



Acacium Group Community Suprapubic Re-Catheterisation (Male & Female)

Procedure Reference | SOP CATH 02

Version | V4.0

Procedure Name	Suprapubic Re-Catheterisation (Male & Female)
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to suprapubic re-catheterisation
Target Audience	All nurses and appropriately trained carers
Version	V4.0
Author	Karen Matthews-Shard
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Review Frequency	3 yearly, or when clinical or operation guidelines change
Last Reviewed	September 2022
Next Review Date	September 2025
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/SJ
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V2	Nov 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Updated re Rebrand	CC
V3.0	Sep 2022	Reviewed and updated	Clinical Advisory Group
V4.0	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

- 1.1 The principle indications for long-term suprapubic catheterisation are:
- Chronic urinary retention
 - Intractable incontinence
- 1.2 Generally, suprapubic catheterisation is preferred to urethral catheterisation for clients requiring long-term bladder drainage:
- No urethral trauma or catheter induced urethritis, resulting in greater client comfort
 - Lower incidence of infection with the catheter situated further from the anus
 - More comfortable for chair bound/wheelchair users
 - Greater freedom of expression if still sexually active

2. Aim

- 2.1 To effectively manage the client's suprapubic catheter and therefore minimise the risk of infection.

3. General

- 3.1 Although changing an established suprapubic catheter is in many ways easier than changing a urethral catheter, the new catheter must be inserted within 10 minutes; even a short delay will allow the criss-crossing muscle fibres of the detrusor to contract and obliterate the track. Suprapubic catheters should be changed at 8-10 weekly intervals.
- 3.2 This is initially done by a doctor in hospital but may be replaced, if needed in the community. This can be completed in line with commissioned services by someone who has been trained and assessed as competent. District nurses or specialist nurses can also carry out these procedures.
- 3.3 This is an aseptic technique; hand hygiene and aprons are essential**
- 3.4 Check client does not have an allergy to latex, normal saline or local anaesthetic gel/lubricant.**

4. Equipment

- Plastic apron
- Gloves – Non-sterile and sterile
- Catheter balloon or catheter with syringe and sterile water included in packing
- 10mls syringe and needle (2 syringes for re-catheterisation)
- Sterile water – sufficient to inflate balloon
- Sterile normal saline
- Catheter pack
- Anaesthetic gel/lubricant – must be sterile and water soluble, soluble as prescribed, and in accordance with Medicine Management Policy
- Drainage bag system
- Blanket/towel to cover client's chest – to maintain client dignity
- Client care record
- Bowl, soap, water and towel, non-sterile latex gloves (if no known allergy)
- Waste bag.

5. Consent

5.1 Please read Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

5.2 Please now ensure you understand the Consent Policy and Mental Capacity Act in full

6. Documentation

6.1 To effectively manage the client's suprapubic catheter and therefore minimise the risk of infection.

6.2 Client's Notes – Assessment Folder, which should include:

- Catheter Assessment Form
- Catheter Care Plan
- Catheter Client Information Leaflet

7. Procedure

	Action	Rationale
1	Explain procedure to Client and seek verbal consent.	Confirm understanding of the Client in the procedure to be undertaken and gain consent.
2	Ensure the room is warm and risk of interruptions minimised.	Ensure privacy, dignity and comfort.
3	Ensure Client is in the appropriate position in order to carry out the procedure.	To ensure comfort and successful insertion.
4	Prepare clean protected surface.	Reduce the risk of infection.
5	Put on plastic apron, wash hands, non-sterile gloves.	Reduce the risk of infection.
6	Cover Client with blanket/towel, exposing catheter site.	Promote warmth, dignity and privacy.
7	Wash the area around the catheter site with soap and water if Client unable to self-care. Dry thoroughly. Dispose of bowl and water and gloves. Wash hands.	Clean the area to minimise the risk of infection.
8	Assemble equipment on a clean protected surface. Open catheter pack onto sterile field. Open outer catheter package and gel/lubricant, and normal saline empty onto primary sterile field.	Prepare for the procedure to be administered as effectively and efficiently as possible.
9	Fill syringe with sterile water and place to one side - not necessary if the catheter unless a	Prepare for the procedure to be administered as effectively and efficiently as possible

