Suprapubic Catheters

A suprapubic catheter is a urinary catheter which is passed percutaneously through the anterior abdominal wall and into the bladder. It is usually sited approximately 2 cm above the pubic bone.

**Indications:**

- Acute retention of urine in men caused by prostate obstruction, infection, or stricture
- Urinary tract or pelvic trauma
- Traumatic bladder rupture or persistent problems due to urethral catheters
- Disorders of the genitalia, bladder, or urethra
- Severe incontinence that prevents wound healing
- Management of acute urinary retention when clean intermittent catheterization is not possible
- Surgical or acquired urethral closure
- Some urologic procedures to allow instruments to pass via the urethra
- Temporary diversion of urine for some gynecological, abdominal, or urological surgeries
- Patients who require long-term catheters and are unable to self-catheterize
- Management of urethral closure
- Chronic bladder drainage when no other alternative therapy is possible
- Worsening or deterioration of an underlying disease or medical condition
- Personal choice for conditions in which a long-term catheter is indicated

For adults, an order from an authorized prescriber is required for change, re-insertion and discontinuation of a suprapubic urinary catheter.

**Neonatal Consideration:** Change, re-insertion, and discontinuation of a suprapubic urinary catheter is done by the MRHP or pediatric urologist only.

**Dwell Time**

Suprapubic urinary catheters shall be changed at a frequency not exceeding 29 days, in accordance with Health Canada *Medical Devices Regulations*.

**What is required should the dwell time exceed 29 days?**

1. An authorized prescriber order,
2. A documented patient assessment of no evidence of catheter-associated complications, and
3. A documented, informed patient consent following discussion of risks and benefits of catheter dwell time beyond 29 days.
Care of the Suprapubic Catheter

Although the principles of care and management of the suprapubic catheter are similar to those of a urethral catheter, there are differences.

- Strategies to support the suprapubic catheter may be required, e.g. anchoring to the abdominal wall, to prevent traction and potential displacement of the catheter or balloon
- Urine may still leak via the urethra or insertion site, especially if the catheter is blocked or the drainage tube kinked immediately following insertion.
- Cleaning should be directed away from the insertion site.
- Hyper granulation of the insertion site may occur narrowing the suprapubic tract. Consult MRHP for further direction.

Assessment and Documentation of a Suprapubic Catheter

Assess the following every shift/patient visit and as needed of
- Type of catheter in place, date of last catheter change
- Colour, clarity, character, odour, and amount of urine
- Presence/absence of pain or bladder spasms
- Signs/symptoms of infection
- Hydration status
- Type/location of securement device
  - Ensure that the catheter is held securely in place with a securement device
  - Assess skin integrity under securement device
  - Adjust the location of the securement device and complete skin assessment when changing the securement device
  - Consider the use of a barrier wipe for patients with sensitive skin
- Condition of tissue and surrounding skin of insertion site (e.g. hyper granulation)
- Presence/absence of problems (e.g. leakage, blockage and catheter slippage)
- Suprapubic dressing if present
- Patient tolerance/response to care and interventions
- Patient/family teaching, and reinforcement as indicated.

Document significant findings on the patient care record

Issues and Considerations Relevant for Suprapubic Catheters

Consider referral/consultation if unable to resolve any of the following:
- Insertion stricture – assess functionality of suprapubic catheter. If suprapubic catheter is functional, document and inform MRHP of stricture. If suprapubic catheter is not functional, form immediate plan of care with MRHP
- Skin dermatitis at insertion site- In the acute care setting – inform MRHP and follow ordered plan of care. In the community setting – follow relevant skin care protocol within wound care.
- Entero-cutaneous fistula at insertion site- Form immediate plan of care with MRHP
- Hypergranulation tissue, which may cover the insertion site and narrow the tract for the suprapubic catheter – assess functionality of suprapubic catheter. In the acute care setting and with a functioning suprapubic catheter – inform MRHP and follow
ordered plan of care. In the community setting and with a functioning suprapubic catheter – document, consult wound care nurse and follow treatment plan. If suprapubic catheter is not functional, form immediate plan of care with MRHP.

- **Urine Leakage** - Kinking of the catheter tubing, catheter position and/or bladder spasms can contribute to urine leakage. Tissue maceration at the insertion site can cause inflammation, breakdown, and erosion thus widening the site thereby contributing to urine leakage.
- **Pain** - Suprapubic catheters can cause varying degrees of pain and discomfort, complete pain assessment. Develop patient specific care plan as required.
- **Other Reportable Injuries** associated at time of insertion and/or removal - Misplacement of the catheter can contribute to bladder and/or small bowel injuries or perforations. Inflating the catheter balloon prior to the catheter reaching the bladder can contribute to tract injury.

### Suprapubic Catheter Dressing Change

Assess the need to change the suprapubic dressing; minimum assessment occurs every shift in the acute care setting and as necessary.

- Dressings on a newly inserted suprapubic catheter should be changed at a minimum of every 24 hours and more frequently as needed in the acute care setting. (A new suprapubic tract usually takes up to 29 days to become established)
- Sterile Technique should be used until the tract is established. Clean technique can be used for established catheters.
- Dressings are changed based on patient assessment within the continuing care setting.

For suprapubic catheters with an established tract, change dressing within every three days, if in place, and as needed based on patient preference. Gently cleanse insertion site and catheter with soap and water. Do not perform aggressive cleansing which can lead to skin irritation and local skin infection

- Once the tract is established, cleansing can be accomplished by showering.
- Patient preference for continued use of dressings at the insertion site should be assessed. A dressing over a healed, intact insertion site is not required but may be requested by the patient for comfort.

Assess and document the amount of drainage occurring around the catheter.

- Consult appropriate clinician regarding assessment to determine plan of care