

Radiology/Fluoroscopy Department

Suprapubic Catheter Insertion

Introduction

You have been advised by your hospital consultant that you need to have a Suprapubic Catheter Insertion and you have been referred to Radiology department to have this procedure. This information leaflet will give you general information and is intended to answer most of your questions.

This is not intended to replace the discussion between you and your consultant, but may act as a starting point for discussion. If you still have concerns or require further explanation, please contact the Radiology team on the telephone number **024 7696 7115**.

Please contact us before your procedure if:

- You have allergies to contrast (X-ray dye)
- You are, or might be, pregnant
- You weigh more than 200kg (31 stone)

We also advise you to leave any valuable possessions at home and remember to bring all medications including inhalers that you are taking with you to the X-Ray department.

Please read this leaflet carefully to make sure you are successfully prepared for the procedure.



What is Suprapubic Catheter insertion?

Suprapubic catheter (tube) insertion is a minimally invasive way of draining urine from your bladder through a small plastic tube inserted through the wall of your lower abdomen. This procedure may be done under ultrasound guidance; however you may need x-ray guidance if the Radiology doctor (Radiologist) feels it necessary.

During the procedure, under local anaesthetic (an injection to numb the skin), a tube will be passed through a small cut/incision made in the abdomen (tummy) wall into a full bladder. You will be asked to have a full bladder; if you already have a urinary catheter, this will be clamped to allow your bladder to fill.

Correct positioning within the bladder can be checked during the procedure under ultrasound,

Alternatively, under x-ray guidance the tube will be checked with a contrast medium to make sure that the catheter is sited in the bladder correctly. The catheter will be fixed by a balloon on the inside of the bladder to stop it falling out.

Referral and Consent

Before the examination the radiologist, who will be performing the procedure, will discuss the procedure with you and if you do not want it carried out, you are within your rights to decide against it.

If the Radiologist feels that your condition has changed or that your symptoms do not show such a procedure is necessary then they will explain this to you. They will discuss their reasons with the referring clinician and ask that you return to your referring clinician for review. At all times the Radiologist and referring clinician will be acting in your best interests.

Before the test

It is important that you understand the test and its implications, so if you have any questions, please ask the radiologist. We will want you to be as relaxed as possible for the procedure.

Please tell the radiologist or nurse if:

- You have had any allergies or bad reactions to medications or other tests
- You have asthma, hay fever, diabetes, any heart or kidney problems.

Patient Information

- You are diabetic.

If you are taking any blood thinning medication, such as Warfarin, Dabigatran, Rivaroxaban, TinZaparin or Clopidogrel this may need to be stopped temporarily before the procedure. This is not always possible or you may be required to take additional short-acting blood thinners for a few days before. If you are at home and taking any of these medications and have not received instructions to stop them please contact the Radiology Department on 024 7696 7115

You should already have a tube, called a catheter, in the bladder which has been inserted through the penis or urethra. This allows us to fill the bladder with sterile fluid during the procedure if we need to. If you do not have a catheter already inserted please contact the X-ray Department.

Preparation

- Before your appointment you will be seen in clinic by a nurse specialist.
- Before your procedure please take all morning medication and eat as normal.
- If you are a suitable candidate for day case procedure, you will be asked to attend the department at 7:30 am. The assessment for the day case will happen at your clinic appointment.
- If you are not a suitable candidate for day case procedure, you may have to be checked into a ward on the day before the procedure
- The Fluoroscopy department will organise a time for your procedure to take place. You will be brought down to the department on your bed or in a wheelchair
- The procedure will be explained to you by the Radiologist and you will be able to ask any further questions that you may have.

During your examination

- You will be asked to change into one of our x-ray gowns
- You will be monitored throughout and after the procedure by one of our radiology nurses
- You will be asked to lie down on the X-ray bed.
- A preliminary ultrasound scan will be carried out to view the bladder. If there is not enough fluid in the bladder, sterile water will be injected through your catheter.
- The catheter bag will be clamped.

