MANAGEMENT OF THE BLADDER AND URINARY DRAINAGE APPARATUS

CARE OF A SUPRAPUBIC CATHETER

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TRIAL WITHOUT CATHETER – SUPRAPUBIC CATHETER

KEY WORDS
Trial without catheter, suprapubic, void, residual, SPC

AIM
To assess the woman’s ability to empty her bladder successfully prior to the removal of a suprapubic catheter.

KEYPOINTS

- Record the volume and time for all voids, residual urine measures and fluid intake. i.e. maintain a strict fluid balance chart.
- Restrict fluids to a total of 2 litres/day unless otherwise specified.
- Encourage the woman not to void too frequently during the day (i.e. <2hrly).
- If the woman has not voided by 6 hours or is uncomfortable at any time, she must attempt to void and the voided volume and residual volume recorded.
- If she is unable to void, document this, and immediately unclamp SPC to straight drainage.
- Record the residual after 10 minutes (no longer) of straight drainage then contact the medical team.
- If the woman is voiding frequent or small amounts or is uncomfortable despite residuals of less than 150mL, flush the catheter and recheck the residual or check the residual with intermittent catheterisation.
- If unsure of what to do, unclamp the catheter to straight drainage until the medical team has reviewed.

PROCEDURE

1. Clamp the catheter to allow the bladder to fill at 6 am on the day of trial.
2. Immediately after voiding, unclamp the catheter.
3. Record the volume in the drainage bag after 10 minutes (residual).
4. Continue until the woman has 2 consecutive voids of >150mL with residuals < 150mL.
5. Once this has been achieved leave the SPC clamped until the next day. Measure all voids but do not measure residuals unless the woman is uncomfortable or has frequent small voids.

6. Repeat the residual measurement with the next first morning void. If the void > 150mL with a residual < 150mL, the catheter may be removed.

7. If any residual > 150mL – unclamp the catheter to straight drainage and inform the medical team.

8. If the residual is > 150mL but < 600mL – leave the catheter on straight drainage for 24 hours. Commence a new trial of void as recommended by the medical team.

9. If the residual > 600mL – leave the catheter on straight drainage for 48 hours. Inform the medical team.

10. If after initial success the woman starts to fail trial without catheter – check urinalysis and take a MSU/CSU and inform the medical team. If the urinalysis is positive for nitrites and or white cells inform the medical team.

11. If the woman fails the trial without catheter regime twice, the team registrar or above shall review and discuss the situation with the team consultant.

12. Consider review by the urology nurse.