

Procedure for the Routine Change of a Suprapubic Catheter



**National Rehabilitation
University Hospital**

An tOspidéal Náisiúnta Athshlánúcháin





www.nrh.ie

These procedures are recommended for individuals with a spinal cord injury. All decisions must be based on clinical judgement, as each individual may have unique requirements. If you would like any further information or to give us feedback, please contact scsc@nrh.ie

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Procedure for the change of a Suprapubic Catheter

Introduction

This booklet is intended as a guide to accompany our animated training video on the 'Procedure for the Change of a Suprapubic Catheter'.

There will be times during this animation where you will need to 'pause' the video to read and comprehend the full text.

Health Care Professionals: Viewing this video does not deem an individual competent to perform this procedure. The procedure should be undertaken only after approved training, which should be carried out in accordance with the national guidelines and evidence based practice as appropriate to your organisation.

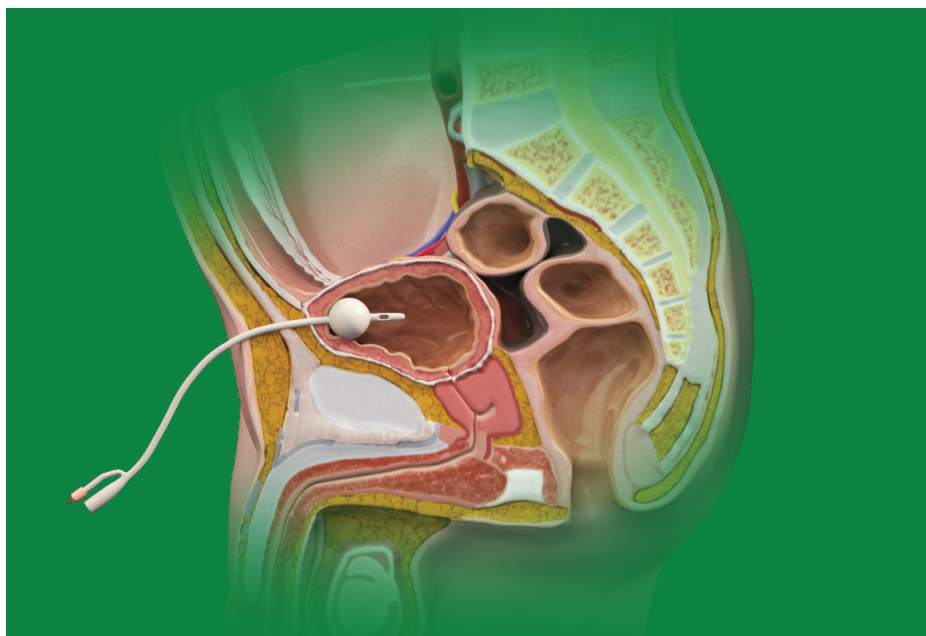
Antiseptic Non Touch Technique: For all clinical procedures, follow the Antiseptic Non Touch Technique (ANTT) to reduce the risk of infection.

For further information visit www.antt.org

What is Suprapubic Catheterisation?

Suprapubic Catheterisation (SPC) is the insertion of a catheter into the bladder via the anterior abdominal wall (EAUN 2013).

As per national guidelines, the first suprapubic catheterisation change is generally undertaken in the hospital where the initial insertion was performed.



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Assessment

Assess the patient with reference to their health care record:

