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SUPRA PUBIC CATHETER(SPC)

Suprapubic versus urethral catheter?

When a long-term catheter to drain the bladder is advised, it can be placed in the urethra (water pipe) or suprapubically (directly into the bladder through the skin over the bladder).

A number of issues need to be considered. Some problems related to catheters occur equally often with urethral or suprapubic catheters.

These include:

- The risk of infection (or persistent carriage of bacteria in the urine);
- The risk of catheter blockages; and
- The risk of bladder spasms causing leakage of urine either around the catheter or via the urethra (water pipe) with suprapubic catheters.

In simple terms, neither sort of catheter has any advantage with respect to these problems.

What are the advantages of a suprapubic catheter?

The first obvious advantage of a suprapubic catheter is that it is usually easier to change than a urethral catheter. This is because the pathway from the skin to the bladder is usually straight, easily accessible, and short.

Urethral catheters usually need to be changed by a district nurse or a doctor. It is much more likely that a carer, or possibly the patient himself, can change a suprapubic catheter.

Over a period of years, a urethral catheter can press on the exit point of the water pipe from the penis. This may produce a split in the end of the penis (which can sometimes be very long). Although not serious, this can be a nuisance. More serious, however, is that a similar split sometimes occurs in the valve which holds urine in the bladder (the sphincter). If this occurs, leakage around the catheter may occur and this can be extremely difficult to treat.

In men who are sexually active, a suprapubic catheter leaves the male genitalia free for this purpose.

SUPRAPUBIC CATHETER INSERTION

What does the procedure involve?

Placement of drainage tube into the bladder through an incision in the skin (just above the pubic hairline). Cystoscopy (inspection of the bladder) is often performed to aid insertion of this tube

What are the alternatives to this procedure?

Alternatives to this procedure include a catheter through the urethra and permanent urinary diversion.

What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse. You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy.

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort;
- Ask what you can and cannot do;
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- Make sure that you are clear about what has been done and what happens next. You will be given fluids to drink immediately after the operation.

You will encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. You will also be given intravenous antibiotics.

The average length of stay is 1-3 days.

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What happens during the procedure?

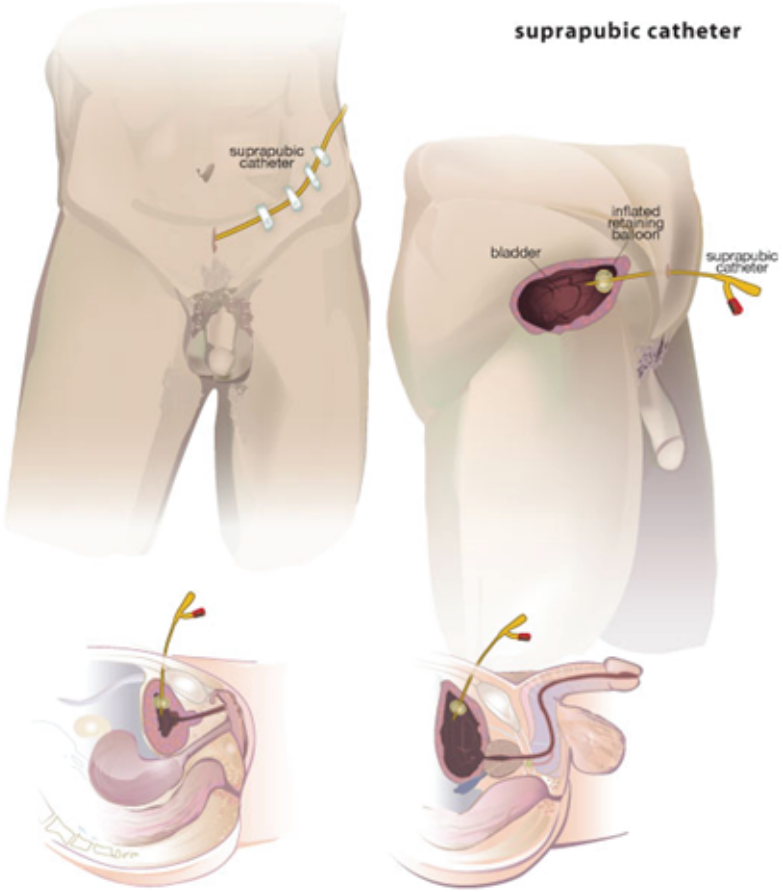
Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods reduce the level of pain afterwards. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

The surgeon will first fill your bladder with fluid and then insert the catheter through a small incision in your lower tummy (pictured), just above the pubic hairline. In patients with small bladders, the incision may need to be larger so that the bladder can be seen clearly, allowing the catheter to be inserted safely.

Or this will be done using trocar under ultrasound guidance.

Correct positioning within the bladder is checked by telescopic inspection of the bladder via the water pipe (urethra).



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The catheter may be stitched in place at first, but these stitches can be removed after a week or so, without the catheter falling out.

The average hospital stay is 1-2 days.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Temporary mild burning or bleeding during urination.

Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder needing antibiotics (occasionally, recurrent infections).
- Blocking of the catheter needing unblocking.
- Bladder discomfort and pain.
- Persistent leakage from the water pipe (urethra) which may need a further operation to close the bladder neck.
- Development of stones and debris in the bladder, causing catheter blockage, and requiring removal or crushing by a further procedure.

Rare (less than 1 in 50)

- Bleeding requiring irrigation, or additional catheterisation, to remove blood clot.
- Rarely, damage to surrounding structures, such as bowel or blood vessels with serious consequences, possibly needing additional surgery.

Hospital-acquired infection

Please note: The rates for hospital-acquired infection may be greater in "high-risk" patients. This group includes, for example, patients with long-term drainage tubes, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home;
- Ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a "draft" discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

When you get home, you should drink twice as much fluid as you would normally for the first 24 to 48 hours. This helps to flush your system through and minimises any bleeding.

The catheter will need to be changed, for the first time, after approximately six weeks and we will arrange this for you in the outpatient clinic. Thereafter, further catheter changes can be performed by your GP or district nurse.

What else should I look out for?

If you develop a fever, redness in the wound, any pus from the catheter site or worsening bleeding, you should contact us immediately.

In the event of the catheter falling out, it must be replaced as a matter of urgency or the track will close up and it may not be possible to reinsert it. Contact your GP for immediate advice or come directly to your local Accident & Emergency Department.

Are there any other important points?

Some discharge from the catheter site is not unusual in the longer term. If the catheter blocks within the first four weeks, the channel between the skin and the bladder will not have healed completely so it is not possible to change the catheter easily. In this event, it is important that the catheter is not taken out in an attempt to change it. It should simply be left in place and an urethral catheter inserted as well, followed by immediate notification of the urology specialist nurse.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery.

Suprapubic catheters are best inserted under a brief general anaesthetic and this usually requires an overnight stay in hospital.