure you arrange any care you may need at home as well as your transport home in advance of your appointment. We regret that we are unable to obtain transport at short notice or to offer overnight accommodation unless there is a clinical need.

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 before discharge. It is advised to double your fluid intake for the first 48 hours to reduce any irritation and reduce any bleeding.

On discharge you will be given a discharge letter detailing how to seek medical advice should you need to. A copy will also be sent to your GP for their records. If there are any recommendations for further treatment, you will be informed.

You will be given an appointment in clinic to attend for your catheter change six to eight weeks following the initial insertion.

Following the first change, subsequent changes will be performed by your local community team (District Nurses). We will contact your District Nurses to inform them.

Our normal recommendation is to change the catheters every 6 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.

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. Contact your District Nurses or local A&E department at once.

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 with 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 injury centre.

The Midland Centre for Spinal Injuries centre

01691 404643 Outpatients Department

01691 404413 Gladstone Ward

01691 404406 Wrekin Ward

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

Tell us what you think of our patient information leaflet.
Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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