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Having a supra pubic urinary catheter

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What is a supra pubic urinary catheter?

A supra pubic urinary catheter is a hollow flexible tube that is used to drain urine from the bladder. It is inserted into the bladder through a cut in the tummy (abdomen), a few inches/centimetres below the navel (tummy button). This is usually done under a general anaesthetic in Theatre by a urological surgeon.

Why do I need a supra pubic urinary catheter?

Anyone who cannot empty their bladder may need a urinary catheter. A supra pubic urinary catheter may be chosen because it is more comfortable and less likely to give you an infection than other catheters. Other reasons may be:

- The urethra (the tube where urine comes out) has been traumatised/damaged
- For people who require long-term catheterisation and are sexually active
- After some gynaecological operations e.g. surgery for prolapsed uterus (womb), bladder
- Some wheelchair users find this method simpler to manage
- People who cannot perform self-catheterisation
- Long-term catheterisation for incontinence. Although this is not generally recommended sometimes medical staff feel it appropriate to avoid skin problems or other medical complications

Advantages of a supra pubic urinary catheter

- When a urethral catheter is used, the urethra (water tube) may become damaged over time, resulting in leakage of urine around the catheter. Additionally the balloon of a urethral catheter can cause damage to the bladder neck, leading to leakage of urine around the catheter. A catheter that is forced through the opening and closing mechanism of the bladder can also cause damage
- The catheter is less likely to be sat on or accidentally pulled
- If a supra pubic catheter becomes blocked, urine can generally drain via the urethra which can act as a 'safety net'

- A supra pubic catheter leaves your genitals free for sexual activity
- It is easier to maintain hygiene around the site of a supra pubic catheter
- If you have adequate hand function you can be taught to change your supra pubic catheter as the site is more accessible to you than the urethra
- The procedure is reversible. The supra pubic catheter site will heal quickly on permanent removal of the catheter
- A larger size catheter can be used, reducing the risk of blocked catheters. Urethral catheters are generally no larger than 16Charriere (Ch), whereas a supra pubic catheter can be gradually increased over a period of time from a size 16Ch up to a size 20Ch

Disadvantages of a supra pubic urinary catheter – what are the risks?

- A few people experience heightened feeling around the supra pubic 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 for others it may be persistent. It may be necessary to wear a simple dressing over the site
- Spasm (bladder and urethral cramps) may increase for a few weeks after the procedure
- All indwelling catheters (catheters inserted into the bladder) are more likely to cause urinary tract infections and bladder stones than other bladder management methods such as intermittent self-catheterisation or a penile sheath urinary collection system
- Over time you may suffer from frequent catheter blockages which may require you to have a cystoscopy – a surgical instrument (telescope) is inserted into your bladder to view the inside and allow it to be washed out
- Very occasionally the catheter may need to be re-sited if the opening becomes too tight causing routine catheter changes to be difficult

What stops the supra pubic urinary catheter from falling out?

You may have a stitch in place after initial insertion which may be removed by your district/practice nurse after seven days.

A small balloon at the tip of the catheter is inflated with sterile water to prevent it falling out.

What happens to the urine?

There are two options:

Free drainage: the urine drains out from the catheter and is then stored in a drainage bag.

Catheter valve: a valve at the end of the catheter is used in place of a drainage bag. Urine is stored in the bladder and is emptied through the catheter straight into the toilet or receptacle. Your urology healthcare professional will advise you whether this method is suitable for you.

How often does the catheter need changing?

A member of the Urology Nurse Specialist Team usually changes the first catheter after 6–10 weeks. After this the catheter can be changed in your own home by a district nurse at 4–12 weekly intervals depending upon the catheter type used and your own situation. You or a member of your family may also be taught to change the catheter.

It is not unusual to see blood in the urine following a change of catheter but this usually settles in 24 hours

What do I do with the drainage bag?

There are two types of drainage bags:

Day bag – A leg bag which is worn under your normal clothes during the day and is held in place by straps or a 'holster'. There are many different types of day bags available; your Healthcare Professional will help you decide which bag is most suitable for you.

Night bag – A bag used whilst you are in bed. This bag is much larger and is attached to the leg bag to hold all the urine that drains from the bladder overnight. It is a good idea to place a basin under the night drainage bag in case of leakage during the night. Night bags may be drainable or non-drainable but again your healthcare professional will help you decide which bag is most suitable for you. Generally day bags and drainable night bags are changed every 5–7 days according to manufacturer guidelines. Non-drainable ‘night’ bags are changed daily. It is recommended however that should the leg bag become detached from the catheter a new bag should be used. If bags become damaged or visibly dirty they should be changed sooner.

