

PATIENT INFORMATION

Suprapubic catheter insertion: procedure-specific information

What is the evidence base for this information?

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

What are the alternatives to this procedure?

Catheter through urethra, permanent urinary diversion.

What should I expect before the procedure?

You may be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, 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.

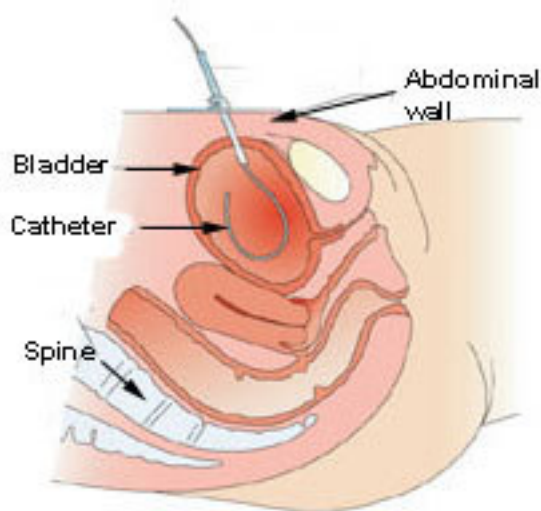
Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- 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 prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

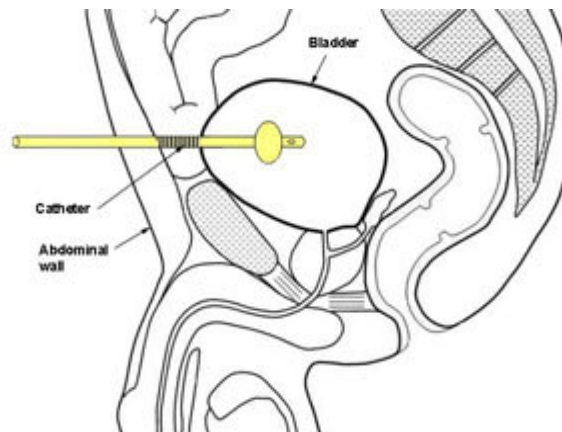
What happens during the procedure?

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 typically 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 can be checked during the procedure by telescopic inspection of the bladder via the water pipe (urethra).



What happens immediately after the procedure?

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 3 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.

Please use the check boxes 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 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

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, 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 in the Outpatient Clinic. Thereafter, further catheter changes can be performed by your GP or District Nurse.

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, in the first few weeks after your discharge, 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 another doctor within a few days of your discharge.

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 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.

See below for information about catheter blockage.

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 below.

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 in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735

- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

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

Signature.....Date.....