

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact wards 4A, 4B or 4C for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

Ward 4A– 0151 430 1420

Ward 4B– 0151 430 1637

Ward 4C– 0151 430 1643

Who can I contact for more help or information?

Best Health (prepared by the British Medical Association)

NHS Clinical Knowledge Summaries (formerly known as Prodigy)

NHS Direct

Patient UK

Royal College of Anaesthetists (for information about anaesthetics)

Royal College of Surgeons (patient information section)

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600



Supra Pubic Catheter Insertion

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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What is the evidence base for this information?

This publication 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 urological practice in the UK.

It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals.

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 a drainage tube into the bladder through an incision in the skin.

Cystoscopy (inspection of the bladder) is often performed to aid insertion of this tube.

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 3 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.

Students

There may be students present during your consultation as part of their on-going training.

Please let the staff know if you wish to be seen by a doctor only.

Are there any other important points?

This publication provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by your GP. Alternative treatments can be discussed in more detail with your urologist or Specialist Nurse.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine 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 & Emergency Department.

Are there any other important points?

Some discharge from the catheter site is not unusual in the longer term.

Within 4 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 4 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 provided.

What are the alternatives to this procedure?

Catheter through urethra, permanent urinary diversion, intermittent self catheterisation.

What should I expect before the procedure?

You may be admitted on the same day as your procedure.

You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse.

You will be asked not to eat or drink for 6 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 surgeon 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 regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

- Ask when your follow-up will be and who will do this (the hospital or your GP)
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If 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 your 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 24-48 hours to flush your system through and minimise any bleeding.

The catheter will need to be changed initially after approximately 6 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.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 10)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

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 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?

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what is the next move

The catheter is usually stitched in place initially but these stitches can be removed after a week or so without the catheter falling out.

The average hospital stay is 1- 2 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.

Common (greater than 1 in 10)

- Temporary mild burning or bleeding during urination

Occasional (between 1 in 10 and 1 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, which may require closure of the bladder neck
- Development of stones and debris in the bladder, causing catheter blockage and requiring evacuation or crushing by a further procedure

Rare (less than 1 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