



You have been booked for a

# SUPRAPUBIC CATHETER



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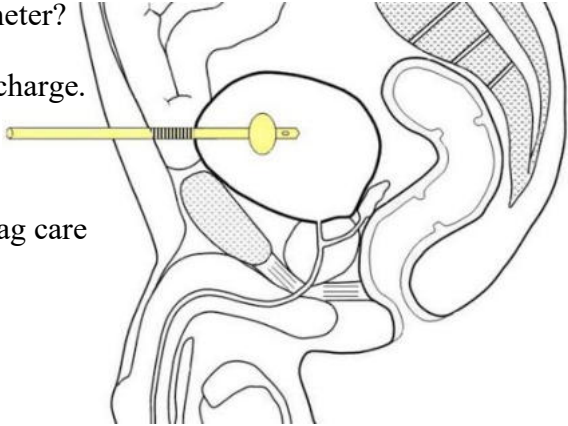
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# **SUPRAPUBIC CATHETER**

- 1.- What is a suprapubic catheter?
- 2.- What do you need on discharge.
- 3.- Basic care
- 4.- Choosing your bag and bag care
- 5.- Possible problems
- 6.- General care
- 7.- When to call the doctor



## **1,- WHAT IS A SUPRAPUBIC CATHETER OR SPC**

A suprapubic catheter is a catheter that is placed directly into the bladder through the abdomen. This catheter is a tube that drains urine from the bladder. The tube enters the body through a small cut in the belly. Stiches will hold the tube in place. Seven days after the insertion, stiches have to be removed. You will need to return to have the tube replaced in 6 weeks by a continence nurse. The next replacements can be done by the blue nurses.

The catheter is a hollow tube with a hole on each end. Many types of SPC tubes exist, but the most common is called Foley Catheter. A side arm can be seen on the catheter, and this allows a small balloon to be filled in the bladder, so that the catheter does not fall out.

The catheter needs to be connected to a drainage bag to allow continuous drainage. It is important not to block the flow of urine, unless you are specifically asked to do so.



Alternatively, you can have a valve connected to the catheter or you can empty your bladder at intervals. The use of a valve isn't recommended for people with a neurogenic bladder such as someone who has a spinal cord injury.

At night, your catheter needs to be connected to a large drainage bag.

## **SEXUAL ACTIVITY**

Sexual activity may continue with a suprapubic catheter. Please, seek advice from your nurse or doctor.

## **2.- WHAT DO YOU NEED ON DISCHARGE**

Upon discharge from hospital, you will be supplied with

A large drainage bag

A leg-bags

A catheter change date within 4-6 weeks.

### **3.- BASIC CARE**

Personal hygiene is very important to prevent infection.

#### **PREVENT INFECTIONS**

If germs enter the body, the body may cause an infection. Germs can get in:

- Where the tube enters your body
- Where the tube connects to the bag.
- Through the drainage spout on the bag.

Always begin by washing your hands for 15 seconds before any manipulation of the catheter. Don't touch the spout of the bag with your fingers. Be sure the spout doesn't touch the toilet.

#### **CLEAN YOUR SKIN EACH DAY**

To change a bandage or clean the skin around the tube site

If you have a bandage, you will need to change it daily and whenever it gets wet.

Do not use creams, powder or ointments on the skin around the tube.

Do not take a tub bath while you have the tube. You may take a shower.



## **CARING FOR YOUR TUBE SITE**

The major cause of irritation is at the exit site of the Suprapubic tube from the abdomen. Sometimes a silk suture is placed to secure the catheter, and this can also be a source of irritation. You should wash this area with a mild soap and water daily and covered with dry gauze.

You must clean the skin around the tube every day. Follow these steps:

### *STEP 1: PREPARE*

1.- Clean your work area with alcohol (or soap and water) and a paper towel.  
Wash your hands with soap and water.

2.- Place these items on your clean work area.

