

APPENDIX 6

SUPRAPUBIC CATHETER CHANGE

Equipment

- Bard IC Comprehensive Care Foley Tray
- If not available consider need for:
- Sterile catheterization pack containing gallipots, receiver, gauze swabs, disposable paper towel
 - Alcohol hand gel
 - Sterile water
 - Syringe
 - Disposable plastic apron
 - Drainage bag and stand or holder
 - Clean privacy cover
 - Disposable pad
 - Sterile gloves
 - Selection of appropriate catheters

Only appropriately trained staff that are competent and confident should change a supra-pubic catheter.

No	Action	Rationale
1	Explain and discuss procedure with patient, obtain and document valid consent. Discuss any problems that have been experienced with previous catheterisations. Consider and check for any allergies patient may have e.g. latex or anaesthetic gel (Chlorhexidine). Commence or review catheter passport.	To ensure that the patient fully understands the procedure and gives valid consent (NMC 2015). Please note that patients with spinal cord injury at T6 and above may be prone to Autonomic Dysreflexia and some patients may be at risk of a vasovagal attack when lay in a supine position.
2	Assist patient to lie flat on the bed and bed protection placed in situ.	To ensure the appropriate area is easily accessible To maintain patient's privacy and dignity.
3	Cleanse hands using soap and water or decontaminate hands using alcohol gel in accordance with local trust policy.	To reduce the risk of infection.
4	Put on single use disposable plastic apron.	To reduce the risk of infection.
5	Prepare a clean working surface near patient. Prepare necessary equipment. Check choice of catheter is correct and in date.	To avoid over reaching and minimise airborne contamination. To ensure correct catheter is used.
6	Using an aseptic technique open catheterisation pack.	To ensure items remain sterile.
7	Cleanse hands and put disposable plastic apron on and apply sterile gloves. Prepare equipment required. Do not remove inner wrapper from catheter at this stage.	Hands washed to reduce the risk of cross-infection. Disposable apron used to reduce the risk of cross-infection from micro-organisms on uniform. (EPIC 3 2014).

8	Cleanse around the insertion site with normal saline.	To reduce the risk of infection.
No	Action	Rationale
9	Gently attach syringe nozzle to the valve on the inflation channel of the catheter and deflate the balloon without forcibly pulling back on the syringe.	Make a mental note of the length of catheter removed from the abdomen as this is the amount that needs replacing.
10	Remove catheter.	
11	Insert the new catheter to the length of catheter that was removed and when urine drains advance it a little further. You may need to gently corkscrew the catheter in. Gently inflate balloon according to manufactures guidance. Withdraw catheter slightly and apply drainage bag and catheter securing device if required. Ask the patient to report any discomfort and observe closely for signs of distress.	The new catheter needs to be inserted within approximately 10mins. It should be the same size catheter as the one initially inserted.
12	Make the patient comfortable and ensure catheter is draining adequately.	To promote patient dignity. To reduce the risk of urethral and bladder neck trauma.
13	Dispose of equipment according to local policy, remove personal protection equipment and cleanse hands.	To prevent environmental contamination.
14	Record information in relevant documents this should include, consent given, reasons for catheterisation, date and time of catheterisation, catheter type, length and size, batch number, amount of water instilled into balloon, manufacturer and batch number of anaesthetic gel used and any problems during the procedure.	To provide a point of reference or comparison in the event of later queries.

Reference

Mallett, J (2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. 9th Edition. Blackwell Sciences. Oxford

NOTES:

- Nurses worry about getting the catheter in the peritoneal space rather than in the bladder. If the catheter is not far enough into the bladder, resistance will be felt when attempting to fill balloon, and patient will feel pain. A small amount of blood may be apparent at supra pubic catheter changes, but this should stop in the next 24 hours.
- Discomfort due to bladder spasm may also occur.

Unlike urethral catheterisation, lubricating gel is not required routinely when inserting a supra pubic catheter.