

Bladder Catheter Options

Suprapubic Catheter

Urethral Catheter

Intermittent Catheter



Swan SPC™ Suprapubic Catheter placed with T-SpEC®

Reasons for Bladder Catheters:

Hydration/ Fluid Management

Urinary Retention

Bladder Management During Surgery

Post-Operative Urinary Retention

Chronic Incontinence

Critical care patients often require a catheter to manage hydration and fluid output, urinary retention or immobility during the hospital stay.

What is a bladder or 'urinary' catheter?

A **urinary catheter** is a tube made of silicone, Teflon or latex* placed in the body to drain and/ or collect urine from the bladder.²³⁰

**Latex is known to cause allergic reactions in some patients.*²³¹

You may require a urinary catheter if you:²³²

- are sedated in critical care or other care area
- have urinary retention (inability to urinate)
- require bladder drainage during surgery
- have other medical conditions or disease

3 Main types of bladder catheters:

- **Suprapubic Catheter (SPC)** - is a tube placed by a physician just below the navel, above the pubic bone into the bladder with a quick and simple procedure. The process is similar to commonly used IV catheters, inserted through the skin into a blood vein. These catheters, once placed, help manage patient care from intake, through recovery and discharge.

SPC is the preferred method of bladder management due to the dramatic reduction of infection, elimination of urethral injury and patient comfort.^{12, 132, 176, 263}

- **Urethral (Foley) Catheter (UC)** - is a tube inserted through the urethra by a skilled healthcare provider or caregiver, held in place with a balloon and left in the bladder.

UC is the primary cause of all hospital-related infections. Each day a catheter is left in-place the patient risk of infection increases by 6.5%.^{270, 364}

- **Intermittent Catheter (IC)** - is a tube inserted through the urethra into the bladder by a skilled healthcare provider, caregiver or the patient each time bladder drainage is required.

The frequency of initiating IC increases the risk of infection or injury with each insertion.^{171, 173}

When you eliminate the urethral catheter, you also:

- Eliminate Common & Severe Urethral Injuries ^{5,6}
- Eliminate Catheter Transfer of Bacteria from Colon to Urethra and into Bladder ^{7,47,92,365}
- Eliminate Catheter-Associated Urinary Tract Infections (CAUTI), Kidney Injury and Sepsis ⁶⁸
- Eliminate Treatment Cost and Extended Hospital Stays of Catheter-Associated Sepsis Events ^{7,37}
- Eliminate 40% Risk of Sepsis-Related Death ^{7,37}
- Reduce Hospital Length of Stay and Extended Stay Days Due to Catheter Complications ^{37,51}
- Eliminate Nursing Management Time Required to Clean, Change and Manage Urethral Catheters ^{78,422}
- Allow Patients to Quickly Return to Normal Bladder Function ^{12,20,25,26,124,273,301}
- Reduce Readmissions from Injury or Infection ^{37,125}
- Improve Patient Satisfaction (89% Preferred) – Suprapubic Catheters are More Comfortable ^{13,422,426}
- Improve Clinical Outcomes at Lower Cost ³⁷

Suprapubic Catheters provide benefits with any duration of use. ¹⁻⁵⁶⁰

References: www.swanvalleymedical.com/references

E. Coli Bacteria Growth Rate in Urine:
Bacteria Count Doubles Every 20 Minutes. ⁵¹⁷

Prevention vs. Treatment

Understand the risks and potential complications requiring treatment when choosing a catheterization option.

Catheters are a necessity for quality patient care. Know the risks associated with each type of urinary catheter.