-Bag to hold any old bandages

-Techni-care soap (or any soap that your pharmacist suggests)

-Cotton swab or clean washcloth

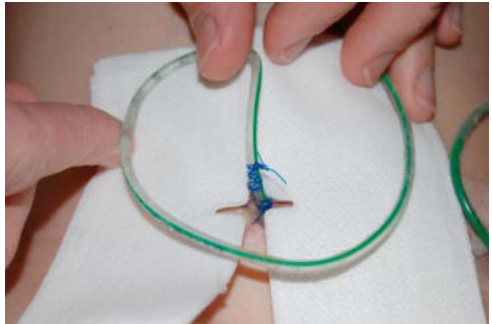
-Sterile 2 x 2 or 4 x 4 gauze

Bandages.

-1-inch-wide paper or Medipore

Tape

3.- Wash your hands well with  
soap and water



*STEP 2: REMOVE ANY BANDAGES AND CHECK THE SKIN*

*AROUND THE TUBE*

1.- If you have bandages, remove them and put them in the bag for the trash. Be careful not to pull on your tubing or stitches. Do not use scissors-they could cut the tube

2.- Look at the skin around the tube. If you have stitches, check these as well. Call your clinic (or home care nurse) if you see broken stitches or increasing redness, swelling or drainage around the tube site.

*STEP 3: CLEAN THE SKIN AROUND THE TUBE*

- 1.- Wash your hands again
- 2.- Put the Techni-Care soap on our cotton swab or washcloth
- 3.- Clean the skin around the tube site (you may do this in the shower) Start at the tube and move outward about 1 to 2 inches, using a circular motion.
- 4.- Rinse the skin with water. Pat or air dry.

*STEP 4: REPLACE THE BANDAGES (IF YOU HAVE THEM)*

When you open the package, you will find two bandages (You may also use gauze bandages with slits cut into them)

- 1.- fold one bandage in half and place it below the tube site
- 2.- Fold the other bandage in half and place it over the tube site
- 3.- Tape the bandages in place.

*STEP 5: TAPE THE TUBE TO THE SKIN*

In most cases, you will have less irritation at the exit site if the catheter is not pulling tightly. Tape the catheter to the skin so that it has gentle curve on its way to the drainage bag. Tape is the best and least expensive way of securing the catheter. Movement or tugging on the catheter will then pull on the tape, not on then skin and bladder.

Tape the catheter to that it has a gentle curve as it goes towards the drainage bag.

Be sure that the tube is securely taped to the skin.

1.- Leave a small amount of slack in the tubing. This reduces stress (pulling) on the stitches. It also helps prevent the tube from being pulled out.

2.- Tape the tube to the skin about 3 to 4 inches below the site where the tube enters the body.

### *STEP 6 CLEAN UP*

Throw away the bag holding your used materials. Clean your work area with soap, water and paper towel. Wash your hands with soap and water.



## **SECURE THE TUBE TO YOUR BODY**

Keep the tube always taped to your belly. This helps prevent the tube from getting pulled out. To prevent kinks, you may also want to tape it to your upper thigh, leaving a little bit of slack

Your nurse can show you how to secure the tube. Follow the steps

- 1.- Place a long piece of tape on your skin. You may want to shave any hair from the area first
- 2.- Wrap another long piece of tape around the tube. Tape this to the first piece of tape. There should be enough slack in the tube to let you stand and walk comfortably.
- 3.- Change the tape every two to three days, using a different area each time.

You may ask your nurse or pharmacist about other products to help secure the tube (such as cloth or plastic Velcro straps)

## **KEEP YOUR BAG AND ITS TUBING LOWER THAN YOUR BLADDER**

Always keep your bag and tubing below the bladder. This will prevent urine from flowing back into the bladder.

To drain well, the bag needs to be the lowest part of the system. Any loops of tubing must be higher than the bag.

When using a leg bag, take the bag off your leg if you lie down. Hang it over the edge of the bed or couch. You may want to use a safety pin to secure the bag. Be careful not to poke the bag or the tubing with the pin

At night, coil extra loops of tubing on the bed. Use a clip to hold the loops. Hang the bag on the side of the bed (or place it on the floor in a bowl, bucket or clean trash can).



