

INSTRUCTIONS FOR SUPRAPUBIC TUBE CARE

Your doctor has inserted a suprapubic tube (SP-tube) into the bladder. This tube goes directly through the skin of the lower abdomen and directly into the bladder (reservoir for urine) to drain it continuously. SP-tubes are used frequently after pelvic surgery to help in "bladder retraining." In addition, some patients may have insertion of a suprapubic tube as a "last resort" to help them permanently drain the bladder. If your SP-tube is intended to be temporary or permanent, please note the following guidelines and *helpful hints*.

Bladder Retraining for temporary SP-tube use:

1. A few days after your surgery or at a time specified by your physician, plug the suprapubic tube with a *catheter plug*. Drink plenty of fluid to allow the bladder to fill and when you feel the urge to void/urinate, go to the toilet and try to urinate as normally as possible.
2. Measure the voided urine (that which comes out the "normal way"). Write the measured volume down on your "bladder diary" sheet.
3. After you have urinated all you can, unplug the suprapubic tube and drain the "residual" (leftover urine, if any), and measure this volume as well. Record this on your "bladder diary" also.
4. When you are routinely urinating two-thirds of your *total bladder capacity* or your *residuals* (post-void residuals) are less than 100 ml, it is usually safe to remove the suprapubic tube. Make an appointment with your doctor for SP tube (suprapubic tube) removal. If you are still unable to urinate effectively or you have high residual urine, it does not necessarily imply something is wrong. Consult your doctor.

Helpful Hints for Chronic Suprapubic Tube Use:

1. Keep the tube and the connection to the drainage bag free of debris and as clean as possible.
 2. Practice good hygiene techniques with special attention to bowel function and avoidance of constipation and fecal soilage.
 3. Change the suprapubic tube (Home Health or in the physician's office) at least every month. Your physician may want to change to a fresh tube more frequently, depending on individual circumstances.
 4. Stay well-hydrated to "dilute" possible bacteria within the bladder.
 5. Your urine will almost certainly be *colonized* (colonization implies bacteria that live within the bladder as a result of the foreign body suprapubic tube. As long as the bladder stays drained, this does not mean there is a true infection).
 6. You may be required to irrigate the suprapubic tube and your bladder once daily with water. This serves to dilute the colonized bacteria and cut down on risk of infections.
 7. Use a vitamin C supplement, 500 mg three times a day, unless otherwise instructed by your physician.
 8. Cran Tablets (concentrated cranberry extract) or high concentration cranberry juice twice a day is helpful to cut down on recurrent urinary infections.
 9. Patients with suprapubic tubes indwelling for many years may require *surveillance cystoscopy* (flexible telescopic exam of the interior of the bladder) to evaluate for possible stones and/or cancer due to the chronic irritation. Please consult your physician.
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Suprapubic tubes are manmade foreign bodies that sometimes serve as a "necessary evil" to drain the bladder for refractory problems. It is not ideal but sometimes may be the best available option. For temporary cases (usually in the post-operative period), a suprapubic tube may greatly aid in patient comfort as well as allowing "bladder retraining" after a reconstructive operation/procedure. If you have a permanent suprapubic tube, remember good hygiene and prevention of a problem is better than treatment.