Insertion of a permanent suprapubic catheter

Having a catheter put into your bladder through your tummy

This leaflet gives you simple, easy-to-read details. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

Key points

- A suprapubic catheter is a soft tube. You use it to drain your pee.
- It goes into your bladder through the lower part of your tummy.
- Some people find it easier to use than a tube that goes in through the hole where pee comes out. We call this hole the urethra.
- You need an operation to put the suprapubic catheter in. You can find out more about this here.
- You may get pee infections.
- You may get bits in your pee.
- The catheter may get blocked.
- You may feel spasms in your bladder.
- Some people still leak pee from the hole where pee comes out. They may need another treatment to help this.
- There is a risk of damaging your bowel during the operation. This is uncommon but very serious. It needs an emergency operation to fix it.

What is a catheter?

If you are unable to empty your bladder normally, you may need a catheter. This is a small tube made out of latex or silicone. It stays in your bladder and drains your pee. The catheter has a balloon at one end. This is filled with fluid to stop the catheter falling out. Your nurse will normally change the catheter every 3 months.

There are 2 ways the tube gets to your bladder:

- It goes in through the pipe that lets your pee out. We call this your urethra.
- It goes directly into your bladder through your skin. It comes out at the lower part of your tummy. We call this a suprapubic catheter.

What does this operation involve?

To put in a suprapubic catheter, the doctor makes a small hole in your skin. They make the hole in the lower part of your tummy. They pass the tube through the hole into your bladder. The doctor will often put a viewing tube into your bladder along your urethra. They do this during the operation to check that the catheter is in the right position. We call this viewing tube a cystoscope. They may use an ultrasound scanner to help guide the catheter. Sometimes they need to make a bigger cut in your lower tummy.

What are your other options?

Instead of a suprapubic catheter, you might be able to use:

- **A drainage sheath**. This is a soft cover that goes over the penis. It looks like a condom. It joins to a bag that collects pee.
- **Pads**. These will catch leaks of pee if they are small. This is a good choice if the leaking does not bother you.
- **Self-catheterisation**. This is a tube you put in yourself when you need to pee. You take it out after each use.
- **A uretheral catheter**. This goes in through the tube in your body where pee comes out. The catheter stays in all the time.
- **Urostomy**. Your pee goes from your kidneys through a small opening in the tummy. It comes out into a bag. The bag stays attached all the time. You will need to empty it. The nurses and doctors will teach you how to look after it.

What happens on the day of the operation?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- You will meet the anaesthetist. They will talk to you about what type of anaesthetic you will have. You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Or you may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down. Sometimes they use medicine that only numbs the area.
- The anaesthetist will talk to you about pain relief.
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that.
- Antibiotics are often given before surgery to avoid infection.
- The nurse will check to make sure you don’t have any allergies.

What happens during the operation?

- The doctor will fill your bladder with fluid.
- They use a special kit. This helps them to pass the tube through your skin into the bladder.
- The tube comes out through the lower part of your tummy.
- Sometimes the doctor needs to make a bigger cut in your tummy.
- You may need to stay in hospital overnight.
- If you have had a bigger cut, you may need to stay longer.

Possible after-effects of the procedure

Most people recover well, but there are some things that can happen. Everyone is different. Your doctor will talk with you about what these risks might mean for you.

Almost everyone:

- You might see blood in your pee.
- It may also sting or burn when you go to the toilet. This often gets better with time.

Common problems. These happen to more than 1 out of every 10 people:

- You might get a pee infection. If so, you'll need antibiotics.
- Sometimes bits or blood can block your catheter. If this happens, your medical team may need to flush the tube to clear it.
- You might feel strong cramps or pain in your bladder.
- Some people keep leaking pee from their urethra. They may need another treatment to help stop this.

Occasional problems. These happen to about 1 out of every 50 people:

- Stones can grow in your bladder. These can block your catheter. You may need another treatment to take them out or break them up.

Rare problems. These only happen to about 1 out of every 250 people:

- The doctor may damage nearby parts of the body during surgery. This could be the urethra, your back passage or blood vessels. If this happens, you may need another operation to fix the problem.
- Problems after the anaesthetic. This might be a stroke, chest infection or heart attack. This might need treatment in the Intensive Care Unit. Some of these problems may cause death.

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

Before you go home

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

What to expect when you go home

- It is normal to see some wetness or fluid around the tube. This often gets better on its own. If you feel worried, speak to your GP or nurse.
- Ask a doctor or nurse for help if you get:
    - a high temperature
    - red skin near the tube
    - thick yellow fluid coming out
    - more bleeding

- Your tube will need changing after 6 to 12 weeks.
- The first change is often done at the hospital.
- After that, your GP or district nurse can change the tube. They do this every 3 months.

What if the catheter falls out?

If the catheter falls out, it needs to be put back in right away. Call your doctor, nurse or go to A&E.

It is easy to do if it's done right away.

The hole in your tummy will close up if it can't be put back. You may then need another operation to put in a new catheter.

What if the catheter gets blocked?

If it gets blocked within the first 4 to 6 weeks, it may be difficult to change it. This is because the track into your bladder will not have healed.

Your GP or district nurse should put in a urethral catheter. They should leave your blocked suprapubic catheter in place. They should send you urgently to your urologist or urology specialist nurse.

General information about your operation

Before your operation

- Tell your team if you have implants. These are things like:
  - a pacemaker
  - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
  - a corneal transplant
  - a neurosurgical dural transplant
  - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

Smoking and surgery

Smoking makes surgery riskier. Stopping before your operation helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, tell the DVLA. You should also check with your insurance company before driving again.

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

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What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet. Scan the special picture (QR code.

https://rb.gy/exdtqj

Feedback

We’d love to know what you think! You can share your thoughts by emailing us at admin@baus.org.uk

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Questions and notes

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