## **KEEP YOUR TUBING FROM GETTING BLOCKED**

Tips:

- Empty the urine from your bag regularly. You may want to empty it when the bag becomes half full
- Check the tubing often for kinks that may block the flow of urine
- Drink plenty of liquids- at least eight extra glasses of water each day (unless your doctor tells you not to)
- If you will have the tube for a long time, it should be changed every three to six weeks. Your doctor will tell you how often to have your tube changed.

You may need to come back to the clinic, or your home care nurse will change your tube.

-Your doctor or nurse may teach you how to flush the tube, if it often gets plugged.

#### **4.- CHOOSING YOUR BAG.**

##### **IF YOU WANT TO USE A LARGE BAG**

Some people prefer to use the large bag night and day. This requires less time and effort- and fewer supplies. It is safer too: you don't have to change the bag as often and this lowers the risk of infection.

-Change the bag once every week or maximum in 10 days, or when it leaks

-You may keep it in a shopping bag with handles during the day. This allows you to move around easily, and it keeps the bag and tubing lower than your bladder

##### **IF YOU WILL USE A LEG BAG**

Other people prefer to use a leg bag during the day and switch back to the larger bag at night. A leg bag gives you more freedom to move around. You can keep the bag hidden under loose fitting slacks or a long skirt

Because it is a smaller bag, you will need to empty it more often.

Also, each time you change bags, germs can get into your body. To set up a new leg bag, follow the steps below. These steps are for the Conven

leg bag. If you use another brand, follow the directions on the package insert.

1.- Wash our hands for 15 seconds. Use soap and water. Clean your work area with alcohol for soap and water) and a paper towel.

2.- Place these items on your clean work area:

-Leg bag kit (opened)

-Clean Scissors

-Alcohol pads



3.- Button the leg straps through the top and bottom of the bag.

Place the wide strap at the top of the bag. You may trim the straps to fit your lower leg. The bag will hang below your knee

4.- Close the drainage spout at the bottom of the bag.

5.- Decide how long the bag's tubing needs to be. It should reach below the knee. Allow a little slack in the tubing, so you can walk and sit freely. If you decide to shorten the tubing:

-Use an alcohol pad to clean your scissors well

-Use another alcohol pad to wipe the tubing

-Cut the tubing to the right size. Do not allow the tip of the tubing to touch anything

6.- Insert the white spout into the bag tubing

-Use an alcohol pad to wipe the spout

-Keep the grey cover on the large end

-Push the small end into the tubing. Once it's in, it can be removed.

## **EMPTYING YOUR BAGS**

Wash your hands carefully then remove the outlet clamp form the holder on the urine bag

Empty the urine into the toilet by releasing and opening the urine outlet clamp

Don't touch the urine outlet tube with your fingers or allow it to touch the toilet

Close the clamp and place it back in the urine bag holder, then wash hands again.



## **CHANGING BAGS**

All disposable drainage bags (including leg and overnight bags) must be disposed of into the drainage after 10 days of use.

1.- Wash your hands for 15 seconds. You may then put on clean gloves, if you wish.

2.- Place a towel under the tubes to catch any drops of urine.

3.- Use an alcohol pad to clean where the current bag connects with the tube. Wipe three times in a row.

4.- Gently twist the tubes apart. Don't use your nails (Nails often carry germs) Squeeze the tube gently to keep urine from dripping out.

5.- Connect the tubing from the bag to the bladder tube. Do not touch the ends. Check that the tubes connect tightly.

## **CLEANING YOUR LEG BAG**

Before you can reuse a bag, you must wash it with soap and rinse it with cleaning solution. Clean the bag as soon as you disconnect it from the tube. Do not reuse a bag without cleaning it first. You may use the bag for one week. After that, throw it away. If you are not using a leg bag, you must change the bag at least once every 10 days.

You don't need to clean it –just throw it away.

### **To clean a bag, follow the steps:**

1.- Clean your work area with alcohol (or soap and water) and as paper towel. Wash your hands with soap and water.

2.- Place these items on your clean work area.

