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## INSERTION OF A SUPRAPUBIC CATHETER

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

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This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/Suprapubic.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Suprapubic.pdf)

### Key Points

- A suprapubic catheter is a tube put into your bladder through your lower abdomen (tummy)
- A suprapubic catheter is often easier to manage than a catheter through your urethra (waterpipe)
- The procedure often requires an operation under a general or spinal anaesthetic
- There is a risk of recurrent urine infections, debris in your urine, blocked catheter and bladder spasms
- Some patients continue to leak urine from the urethra and may require a further procedure to treat this
- There is a risk of damaging your bowel during the procedure; this is uncommon but very serious, and needs an emergency operation to treat it

### What does this procedure involve?

If you cannot empty your bladder normally, you may need to have a catheter put in. Sometimes, we use a catheter to manage incontinence. The catheter is a small tube, made from latex or silicone, which stays in the 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.

We usually put catheters in through your urethra (waterpipe). Sometimes, we put them in through the lower part of your abdomen (tummy); this is called a **suprapubic catheter**.

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 put the catheter in.

## What are the alternatives?

- **Urethral catheter** – a permanent catheter passed through your urethra (waterpipe) 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

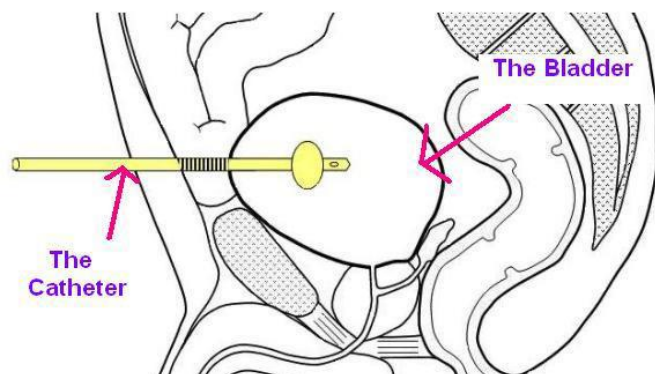
## What happens on the day of the procedure?

You will be seen by the surgeon and the anaesthetist who will go through the plans for your operation with you.

We may provide you with a pair of TED stockings to wear, and we may give you an injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

## Details of the procedure








- we usually carry out the procedure under a general or spinal anaesthetic; sometimes it can be done under local anaesthetic
- we fill your bladder with fluid and then use a special kit to pass the catheter through your skin into the bladder
- the catheter comes out through your lower abdomen (tummy)



- sometimes, we need to make a cut in your lower abdomen to insert the catheter
- you may need to stay in hospital overnight; a longer stay is needed if you have had a bigger cut in your abdomen

## Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild burning or bleeding when you pass urine, lasting for a few days	 Almost all patients
Recurrent urinary infection requiring antibiotics	 Between 1 in 2 & 1 in 10 patients
Blocking of your catheter by debris or blood clots requiring irrigation and unblocking	 Between 1 in 2 & 1 in 10 patients
Bladder spasms or bladder pain	 Between 1 in 2 & 1 in 10 patients
Persistent leakage from your urethra which may need a further procedure to treat it	 Around 1 in 10 patients (10%)
Development of stones in your bladder, causing catheter blockage, and requiring a further procedure to remove or crush them	 Between 1 in 10 & 1 in 50 patients
Inadvertent damage to adjacent structures (e.g. bowel, blood vessels) requiring further surgery	 Between 1 in 50 & 1 in 250 patients

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Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)



Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

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## What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

## What can 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
- if you develop a fever, redness in the wound, pus from the catheter site or worsening bleeding, you should seek medical advice
- you will need the catheter changing after six to 12 weeks; we often arrange the first catheter change at the hospital
- after that, catheter changes can be performed by your District Nurse or GP every three months

For further information about living with a suprapubic catheter, leaflets are available on the BAUS website for suprapubic catheter care [in men](#) and [in women](#).

## What if my catheter falls out or gets blocked?

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. You should contact your GP for immediate advice or go to your local Accident & Emergency Department as an emergency.

- **if your catheter blocks** within the first four to six weeks after surgery, it may be difficult to change it easily because the track into your bladder will not have matured (healed). Your GP or District Nurse should put in a urethral catheter (through your waterpipe) as well, leave your blocked suprapubic catheter in place, and refer you urgently to your urologist or urology specialist nurse.

## **General information about surgical procedures**

### ***Before your procedure***

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

### ***Questions you may wish to ask***

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

### ***Before you go home***

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

### ***Smoking and surgery***

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

### ***Driving after surgery***

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

### **What should I do with this information?**

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

### **What sources have we used to prepare this leaflet?**

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

### **Disclaimer**

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

#### **PLEASE NOTE**

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.