Urology department

Suprapubic catheter insertion

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
This procedure involves the placement of drainage tube into bladder through an incision in the skin. Cystoscopy (inspection of the bladder) is often performed to aid insertion of this tube.

What are the alternatives to this procedure?
Catheter through urethra, permanent urinary diversion.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment will be made from clinic, to assess your general fitness, to screen for MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the consultant, junior urology doctors and your named nurse.

You will be asked not to eat or drink for six hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
- a previous or current MRSA infection
• high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

What happens during the procedure?
Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.
The suprapubic catheter is inserted through a small incision in your lower abdomen, just above the pubic hairline after filling your bladder with fluid. In patients with small bladders or patients who have had previous abdominal surgery, the incision will need to be enlarged so that the bladder can be visualised directly to allow the catheter to be inserted. Correct positioning within the bladder is checked during the procedure by telescopic inspection of the bladder via the water pipe (urethra).

What happens immediately after the procedure?
The catheter is usually stitched in place initially but these stitches can be removed after a week or so without the catheter falling out.
If the suprapubic catheter is inserted through a small incision or puncture, it may be possible to go home the same day. If a larger incision is used, the average hospital stay is one to two days.

**Are there any side effects?**

Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure. Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

### Common (greater than one in 10)
- ☐ Temporary mild burning or bleeding during urination

### Occasional (between one in 10 and one in 50)
- ☐ Infection of the bladder requiring antibiotics (occasionally recurrent infections)
- ☐ Blocking of the catheter requiring unblocking
- ☐ Bladder discomfort/pain
- ☐ Persistent leakage from the water pipe (urethra), despite the catheter, may require medical therapy or further surgery
- ☐ Development of stones and debris in the bladder, causing catheter blockage and requiring evacuation or crushing by a further procedure

### Rare (less than one in 50)
- ☐ Bleeding requiring irrigation or additional catheterisation to remove blood clot
- ☐ Rarely damage to surrounding structures, such as bowel or blood vessels with serious consequences, possibly requiring additional surgery

**What should I expect when I get home?**

When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

When you get home, you should drink twice as much fluid as you would normally for the next 24 to 48 hours to flush your system through and minimise any bleeding. The catheter will need to be changed initially after approximately six weeks and we will arrange this for you in the outpatient clinic. Thereafter, further catheter changes can be performed by your GP or district nurse.
What else should I look out for?

If you develop a fever, redness/throbbing in the wound, any pus from the catheter site or worsening bleeding, you should contact your GP immediately.

In the event of the catheter falling out, it must be replaced as a matter of urgency or the track will close up and it will not be possible to re-insert the catheter. Contact your GP for immediate advice or come directly to the Accident and Emergency department.

See below for information about catheter blockage.

Are there any other important points?

Some discharge from the catheter site is not unusual in the longer term. Within four weeks of catheter insertion, if the catheter blocks, the channel between the skin and the bladder will not have healed completely and it will not, therefore, be possible to change the catheter. If blockage does occur within four weeks, it is very important that the catheter is not taken out in an attempt to change it. It should simply be left in place and an additional catheter should be placed into the bladder through the urethra (the water pipe) followed by immediate notification of the urology specialist nurse on the number in the list of contacts at the end of this leaflet.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References:

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)
Is there any research being carried out in this field at Addenbrooke’s Hospital?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?

**Oncology nurses**

**Uro-oncology nurse specialist**
01223 586748

**Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)**
01223 274608

**Prostate cancer nurse practitioner**
01223 274608 or 216897 or bleep 154-548

**Surgical care practitioner**
01223 348590 or 256157 or bleep 154-351

**Non-oncology nurses**

**Urology nurse practitioner (incontinence, urodynamics, catheter patients)**
01223 274608 or 586748 or bleep 157-237

**Urology nurse practitioner (stoma care)**
01223 349800

**Urology nurse practitioner (stone disease)**
01223 349800 or bleep 152-879

**Patient advice and liaison centre (PALS)**

Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and multi faith community**

Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ
What should I do with this leaflet?

Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature……………………………….……………Date………………………….