

Suprapubic Catheter Home Care Instructions

You will be going home with a suprapubic, (SP) catheter in place. This handout is to help you understand how to care for it. A nurse will talk to you about caring for the SP catheter before you go home. If you have any questions or problems, please feel free to call the phone numbers listed at the end of this handout. Nurses are available to help you 24 hours.

An SP catheter goes into the bladder through a small opening that has been surgically created in the lower abdomen. The catheter will remain in place so the bladder can be emptied.

The SP tube requires a little care but should not keep you from doing most activities. You may bathe or shower with the SP tube unless your doctor has told you not to.

You should change the dressing at least once each day. It should always be changed after a shower and anytime that it becomes wet or soiled.

Supplies

- 1 Package pre-split gauze
- Clear plastic (Transpore™) tape
- 1 Package sterile swabs (Q-tips®)
- Normal saline
- Sterile Container
- Plastic bag

Changing the Dressing

1. Wash your hands with soap and warm water. Dry very well with a clean towel.
2. Wash the work surface with soap and warm water. You may let it air-dry.
3. Wash your hands again.
4. Gather all your supplies.
5. Pour normal saline into container.
6. Open the packages of split gauze and sterile cotton swabs.
7. Gently remove the old dressing. Be careful not to touch any drainage that may be on the dressing. Be careful not to pull out the catheter.
8. Put the old dressing into the plastic bag.
9. Next, check the site for signs of infection. If you notice any of these signs, call your doctor or nurse:
 - Redness
 - Swelling
 - Warmth
 - Drainage
10. Wash your hands again.
11. Clean the site with the saline solution using a sterile swab. Clean from the catheter site outward. **Do not** put a used swab back into the saline mixture. Repeat this with the second swab. If your provider has told you to do so, you may wash the site with warm water and soap rather than the saline mixture.
12. Holding the gauze by the edges, place the **split gauze** around the SP catheter. Cover with the dry, sterile, **non-split gauze**. Tape around the edges.

13. Put the used supplies in the plastic bag with the old dressing, seal the bag and put it in the garbage.
14. Wash the work surface with soap and warm water.
15. Wash your hands again.

When to Call

Call your doctor or nurse if any of these problems occur:

- The catheter does not drain any urine.
- The urine becomes bloody and does not clear after you rest for about 30 minutes and/or drinking four glasses of fluids. A small amount of bleeding is normal.
- There is drainage around the catheter.
- The site becomes red, warm, and swollen.
- The catheter falls out.
- Your temperature is greater than 100.5° F (orally) taken two times 4 hours apart.

Post-Void Residual (PVR) Checks

Sometimes your doctor will want to see how well you can empty your bladder. You may be asked to stop the flow of urine by using a clamp on the SP tube. Once your bladder is full, you will urinate. You will then open the SP tube to let the rest of the urine drain from the bladder. This is called a Post-Void Residual (PVR) check. You should begin

Steps:

1. To start, clamp the SP tube by turning the stopcock so that it forms a “T” with the tubing. If there is not a stopcock in-line, you may use a metal or plastic clamp.
2. Wait a maximum of four hours after you clamp the tube. Then try to urinate. If you are unable to wait that

long, you may urinate sooner.

If you are unable to urinate, open the clamp or stopcock and drain the urine and record the amount. If you are very uncomfortable before four hours, open the stopcock or clamp earlier. Record the amount of urine that was in your bladder.

3. If you were able to urinate, measure the amount using the container you were given.
 4. Discard the urine into the toilet.
 5. Right away, open the stopcock or clamp. Urine will drain into the bag connected to the tube. Leave the tube open for 5 minutes to make sure that all the urine has drained out.
 6. When the urine has all drained out, close the stopcock or clamp.
 7. Empty the urine from the bag into the empty container you urinated into.
 8. Measure the amount of urine. This amount may be greater or less than the amount you urinated. It is also possible that there will not be any urine left in your bladder after you void.
 9. Keep a record of how much you urinate and how much urine is left in your bladder.
Example: Void 250 - PVR 75
 10. Bring the record along when you come for your clinic visit.
 11. If you are told to call your doctor with the results you should do so on
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Unless you are told to do otherwise, you may open the catheter at bedtime and leave it open for the night. In the morning reclamp it and check your PVR.

Follow-up

If the SP tube was placed to help recover from surgery, the doctor will tell you when to return to the clinic to have the catheter removed. Usually, this is when you can urinate more than is left in your bladder after voiding and when your doctor feels that you have healed.

If the SP tube was placed for long term bladder control, you will return to clinic in a month for the first SP tube change.

Who to Call

UW Health
Urology
(608) 263-4757

East Madison Hospital
Urology
(608) 440-6464

1 S. Park Medical Center
Urology
(608) 287-2900

UW Health
Gynecology
(608) 263-6340

After hours, weekends, and holidays, the clinic number is answered by the paging operator. Ask for the Urology doctor on call. Leave your name and phone number with the area code. The doctor will call you back.

Toll-free: **1-844-607-4800**.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©11/2022. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4593.