Urethral "Foley" Catheters (UC)



Female

Male

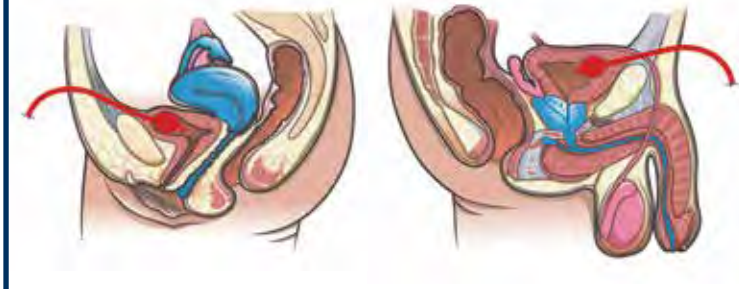
Intermittent Catheters (IC)



Female

Male

Suprapubic Catheter (SPC)



Female

Male

Description/ Condition	Urethral "Foley" Catheters (UC)	Intermittent Catheters (IC)	Suprapubic Catheter (SPC)
Urinary Tract Infection (UTI) Rate ^{12, 27, 42, 92, 234, 236}	3 – 10% per day *	.6 – 8% per day †	UTI Rate No Different than UTI Rate w/o a Catheter ^f
Hospital-Acquired Infections ^{12, 27, 42, 92, 234, 236, 553}	Greatest Source of All Hospital Infections	Moderate Source of Infection	Minimal Source of Infection
Urethral Trauma - Catheters Perforation/ Rupture ^{237, 239}	Yes	Yes	Eliminates Complication
Urethral Lesions/ Strictures (scarring) ^{99, 179, 239}	Yes	Yes	Eliminates Complication
Erosion of Urethra ^{98, 240}	Yes	Yes	Eliminates Complication
Cause Urethral Bleeding ^{241, 242, 243}	Yes	Yes	Eliminates Complication
Catheter Hygiene ^{169, 244, 245, 246}	Difficult	Moderate	Easy
Voiding Trials - Early Discharge ^{25, 35, 42, 87}	No	No	Yes
Patient/ Caregiver Catheter Changes ^{242, 247, 248, 249}	Caregiver Managed	Patient Managed	Caregiver or Patient Managed
Return to Normal Voiding ^{35, 42, 250}	Slow	Slow	Rapid/ Allows for Bladder Cycling
Short-Term Use/ Long-Term Use	Yes / No ^{12, 249, 237, 240, 263}	Yes / No ^{237, 242, 245, 257, 261}	Yes / Yes
Hospital Frequency of Catheter Change ^{253, 254, 255}	Every 48 hrs or less *	Every 4 to 6 hours †	Every 29 days ^f
Home Care Frequency of Catheter Change ^{91, 252, 253}	< 30 Days *	Every 4 to 6 hours †	Every 29 days ^f
Residual Urine (<i>bacteria infections, stone formation</i>) ^{173, 244}	Higher	Higher	Lower
Nursing Care/ Management Time ^{87, 422, 424, 425, 429}	Moderate Impact	Extensive Impact	Minimal Impact
Cost of Catheterization ^{251, 252}	Higher	Higher	Lower
Sleep Deprivation ²⁵⁶	No	Yes	No
Easily Reversible without Surgery ²⁵⁸	Yes	Yes	Yes
Maintain Sexual Relations ²⁵⁷	No	Yes	Yes
Quality of Life - Patient Preferred ^{259, 260, 261}	No	No	Yes – 89% patient preferred
Pain & Discomfort Level ^{241, 242, 261}	Higher	Moderate	Low

The patient has a choice. Be well informed of all the bladder catheter options.

For additional information, visit BladderCathOptions.com

T-SPeC[®] provides all the benefits of suprapubic catheters and minimizes placement risk.



Swan SPC™ Suprapubic Catheter placed with T-SPeC[®]

“Patients in need of temporary or chronic bladder drainage do better with the Swan SPC™ as it is a safer and simpler alternative to a urethral catheter. It is easy to keep clean, less urethral trauma, fewer UTIs and improved patient comfort.”

– Dr. Brian Flynn, Professor of Urology
UC Health, Aurora, Colorado

Rx ONLY



SWAN VALLEY MEDICAL
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Changing the Standard of Care Through Predictive Analytics

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