

# Suprapubic Catheter Placement

Patient Information · What to expect before your procedure

WARWIKI

A suprapubic catheter — also called a suprapubic tube or “SPT” — is a soft tube that drains urine from your bladder through a small opening in your lower belly, just above the pubic bone, instead of through the urethra. This handout explains why it is placed, how to prepare, and what to expect.

## About This Procedure

The bladder stores urine. When urine cannot drain the usual way — or the urethra needs to be rested or bypassed — a catheter can be placed directly into the bladder through the lower belly. Because it avoids the urethra, a suprapubic tube is often more comfortable for longer-term use and is gentler on the urethra than a regular catheter.

### Your care team may recommend a suprapubic tube to:

- Drain the bladder when you cannot empty it on your own
- Rest or protect the urethra after surgery or an injury
- Provide comfortable long-term drainage (for example, with a nerve-related bladder condition)
- Avoid the irritation a long-term catheter through the urethra can cause
- Allow normal sexual activity, and “voiding trials” (the tube can be capped to test urinating)

## Is It Safe?

Yes. This is a common, generally safe procedure. To keep it safe, your bladder is filled so it rises up against the belly wall, and your team usually uses ultrasound and/or a small camera to guide the tube away from the bowel. Most issues — a little bleeding, mild discomfort, or bladder cramping — are minor and settle quickly. Tell your team if you have had prior belly or pelvic surgery, which needs extra care.

## LEARN THE TERMS

### Suprapubic

Above the pubic bone, in the lower belly — where the tube exits.

### Bladder

The organ that stores urine until you empty it.

### Catheter

A soft tube that drains urine. A suprapubic catheter drains through the belly instead of the urethra.

### Urethra

The tube that normally carries urine out of the body. A suprapubic tube bypasses it.

### Local anesthetic

Numbing medicine placed in the skin so the area does not hurt.

### Sedation / anesthesia

Medicine to relax you, or to make you sleep (general anesthesia), during the procedure.

### Ultrasound / camera

Tools (sound-wave imaging, or a small camera in the bladder) used to guide the tube in safely.

### Bladder spasm

A sudden cramp of the bladder — common afterward, and treatable.

**WILL IT HURT?** It depends on the approach: some placements use numbing medicine with sedation; many are done under **general or spinal anesthesia**, so you are asleep or numb. Your team will tell you which. Some bladder cramping or aching at the site afterward is normal. The procedure takes about 15–30 minutes.

## How to Get Ready (Before Your Procedure)

- **Come with a full bladder if asked** — it makes placement safer. Your team may have you drink water and hold your urine, or will fill the bladder at the start.
- **Follow any fasting instructions** — if you will have sedation or general anesthesia, you may be told not to eat or drink for several hours beforehand.
- **Arrange a ride home** if you will be sedated.

### Tell your team ahead of time if you:

- Have had any **belly or pelvic surgery** — scar tissue can change the safest path for the tube
- Take a **blood thinner** or have a bleeding problem — these are often paused before the procedure
- Could be **pregnant**, or have an infection or an anesthetic or latex allergy

## What Happens During the Procedure

- 1 You are positioned and given anesthesia — numbing medicine with sedation, or general or spinal anesthesia. The lower belly is then cleaned and prepared.
- 2 Your bladder is filled with fluid (if it is not already full) so it rises against the belly wall, away from the bowel.
- 3 Guided by ultrasound and/or a small camera in the bladder, your team makes a tiny nick just above the pubic bone and passes the tube into the bladder.
- 4 A small balloon is inflated inside the bladder to hold the tube in place, and it is connected to a drainage bag.

## After the Procedure

- Urine drains into a bag, and your team will **show you how to care for the tube and skin site** before you go home.
- Mild aching, bladder cramping, or a **little blood in the urine** for a day or two is common.
- The **first tube change is done by your team**, about 4–6 weeks later. If the tube falls out, contact your team right away — the channel can close within hours.

### Call your care team or seek care if you have:

- A fever or chills
- The tube **falls out**, or stops draining (no urine in the bag)
- Increasing belly pain, swelling, or heavy bleeding
- Cloudy, foul-smelling urine (a sign of infection)

## THREE THINGS TO REMEMBER

1. A suprapubic tube drains your bladder through a small opening in the lower belly, bypassing the urethra — often more comfortable for longer-term drainage.
2. To get ready: come with a full bladder if asked, follow any fasting instructions, arrange a ride if you will be sedated, and tell your team about prior belly surgery, blood thinners, or a chance of pregnancy.
3. It is done with numbing medicine and sedation, or under general anesthesia. Your team teaches tube care and does the first change at about 4–6 weeks. Call right away if the tube falls out, you get a fever, or no urine drains.