

**Patient
Information**

Insertion of a supra-pubic catheter

Introduction

The information in this leaflet is for patients who are having a supra-pubic catheter inserted into their bladder.

What is a supra-pubic catheter?

A supra-pubic catheter is a hollow, flexible tube that is inserted directly through the abdomen into the bladder. The catheter will drain urine from the bladder.

Why is a supra-pubic catheter needed?

A supra-pubic catheter may be needed for the following reasons:

- When a catheter cannot be passed through the urethra.
- To improve access to the catheter for patients with restricted mobility such as those who are wheelchair-bound.
- To promote sexual activity and improve body image.
- When there has been damage or disease to the pelvis or urethra.
- After some types of surgery.
- For the long term management of bladder dysfunction (often causing incontinence).

The catheter is inserted when the patient is either sedated (calm, drowsy but aware of what is going on around them) or has had a general anaesthetic (asleep). Your doctor will decide which type of anaesthetic is best for you based on your overall fitness, mobility, bladder function and other health care needs.

Benefits

A supra-pubic catheter has some benefits over a urethral catheter (one that sits in the urethra/water pipe). However some of the problems associated with having a catheter in the bladder will be unchanged. For example, it is still possible for a supra-pubic catheter to block or leak. Therefore, the benefits that this type of catheterisation has for each individual should be discussed before the procedure takes place.

Reference No.

GHPI0623_09_20

Department

Urology

Review due

September 2023

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Alternatives

Having a supra-pubic catheter is only one way of managing bladder dysfunction. Other alternatives might include:

- Continuing with a permanent urethral catheter.
- Performing intermittent self-catheterisation.
- Major bladder surgery, for example urinary diversion where the ureters (the tubes taking urine away from the kidneys to the bladder) are diverted out onto the abdomen.

As before, your level of fitness, mobility, bladder function and other health care needs will help determine which option is best for you.

Risks

- Bleeding - Most surgical procedures carry a risk of bleeding. During this procedure only a small incision is made into the abdominal wall.

The risk of extreme bleeding is low but you may have blood stained urine for up to a week after the procedure. This is normal and can be helped by drinking about 2 litres (8 to 10 cups) of fluid daily. This will flush the catheter through. Some patients will have bleeding around the surgery site. A dry dressing will be placed around the site after the procedure.

- Bowel injury - There is a small risk that the doctor could make a hole in the bowel as the catheter is inserted. To reduce the risk of this happening, the bladder is filled immediately before the catheter is put in place. This will push the bowel out of the way. The risk of bowel damage is low.
- Infection - Introducing anything into the bladder carries the risk of infection. Many people with bladder dysfunction, or those who already have a catheter in place, will already have some infection in their urine. Placing a supra-pubic catheter can stir up this infection and cause symptoms such as a raised temperature, discomfort in the bladder area and smelly urine. If you are at increased risk of a urine infection, you will be given antibiotics. There is also a risk of developing an infection in the wound site. This usually happens in the first few days after the catheter has been inserted. The wound site would become red, hot and tender.

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There may also be a smelly or coloured discharge from the wound. You might have a high temperature and feel generally unwell.

- Anaesthetic - Any operation involving the use of anaesthetic carries the risks of developing chest infections or blood clots in the legs or lungs, also called Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). To reduce this risk, you will be asked not to eat or drink anything in the 6 hours before your operation (3 hours for water). You will also be asked to wear anti-embolism stockings during your stay in the hospital. You will be given these on arrival.

Practical advice

- Please try to make sure that you are not constipated when you come for your appointment. If the bowel is full it can make it more difficult to put the catheter in place safely.
- Wear clothes that are easy to get on and off.
- Do not bring any valuable items with you.

The procedure

Please attend the ward as stated on your appointment letter. The nursing staff will ask you to change in to a hospital gown. A urology doctor and anaesthetist involved in the procedure will introduce themselves to you and complete some necessary paperwork.

Shortly before your surgery, you will be taken to the operating rooms and your anaesthetic will be given.

Sometimes, a thin flexible camera tube is passed into the urethra so that the catheter can be safely placed. A urinary catheter will then be placed into your bladder through a small cut in the skin.

The catheter will be kept in place by inflating a water balloon inside the catheter. This will stop the catheter from falling out. Sometimes, the doctor will attach the catheter to the skin with a surgical stitch to provide extra security. A district nurse will remove the stitch in 5 to 7 days.

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After the procedure you will be taken to the 'Recovery Room'. When the nursing team are happy with your progress they will arrange for you to be moved to a ward if an overnight stay in hospital is needed. It will be stated on your appointment letter if an overnight stay is needed.

The doctor who placed the catheter may arrange a follow up appointment if they feel this is necessary.

At home, please read the advice sheet given to you after the procedure.

The catheter will need changing on a regular basis, how often can vary but is usually every 12 weeks. Sometimes the first change of the catheter is arranged to happen within Cheltenham General Hospital. If this is the case it will be discussed with you before you leave. All future changes will be done by either a district nurse or your practice nurse in your own home or at your local surgery.

Contact information

If you have any further questions or concerns please contact your Urologist, GP, District Nurse or Practice Nurse.

Alternatively you can contact:

Urology Assessment Unit

Tel: 0300 422 4358

Monday to Sunday, 8:00am to 6:00pm

Guiting Ward

Tel: 0300 422 3857

Content reviewed: September 2020