

Suprapubic and Mitrofanoff Catheter Care

Urinary catheters are tubes that drain pee (urine) from your child's bladder, the organ that stores urine. Here is information on how to care for 2 types of catheters: suprapubic and Mitrofanoff. Your child may have 1 or both of these tubes. Your nurse will teach you how to care for them.

What is a suprapubic (SP) catheter?

A suprapubic catheter, also called an "SP" catheter, is a tube that carries your child's urine from the bladder to a bag for disposal. It comes out through a small hole in your child's belly (abdomen). A SP catheter may be needed for:

- Leakage (urinary incontinence)
 - Not being able to pee (urinary retention)
 - Surgery or another health problem
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What is a Mitrofanoff catheter?

The Mitrofanoff (my-TROFF-an-off) channel is a tube inside the body that connects the bladder to the outside of the abdomen. We use your child's appendix to make this channel. We place the opening of the channel (the stoma) in the folds of the belly button. By placing a small plastic tube (catheter) through this opening in their abdomen, your child can empty their bladder.

After surgery, the catheter remains in place until the doctor removes it at a clinic visit.

How do I care for the skin around the catheter(s)?

It is very important to take good care of your child's catheter. This includes the tube and drainage system. Keep all parts of the drainage tubing and urine collection bag very clean to prevent infection.

To clean the area where the catheter enters your child's body:

1. Wash your hands with soap and water. You do not need to wear gloves.
 2. Every day, wash the catheter where it leaves the body with mild soap and warm water. You can do this in the shower. Do not pull on the catheter.
 3. Inspect your child's skin around the catheter at least once a day. A small amount of redness and clear drainage is normal.
 4. Rinse the skin and catheter with warm water. Pat dry with a towel.
 5. If there is dried blood or mucous on the catheter that does not come off with soap and water, use hydrogen peroxide to gently wipe the catheter with a cotton ball or gauze pad.
 6. You may place a dressing over the catheter site if you wish. It is not needed, but some people feel more comfortable doing so.
 7. Keep the catheter secured to your child's belly. Use tape, Tegaderm or a catheter holder as directed by your provider. This prevents it from being pulled out.
 8. Wash your hands with soap and water when finished.
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To Learn More

- Urology Scheduling 206-987-2509
- Paging Operator 206-987-2131
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.



How do I care for the drainage bag(s)?

- We may give you 2 types of drainage bags. Use the smaller leg bag during the day and the larger collection bag at night. The leg bag allows your child to wear regular clothes and be free to play or work during the day.
- Keep the drainage system below your child's bladder, so the urine does not back up.
- Keep the drainage bag off the floor.
- Empty the bag when it is about $\frac{3}{4}$ full or at least every 8 hours.
- Be sure there are no kinks or sharp bends in the tubing. This can prevent urine draining from the bladder to the bag.

How do I change the drainage bag?

If you will be changing drainage bags while at home, we will teach you how to follow these steps:

1. Wash your hands with soap and water.
2. Disconnect the tubing from the catheter.
3. Insert the new drainage bag tubing into the catheter.
4. If you are going to reuse the bag, cover the connection site with a clean cap or sterile gauze. Keep the bag in a clean place.
5. Change the drainage bag once a week or sooner if it becomes dirty or smelly.

How do I clean the drainage bag?

1. Make a bleach solution by mixing 4 parts water to 1 part bleach. For example, you can mix 4 cups of water with 1 cup bleach for a total of 5 cups solution. Soak the bag for at least 2 hours in the solution.
2. Rinse with water.
3. Dry and store on a clean towel.
4. Replace the bag if there is a hole or if it is more than 30 days old.

How do I drain the catheter into a diaper?

1. Your baby will wear a normal sized diaper on the inside of the cast. Tuck the front of the diaper into the front opening of the cast.
2. Then turn your child over onto their side or stomach and tuck the back of the diaper into the back of the cast. This makes for a nice, tight fit.
3. Then put a larger diaper over the outside of the cast like you normally put a diaper on your child.
4. Using a third smaller diaper, wrap the diaper around the ends of the catheters and tuck it into the outer larger diaper. This is so the cast doesn't get wet and so the catheters do not get soiled if your child has a bowel movement.

Flushing and Irrigating Catheters

We will teach you which catheters to flush and irrigate. We will also tell you how much (the volume of) saline or sterile water to use for each catheter.

