

Standard Operating Procedure (SOP) for  
suprapubic recatheterisation (adult patients)

<b>Document Details</b>		
<b>Title</b>	Standard Operating Procedure (SOP) for suprapubic recatheterisation (adult patients)	
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1	Oct 2023	New Standard Operating Procedure

## Standard Operating Procedure for suprapubic recatheterisation (adult patients)

- **Catheterisation must be undertaken as a Standard Aseptic Non-Touch Technique (ANTT) procedure**
- **It is optional to clamp the existing drainage bag tubing for 15 to 30 minutes before the catheter change. Using a single patient use disposable clamp applied immediately below the sampling port on the drainage bag tubing. This ensures the presence of urine in the bladder and promotes effective placement of the new catheter**
- **DO NOT CLAMP THE CATHETER IF PATIENT HAS A SPINAL CORD INJURY AT T6 OR ABOVE. CHANGE SUPRA PUBIC CATHETER AS PER INSTRUCTIONS FROM CENTRE FOR SPINAL CORD INJURIES**

### Equipment:

Sterile catheterisation pack  
 Catheter (licensed for supra pubic use, and the same charriere size as the existing catheter)  
 6ml Sterile lubricating gel (licensed for suprapubic use, Lidocaine not required)  
 Disposable procedure sheet  
 Non-sterile nitrile gloves  
 Sterile nitrile gloves  
 Sterile water in 10ml syringe, to inflate new catheter balloon  
 Sterile 10ml syringe, to deflate existing catheter balloon  
 Single use apron  
 0.9% sodium chloride (saline) for meatal cleansing  
 Catheter valve / urine drainage bag, with adjustable straps or a leg bag holder  
 Fixation device (eg G-strap)  
 Alcohol hand gel  
 Protective eye wear

Check that all items are within their expiry date and that packaging is undamaged

Explain the procedure to the patient including the consideration of a chaperone, and gain consent

Check the patient has no known allergies to any of the equipment to be used

Decontaminate hands and put apron on

Open catheterisation pack, and open the equipment onto the sterile field

Prepare the patient, maintaining their dignity (procedure sheet underneath their bottom, underwear removed, drainage bag emptied, patient lying down with legs straight)

Decontaminate hands and apply non-sterile gloves and protective eye wear

Tie a piece of gauze around the existing catheter, close to the abdominal wall, and then deflate the catheter balloon with syringe

Place index and middle finger either side of the catheter, applying gentle pressure to the abdomen and remove existing catheter (maintaining the position of the gauze, noting the lie of the existing catheter and the angle of insertion). Lay removed catheter on edge of sterile field (there may be a gush of urine from the cystostomy stoma, as the catheter is removed)

Remove gloves, decontaminate hands and put sterile gloves on

Place sterile towel immediately below the cystostomy stoma, ensuring that the genital area is covered. Place the receiver between the patient's legs

Clean the cystostomy stoma site with gauze soaked in sterile saline
Insert lubrication gel into cystostomy stoma (as Lidocaine gel is not being used, do not wait 3-5 minutes before inserting catheter)
Remove gloves, decontaminate hands and put on second pair of sterile gloves
Remove packaging from the end of the new catheter and attach the sterile drainage bag / catheter valve (valve in open position). Remove packaging from the tip of the new catheter
Measure the new catheter against the old catheter, to assess the insertion length. Insert the new catheter as quickly as possible, at the same angle as the old catheter. Do not allow the new and old catheters to touch each other
Advance the catheter into the tract 3cm deeper than the removed catheter
If no urine drains, gently apply pressure just above the pubic symphysis area
Once urine starts to drain, slowly inflate the balloon, according to manufacturer's instructions. Balloon inflation should be pain free. If discomfort is displayed during balloon inflation stop and recheck the position of the catheter. Withdraw the catheter slightly until it is felt against the bladder wall
Failure to reinsert suprapubic catheter, must prompt immediate transfer of patient to urology at Royal Shrewsbury Hospital
Ensure that the patient's abdomen is clean and that the patient is comfortable and dry
Observe the colour and measure the amount of urine drained
Secure the drainage system to the patient, with adjustable straps or a leg bag holder, and a fixation device (eg G-strap). Ensure that the catheter tubing does not become taut when the patient is mobilising and that the patient's clothing has been repositioned and is comfortable
Retain the sticky labels from the catheter packaging. Dispose of waste, remove gloves and apron. Decontaminate hands
Seek advice from other health care professionals about any clinical concerns, queries or outcomes
Record consent, procedure and outcomes in the patient's catheter care pathway documentation Complete / update the patient's Catheter Card

The first catheter change can be undertaken in the community, only if urology state this on the patient's discharge summary.
If it is not clear who is going to change the patient's catheter, the community HCPs must contact urology to seek clarification.
Urology instructions must be followed relating to when the first catheter change, and subsequent catheter changes are due.
If a patient needs to present themselves / be transferred to A&E regarding their supra pubic catheter (for example, community nurses are unable to remove old catheter / insert new catheter, or catheter is not patent and urology always change the catheter); the patient must only attend Royal Shrewsbury Hospital, where urology are based