



HAVING a PERMANENT SUPRAPUBIC CATHETER (in MEN)

Information from The British Association of Urological Surgeons (BAUS) about suprapubic catheter care

You have been given this leaflet because you have (or are due to have) a catheter in your bladder. The aim of the leaflet is to provide you with information about what this involves.

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 this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.



<http://rb.gy/1wqvkk>

Suprapubic versus urethral catheter?

If you are unable to empty your bladder normally, you may need to have a catheter put in. This is a small tube made out of latex or silicone which stays in the bladder and allows urine to drain out. The catheter has a balloon at the end which is filled with fluid and stops the catheter falling out. The catheter is changed every three months.

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

What problems could I have with a catheter?

All catheters (urethral and suprapubic) can have problems. These include:

- the catheter falling out;
- the catheter may get blocked and stop draining;
- the catheter can cause painful bladder spasms;
- urine leakage around the catheter;
- recurrent urine infections; and
- bladder stones or debris in your urine.

Are there any advantages to a suprapubic catheter?

- patients often find them more comfortable and easier to look after;

- they are usually easier to change;
- they might be less likely to get blocked;
- sometimes, a urethral catheter can cause damage to the urethra and penis in the long term; this can be avoided with a suprapubic catheter; and
- sex is possible with a suprapubic catheter, but not with one in your urethra.

What are the disadvantages of a suprapubic catheter?

- you need to have an operation to put the suprapubic catheter in the first place. There is a [separate information sheet about this procedure](#) and the possible after-effects; you do not need an operation to have the catheter changed;
- you may get some discharge around the catheter on your abdomen (tummy). This is normal and does not need any treatment; and
- you may leak urine through your penis.

What could I have instead of a suprapubic catheter?

Instead of having a permanent suprapubic, you may be able to have one of the following:

- **a drainage sheath** – this fits around your penis like a condom and connects to a drainage bag
- [intermittent self-catheterisation](#)
- **incontinence pads**
- [an urethral catheter \(permanent\)](#)

How are suprapubic catheters put in?

Suprapubic catheters are usually put in under a general anaesthetic (with you asleep). You can also have this operation under a spinal anaesthetic (an injection in your back which leaves you awake but you feel nothing below your waist. Download [information about suprapubic catheter insertion](#).

How are suprapubic catheters changed?

Your catheter usually needs to be changed every three months by your district nurse. This can be done quickly and simply in your own home.

What should I do if my catheter falls out?

If your catheter falls out, it must be put back in as soon as possible. This is easy to do, provided it is done quickly. You should contact your doctor,

district nurse or local A&E if this happens.

If your catheter cannot be put back quickly, the hole in the abdomen (tummy) will close up and you may need further surgery under an anaesthetic to replace it.

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

Whilst we have made every effort to give accurate information, 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 have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.