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PERCUTANEOUS SUPRAPUBIC CATHETERISATION: PROBLEMS OF CARE IN THE COMMUNITY

Aims of Study: To assess the morbidity and specific problems with long-term suprapubic catheters (SPCs) in the community. We prospectively studied the various individual problems encountered and report on the various factors contributing to each.

Methods: Thirty-two consecutive patients with suprapubic catheters maintained in the community were evaluated when they attended outpatients clinics or were inpatients for any reason between March and June 1999. A detailed questionnaire was filled in by them describing symptoms and specific problems encountered in the community related to the SPCs. Specific questions were asked about these problems and their management by their carers in the community. The primary clinical diagnosis, past surgical history of the lower urinary tract, current bladder management and urodynamic status was recorded. The expertise of the carer was noted, the frequency of catheter change and the problems they experience with the SPC. The catheter was changed in the clinic/ward by the Specialist nurse/Registrar/Consultant and the ease or problems encountered by each with the change was noted. The size and type of catheter used and the configuration and status of the catheter on removal was recorded. Prior to the change a swab from the catheter stoma site and a catheter specimen of urine (CSU) was taken for culture and the microbiology was noted. Forty-five such catheter changes were performed in total.

Results: There were 20 men and 12 women in our study (age range 24-72). The indications for SPC insertion were spinal cord injury (24; 17 suprasacral, 7 infrasacral injury), Parkinsonism (1), Multiple sclerosis (3), and post-sacrectomy for tumours (4). 21 had poor hand function, 9 were unable to do intermittent self-catheterisations (SICs) on account of age, poor vision, or inadequate mental abilities and 2 had them for convenience. 21 patients had detrusor hyperreflexia and 11 had areflexic bladders. 4 had augmented bladders. 17 had debris in the urine and 25 had experienced at least 2 catheter blockages (total 62) in the last 3 months. 39 blockages were 'fixed' by the district nurse, 17 were referred to us, and 6 required emergency (A&E) attendance. Of these 41 required catheter changes but the catheters were not obstructed on removal in 33 of these. 22 patients were symptomatic from the catheters: pain in 3, discharge from the SPC stoma site in 12, haematuria in 4, pericatheter leak in 2, catheter drop-out in 1, and an offensive smell in 1. Catheter changes were troublesome in 26 out of 55 in the community. Of 9 difficult removals; 7 were due to catheter tip bunch-up, encrustations in 2. Reinsertion was difficult in 1 due to a 'ledge' formation in the tract. The microbiology of the SPC site reported Staphylococcus epidermidis (24), Coliforms and enterococci (7), Diphtheroids (8), Pseudomonas aeruginosa (9), and mixed anaerobes (2). 27 had mixed flora. No particular organism related to the discharge; most were skin flora of doubtful significance. The urine flora did not correlate to that at the SPC site.

Conclusions: Suprapubic catheters in the community bear considerable morbidity, but for many of the problems the solutions may be quite simple. The commonest problem of blockage does not in most cases require catheter change, and stoma site discharge should be treated with antibiotics only in the presence of cellulitis or odour. In most cases district nurses, patients, and their carers may be easily educated in these troubleshooting techniques.