

# Managing Your Suprapubic catheter at home

## Information for Women

Welcome to the National Women's Gynaecology Service  
Tena Koe Noho Ora Mai

### **What is a suprapubic catheter?**

A supra-pubic catheter is a small plastic tube which is inserted through the abdominal wall into the bladder. It allows urine to drain. The catheter connects to a drainage bag with a tap at the bottom which enables the bag to be emptied.

### **Why is the catheter necessary?**

After surgery sometimes it is difficult to pass urine, so urine needs to be drained through the catheter. Sometimes the patient passes small amounts of urine, but large amounts remain in the bladder. A supra-pubic catheter will drain the bladder completely.

### **Placement of the catheter:**

A doctor will place the catheter directly into the bladder through the abdomen, just above the pubic bone.

The doctor will give you local anaesthetic and you should be pain free during the procedure. Catheter is held in place by an adhesive disc, stitches or it is taped to the abdomen. Some catheters have a balloon filled with water that keeps catheter in place.

The insertion site is covered with waterproof dressing. A suprapubic catheter should not prevent you from showering daily.

### **Caring for your catheter:**

Hands should always be washed and well dried BEFORE and AFTER:

- emptying the drainage bag
- changing the drainage bag
- any occasion when the catheter is handled

Waterproof dressing should be secure over the site. If it becomes soiled or not secure the dressing should be changed.

It is important to check regularly that the drainage tubing is not kinked. This is especially important when securing the catheter and positioning the night bag extension. Drainage bag should be kept lower than the bladder at all times, as urine cannot drain “uphill” to the bag.

### **Prevent ‘pulling’ on the catheter:**

Traction or pulling on the supra pubic catheter may cause trauma to the bladder, discomfort or even removal of the catheter. You can prevent pulling by following these advices:

- keep the dressing over the site
- wear a leg bag during the day
- secure the leg bag with straps, make sure there is enough free tubing to allow your leg to straighten
- empty the drainage bag regularly as it will become heavy when full.

### **How to measure your urine output:**

While in hospital, your nurse will show you how to measure your urine output. These instructions will help you to do the same procedure at home:

- During the day keep your catheter clamped.

- When you feel the urge, or approximately every 3-4 hours, you should pass urine.
- The amount of passed urine should be measured, and recorded in the table below (1). You will need a measurement jug to do this.
- After you have passed urine, open the clamp and urine that has remained in your bladder will drain out into the bag.
- Leave the clamp open for 20 minutes.
- When 20 minutes has passed, measure the amount of urine in the bag.

This amount is called the **residual urine**. You need to record this amount in the table, too (2).

- Now you can clamp your catheter again, and 3-4 hours later repeat the process.

<b>Date &amp; Time</b>						
<b>Amount of passed urine (1)</b>						
<b>Residual urine (2)</b>						
<b>Date &amp; Time</b>						
<b>Amount of passed urine (1)</b>						
<b>Residual urine (2)</b>						

Note: you can add an additional sheet if you need more space for recording

**During the night** you can leave the clamp open, and urine will keep draining into the bag. You will need to connect a larger drainage bag for night time. Your nurse will show you how to do that.

As this tube is longer, it is important to check it is not kinked, or urine will be unable to drain.

The night bag extension should be placed lower than your bed. The bag may be placed flat on the floor or attached to the side of the bed.

### **Fluids:**

Unless your doctor had told you otherwise, you are advised to drink at least 2 litres of fluid a day. This is equal to about 12-15 cups. Your urine colour should be light yellow. A high fluid intake will promote catheter drainage and reduce the risk of infection and blockage of the catheter by debris.

### **Potential complications:**

- the urine has a strong smell and becomes thick or cloudy
- fever, chills, shivering
- pain or aching in your back
- blood in your urine
- catheter draining little or no urine despite adequate fluid intake
- leakage of urine around the catheter
- feeling unwell, tired, loss of appetite, vomiting

**Notify your health care provider if you develop any of these symptoms, as they may indicate a urinary tract infection.**

Every patient who is discharged from hospital with a supra-pubic catheter is referred to the District nurse. She/he will contact you and visit you at home. She /he will help you manage your catheter and change the dressing if needed. We will make an appointment for you to return to hospital, where you will be seen by the doctor for review of your bladder function.

Bring this booklet with you, so the doctor can see what you have recorded in the table and decide whether your catheter can be removed or not. Once residual is less than 100ml at three consecutive times, catheter is usually removed.

### **Useful Phone Numbers:**

Hospital ward: 6309943 ext.24970

District Nurse: \_\_\_\_\_

GP (Family doctor): \_\_\_\_\_

**IF YOU GO AWAY ON HOLIDAY** – Remember to inform your District nurse and arrange to take any supplies you may need with you.

Gynaecology Services  
National Women's Health  
Updated June 2012