	syringe and sterile water is included in the catheter packaging.	
10	<p>Using a syringe deflate the balloon of the old catheter but do not remove the catheter.</p> <p>It may help to clamp catheter just above the connection to drainage bag, using relevant equipment. (A catheter spigot may be used instead).</p> <p>Wait for up to ten minutes.</p>	<p>Prepare catheter for prompt removal and speedy insertion of new catheter.</p> <p>To ensure urine is present in the bladder when the new catheter is inserted.</p> <p>To ensure urine is present in the bladder when the new catheter is inserted.</p>
11	Wash hands and put on sterile gloves.	Reduce the risk of infection.
12	Place dressing towel below old catheter.	Prevent cross contamination with catheter due for removal.
13	Pick up new catheter in dominant hand, holding inner wrapper and expose tip of catheter 1"-2" (5cms).	Prepare for insertion.
14	Apply lubricating gel to catheter tip and old catheter site.	Facilitate ease of insertion.
15	<p>Using a piece of sterile gauze and non-dominant hand remove old catheter, noting length and angle of removed catheter.</p> <p>Remove current catheter as if removing a screw.</p> <p>If necessary, place a firm hand over the abdomen around the catheter.</p>	<p>Prevent cross contamination with catheter that is to be inserted. Noting the length and angle will help with the insertion of the catheter which is to be inserted.</p> <p>To prevent trauma and to allow for ridges, encrustations that may have formed around the catheter balloon.</p> <p>To ease removal of catheter and to prevent trauma.</p>
16	Discard old catheter recording the state of the tip on the client's notes.	Documented knowledge of the catheter tip may aid in deciding appropriate catheter care.
17	Gently insert new catheter using dominant hand to the same length and at the same angle, until urine drains through then insert a further 2-3cms before inflating the balloon.	Promote easiest possible insertion and ensure correct positioning.
18	Partially inflate the balloon using up to 4ml of sterile water, and then pull back on the catheter until you see or feel the abdominal wall (around the suprapubic site) rise.	To ensure the balloon is in the bladder (and not the urethra), prior to fully inflating it.
19	Push the new catheter a further 1cm before instilling the rest of the water into the balloon.	To ensure the balloon is in the bladder prior to fully inflating it.

20	Attach a sterile drainage bag.	Collection of urine, minimising the spread of infection after insertion of catheter.
21	Cleanse area around the catheter site applying a small keyhole dressing if required.	Reduce the risk of infection.
22	Make client comfortable and clear away equipment.	Provide a safe and comfortable environment.
23	Record volume and nature of urine collected.	Baseline measurement.
24	Record any difficulties with procedure.	Support the effective reinsertion at a later date.
25	Record whether catheter long term or short term, length of catheter, balloon volume, reason for catheterisation, and lubricant used in the client's notes. Also record batch number.	Client safety. Promote continuity of care and timely re-catheterisation, where appropriate Confirm use of appropriate catheter and details in case of any reaction to the catheter.
26	Provide Client with Catheter Information Leaflet, explaining importance of hand washing, how to dispose of catheters and bags, how to empty catheter, attach night bag, when catheter will be changed. Also, how to obtain further supplies via prescriptions from the GP/DN.	Client and/or carers is empowered to self care and complications associated with catheterisation are reduced.

8. Aftercare

- Document continuing care and review
- Ensure that the connection between the catheter and the urinary drainage system is not broken except for good clinical reasons, e.g. changing the bag as per the manufacturer's recommendation
- Wearing plastic apron and gloves and using a disposable container, wipe the tap with an alcohol wipe prior to emptying the catheter bag. Empty bag frequently enough to maintain urinary flow and prevent reflux. Wash hands after removing gloves
- To ensure that no part of the catheter drainage system comes into contact with the floor and urine does not flow back into the bladder, position the urinary drainage bag below the level of the bladder; on a stand for bed-bound client or leg bag for mobile clients
- Clients with long-term catheters must have an individual catheter regimen designed to minimise problems of blockage and encrustation. Care should be planned to minimise (eliminate) emergency catheterisations (out-of-hours). All details and care requirements should be detailed within the client's specific care plans
- Record input and output, where appropriate
- Monitor and record urine flow, colour and debris
- Monitor and record client's temperature, where appropriate
- If escalation is needed or GP has requested it, send a specimen of urine for culture if client is feverish, develops abdominal pain or urine appears cloudy using an aseptic technique via the designated sampling port not catheter bag
- Provide routine personal hygiene to maintain cleanliness – antiseptics are not required

- Do not change catheters unnecessarily or as part of routine practice. Catheters should be changed in accordance with manufacturers' guidelines and the needs of the client
- Do not add antiseptic or anti-microbial solutions into urinary drainage bags
- Do not use bladder irrigation, installation or washouts to prevent catheter associated infection
- Do not use catheter maintenance solutions to prevent UTI unless prescribed by a GP / specialist
- An overnight drainage bag can be attached to the day bag / leg bag to facilitate drainage overnight
- If pre-connected catheters are in use, the initial bag can remain connected for two weeks

9. Associated Policies / SOPs

Policies

CLIN 04 Urinary Catheterisation

CLIN 06 Consent

CLIN 07 Infection Prevention and Control

CLIN 14 Health Records Management

SOPs

SOP CATH 01 Urethral Catheterisation (Male & Female)

SOP CATH 02 Suprapubic Re-catheterisation (Male & Female)

SOP CATH 03 Guidance for Care of Clients Catheterised for Retention of Urine

SOP CATH 04 Catheter Management for urinary catheters that block, bypass or are expelled with balloon intact

SOP CATH 05 Intermittent Self-Catheterisation

SOP CATH 06 Urinary Catheter Removal

SOP CATH 07 Urinary Catheter Bag Emptying

SOP CATH 08 Bladder Washouts

SOP CATH 09 Urinalysis

SOP CATH 10 Collection of a catheter urine specimen

SOP CATH 11 Penile sheath application

SOP CATH 12 Attaching and detaching a night bag

SOP CATH 13 Mitrofanoff Management

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group