

Fact Sheet

Suprapubic catheters for postnatal women

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After having a baby, some women have difficulty emptying their bladder (urinating). This is called urinary retention and can happen with any type of birth. The only treatment is to allow the bladder to “rest” and avoid overstretching until it recovers naturally. The time that it takes for the bladder to recover varies and may take up to four weeks.

A good way of helping bladder function return is to have a suprapubic catheter [SPC] inserted. This is a small, soft tube inserted into your bladder through the abdominal (stomach) wall, just above the pubic bone. SPC insertion takes only a few minutes and can be done in an operating theatre or clinic with local or general anaesthesia.

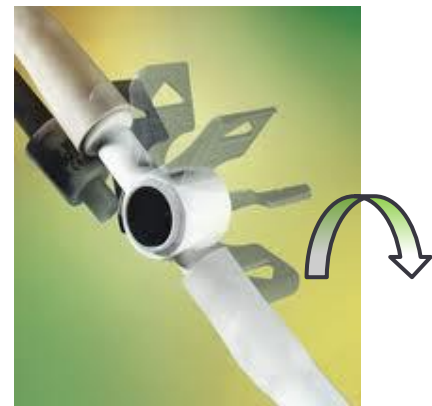
Once your SPC is in position

- You can be discharged home.
- You can eat and drink normally, plus return to all your normal activities.
- You can wash and shower as usual - if the area around the catheter becomes wet, just gently dry with a clean towel.
- The SPC site does not normally need a dressing (bandages). There may be a small amount of oozing, which may be cleaned with saline (salty water) or a gentle antiseptic (e.g. Betadine).
- If the area becomes red and swollen, you should check with the Women's Health Clinic, your GP [doctor] or the hospital Accident and Emergency Department.
- It is not necessary to have antibiotics while you have an SPC.

Managing your SPC

- With an SPC, you will pass urine normally. The catheter will then be used to measure how much urine is left in your bladder. The urine left in your bladder is called the residual urine volume.
- At first, you may not be able to pass much urine in the usual way, but over time this will improve and you will see the residual urine volumes becoming less. This method allows us to monitor how your bladder function is improving.

- You should try to pass urine when you feel the urge to, or every 3-4 hours if the urge is weak or there is no urge. Remember it is important the bladder doesn't become overfull, so after passing urine in the toilet, be sure to measure the residual urine at least once overnight.
- There is no advantage in straining to pass more urine – bladder recovery cannot be rushed. Sit relaxed on the toilet, leaning slightly forward. After passing urine, wait a minute or two and try again. This is called double voiding.
- If you are able to, it is very helpful to record the amount of urine that you are passing in the toilet into a measuring jug.
- After passing urine, flip the catheter valve downwards (see below) and drain the remaining urine into a measuring jug. Keep a record of the amount of residual urine volumes.



- Your doctor will assess your progress by checking your recorded urine volumes once or twice a week.
- It is important to drink plenty of water (up to 2 litres a day - as long as you are not on fluid restrictions)

If you have any concerns about your SPC during business hours, you can contact the doctor who has been caring for you, or the Westmead Hospital Women's Health Clinic on 8890-6508. Remember there are always after hours doctors available in the Accident and Emergency Unit.

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When can the SPC be removed?

- Recovery time is different for everyone but generally the catheter can be removed once your residual urine volumes are consistently less than 100mls. Your doctor will discuss this at each visit.
- After the catheter is removed, there will usually be a small amount of watery discharge from the site where the catheter was inserted. The skin will heal quickly with only a tiny amount of scarring.
- You should continue to pass urine when you feel the urge and ensure that you are drinking normal amounts of fluid (water).

What about my next pregnancy?

- Most women will have no problems in the future.
- During your next pregnancy you should mention that you have had urinary retention before so we know to monitor your bladder function more closely.



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We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

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