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For more information, contact:
Society of Urologic Nurses and Associates
East Holly Avenue Box 56
Pitman, NJ 08071-0056
Phone 888-TAP-SUNA or 856-256-2335
suna@aij.com
www.suna.org
Suprapubic Catheter Replacement

Clinical Practice Guidelines

Introduction

Only personnel trained in the technique of aseptic insertion and maintenance of the catheter should handle catheters.

The order for replacement of an existing suprapubic catheter from a licensed medical provider should be verified. The patient should be informed of the reason for catheterization and what to expect in terms of discomfort. Long term catheters can be changed on an individual basis to try to avoid problems. The catheter must be changed within the timeframe as per manufacturer’s instructions which may be up to a maximum of 12 weeks. Check catheter for encrustation upon removal. If it is encrusted the catheter should be changed at an earlier interval.

Note: Initial replacement of a suprapubic catheter is usually performed by a physician, advanced practice nurse, or physician assistant. Following the initial insertion it will take approximately four weeks for the tract to become established at which time it can be safely changed.

Preparation and Procedure

- Assemble all of the necessary equipment including foley catheter, drainage bag, lubricant, sterile gloves, cleansing solution and syringe with sterile water before beginning the procedure. The catheter size and amount of water instilled in the balloon should be the same as the existing suprapubic catheter unless otherwise ordered by provider. Document any pertinent past medical history and any allergies.

- Prepare and drape the stoma area under sterile technique.

- Cleanse the stoma utilizing aseptic technique. Commonly used antiseptic solutions include: betadine, Hibiclens®, or Shur-ClenS®.

- Observe the existing catheter for the angle of insertion and the length of catheter visible as a guide for replacement.

- Deflate balloon of existing catheter and remove catheter.

- Immediately insert 5 ml to 10 ml of water-soluble lubricant into the suprapubic tract and insert the new catheter.

- Once urine returns, insert the catheter approximately 2 inches further to ensure the catheter is in the bladder and not the suprapubic tract (if you insert it too far it may go into the urethra).

- Slowly inflate the balloon with prescribed amount of sterile water and secure the catheter to the appropriate drainage system.

- Remember to secure the catheter to reduce trauma/ traction being applied to the stoma.

Helpful Hint

- If urine flow does not occur within a minute or so of catheter insertion, use a syringe and irrigate, freeing the catheter lumen of the lubricant.

References


Clinical Practice Guidelines Task Force

Victor Senese, RN, CURN, Chairperson
Mary Beth Hendricks, RN, CUNP
Melissa Morrison, RN
Janelle Harris, MSN, RN, GNP