-Clean funnel

-Liquid dish soap

-Cleaning solutions (choose one)

-1/4 cup white vinegar + ¾ cup water or

-15 ml (millilitres) bleach + 150 ml water (if using bleach, mix a new batch each day)

-Clean paper towel

-Clean towel or storage container

3.- Empty the urine from the bag into the toilet,

4.- Fill the bag with cool tap water.



A small funnel will help direct the stream of water

5.- Drain and fill the bag again, adding a couple of drops of dish soap. Gently squeeze the bag several times to clean the inside. Drain the water into the toilet. Rinse the bag well with tap water.

6.- Fill the bag with your cleaning solution. Gently squeeze the bag several times.

- For vinegar and water. Let it sit for 30 minutes (this reduce odour)

- For bleach and water. Let it sit for 30 seconds

7.- Empty the bag into the toilet

8.- Hang to air-dry both ends pointing down. Tips:

-Pull the sides of the bag apart to speed drying

-Do not hang the bag or tubing over a radiator or other source of heat.

This may lead to germs and infections.

-You may wish to use a wire hanger to hang the bag

-You may cover the end of the tubing with clean paper towel. Use a rubber band to hold the paper towel in place.

9.- After the bag and tubing have dried, store them in a clean towel or covered container. If you used a paper towel, you may remove it.

10.- Before you re-use the bag, clean the end of the tubing with and alcohol pad.

## **CLEANING YOUR LEG BAG WITH MILTON SOLUTION**

After emptying and disconnecting the night drainage bag/bottle, rinse the tubing and bag/bottled inside and out with tap water with the outlet clamp open.

Mix the Milton solution in a large clean container

Now run some of the Milton solution through the tubing and bag/bottle

Now immerse the tubing and bag/bottle in the Milton solution for at least one hour and then hang the tubing and bag up to dry (there is no need to rinse again before reconnection).

You will need to buy Milton (Sodium hypochlorite 1%) from your local supermarket and a clean bucket to soak your drainage bag/bottle)

## **MAKING UP THE MILTON SOLUTION**

Dilute the Milton by adding half a capful of Milton to one litre of water. This solution only lasts 24 hours.

## **CONNECTING YOUR DRAINAGE BAG**

After washing your and catheter outlet tubing, plug in the night drainage bag. Open the leg bag valve so urine will drain from the leg bag into the night bag.



Always keep the bag below the bladder level to ensure good drainage and avoid kinking of the catheter tubing

If you need to change the leg bag, wash your hands and the catheter connection well with soapy water before disconnecting and reconnecting with a new bag.

## **5.- POSSIBLE PROBLEMS**

### **CATHETER NOT DRAINING (BLOCKAGE)**

Urine should drain constantly into the bag. The more urine flowing, the lower changes you will get a blockage. If you see no urine flow for more

than an hour and feel the need to urinate, you may have a blockage of the tube. The most common causes are blood clots.

Check for the following:

- The tube is not bent or kinked
- The bag is below the bladder
- The drainage bag is not over full
- You are not dehydrated
- Your urine is not concentrated, cloudy or bloody
- Try to move around. Adjust your position to see if that helps the drainage.

If there is still no drainage after following the checklist. **NOTIFY** your nurse or doctor. If your tube becomes blocked, you will have to see your doctor or go to the emergency room so the catheter can be cleared out or replaced.

Do not take the catheter out unless it is going to be reinserted immediately.

If necessary, you can drain the bladder urethrally by inserting a urethral catheter and attend a casualty department or your GP surgery with your spare catheter of the same size and arrange for it to be changed.

## **BLADDER SPASMS AND BYPASSING**

Check that your catheter is not blocked as described before. If problems continue, please seek medical attention.

## **CATHETER FALLS OUT OR UNABLE TO RE-INSERT**

If the catheter falls out or if it is difficult to reinsert, it is recommended that an indwelling urethral catheter is inserted (if able) to avoid over stretching the bladder. Seek immediate help from your local hospital or doctor.

## **URINE CLOUDY/DEBRIS PRESENT**

Could be a urinary tract infection- take a urine sample.

If you experience bladder discomfort or your urine becomes smelly or cloudy seek medical assistance.

If problem with drainage occurs have catheter changed as soon as possible.

