Managing your bladder with a suprapubic catheter at home
What is a suprapubic catheter?

A suprapubic catheter is a hollow, flexible tube designed to drain urine from the bladder as shown in diagram one. A suprapubic catheter is inserted through your lower abdomen directly into your bladder. Following insertion into the bladder, a small balloon at the end of the catheter is inflated with water. This stops it from slipping out. This type of catheter is commonly referred to as an ‘indwelling’ catheter.

The procedure is usually carried out in the urology department/theatre by a surgeon. A general anaesthetic or a spinal anaesthetic will be used prior to insertion of the catheter, depending on your medical history. The procedure does not usually require an overnight stay.

The first change of catheter needs to be carried out at the Urology Centre.

Subsequent catheter changes can be carried out by your district nurse.

Diagram 1 - Male suprapubic catheter  Diagram 2 - Female suprapubic catheter

Why use a suprapubic indwelling catheter?

- Prevents damage to urethral/sphincter tissue.
- Helps prevent ‘kinking’ of the catheter (catheter not so likely to be sat upon or trapped in the groin).
- Usually easier to keep your self clean and carry out routine
catheter changes, due to positioning of the site.

- 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.
- A larger size catheter can be used for suprapubic use reducing the risk of blocked catheter. A suprapubic catheter can be gradually increased over a period of time from a size 16Ch up to a size 20Ch. This can be explained further by your district nurse.

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 insert the catheter through the hole/stoma in the lower abdomen.
- Where the catheter is inserted a discharge may be produced. 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.
- Bladder spasm may increase for a few weeks after the procedure.
- Suprapubic 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 then the bladder is washed out with sterile water).

• A small minority of people may have difficulties with the change in body image.

Types of suprapubic catheters available

In general the usual type of catheter used is a “Hydrogel” coated latex catheter. If you have a latex allergy you will need to use 100% silicone catheters. These all silicone catheters can sometimes be more difficult to insert and remove from the supra-pubic site than hydrogel – latex catheters.

Please note: some urinary catheters are not licensed for suprapubic use, always get your district nurse to check that you are using the right type of catheter.

Managing your bladder with a suprapubic catheter

• You need to drink at least two litres of fluids per day in order to flush through the kidneys and bladder and to prevent urinary tract infections.

• You may need to take some medication called an anti-cholinergic to help reduce bladder spasm and or calm down your bladder activity which may also help to prevent urethral leakage of urine. Please discuss any queries you might have about anti-cholinergic medication with your doctor or district nurse.

• After the initial procedure and subsequent catheter changes your urine may be pink or red for approximately 24 hours. 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.
• To prevent damage to the hole/stoma through which the catheter passes, it is advisable to use a thigh strap and if necessary, tape the catheter to your abdomen as this prevents the catheter from pulling and or rubbing up and down on the sides of the hole/stoma. Securing the catheter will also prevent the likelihood of it being “pulled out”.

• It is also 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, preventing infection, bladder calculi/stones, and over granulation of tissue around the stoma/catheter insertion site.

• Some people use a catheter valve with their supra-pubic 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.

• 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 that some of the water has evaporated.

• Ensure that your suprapubic catheter is draining well. 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 for help and assistance.

Please note: Supra-pubic catheter changes need to be performed without delay 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 supra-pubic tract begins to close. If this occurs and
you are unable to pass a catheter it may be necessary for you to return to the local Urology centre/theatre for insertion of a new suprapubic catheter.

The Urology Centre advises that an indwelling suprapubic catheter should be changed every 6-8 weeks by a district nurse, carer or yourself (if able).

**Changing and caring for drainage bags**

When the urine reaches the bladder it drains down the catheter and is collected into a leg drainage bag. The drainage bag should be worn in a comfortable position against the abdominal wall, thigh, knee or calf area (according to individual preference). The suprapubic catheter should be secured by means of a stabilisation device and your leg bag should be supported by either straps and or a sleeve/holder.

If the drainage bag is to be worn against the abdominal wall then a special Hollister-drainage device must be used, e.g. “Belly Bag.”

In order to minimise the risk of infection it is essential to wash your hands before and after emptying, or changing your drainage bag. Similarly, when emptying the bag try to make sure that the drainage outlet pipe and the toilet and or (urinal, bed pan etc) do not come into direct contact with each other.

All drainage bags should only be disconnected from the catheter when absolutely necessary to reduce the risk of introducing infection.

The special Hollister-drainage bag can be left in place for up to 28 days before it needs to be changed, unless it becomes very discoloured and or dirty. These bags have a greater closed drainage capacity. Hence reduce the need for frequent changing and reduce the risk of infection (You do not need to
connect one of these Hollister bag devices to a larger two litre drainage bag for over night use).

If a leg drainage bag is used then it should only be changed once every 5-7 days unless discoloured/dirty.

At night it is recommended that you connect a larger two litre drainage bag directly onto your leg bag. The outlet tap should be in the open position to allow the urine to flow through the smaller bag and be collected in the larger, night bag.

**Disposal of drainage bags**

Hollister-drainage bags, leg drainage bags and two litre bags for overnight drainage are designed for single use only and should be thrown away once they have been disconnected from your catheter. A stand for the night bag should be used to encourage effective drainage and prevent contamination.

All drainage bags should be emptied, wrapped in newspaper and or placed into a small plastic bag and disposed of in the dustbin.

Alternatively, you might be shown how to use a catheter valve. A catheter valve has the advantage of maintaining the bladder’s ability to store urine and may be considered more discreet than having to use a catheter drainage bag. It could useful to discuss this option with your healthcare professional as catheter valves are not a suitable for everyone.
Going on holiday?
If you are going on holiday, make sure that you have a spare catheter and plenty of catheter drainage bags and or valves to take with you. Pack these in your bag for the plane as well as in your luggage just in case your luggage gets lost.

Where to get catheter and drainage bag supplies from?
The products are prescribed by your doctor and or district nurse and the prescription can be obtained from either a pharmacy or delivered direct to you through a home delivery service. Speak to your district nurse for more advice and information about script-delivery services.

Store any catheters, valves and or drainage bags in their original packaging; in a dry safe place away from direct heat and sunlight.

For further information or copies of this leaflet contact:
Sunderland Teaching Primary Care Trust - Continence Service:
Telephone number 0191 502 5599

Gateshead Primary Care Trust - Continence Service:
Telephone number 0191 488 6777

South Tyneside Primary Care Trust - Continence Service:
Telephone number 0191 451 6459