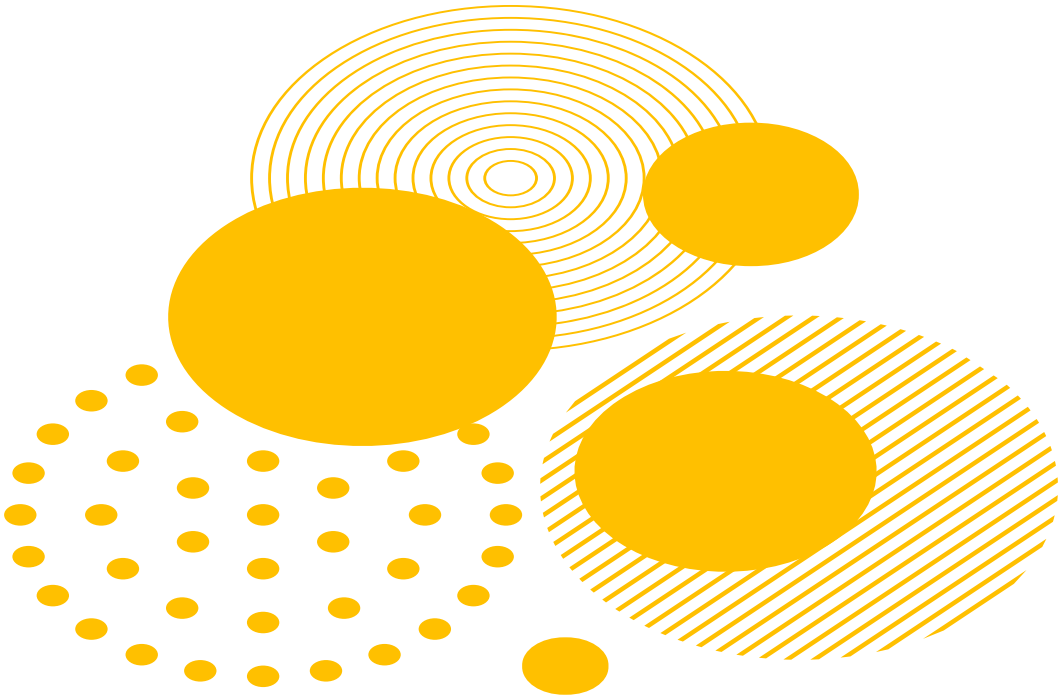
Best practice guideline: long-term suprapubic catheter related care at home

Consensus document 2021



Document purpose	Guideline
Document name	Best practice guideline: long-term suprapubic catheter related care at home
Description	A patient centred consensus document promoting holistic healthcare, self efficacy and consistency in practice for adults living with a long-term suprapubic catheter at home
Target audience	Community, Continence and Urology nurses
Developed	April 2021
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Background

A suprapubic catheter (SPC) offers an invaluable means of maintaining urinary drainage for people requiring the indefinite use of a urinary catheter. This guideline, that promotes holistic health care and self-efficacy across six healthcare elements, specifically addresses the care of adults living with a long-term SPC at home.

A study[1] was undertaken in the development of the guideline, which in light of what is already known on the topic, was constructed from the contributions of two groups of experts. Examined were jointly constructed phenomena from people's shared opinions and experiences of SPC use and related healthcare practices.

The first group were people who managed their own SPC's at home. People's self-care practices and support needs were explored in thematic style. This initial perspective was undertaken to ensure that the guideline remained centred on the needs of people with an SPC and takes into consideration that most SPC related care is undertaken by the person who has the catheter. Six major themes emanated, each representing an area of healthcare need. These themes were embedded in the framework of the next phase of the study and transitioned to become the six elements of the guideline.

The second group of experts were registered nurses with advanced knowledge and skill in relation to long-term SPC use in the home setting. Delphi survey technique was implemented to achieve expert opinion and consensus for long-term SPC-related care practices at home. The Delphi, a series of surveys, comprised open-ended questions derived from gaps and inconsistencies identified within the literature, existing guidelines and those that arose from the previous group who had an SPC. The panel provided intervention or opinion-based responses to obtain specified outcomes. Responses were returned to the panel as statements for rating and allowing for a consensus. Each element of the guideline consists of consensus statements to guide practice.