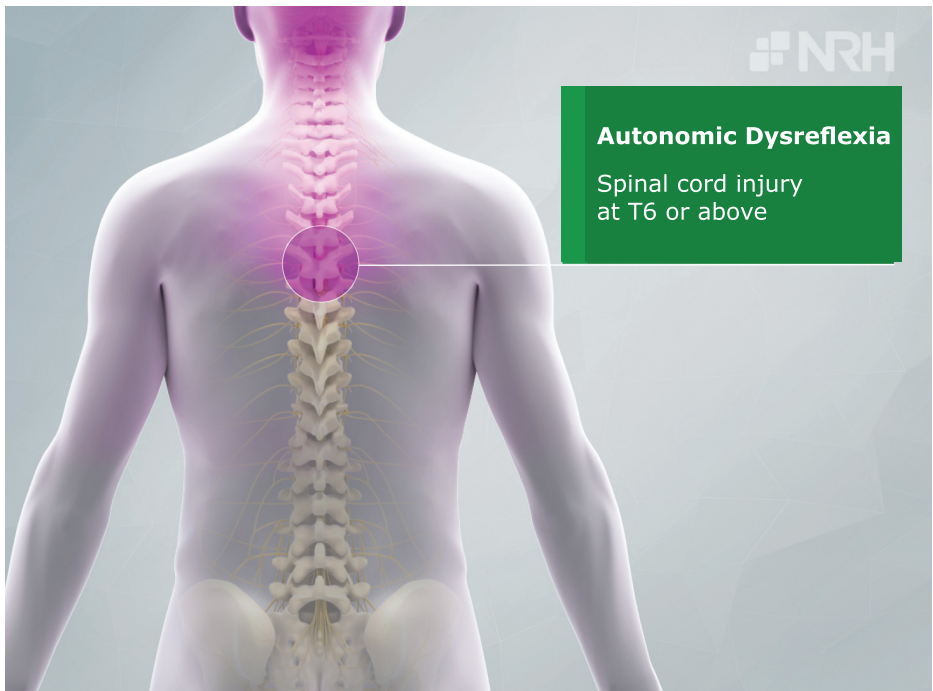
- Medical history
- Diagnosis and reason for catheter insertion
- History of Autonomic Dysreflexia
- Urinary catheter history
- Important to note the type and size of catheter, history of bypassing, blocking, urinary tract infections, sediment or any difficulties encountered during previous catheter changes. Catheter should be changed as per manufactures guidelines, or earlier if clinically indicated.
- Observe the SPC site for infection or over granulation
- In relation to catheter care ensure a closed drainage system is used and the 5 moments of hand hygiene are observed
- Check for allergies, such as latex
- Ensure a good fluid intake at least 2 litres in 24 hours

Autonomic Dysreflexia

Autonomic Dysreflexia is a medical emergency specific to individuals with SCI at the neurological level of T6 or above (Khashtgir J, et al 2007).

If an individual experiences symptoms of Autonomic Dysreflexia, refer to the educational material prescribed.

If necessary, contact your local Health Care Professional.



Preparing the individual for the procedure

To prepare the individual for the procedure:

- Explain the procedure
- Obtain informed consent
- Administer fluid to ensure presence of urine in the bladder
- Local guidelines may recommend to fill the bladder or clamp the catheter drainage system prior to the change

Having a small volume of urine in the bladder when changing a suprapubic catheter can be beneficial. Clamp the catheter drainage system for 5-10 minutes, but be aware of the potential of Autonomic Dysreflexia.



Remember: regular fluid intake helps prevent infection and blockage of the catheter.

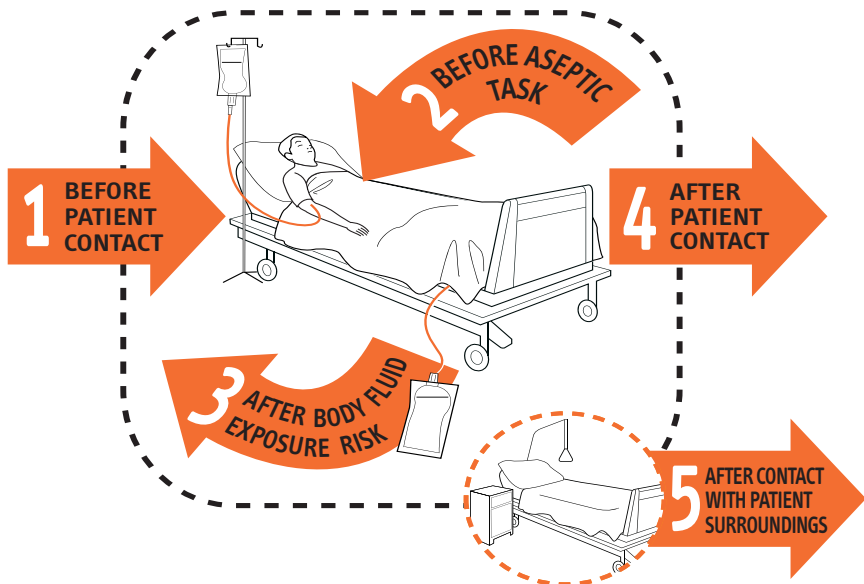
It is recommended to drink at least 2 litres of fluid in 24 hours

