

Shlomi Albert, M.D., Inc.
11160 Warner Avenue, Suite 423
Fountain Valley, Ca 92708
Tel (714)549-3333 Fax (714)549-3334

Suprapubic Urinary Catheter Care Suggestions

You have been discharged with a suprapubic urinary catheter, or SP tube. These tubes, usually made of latex rubber, plastic or silicone, are inserted through your lower abdominal wall into your bladder. Our intent is to remove the tube when your bladder has healed and you are able to urinate adequately.

Your physician can explain the reasons for the catheter's use and its expected length of stay which is dependent on the reasons for placing the SP tube (supra = above pubic = pubic bone, suprapubic means the tubes exit above the pubic bone).

Design:

The catheter is a hollow tube with a hole on each end. Many types of SP tubes exist, but the most common is called a Foley catheter, named after the inventor. A side arm can be seen on the side of the catheter. This allows a small balloon to be filled near the end of the catheter so that the catheter does not fall out. The balloon must be deflated before the catheter can be removed. Other types of SP tubes exist, but all must have drainage holes to allow passage of urine.

Connection:

The catheter needs to be connected to a drainage bag to allow continuous and unimpeded drainage. It is important not to obstruct the flow of urine, unless you are specifically asked to do so. The time to block the flow of urine is when your bladder function is being tested as described below.

Drainage Bags:

These are the plastic bags to which the catheter is connected. The bags vary in design but all have a connection adapter for the catheter and a drainage port or spigot at the bottom to empty the bag. Some bags have long tubes so that they can be attached to the bed or carried. Other bags have no tubing and must be attached to the leg with straps.

Care:

The major cause of irritation is at the exit site of the SP tube from the abdomen. Sometimes a silk suture is placed to secure the catheter and this can also be a source of irritation. You should wash this area daily with a mild soap and water at least daily. (Ivory or baby shampoo is very mild). Hydrogen peroxide, available at any drug store, is also effective in cleaning around the tube. Do not place vaseline or any ointments around the catheter unless specifically instructed to do so.

In most cases, you will have less irritation at the exit site if the catheter is not pulling tightly. This is easily done, if needed; by taping the catheter to the skin so that it has a gentle curve on

its way to the drainage bag. Tape is the best and least expensive way of securing the catheter. Movement or tugging on the catheter will then pull on the tape, not on the skin and bladder.

Cleaning the drainage bags: Rinse bags with warm water and soap every day or two, depending on how dirty they are and how much odor is present. One teaspoon of vinegar may be used in the rinse water to reduce the odor.

Emptying bags:

Hold any bag over the toilet or suitable container and open the spigot at the bottom of the bag. Let urine flow until empty and then close the spigot.

Problems:

The more urine that flows, the less the chance for a blockage. You should be drinking 4-8 ounces of water every hour while awake.

Bleeding:

Bleeding can be seen on occasion with any catheter. Small amounts of blood or clots are usually of little concern. Bleeding sufficient enough to make it impossible to see through the urine should be brought to your physician's attention.

Blockage:

Urine should drain constantly into the bags. If you see no flow for more than an hour and feel the need to urinate, a blockage of the tube may be present. Debris or blood clots are the most common causes and will need to be dealt with in the office, if open, or the emergency room. The catheter will either be irrigated clear or the catheter changed.

If you have severe bladder pain, bleeding, fever (greater than 100°F) or if the tube does not drain, let us know.