The strength of the Delphi approach is that the outcome consensus facilitates decisions for strategies when there is limited information. The term *Delphi* has become synonymous with receiving good judgement on an issue producing valid expert opinion on topics that may or may not be supported with evidence but cannot be proved with any existing evidence. The key premise of the Delphi survey method is the assumption that group opinion is more valid than the opinion of an individual.[2]

Drawing on the knowledge of the two groups of experts allowed for the generation of a person-centred, holistic guideline. Holism in health care simultaneously considers a person's physical, psychological and sociological viewpoints and needs.[3] An unmet need or a disturbance in one or more of the parts will disrupt the harmony of the whole.[4] Therefore, although the six elements of the guideline are presented individually, they are not disparate in the context of providing holistic health care.

Self-efficacy is strongly promoted across all elements of the guideline. Perceived self-efficacy is a person's belief in their capability to organise and undertake specific actions to influence events that affect their life. To realise self-efficacy, the person requires access to appropriate self-care knowledge and provision of the opportunity to develop the skills necessary to exercise control. A sense of confidence through mastery needs to be developed, which enables the person to predict or influence outcomes and counter the undesired ones that occur in their everyday life.[5]

Purpose

The purpose of the guideline is to assist health professionals make decisions about appropriate health care for a person who has a long-term SPC in the community setting.

A person's individual circumstances will have bearing on practice-related decisions and choices.

A person's individual health history, psychological response to illness and their social and environmental context (including resource availability) will vary from one person to the next. Accordingly, guidelines are used to inform rather than direct care practices.

Notwithstanding, this guideline clarifies practices and provides a standard of care on which to base practice. Guideline standardisation leads to consistency in the advice provided by health professionals to support a person to make informed health choices.

The guideline also provides a reference point that is open for critique and from which further research may be conducted.

Acknowledgements

The author wishes to acknowledge the generous contribution of the experts involved in the development of this guideline.

1. Sweeney, A. (2021), *Long-term suprapubic catheter-related care requirements when living at home: The development of a best practice guide [Doctoral thesis]*. University of Tasmania.

2. Keeney, S., Hasson, F. & Mckenna, H. (2011). *The Delphi technique in nursing and health research*. Wiley-Blackwell.

3. Papathanasiou, I, Sklavou, M. & Kourkouta, L. (2013). Holistic nursing care: Theories and perspectives. *American Journal of Nursing Science*, *2*(1), 1–5.

4. Priest, H. (2012). *An introduction to psychological care in nursing and the health professions*. Routledge.

5. Bandura, A. (1997). *Self efficacy: The exercise of control*. Freeman.

Psychological support needs

Adjusting to living with an SPC involves an individual response and includes adjustments to the person's environment and support from caregivers/family members.
To assist with a person's psychological adjustment to the insertion of their SPC, people are to be offered information, support and education and advice from suitably specialised health professionals who understand the concerns and issues that a person may experience.

Information requirements to support a person's psychological adjustment to their suprapubic catheter
Information is required to help the person understand why the insertion of an SPC has been recommended for them, which includes how it improves or maintains their health and the associated risk factors.
The opportunity is to be provided for the person to visualise what the catheter and drainage equipment look like and where they are placed.
The person should be informed that many other people live at home with a long-term SPC.
People are to be provided with the opportunity, when possible, to talk to somebody who has a long-term SPC.
The person is to be informed that they may feel differently about themselves after having their SPC inserted and that they are encouraged to talk about this.
The person is to be informed that it can take some time to adjust to living with a catheter.
Involving significant others (e.g., a spouse or carer) with the person's consent, during information sessions can enhance supportive networks.
A timely handover of care is required from acute to community services to maintain continuous support from health professionals.

To help support a person who has a long-term suprapubic catheter at home, health professionals are to be aware of potential perceptions or issues that may affect an individual's psychological wellbeing and be prepared to initiate associated discussion and problem-solving. It is acknowledged that individuals' experiences will vary.	
A changed sense of self	Loss of independence
Alteration to body image	Increased responsibility
Concerns about sexuality and intimate relationships	Carer burden
Embarrassment	Fear of living with an increased risk of infection
Isolation	Pain and discomfort
Reduced quality of life	Increased financial burden
Restriction of activities	Stress
Sleep disturbances	Anxiety

Advice and education requirements in relation to the day-to-day management of a person's suprapubic catheter
To assist a person to regain a sense of control following the insertion of their SPC, education and advice from health professionals on how to master the practicalities of the device is required.
Education and advice provided by health professionals should be consistent.
Education and advice help the person make informed decisions regarding their health and self-care choices.
Education and advice for self-care and the day-to-day management of a person's catheter should be supported with written/pictorial information targeted to the person's level of health literacy.