Preparation for the procedure

To prepare for the procedure:

- Place the patient in the supine (horizontal) position, maintaining dignity
- Observe patient throughout the procedure
- Perform hand hygiene
- Clean the work surface and gather equipment
- Apply personal protective equipment (PPE)
- Perform hand hygiene

World Health Organisation (WHO) 5 Moments for Hand Hygiene



Equipment required for the procedure

Open all required equipment on to the aseptic field using ANTT principle

- Catheterisation pack (including sterile drapes, kidney dish, 2 forceps and small dish for cleansing solution)
- 2 pairs of sterile gloves
- Cleaning solution as appropriate, such as normal saline
- Sterile lubricating or anaesthetic gel as prescribed
- Correct length and size of catheter x 2 (one spare)
- Sterile syringe to deflate catheter balloon
- Sterile syringe with solution to inflate catheter balloon as per manufacturers guidelines
- Urinary drainage bag, catheter bag stand, or leg ties as appropriate
- Catheter fixation device

See diagram of the Aseptic Field overleaf...

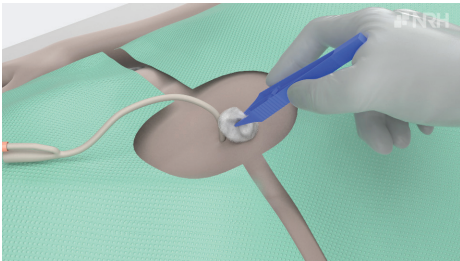
The SPC Change

Observe the patient throughout the procedure

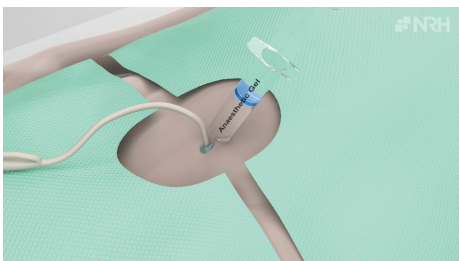
- Perform hand hygiene and apply sterile gloves
- Lubricate new catheter with a sterile lubricating gel



- Prepare the aseptic field across the patient's abdomen
- Clean around the suprapubic catheter site



- Apply prescribed local anaesthetic gel if required



To remove the Suprapubic Catheter

- Attach an empty sterile syringe to the catheter valve and allow the balloon to deflate fully without using force. Note the volume of fluid removed

