

Radiology - Fluoroscopy Department

Suprapubic catheter insertion

Your hospital consultant has advised you to have a suprapubic catheter insertion. You have been referred to Radiology department to have this procedure.

This information leaflet will give you general information. It is not intended to replace the discussion between you and your consultant. But may act as a starting point for discussion.

If you have concerns or would like further explanation, please contact the Radiology team on 024 7696 7115.

Read this leaflet carefully to make sure you are prepared for the procedure.

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)



Patient Information

What is suprapubic catheter insertion

Suprapubic catheter insertion is a minimally invasive way of draining pee (urine) from your bladder. The urine is drained through a small plastic tube, called a catheter. The catheter is placed through the wall of your tummy.

During the procedure, a tube will be passed through a small cut made in the abdomen (tummy) wall into a full bladder. This is done under local anaesthetic - an injection to numb the skin in that area.

You will be asked to have a full bladder for the procedure. If you already have a urinary catheter, this will be clamped to allow your bladder to fill.

The position of the catheter in the bladder is checked using ultrasound guidance. Or, under X-ray guidance, the tube is checked with a contrast medium to make sure that the catheter is in the right place.

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 will discuss the procedure with you. If you do not want the procedure carried out, you can decide against it.

If the radiologist feels your condition has changed, or that your symptoms do not show the procedure is needed, 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.

Preparation

Leave any valuable possessions at home. Remember to bring all medicines with you, including inhalers that you are taking, to the X-Ray department.

Patient Information

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.

On the day of the procedure, please take all morning medicines and eat as normal.

Before your appointment, you will be seen in clinic by a nurse specialist.

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 questions that you have.

Risks of the procedure

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

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

- There may be some pain or discomfort when the contrast is injected
- Failure to get the catheter in
- Damage to the bowel – this is a very rare but serious complication

Patient Information

Other risks include:

Allergic reaction

Rarely, allergic reactions can happen with the contrast. Only very rarely these need any treatment. You will be asked about allergies by the radiologist at the time.

Pain

It's normal to experience some pain around the insertion site shortly after the procedure.

Bleeding

Very occasionally, bleeding can happen. Some bleeding in your catheter bag is normal. This bleeding should settle within 72 hours.

Infection

The chance of infection is very low. If you experience a high temperature or your urine has a strong smell, contact your GP.

X-rays

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 X-rays you receive.

Pregnancy

Patients aged 12 – 55 years, could you be pregnant? The risks of radiation are higher for the unborn child. We'll ask you to confirm you are not pregnant before the examination can proceed.

Before the test

It's important that you understand the test and its implications. If you have any questions, please ask the radiologist. We want you to be as relaxed as possible for the procedure.

Patient Information

Tell the radiologist or nurse if:

- you have had any allergies or bad reactions to medicines or other tests
- you have asthma, hay fever, diabetes, any heart or kidney problems
- you are diabetic

Blood-thinning medicines

If you are taking any blood-thinning medicines, 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 taking any of these medicines and have not received instructions to stop them, contact the Radiology Department on 024 7696 7115.

Catheter

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.

During your examination

We'll ask you to change into one of our X-ray gowns. You will be asked to lie down on the X-ray bed. You will be monitored throughout and after the procedure by one of our radiology nurses.

- 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 place a needle followed by a guide wire and suprapubic catheter into 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 is in the correct place.

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, drink twice as much fluid as you would usually for the next 24 to 48 hours to flush your system through and minimise any bleeding.

The catheter will need to be changed initially at around 6 weeks. We will arrange this for you in the Outpatient Clinic. After this, catheter changes can be performed by your GP or district nurse.

How to care for your suprapubic catheter

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 a day can be beneficial and may help in the prevention of infection.

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Hygiene

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.

Keep the catheter bag below the level of your bladder as gravity will help aid drainage.

Catheter bags

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.

Constipation

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.

Work and exercise

Many people continue to work and exercise as normal. If you need advice about re-starting any activities, just ask your doctor or nurse.

Sex

Sexual intercourse should not be affected.

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 on 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 smokefree policy.

Did we get it right?

We would like you to tell us what you think about Interventional Radiology services. This helps us make improvements.

Have your say. Scan the QR code or visit:

<http://ratenhs.uk/TyVIDN>

www.uhcw.nhs.uk/contact-us



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