

# Fact Sheet

## Queensland Spinal Cord Injuries Service

### SPINAL INJURIES UNIT

Ph: 3176 2215  
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### OUTPATIENT DEPARTMENT

Ph: 3176 2641  
Fax: 3176 5644

### Postal and Location

Princess Alexandra Hospital  
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AUSTRALIA

### TRANSITIONAL REHABILITATION PROGRAM

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### SPINAL OUTREACH TEAM

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

### 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 (twice a day) and the surrounding area using plain soap and water and remove any crusting
- Pat dry. Do not use scented soap or talcum powder
- Change clothing and wash cloths every day
- 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 the stoma to form
- Keep the catheter taped to your abdomen to prevent pulling
- 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
- The bottle needs to be clean and not sterile. Suitable products for cleaning – dish liquid (daily) and Milton (weekly).

### Making up the Milton Solution

- Dilute the Milton by adding 12.5 ml or 1 tablet of Milton to one litre of water
- This solution only lasts 24 hours

### 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.



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- 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/catheter warm to touch?
- 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? You could have a UTI  
<http://www.health.qld.gov.au/qscis>
- 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  
[Preventing Catheter Blockages](#)

#### **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)



# Fact Sheet

## Queensland Spinal Cord Injuries Service

### Changing a Suprapubic Catheter

Reference: Princess Alexandra Hospital Procedure no: v4/09/2016

- Australian and New Zealand Urological Nurses Society Inc. Edited by White T, Brinson L, & Glentworth J. Catheterisation Clinical Guidelines April 2013

#### What is required?

- Sterile catheter pack
- Disposable underpad
- Sterile gloves
- Plastic apron
- Mask
- Protective eyewear
- Sodium chloride 0.9% pour bottle
- Aqueous chlorhexidine 0.1%
- Water soluble lubricant gel
- Indwelling urinary catheter
- 50ml catheter tipped syringe
- 10ml x 2 syringes
- 10ml ampoule of water for injection
- Urinary drainage bag
- Tape or other appropriate device for securing catheter
- Protective bed pad (Bluey)

#### Which catheter should be used?

- A 16 Fg silicone or hydrogel coated catheter will routinely be used
- Occasionally a smaller gauge catheter may initially be inserted
- This catheter can then be upsized with subsequent catheter changes as per medical orders

**NB: Always check the size of current catheter insitu and use the same size unless ordered otherwise.**

#### How to change the catheter

- Check in person's chart the medical order for change of the suprapubic catheter (SPC)
- Ensure patient has no known allergies to any of the prep or gel being used
- Explain procedure to the person
- Position person supine and ensure comfort and privacy
- Place protective bed pad on patient's abdomen below the SPC site
- Measure and record amount of urine if required
- 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 Sodium chloride 0.9%
- Wash hands for 30 seconds and dry
- Don sterile gloves using open glove method
- Draw up 50ml of Sodium chloride 0.9% with catheter tipped syringe
- Draw up 10ml of water and test catheter balloon
- Place some water soluble lubricant gel on tip of catheter and place in second kidney dish
- Place fenestrated drape over patient's lower abdomen leaving the SPC site and the catheter/bag join exposed
- Clean suprapubic catheter site and catheter connection with aqueous chlorhexidine 0.1%

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- Pick up a sterile gauze square in each hand and use to disconnect the urinary drainage bag from suprapubic catheter to maintain sterility of dominant hand
- Attach the filled catheter tip syringe to the catheter
- Gently insert 50ml of Sodium chloride 0.9% into bladder and leave syringe attached at the end of catheter.
- Deflate catheter balloon with syringe
- Bring kidney dish with catheter over to the patient and place on sterile fenestrated drape
- Have new catheter ready to go holding it above the site in the dominant hand
- Gently remove suprapubic catheter while gently rolling catheter between thumb and forefinger of non dominant hand
- Immediately insert the new suprapubic catheter using dominant hand
- When urine returns, insert the catheter approximately 4cm further to ensure the catheter is in the bladder and not the suprapubic tract
- Do not push in further than 4cm as catheter tip can migrate through the sphincter 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 date of change, catheter size, catheter type and plan for next change in patient's 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 [Management of Autonomic Dysreflexia](#)

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

For More Information...

Please contact the Continence Nurse Advisor

Department of Urology  
Princess Alexandra Hospital

Ph: 07 3176 5563

AH: 07 3176 2135

or

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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Alexandra Hospital for  
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information

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Queensland  
Government

[www.health.qld.gov.au/qscis](http://www.health.qld.gov.au/qscis)