Aim and Background

Aim: To provide evidence to show a dedicated Suprapubic (SPC) clinic is safe and feasible

Advantage of SPC:
- Anecdotally easier to change and look after
- Less stress for patients when performing trial without catheter (TWOC) (Ichsan & Hunt, 1987)
- Reduced urethral trauma and stricture formation (Horgan et al 1992)
- Better tolerated by patients (Ahluwalia et al, 2006)

Risk of SPC:
- Bleeding
- Infection
- Bowel perforation rate 0.15% (NPSA) to 2.7% (Sheriff et al 1998)

Method

- A dedicated SPC clinic twice monthly since July 2008 set up by consultant (named local lead)
- Use of ultrasound (US) since 2011
- Trained specialist nurse (Structurally formally trained)
- Procedure room setting
- 2 aspects
  - Clinic: GP referrals- discussions for suitability of SPC, problematic catheters
  - Procedural: Insertion of new SPC, change of catheters (new and difficult)

Results

- To date- 322 SPC insertions carried out using Seldinger technique (MediPlus)
- 2% not suitable for LA insertion
- All patients discharged by end of clinic session

Complications:
- 1 persistent haematuria
- 3 bowel perforation (0.93% risk- none since introduction of US)
  - Confirmed: - At time of procedure (Surgery required)
    - 3 years
  - Suspected: - 1st change of SPC at 3 months

Conclusion

- Dedicated SPC clinic can be safe and feasible if guidelines are followed
- Low complication rates
- Provides invaluable teaching opportunities (controlled environment, high concentration of patients, high turnover)
- May be of value in future to increase use of SPC in acute and chronic setting

References

- Nation Patient Safety Agency 2009