Purpose:
To provide for urinary drainage through a suprapubic wound.

Considerations:
1. Suprapubic catheters may be changed as ordered by the physician, provided there are no sutures in place and tract is well established (about 4 weeks). [Note: The first change should be performed by the physician or special training if a Pezzer or Malecot catheter is in place as it requires the use of a stylet for removal.]
2. Insertion site will not remain open for long, so preparation for insertion of a new catheter should be made before removal of the catheter that is in place.
3. Advantages of suprapubic catheter over urethral catheter:
   a. Lower rate of urinary tract infections (UTIs).
   b. Ease in evaluating patient's ability to void normally.
   c. Increased comfort for the patient.
4. Potential problems associated with suprapubic catheters:
   a. Catheter dislodgement.
   b. Obstruction or failed insertion.
   c. UTI.
   d. Bladder spasms.
   e. Leakage around the catheter and difficult removal.
   f. Bladder stone formation is possible.
5. Per Joint Commission recommendations, all tubes and catheters should be labeled to prevent the possibility of tubing misconnections.

Equipment:
- Catheter insertion tray
- Sterile gloves
- Prepping balls
- Antimicrobial solution
- Waterproof, absorbent underpad
- Fenestrated drape
- Sterile lubricating jelly
- Plastic forceps
- Graduated basin
- Prefilled 10 mL syringe of sterile water
- Catheter with balloon
- Normal saline, sterile water or prescribed solution
- 4x4 gauzes
- 10 mL syringe
- Device, which secures (tape, statlock, tube holder device)
- Skin barrier (optional)
- Drainage bag/leg bag
- Catheter strap (optional)
- Gloves
- Impervious bag

Procedure:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Assemble equipment. It is important to have all supplies ready before removing catheter.
5. Remove present dressing (as appropriate), assess skin and note any drainage or odor. [Note: Not all suprapubic catheters use a dressing over the site after it is healed.]
6. Gently pull catheter to seat the balloon on the anterior bladder wall. Observe the angle of catheter as it leaves the abdomen and the length of catheter protruding from the abdomen. A non-toxic marker or tape may be used on old catheter before removal as a guide to help ensure that the new catheter and the balloon are in the bladder before inflating.
7. Cleanse around cystostomy opening (subrapubic site opening) with 4x4 gauzes using normal saline, wound cleanser or a mild soap and water or any prescribed solutions.
8. Connect the 10 mL syringe (Luer-lock or Luer tip) to balloon port. (Use same procedure in Removal of a Foley Catheter.)
9. to remove water from the balloon by gravity return; DO NOT aspirate.
10. Remove catheter by pulling, firmly if necessary, the catheter from the subrapubic site. [Note: It is not uncommon for it to be difficult to remove these catheters. To aid in the removal, insert lubricating jelly around the opening and catheter, rotate the catheter 360 degree before removal and have patient take a deep breath to enhance relaxation.]
11. Prepare catheter tray as for sterile catheterization. Remove gloves. Don sterile gloves. [Note: This must be done quickly as a delay of only a few minutes may result in a partial closure of the tract.]
12. Cleanse suprapubic opening with circular motion, using at least three prepping balls soaked with antimicrobial cleansing solution.
13. Lubricate the tip at least to the depth of insertion plus 1-2 inches more and insert catheter in tract to depth determined prior to insertion, pointing toward patient's spine and angling toward symphysis pubis.
14. Inflate balloon according to manufacture recommendations, unless otherwise ordered. [Note: As a rule, a 5 mL balloon will be filled with 10 mL of sterile water to ensure symmetry of balloon to prevent leaking and dislodgement.]
15. Connect catheter to tubing from drainage bag or leg bag.

487 Last Update 9/10
16. Apply dressing to skin around catheter, if indicated. It is not recommended that dressings or ointments be used after tract has healed because they are unnecessary and can lead to bacterial colonization and infection. Remove secretions from around insertion site during routine care of showers using plain water. Skin barriers can be applied to the area to protect the area from secretions.

17. Use tape or other device to secure catheter to the abdomen. Be sure that the balloon is gently against the anterior wall of bladder.

18. If applicable, secure tubing to patient's thigh with catheter strap.


20. Discard soiled supplies in appropriate containers.

AFTER CARE:

1. Document in patient's record:
   a. Procedure and observations.
   b. Catheter size and balloon size and amount of water added to balloon.
   c. Patient's response to procedure.
   d. Instructions given to patient/caregiver.
   e. Communication with physician, as indicated.