Information to assist a person to gain control of their suprapubic catheter includes advice on aspects of self-care and support	
Hand hygiene	When the catheter will be replaced and who will replace it
Personal hygiene	Bowel elimination management
Cystostomy site care	Healthy eating
How and when to empty drainage bags/catheter valves	Fluid requirements
How and when to replace drainage bags/catheter valves	Activity and exercise
How to incorporate the management of their catheter into everyday life activities	Maintaining a healthy weight
Equipment choices	Managing the SPC when away from home
Equipment access	Returning to work
Applying for funding support where available	Clothing choices
Who to contact for advice and support	Troubleshooting catheter problems

Suprapubic cystostomy site care

Practices to promote optimal healing of a person's newly formed suprapubic cystostomy
When possible, limit wound complication risk factors prior to the surgical insertion of the person's SPC. Risk factors include malnutrition, diabetes, anaemia, cytotoxic therapy, anticoagulant therapy and smoking.
Encourage good nutrition and fluid intake to support healing.

Newly formed cystostomy wound care	
A postsurgical dressing is applied to protect the wound and contain haemoserous ooze	Change of dressing frequency is determined by the volume of ooze with the aim to keep the site clean and dry.
A basic dry dressing is typically all that is required (e.g., keyhole dressing taped insitu).	Dressings are applied using aseptic non-touch technique.
Occlusive dressings are not recommended	A wet or soiled dressing should be replaced.
	If sutures are present remove at 7–10 days.

Self-care advice for a person in relation to their newly formed suprapubic cystostomy
Advise the person to always clean their hands prior to touching the site.
Advise the person that the body views the SPC as a foreign body and a small amount of mucous ooze is not uncommon.
Some people may experience urine bypass initially and this should settle.
Alternate the position of the catheter tubing/drainage system daily to avoid pressure injury to the site and assist in the formation of the tract.
Avoid tension on the tract, ensuring the catheter is securely anchored to the body, but not taut, and that drainage bags are adequately supported.
Avoid constrictive clothing over the site.

Advice for day-to-day self-care of the suprapubic cystostomy site	
In addition to the advice provided for a newly formed cystostomy site, once the wound is healed, cystostomy site self-care is incorporated into a person's daily hygiene routine. The site needs to be kept clean and dry. A daily shower is preferable; however, cleansing may be required more often. The catheter support and leg-bag straps need to be kept on while showering and replaced with dry straps after the shower. The use of antiseptic products is discouraged.	Ensure any exudate or crusting is gently washed away. Wash the catheter also. Gently pat dry with a clean towel or cloth. If necessary, the application of a topical antiseptic solution containing povidone-iodine (e.g., Betadine) can be helpful to dry moist exudating sites. Avoid the use of talc, lotion or creams near the site. Ensure that clothing, particularly underwear and clothing that is in contact with the cystostomy site and catheter, is freshly laundered and changed daily.
Advice for day-to-day monitoring of a suprapubic cystostomy site	
Monitor the site for inflammation. Monitor the site for swelling. Monitor the site for discharge including discharge characteristics.	Monitor the site for the presence of hypergranulation tissue. Report visible changes. Report discomfort. Report ongoing urine leakage.
Suprapubic cystostomy site dressings	
If the cystostomy is sited within skin folds or depending on body habitus, a dressing may be required to absorb moisture.	If a person chooses to apply dressings, encourage use of a breathable, non-occlusive basic dry dressing.

Practices to prevent tissue hypergranulation at the cystostomy site	
If hypergranulation tissue develops, review the person's cystostomy site self-care practices with them. Review practices that aim to keep the area clean and dry. Review practices that aim to minimise traction and friction-related trauma to the tract through the use of catheter anchoring and supportive devices for the drainage equipment.	Review practices of alternating the position of the catheter to prevent continual pressure in the same place. Review practices related to dressing use.
Management of hypergranulation tissue at a person's suprapubic cystostomy site	
Be sure to address the causes.	Consider obtaining a wound swab if infection is suspected.
Removal of hypergranulation tissue at a person's suprapubic cystostomy site	
If prescribed as a treatment, the application of silver nitrate to the site should only be performed by specialists who are trained in all aspects of its application.	