How do I flush the catheter?

Flushing the catheter means you use a syringe to push saline or sterile water into the bladder through the catheter. This helps clear the catheter of any blockage and allows the catheter to drain more easily.

Your child's nurse will show you how to flush the catheter, and soon you will be able to do this on your own.

To flush the catheter:

1. Always wash your hands with soap and water before and after touching the catheter.
2. Disconnect the catheter from the drainage bag.
3. Put a clean cap or sterile gauze over the open end of the drainage bag until you are ready to reconnect to the catheter.
4. Slowly push in saline or sterile water with a clean syringe. Your provider will tell you what solution to use and how much to flush.
5. For directions to make saline or sterile water at home, read our handout "Making Sterile Distilled Water and Sterile Saline Solutions at Home" at seattlechildrens.org/pdf/PE610.pdf.
6. We may ask you to repeat this 2 or 3 times in a row and many times per day.

How do I irrigate the catheter?

Irrigating a catheter means you use a syringe to push saline or sterile water into the bladder through the catheter and then pull some fluid back out. This rinses the catheter and bladder and allows the catheter to drain more easily.

Your child's nurse will show you how to irrigate the catheter, and soon you will be able to do this on your own.

To irrigate the catheter:

1. Always wash your hands with soap and water before and after touching the catheter.
2. If you have multiple tubes or catheters in the bladder, make sure to clamp any tubes you are not currently irrigating. Otherwise you will not be able to pull the fluid back when you are finished.
3. Disconnect the catheter from the drainage bag.
4. Put a clean cap or sterile gauze over the open end of the drainage bag until ready to reconnect to the catheter.
5. Slowly push in saline or sterile water with a clean syringe. Your provider will tell you what solution to use and how much to use. Pull back slowly until you meet resistance. You will see urine and often mucous in the syringe.
6. For directions to make saline or sterile water at home, read our handout "Making Sterile Distilled Water and Sterile Saline Solutions at Home" at seattlechildrens.org/pdf/PE610.pdf.
7. We may ask you to repeat this 2 or 3 times in a row and several times per day. The goal is to remove mucous from the bladder to prevent the catheter from clogging.

Catheter Flush and Irrigation Volumes:

Type of catheter	Flush volume, solution and frequency	Irrigation volume, solution and frequency
Mitrofanoff		
SP		
Other tubes		

Suprapubic Catheter:

How do I change the SP catheter?

For directions on how to change the catheter at home, read our handout “Changing Your Suprapubic Catheter” at seattlechildrens.org/pdf/PE2041.pdf.

What happens after the SP catheter is removed?

The small hole where the catheter comes out should close within 48 hours. You can put a gauze pad over it if urine leaks during this time. Replace the gauze if it is soiled. No baths or swimming for 48 hours after the catheter is removed, but it is OK to shower. Your provider will talk with you more about this at your post-surgery appointment.

Mitrofanoff Catheter:

How do I perform clean intermittent catheterization (CIC) through a Mitrofanoff?

For directions on how to perform CIC at home, read our handout “Clean Intermittent Catheterization through a Mitrofanoff Channel” at seattlechildrens.org/pdf/PE118c.pdf. You will practice this in clinic before surgery and when we remove the catheter after surgery.

How do I get the supplies I need?

We will give you 3 days of supplies when you go home from the hospital. To get more supplies:

- We will tell you what supplies you need and help you find a medical supply company that accepts your insurance.
- We will give you a prescription for the supplies.
- If you are running low on supplies, you will order them directly from your medical supply company.

When should I call the doctor?

Please call your child's doctor if:

- The catheter comes out unexpectedly
- The catheter stops draining urine
- The SP or Mitrofanoff exit site is red or has smelly drainage
- A large amount of urine is leaking around the catheter (a small amount of leaking is normal)
- Your child has pain in their abdomen area or back, not relieved with medication
- Your child has nausea or vomiting
- Your child shows signs of a urinary tract infection, such as:
 - Fever of 101.5°F (38.6°C) or chills
 - Irritability
 - Smelly, cloudy or bloody urine
 - Wetting accidents if otherwise potty trained
- Your child has not peed for 6 to 8 hours after the catheter was removed
- You are unable to insert a new catheter when changing it at home

Other notes for your child's catheter care:
