
Suprapubic Catheter Insertion

The placement of a drainage tube into bladder through an incision in the skin. Cystoscopy (inspection of the bladder) is often performed to aid insertion of this tube.

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

Catheter through urethra, permanent urinary diversion.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
 - ~ Asasantin
 - ~ Aspirin
 - ~ Fish oil
 - ~ Iscover
 - ~ Persantin
 - ~ Plavix
 - ~ Warfarin
- ~ Mesh hernia repair
- ~ Previous abdominal surgery
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heartattack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5-10 days before the procedure to assess your general fitness and to perform some baseline investigations.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse. The specialist registrar may perform the procedure in conjunction with Dr Campbell and with your permission.

Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

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. Both methods minimize pain; Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

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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).

The operation takes approximately 30–45 minutes to complete.

Immediately after the procedure

After the procedure, the catheter is not usually stitched in place so that no sutures need to be removed at a later date. The balloon on the catheter prevents the catheter from falling out.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

~ Temporary mild burning or bleeding during urination

Occasional (between 1 in 10 & 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

General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates 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?

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 prior to your discharge. Thereafter, further catheter changes can be performed by your family doctor or community nurse.

What else should I look out for?

If you develop a fever, redness/throbbing in the wound, any pus from the catheter site or worsening bleeding, you should contact your family doctor 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 Dr Campbell immediately for advice or go directly to the nearest Emergency Centre. See below for information about catheter blockage.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

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Are there any other specific 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.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

Who can I contact for more help or information?

Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,
Chasely St,
Auchenflower, QLD 4066
(07) 3367 1608,
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
www.uhc.com.au/wesley

The Wesley Emergency Centre

451 coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

The Queen Elizabeth II Jubilee Hospital, Urodynamics Department

Kessels Rd,
Coopers plains, QLD 4108
(07) 3275 6346

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.UrologyHealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature

Date