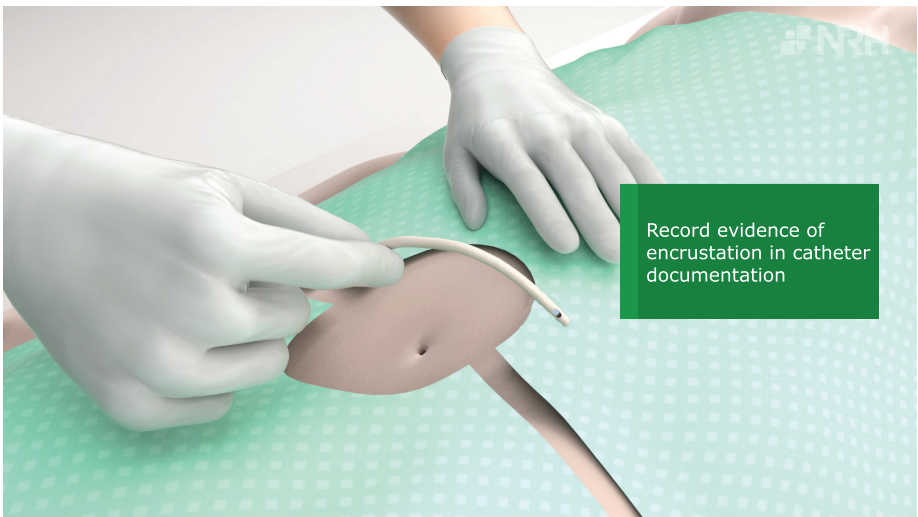


- Place one hand on the draped abdomen and, with the other hand, hold the catheter between the thumb and forefinger at the skin surface



To remove the Suprapubic Catheter...continued

- Gently remove the catheter in an upward direction with a slight rotation
- Observe the direction and length of catheter removed - look for signs of encrustation

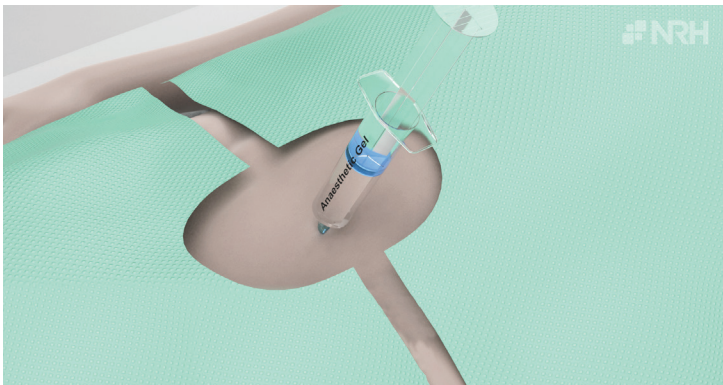


- Remove the drape and discard the old catheter according to local policy
- Remove gloves, perform hand hygiene, and apply new sterile gloves

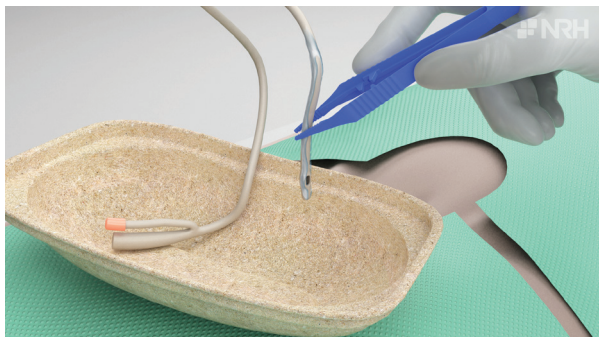
Inserting the new Suprapubic Catheter

It is important that the new catheter is inserted without delay to ensure the suprapubic site does not close

- Prepare the new aseptic field across the patient's abdomen
- Clean the suprapubic site
- Apply prescribed anaesthetic gel to the suprapubic channel

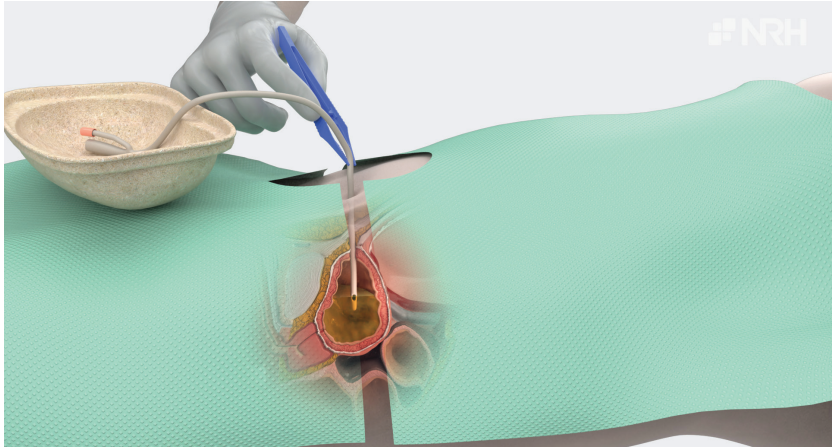


- Maintaining ANTT, hold the new catheter with sterile forceps (or use the sterile sleeve of the catheter between thumb and finger)