Taking cranberry juice or tablets can help to reduce the amount of sediment in your urine.

Increase your fluid intake to at least three Liters per day.

Having a catheter in your bladder puts you at a greater risk of developing bladder stones. Bladder stones can be the cause of urine infections and may cause drainage problems. If grit or stones are causing problems with the drainage from your catheter inform your doctor.

## **BLEEDING AFTER CATHETER CHANGE**

There may be a small amount of bleeding with a any type of catheter, and this is nothing to be concerned about. If the bleeding makes it impossible to see through your urine, call your doctor.

When your catheter is changed there can be some trauma which may cause bleeding- sometimes is unavoidable.

Ensure the catheter is still draining and increase your oral fluid intake to dilute and flush out the blood.

If you suspect your catheter is not draining any urine seek medical attention immediately

If the bleeding has not stopped within 24 hours or causes your catheter to block seek medical attention immediately.

## **CATHETER BALLOON WILL NOT DEFLATE**

Are you pushing the syringe tightly into the balloon port as you draw back the syringe?

If you are trying to change the catheter in an emergency, you must insert a urethral catheter until you are able to seek medical attention.

Contact your doctor or attend a casualty department immediately.

## **OTHER PROBLEMS**

There is also a low risk for infections of the urinary tract (or kidney), skin breakdown, septicaemia (infection in the blood and/or urine leaking from around the catheter, and/or urinary stones. Long term use of an in-dwelling catheter (many years), there is a risk bladder cancer may develop.

## **6.- GENERAL CARE**

- 1.- Your catheter should be changed every 4-6 weeks
- 2.- Ensure that you drink at least 2-3 Liters of fluid per day
- 3.- Empty your leg-bag when it is two-thirds full
- 4.- Never pull on the catheter, remove it, cut it or put anything on it.
- 5.- Ensure all drainage bags (including leg and night bags are discharged after 10 days of use.
- 6.- If you have a permanent or long-term catheter, you need to see the Continence Nurse Advisor for information regarding the future supply of your catheters.
- 7.- Your first SPC change will be at the hospital. We will then organize future SPC changes with Community nurses. If you would like us to arrange a Community Nurse to visit, please, speak to your Ward Nurse.
- 8.- Check the catheter site daily for signs of infection or irritation (look for redness, feel for heat at site, check for discharge). If you feel there is a problem, inform your nurse or doctor

9.- Daily shower or wash ensuring you thoroughly clean and dry around the catheter site.

10.- Avoid the use of talcum powder, sprays or deodorants around the site of the catheter.

11.- check the urine colour, amount and clarity daily for changes or problems (e.g. infection). Take a urine specimen if you suspect there is a problem.

12.- Ensure the drainage bag is below the level of your waist to allow the urine to drain by gravity (unless wearing a waist bag)

13.- Continue your bladder medication as directed by your doctor.

14.- Maintain a closed drainage system as much as possible. This means keeping the number of times you have to disconnect the bag to an absolute minimum. This will reduce your chance of getting infections.

15.- Always Have a spare catheter with you in case of emergencies.

## **7.- WHEN TO CALL THE DOCTOR**

Call your doctor right away if

-The tube comes out, go to the emergency room (tape a bandage over the opening in your skin. Bring the tube with you to the emergency room)

-You have fever of 38.5 or higher and /or chills

- You have sudden or gradual increase in abdominal pain, back or leg pain
- You have severe bladder pain, bleeding or pus-like discharge draining around the SP site.
- Your tube does not drain or there is less urine than normal.
- Your urine looks bloody or cloudy, it has changed colour, or you see large blood clots.
- Your urine has a bad odour
- You have pain that gets worse, doesn't improve or cannot be controlled with medicine.
- You have pain in your back or lower belly area (abdomen)
- Urine leaks around the tube for more than a day or two
- The skin around your tube is swollen, red, very tender or draining pus.
- You have swollen testicles
- Do not clamp your tube unless your doctor or nurse ask you to.

## **IN CASE OF PROBLEMS**

NOTIFY THE UROLOGIST OR ATTEND TO THE EMERGENCY  
DEPARTMENT



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