

Caring for and Changing your Supra-Pubic Catheter (SPC)

OSCIS CONTACTS

Web
www.health.qld.gov.au/qscis

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What is a Suprapubic Catheter?

A supra-pubic catheter is a tube that goes into your bladder through your abdominal wall which continuously drains urine from your bladder. It is held in place by an internal balloon that you cannot see.

Your catheter is connected to a drainage bag that can be attached to your leg. Alternatively, you can have a valve connected to the catheter so you can empty your bladder at intervals. The use of a valve isn't recommended for people with a neurogenic bladder such as with someone who has a spinal cord injury. At night, your catheter needs to be connected to a large drainage bag or bottle.

Catheter Hygiene

- Personal hygiene is very important to prevent infection
- Wash around your catheter (daily) and the surrounding area daily using plain soap and water and remove any crusting
- Pat dry. Do not use scented soap or talcum powder
- Gently roll the catheter between your thumb and forefinger once a day (preferably after a shower)
- Move the catheter in a cross shape to allow stoma to form
- Keep the catheter taped to your abdomen
- All disposable drainage bags (including leg and overnight bags) must be disposed of into the garbage after **10 days of use**
- A drainage bottle can be used for 6 months and the tubing changed every 3 months. To be changed earlier if in poor condition (ie. cloudy tubing)
- Always keep the bag below the bladder level to ensure good drainage and avoid kinking of the catheter tubing

Emptying your Bags

- Wash your hands carefully then remove the outlet clamp from the holder on the urine bag
- Empty the urine into the toilet by releasing and opening the urine outlet clamp
- Don't touch the urine outlet tube with your fingers or allow it to touch the toilet
- Close the clamp and place it back in the urine bag holder, then wash hands again

Cleaning your Bags

- A larger drainage bag or 4L bottle is 'piggy backed' to the leg bag for night time drainage
- Clean the night bag/bottle daily
- After emptying and disconnecting the night drainage bag/bottle, rinse the tubing and bag/bottle inside and out with tap water with the outlet clamp left open
- Mix the Milton solution in a large clean container
- Now run some of the Milton solution through the tubing and bag/bottle
- Now immerse the tubing and bag/bottle in the Milton solution for at least one hour, and then hang the tubing and bag up to dry. (There is no need to rinse again before reconnection)
- You will need to buy Milton (sodium hypochlorite) from your local supermarket and a clean bucket to soak your drainage bag/bottle

Making up the Milton Solution

- Dilute the Milton by adding half a capful of Milton to one litre of water
- ***This solution only lasts 24 hours***

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Connecting your Drainage Bag

- After washing your hands and catheter outlet tubing, plug in the night drainage bag/bottle. Open the leg bag valve so urine will drain from the leg bag into the night bag/bottle
- Hang your drainage bag below the level of your bladder. The bottle can sit on the floor next to the bed.
- If you need to change the leg bag, wash your hands and the catheter connection well with soapy water before disconnecting and reconnecting with a new bag

Possible Problems

Bladder Spasms and Bypassing

Check for the following:

- Is the tubing bent or kinked?
- Is the bag below bladder level?
- Is the bag over full?
- Are you dehydrated?
- Is the urine concentrated, cloudy or bloody?
- Has the catheter been in over 6 weeks?

If the bypassing and spasms still occur after following the checklist **NOTIFY** your nurse or doctor. Urethral leakage is not serious but should also be reported.