Inserting the new Subrapubic Catheter...continued

- Slowly introduce the catheter into the bladder via the suprapubic channel at the observed length and angle of the catheter removed

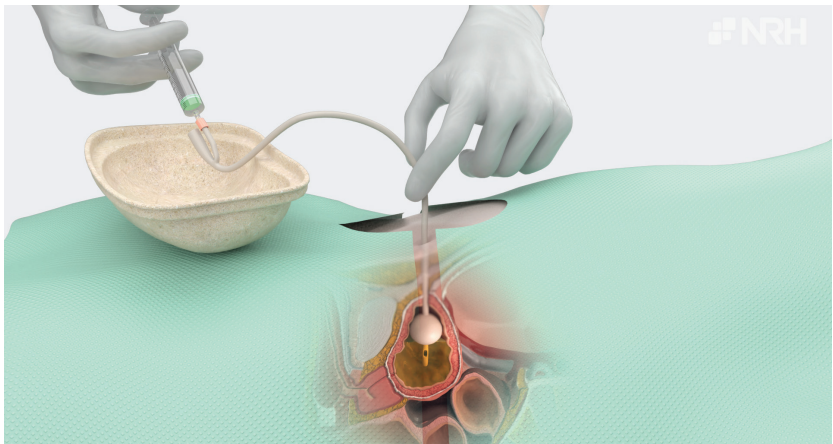


- Observe for urine drainage and then advance the catheter a further 2-3cm to ensure it is in the bladder



Inserting the new Subrapubic Catheter...continued

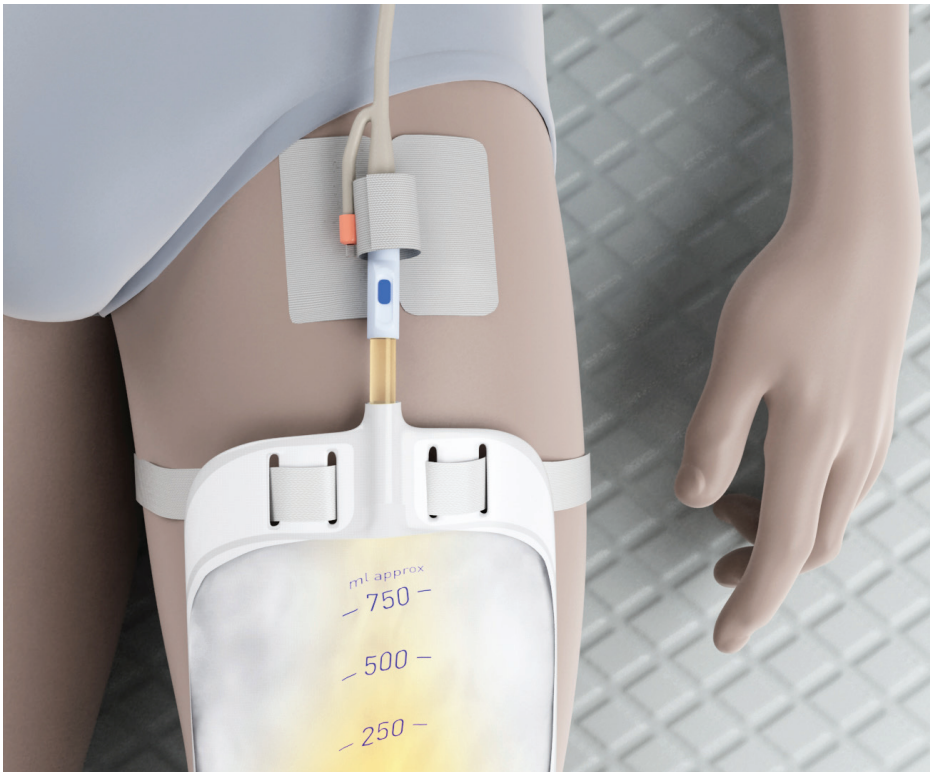
- Avoid dislodgement of the catheter while slowly inflating the balloon
- Once inflated, rotate gently to ensure free movement of the catheter in the bladder
- Withdraw the catheter slightly to confirm the balloon is resting against the bladder wall
- Attach the catheter to a drainage bag system using ANTT



