detrusor muscle as well as the rectal muscle has been stimulated, gripping the catheter balloon and dragging it towards the catheter tip.
- Place fingers on either side of the catheter and gently press down. Gently rotate the catheter and pull in an upward direction to remove the catheter. Often a little force is required.
- Judge the catheter length which was inserted and make sure that the catheter is removed in one piece including the complete cuff and the catheter tip.
- Clean cystostomy site again.
- Discard the old suprapubic catheter in normal fashion.

Insertion of the new catheter
- Gently slide the new catheter down the cystostomy tract.
- Make sure that the balloon of the catheter is fully inserted through the suprapubic track into the bladder. Thereafter inflate the catheter balloon with 3ml to 5 ml of sterile water asking the patient if discomfort is experienced. If resistance is encountered either gently insert (balloon is still located within the bladder wall) or remove a little further (if catheter tip found its way into the bladder neck or urethra).
- Gently pull back until the catheter is felt against the inside of the bladder and fully inflate the catheter balloon to the recommended nominal inflation volume. It is experience in changing such catheter which helps to know it is safely in situ. Judging the length on removal helps avoid over-insertion, e. g. entering the urethra in cases of weak pelvic floors.
- Apply new sterile dressing to the puncture site using established techniques.
- If necessary, apply new skin fixation plaster to hold the catheter to the skin surface.
- Connect to a new drainage collector.

Potential Complications
Swelling, painful or difficult catheter change as a result of the catheter balloon forming ridges or a cuff that remains proud of the catheter and therefore hampers catheter withdrawal, discomfort, bladder stone formation, over granulation occurring of the stoma, irritation of the bladder, blockage of the catheter due to encrustation, bleeding from the site, haematuria or operative debris and post-insertion infection, recurrent urinary tract infections, balloon failure to inflate or deflate and balloon ruptures are documented complications associated generally with suprapubic catheterization, depending on patient. Following a traumatic catheter removal episode, difficulties have been experienced with the insertion of a new catheter as the suprapubic cystostomy track obliterated as the detrusor fibres contracted.
Rare complication referring to catheter retention is catheter knot in the bladder especially when using small gauge or pediatric catheters. In cases of weak pelvis floors the catheter may pass into the urethra. Leakage of urine around the catheter is very rare and can occur in patients in whom the urethra is closed due to severe strictures or previous surgery. Rarely peritoneal perforation or injury of adjacent organs, development of hour glass bladder in spinal cord injury patients. Possible long term risk of squamous cell carcinoma. Three incidents of death were reported in the literature.
The patient should be routinely monitored in accordance with accepted procedures to ensure continued catheter patency and the catheter should be removed or replaced after a suitable interval as determined by a physician or other suitably qualified personnel who are familiar with these devices and the potential complications associated with their placement.

Cautions
- When changing a suprapubic catheter speed is very important, the new catheter should be inserted within 5-10 minutes of the removal of the old one. Never remove a suprapubic catheter unless it is going to be changed immediately!
- Always have a spare catheter available in case of accidental removal.
- Suprapubic catheter should only be placed by physicians or other suitably qualified medical personnel who are trained end experienced in the placement techniques and equipment normally used to place these devices.
- Patients with neuropathic bladder: After having replaced the catheter, health professionals should observe the patient for at least thirty minutes and ensure that the suprapubic catheter drains clear urine and patients do not develop abdominal spasm or discomfort, symptoms and signs of sepsis or autonomic dysreflexia are absent.

Packaging:
Each catheter is supplied in a sterile pouch.
Catheter and its components are guaranteed sterile unless pouch is open or damaged.
Products are for single use only. Do not resterilise or reuse.

Storage Instruction:
Keep away from sunlight and keep dry. Do not use if the product sterilization barrier or its packaging is compromised.

All information is in accordance with the state of the art when going to press. Subject to technical alterations.

CE 0124

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EC REP
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Co. Westmeath, Ireland

Explanation of important symbols and markings on the product label.

SIZE	Product size
Ch.	1 Ch. = 1/3mm
O.D.	Outer diameter
Qty	Quantity, Number of items
LATEX	Not made with natural rubber latex
	Do not use if package is damaged

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