No Drainage

Check for the following:

- Is the tubing bent or kinked?
- Is the bag below bladder level?
- Is the bag over full?
- Are you dehydrated?
- Is the urine concentrated, cloudy or bloody
- Try to move around

If there is still no drainage after following the checklist **NOTIFY** your nurse or doctor
If experiencing frequent blocking refer to "Prevention of Catheter Blockages" on website

Catheter Falls Out or Unable to Re-insert

- If the catheter falls out or if it is difficult to reinsert, it is recommended that an indwelling urethral catheter is inserted (if able) to avoid over stretching the bladder.
- Seek **immediate** help from your local hospital or doctor

Sexual Activity

- Sexual activity may continue with a supra pubic catheter. Advice is available from your nurse or doctor

General Care

- Your catheter should be changed every 4-6 weeks
- Drink 2-3 litres of water per day, unless your doctor tells you otherwise
- Empty your leg bag when it is two thirds full
- **Never** pull on the catheter, remove it, cut it or put anything in it
- Ensure all drainage bags (including leg and night bags) are renewed **after 10 days of use**
- A drainage bottle can be used for 6 months and the tubing changed every 3 months. To be changed earlier if in poor condition (ie. cloudy tubing)
- If you will **always** have a catheter (ie. permanent) you need to see the Continence Nurse Advisor for future supplies information

Changing a Suprapubic Catheter

Reference: Princess Alexandra Hospital Procedure no: 01657/v2/02/2010

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Who can change the SPC?

A medical order to do the invasive procedure is required
Registered Nurses with appropriate skills and knowledge may perform this procedure

What is required?

- Sterile catheter pack
- Disposable underpad
- Sterile gloves
- Plastic apron
- Mask and protective eyewear
- Normal saline 0.9% pour bottle
- Aqueous chlorhexidine 0.1%
- Water soluble lubricant gel
- Indwelling urinary catheter (usually 16Fg)
- 50ml catheter tipped syringe
- 2 x 10ml syringes
- 10ml ampoule of water for injection
- Urinary drainage bag
- Tape or other appropriate device for securing catheter

Which catheter should be used?

- A 16 Fg silicone or hydrogel coated catheter will routinely be used
- This catheter can then be upsized with subsequent catheter changes

How to change the catheter

- Check in person's chart the medical order for changing the SPC
- Explain procedure to the person
- Position person supine and ensure comfort and privacy
- Don apron, mask and goggles
- Perform two minute hand wash
- Use aseptic technique to open sterile equipment
- Open sterile gloves on a clean bed table or other firm surface
- Fill one kidney dish with normal saline 0.9%
- Wash hands for 30 seconds and dry
- Don sterile gloves using open glove method
- Draw up 50ml of normal saline with catheter tipped syringe
- Draw up 10ml of water and test catheter balloon
- Place some water soluble lubricant gel on tip of catheter
- Clean SPC site with aqueous chlorhexidine 0.1%
- Disconnect the urinary drainage bag from suprapubic catheter
- Gently insert 50ml of normal saline into bladder and leave syringe attached at the end of catheter.
- Deflate catheter balloon with syringe
- Have new catheter ready to go
- Gently remove SPC while gently rolling catheter between thumb and forefinger of non dominant hand
- Immediately insert the new suprapubic catheter using dominant hand and take note of length of catheter removed

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**OSCIS also provides the
Urology Department,
Princess Alexandra
Hospital for assistance in
updating this information**

- When urine returns, insert the catheter approximately 4cm further to ensure the catheter is in the bladder and not the suprapubic tract. Be aware of inserting catheter into the urethra
- Ensure the urine continues to drain freely
- Inflate the balloon with sterile water
- Connect urinary drainage bag and secure the catheter
- Return patient to a comfortable position
- Dispose of used equipment in appropriate manner
- Wash hands
- Record time of removal and document in the notes

General Information

If urine flow does not occur, lubricant gel may be obstructing the catheter lumen. Use a syringe to irrigate the catheter to clear the gel

Autonomic Dysreflexia

Please be mindful that any procedure with the supra-pubic catheter can trigger autonomic dysreflexia. Please refer to this brochure on the website (www.health.qld.gov.au/qscis).

***If you would like us to arrange a Community Nurse to visit
please speak to your Primary Nurse***

For More Information...

***Spinal Outreach Team
Ph: 07 3406 2300
1800 624 832 (for regional clients)***

***The information provided is a guide for information purposes only and does not replace
or remove clinical judgement and professional care and duty necessary for each specific
patient case.***

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