- Clean and dry the suprapubic catheter site



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- Support the catheter and drainage system with leg straps and catheter fixation device to minimise the risk of trauma
 - Perform hand hygiene
 - Reposition the patient as appropriate
 - Confirm the catheter is draining urine



Inserting the new Subrapubic Catheter...continued

- Dispose of waste as per local policy
- Perform hand hygiene
- Document the procedure (refer to local catheter documentation requirements)
- Educate the patient on catheter care
- Advise the patient to carry a spare catheter and supplies in case of emergency
- Provide contact details for advice and support
- Arrange a date for follow-up and next proposed change of catheter

Catheter Documentation (sample):

Observe the patient throughout the procedure

Pre procedure	Document
<ul style="list-style-type: none"> •Procedure explained •Verbal consent given •Reason for change •Days in situ 	<p>Yes</p> <p>Yes</p> <p>Routine</p> <p>For example 85 days</p>
On removal of catheter	
<ul style="list-style-type: none"> •Balloon intact •Volume of fluid removed from balloon •Encrustation 	<p>Yes</p> <p>8 mls</p> <p>None observed</p>
During procedure	
<ul style="list-style-type: none"> •Cleansing fluid •Lubricant used •New Catheter <p>Type make, size, batch number expiry date</p>	<p>Normal saline</p> <p>Anaesthetic gel (prescribed)</p> <p>(Insert sticker from catheter packaging with all information)</p>

Continued.../

Catheter Documentation (sample):

Post procedure catheter insertion	Document
<ul style="list-style-type: none"> •Volume of fluid instilled into balloon •Free movement of SPC catheter •Volume of urine drained •Colour debris or infection •Urine drainage bag •Catheter secure device •Abnormalities observed •Date of planned change 	<p>10 mls</p> <p>Yes</p> <p>70 mls</p> <p>Clear straw coloured urine</p> <p>State model and make</p> <p>Yes</p> <p>None</p> <p>Insert proposed date</p>
<p>Comments: No issues identified during SPC change</p> <p>Name: Nurse performing procedure</p> <p>Signature: _____</p>	<p>Date of next proposed change: _____</p> <p>Contact Tel. No: _____</p> <p>Date: _____</p>

References

ANTT® Theoretical Framework for Clinical Practice V4.0 2015.
Association for Safe Aseptic Practice (ASAP) www.ANTT.org.

European Association of Urology Nurses. Evidence-Based Guidelines for Best Practice in Urological Healthcare Catheterisation-Indwelling Catheters in Adults, Urethral and Suprapubic. 2012.

Kerry public health version 2, 2017 adapted from urinary catheterisation guidelines 2016 <https://www.hse.ie/eng/about/who/onmsd/nmpdu/nmpduck/antt-procedure-for-suprapubic-catheter-change-appx-12-gl-on-iuc-mgt-for-adults-phn-cho4-2017.pdf>

Sari Guidelines HSE 2011.

Sweeney, A. (2017). Suprapubic Catheter Change Method; A Crossover Comparison Cohort Trial. *Journal of Wound, Ostomy and Continence Nursing*. 44 (4), 368-372.

WHO My 5 Moments for Hand Hygiene: <http://www.who.int/gpsc/5may/background/5moments/en>

Disclaimer

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