Patient Information

- The radiologist will clean the area with antiseptic fluid and inject local anaesthetic under the skin
- The Radiologist will insert a needle followed by a guide wire and suprapubic catheter in to the bladder. The doctor will attach the catheter with a small internal balloon.
- The doctor will remove your urinary catheter once they are sure the Suprapubic Catheter (SPC) is in the correct place.

Risks of the Procedure

As with any procedure or operation, side-effects are possible. The possibility of these complications happening to you will be discussed with you before the procedure takes place.

- There may be some pain or discomfort when the contrast is injected.
- Rarely, allergic reactions can happen with the contrast, only very rarely needing any treatment. You will be asked about allergies by the Radiologist at the time.
- Failure to get the catheter in
- Pain. It is normal to experience some pain around the insertion site shortly after the procedure
- Bleeding - Very occasionally bleeding can occur. Some bleeding in your catheter bag is normal; however, this bleeding should settle within 72 hours
- Infection- the likelihood of infection is very low. If you experience a high temperature or your urine has a strong smell, contact your GP.
- Damage to the bowel is a very rare but serious complication.

Despite these possible complications, the procedure is normally very safe. At all times during and after the procedure the staff will be monitoring your responses to this treatment in order to minimise the effects of any complications.

X-rays are a type of radiation. We are all exposed to natural background radiation every day of our lives; this comes from the sun, food we eat, and the ground. Exposure to X-rays carries a small risk, but your doctor feels that this risk is outweighed by the benefits of having the test. We will take all safeguards to minimise the amount of X-rays you receive.

Safety

Patients aged 12 – 55 years could you be pregnant? The risks of radiation are higher for the unborn child so you will be asked to confirm that you are not pregnant before the examination can proceed.

After your examination

If you have any problems after the procedure please speak to the radiologist or nurse looking after you.

- You will be asked to get off of the X-ray bed.
- You will be monitored and allowed to go home after a short period of time.
- A report will be generated by the Radiologist to inform the Urology Team

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 around 6 weeks and we will arrange this for you in the Outpatient Clinic. After this, further catheter changes can be performed by your GP or District Nurse.

How to care for your Suprapubic catheter

It is very important to drink at least 6 pints of water or squash every day. Avoid carbonated (fizzy) drinks as they can affect the consistency of your urine. Caffeine drinks, such as tea and coffee, may irritate your bladder. Drinking 2 glasses of cranberry juice daily can be beneficial and may help in the prevention of infection.

Personal hygiene is also important to reduce the risk of infection:

- Have a bath or shower each day.
- If you have a dressing over the suprapubic site, carefully remove and dispose of it.
- Use a designated clean cloth, unscented soap and warm water.
- Dry using a clean towel and pat the catheter bag dry.
- Apply a clean dressing if needed.

Patient Information

Constipation can prevent your catheter draining freely and can cause leakage of urine. To avoid constipation eat a healthy, balanced diet including wholemeal bread, fresh fruit and vegetables.

- Keep the catheter bag below the level of your bladder as gravity will help aid drainage.
- Many people continue to work and exercise as normal. If you need advice about re-starting any activities, just ask your doctor or nurse.
- Intimacy should not be affected.
- Change your catheter bags every 5-7 days as recommended by the doctor.
- Empty the catheter bag when it is about $\frac{3}{4}$ full.

Other Sources of Information:

For information about the effects of X-rays read the NRPB publication: "X-rays how safe are they?" on the Health Protection Agency website: www.hpa.org.uk

Please note that the views expressed in these websites do not necessarily reflect the views of UHCW NHS Trust or the NHS.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the number on your appointment letter and we will do our best to meet your needs.

The trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Radiology/Fluoroscopy
Contact:	27115
Updated:	November 2021
Review:	November 2023
Version:	1
Reference:	HIC/LFT/2674/21