Disposal – drainage bags should be emptied wrapped and placed with domestic waste. Some Health Trusts offer a clinical waste disposal service – your district nurse will be able to advise you with regard to this.

Caring for your bladder and supra pubic catheter

Hygiene is the most important element of living with a catheter.

The most common problem when using a catheter is a urinary tract infection due to bacteria entering the bladder from the catheter, or the surrounding area.

- Always wash your hands before and after handling your catheter, emptying your catheter drainage bag or before and after emptying your bladder using the valve
- Leg drainage bags should be emptied directly into the toilet or receptacle when it is approximately half full or sooner if it is uncomfortable on your leg
- To avoid the risk of infection or bacteria entering the leg bag, do not let the tap touch the seat or bowl of the toilet. Wipe the tap carefully with clean tissue after closure
- Wash around the catheter entry point with cooled boiled water or with a fresh baby wipe once – twice daily. A dressing will cover the wound after the operation until it has healed. Although not always necessary, many people prefer to wear a dry dressing such as Mepore around the wound all of the time

- Occasionally the skin around the catheter over heals and small skin tags form. Do not worry as these can come and go. If they become problematic i.e. bleed easily and interfere with catheter changes, they may be treated by your healthcare professional with Haelan ointment which may be prescribed by your GP
- Some healthcare professionals recommend turning the catheter when cleaning the area to help prevent the catheter sticking to the bladder wall
- If possible it is better to shower rather than sit in a bath for long periods. Avoid using scented products, talc or creams as these can irritate the area
- If possible bath or shower every day, leaving your drainage system in place
- Wash the catheter carefully using downward strokes
- You need to drink at least 2–3 pints (1.5–2 litres) of fluids everyday to flush the kidneys and bladder in order to prevent urinary infections. Have a good mix of fluid types i.e. water, squash and juice. Keep bladder-irritating drinks e.g. tea, coffee and fizzy drinks to a minimum
- Try to avoid constipation by including wholemeal bread and five portions of fresh fruit and vegetables in your diet each day
- You may need to take tablets to calm any bladder spasms e.g. Oxybutynin or Detrusitol which may cause a dry mouth
- Use a thigh or abdominal strap to reduce the likelihood of the catheter being ‘pulled’
- Alternate the leg you wear your drainage bag on. This helps the catheter to lie in a different position each day, minimising soreness at the catheter site
- Remember to keep a spare catheter with you: If the catheter comes out, it must be replaced within a short time (60 minutes) otherwise the opening will close. Get help from your doctor, nurse or Accident and Emergency unit as soon as possible

Will I still be able to have sex?

Yes. The supra pubic catheter should not get in the way of sexual activity.

Can I go swimming with a supra pubic catheter?

Yes you may go swimming as long as the skin around your catheter is healed, clean and dry and the swimming pool water is treated/clean. Afterwards ensure your catheter site is clean and dried thoroughly. Good hygiene is paramount to avoid infection.

If you do choose to go swimming there are smaller urine drainage bags or catheter valves available on the market to facilitate discretion when wearing a bathing costume. You are also entitled to use changing facilities provided for people with a disability. Speak to your healthcare professional for further advice.

Problems to look out for

- The catheter falls out
- Urine is not draining out of the catheter
- You feel unwell with pain, fever and abdominal discomfort
- Urine is leaking around the catheter – this can be normal around a new catheter site
- The area around the catheter becomes red and sore
- There is temporary bleeding
- Persistent leakage from the water pipe (urethra) which may need a further operation to close the bladder neck
- Development of stones and debris in the bladder causing catheter blockage and requiring removal or crushing by a further procedure
- Although rare, surgical damage to the bowel which usually becomes apparent during the first supra pubic catheter change which may require additional surgery
- If the supra pubic catheter blocks within the first four weeks, the channel between the skin and the bladder will not have healed completely so it is not possible to change the catheter easily. Should this happen, it is important that the catheter is not taken out in an attempt to change it. It should simply be left in place and an urethral catheter inserted as well, followed by notification to the Urology Department.

If you notice something unusual or feel unwell, contact your GP or district nurse as soon as possible.

Further information

Further information can be found in the leaflet produced by the British Association of Urological Surgeons (BAUS); Insertion of a supra pubic catheter. Information about your procedure.

To view the online version of this leaflet, type the text below into your web browser: www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Suprapubic.pdf

Contacts

If you have any queries regarding the insertion of a supra pubic catheter, the care of, problems or complications you may contact: Your GP or district nurse.

Urology nurse specialists

Tel: 0121 371 6929

If you have recently been discharged you may also call your ward for advice.

Patient support group

Tel: 01926 357 220

The Bladder and Bowel Foundation is a support group for people who experience bladder and bowel problems.
www.bladderandbowelfoundation.org



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

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