

SYDNEY ADVENTIST HOSPITAL
CENTRE FOR PELVIC RECONSTRUCTIVE SURGERY
DOCTOR PROTOCOL

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SUPRAPUBIC CATHETER VOIDING PROTOCOL

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A suprapubic catheter is used when urethral surgery such as a bulking agent injection requires catheter drainage that avoids urethral catheterisation.

OPERATING THEATRE

Check Suprapubic catheter is secure and draining normally prior to transfer to recovery.

RECOVERY WARD

Ensure catheter is secure and draining normally prior to transfer to ward.
Notify any unexpected haematuria.

POST-OPERATIVE WARD

Patient will return to ward with a suprapubic catheter on free drainage.
This type of catheter is usually put in place when it is best to AVOID a urethral catheter.

For trial of voiding block suprapubic catheter with valve or switch and monitor voiding. Check residual urine using bladder scanner or by opening suprapubic valve after voiding or whenever patient complains of discomfort or after a maximum of 4 hours.

Maximum time allowed without checking residual measurement is 4 hours.

Note: Open suprapubic catheter valve if scan is unsatisfactory or patient complains of discomfort and scan is inconclusive or patient has not voided for 4 hours.

Suprapubic catheter may be removed and patient may be discharged home after three normal voids with residual measurements less than 100mls.

If residuals measure more than 200mls then open suprapubic catheter and allow bladder to drain completely before reclamping and starting again. Wait for three normal results before removing catheter.

If residuals measure > 500mls at ANY time the suprapubic catheter should be opened up and left on free drainage for 48 hours.

If the Suprapubic catheter is blocked or not working for whatever reason and flushing with saline does not relieve the obstruction then a Size 12 catheter should be well lubricated and carefully inserted. The indwelling catheter should be left on free drainage.