NHS
Royal Cornwall Hospitals
NHS Trust

Suprapubic catheter insertion

affix patient label

Why do I need this?

If you cannot empty your bladder normally, you may need to have a catheter put in. Sometimes, we use a catheter to manage incontinence.

What does this procedure involve?

The catheter is a small tube, made from latex or silicone, which stays in your bladder and allows urine to drain out. It has a balloon at the end, which is filled with fluid and prevents it from falling out. Catheters are usually changed every three months.

The suprapubic catheter procedure involves putting a catheter into your bladder through your lower abdomen (tummy), usually through a small puncture in the skin.

We often put a telescope into your bladder, along your urethra, to be sure that the catheter is in the right position. We may use an ultrasound scanner to help position the catheter. Sometimes, we need to make an incision (cut) in your lower abdomen to insert the catheter.

In an emergency setting, if you have painful inability to pass water, we may insert a suprapubic catheter without using a telescope or ultrasound guidance.

Are there any alternatives?

- Urethral catheter – a permanent catheter passed through your urethra (water pipe) into your bladder.
- Intermittent self-catheterisation – either in men or in women. This means passing a disposable catheter into your bladder when it is full, and then removing the catheter once your bladder is empty.
- Condom drainage device – sometimes men can use a drainage sheath attached to the penis, which collects urine in a drainage bag.
- Incontinence pads – to catch any urine leakage.
- Urostomy – diversion of your urine on to the surface of your abdomen so that it drains into a bag.

What happens before the procedure?

1. You will be seen by the surgeon and the anaesthetist who will go through the plans for your operation with you.
2. We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs.
3. If the procedure is planned to be performed under local anaesthetic, you do not need to undergo any of the above.

What does it involve?

1. We usually carry out the procedure under a local anaesthetic, occasionally it can be performed under a general or spinal anaesthetic.
2. We fill your bladder with fluid and then use a special kit to pass the catheter through your skin into the bladder.
3. The catheter comes out through your lower abdomen (tummy).
4. Occasionally, we need to make a cut in your lower abdomen to insert the catheter.
5. You may need to stay in hospital overnight – a longer stay is needed if you have had a bigger cut in your abdomen.

What happens afterwards?

As soon as your surgeon is satisfied with correct placement, you will be observed for a short while to ensure comfort and correct attachment of a drainage bag.

If you are comfortable, you will be allowed home.

Are there any risks or complications?

As with all procedures, there are risks from having this procedure. You should be reassured that, although these complications are well recognised, the majority of patients do not suffer any significant problems following this procedure.

Almost all patients

Mild burning or bleeding when you pass urine, lasting for a few days.

Common (Between 1 in 2 to 1 in 10)

Recurrent urinary infection requiring antibiotics
Blocking of your catheter by debris or blood clots requiring irrigation and unblocking
Bladder spasms or bladder pain
Persistent leakage from your urethra which may need a further procedure to treat it

Between 1 in 10 & 1 in 50 patients

Development of stones in your bladder, causing catheter blockage, and requiring a further procedure to remove or crush them

Rare (between 1 in 50 to 1 in 250 patients)

Inadvertent damage to adjacent structures (e.g. bowel, blood vessels) requiring further surgery

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.01% - 1 in 10,000)
- MRSA bloodstream infection (0.02% - 1 in 5000).

The rate for hospital-acquired infection may be greater in high-risk patients, for example those patients:

- with long-term urinary catheters;
- who have had a long stay in hospital/multiple hospital admission.

What should I expect when I get home?

- It is normal to have some discharge around your catheter – this does not usually need treatment, but if you are concerned, contact your GP or specialist nurse.
- Seek medical advice if you develop a fever, redness in the wound, pus from the catheter site or worsening bleeding.
- You will need the catheter changing after six to 12 weeks – we often arrange the **first catheter change at the hospital**. Further catheter changes can be performed by your District Nurse or GP every three months.

What if my catheter falls out or gets blocked?

If this happens, you need to take immediate action, because the track into your bladder will close off quickly if the catheter is removed.

- If your catheter falls out – it must be replaced immediately or the track into your bladder will close and it will not be possible to put another catheter in. Contact your GP for immediate advice or go to your local Emergency Department as an emergency.
- If your catheter blocks within the first four to six weeks after insertion – it may be difficult to change it because the track into your bladder will not have matured (healed). Your GP or District Nurse will need to put in a urethral catheter (through your water pipe) as well, leave your blocked suprapubic catheter in place, and refer you urgently to your urologist or urology specialist nurse.

Any questions?

If you have any questions or need further information, please contact:

Urology department – 01872 252220

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690