Suprapubic catheter replacement

Clinician preparedness for suprapubic catheter replacement	
Clinicians who perform SPC replacements must be trained and competent to perform the procedure. The person needs to be informed about the risks that may arise when attending their SPC-replacement (e.g., displacement). To minimise the risk of tract closure, the replacement catheter must be inserted without delay.	Always have a size smaller catheter or a Nelaton catheter on hand in case of difficulty inserting the replacement catheter. Issues relating to past catheter replacements need to be communicated. Reassessment of catheter-related self-care practices and a person's support needs can be included as a component of the catheter-replacement consultation.
Preparing the person for their suprapubic catheter replacement	
Schedule the catheter replacement to occur after the person has attended their general hygiene. Encourage the person to be as well hydrated as able prior to the procedure.	Ensure that the positioning of the person allows access to the suprapubic site. Advise and support the person to be still and relaxed.
Peri-stomal cleansing and preparation techniques in relation to suprapubic catheter-replacement	
The site may be cleansed with sterile normal saline. Cleanse from the insertion site in an outwardly direction, one stroke per swab, then discard.	A water-based lubricant should be applied to the new catheter and around the cystostomy tract to facilitate smooth insertion.
Suprapubic catheter-replacement technique	
A sterile aseptic non-touch technique is used by health professionals. Replacement involves noticing the direction and length of the catheter insitu when being removed as a guide for inserting the replacement catheter. Consider supporting the peri-tract abdominal area with your hand as the catheter is gently removed. Gently rotate the catheter on removal. Consider removing the catheter insitu with the fingers at skin level, directly measure the length of the old catheter to the new, and insert the new catheter with the clean hand, again at skin level so that the length measured is the same as to be inserted.	To minimise cuffing, the retaining balloon is deflated passively, allowing the water to fill the syringe without drawing back on the plunger. Wait until urine flows from the replacement catheter before inflating the balloon. Fill the retaining balloon with the volume specified by the manufacturer. Following inflation of the balloon, gently pull back on the catheter until the balloon is felt at the anterior bladder wall.

First suprapubic catheter replacement	
The first SPC replacement is typically attended by a urologist or an experienced specialist nurse.	The first SPC replacement typically occurs at no sooner than four weeks up until eight weeks, with four to six weeks being the most common interval.
Ongoing suprapubic catheter replacements	
The person's urologist or specialist nurse may indicate the interval for replacements in the community; however, ongoing replacement intervals need to be individualised. The catheter-replacement interval is the optimal time frame for which the catheter continues to patently drain and is without complications.	A catheter function history should be documented to determine the catheter-replacement interval for each individual. A catheter should not remain insitu for longer than the period recommended by the manufacturer.
Catheter size selection	
The urologist or specialist nurse who inserted the catheter will usually determine the size catheter used. It is typical to continue with the same size catheter that has been inserted unless otherwise requested by the urologist or specialist nurse.	Sizes range from 14–20 FG, with 16 FG catheters being the most common size. Larger gauge catheters (e.g., 18 FG) may be preferable for a person who is at risk of autonomic dysreflexia.
Catheter type selection	
The catheter should be approved by the manufacturer as suitable for suprapubic use. Hydrogel-coated latex catheters or silicone catheters are most often chosen for long-term suprapubic use. A hydrogel-coated latex catheter may be preferable for comfort because they are softer and more malleable compared with a silicone catheter. The use of a hydrogel-coated latex catheter is contraindicated for a person with latex sensitivity. A silicone catheter with an integrated balloon may be a preferable selection to minimise the effects of balloon cuffing. Silicone catheters have a larger internal lumen than do the same gauge hydrogel-coated latex catheter. Therefore, a silicone catheter may be preferable for a person who is prone to occlusion and blockage.	A short-tipped catheter may be preferable, particularly for a person who is prone to bladder spasm. Open-ended catheters or catheters with large drainage eyes may improve flow for a person with drainage issues, including urine bypass. Most people will use a standard-length catheter. A short length catheter may be more comfortable for a very thin or small person. A short length catheter may be preferable to suit an individual's lifestyle. The cost of certain types of catheter can limit choices.

Strategies to avoid suprapubic catheter-replacement-associated discomfort prior to the procedure	
Allow time to explain the procedure and answer any questions. When possible, have clinicians who are familiar to the person attend their catheter replacements. Continuity will help the person build trust and confidence; simultaneously, the clinician develops a therapeutic understanding of the person's unique needs. Inquire about any catheter-related problems the person is experiencing and resolve these prior to the catheter replacement. Inquire about the person's experience of previous catheter replacements.	If the person is anxious, ask what makes them anxious about their catheter replacement and consider if they can be addressed. If the person experiences physical discomfort, discuss with the person which part of the procedure causes discomfort and attempt to address that problem. Explain that the tract may feel a little uncomfortable following their SPC replacement and that the first few replacements can be more painful, but when the tract becomes more established, pain and discomfort should resolve.
Strategies to promote environmental comfort in association with suprapubic catheter replacement	
Create an environment of comfort and calm, ensuring privacy, dignity and suitable room temperature. Minimise the number of people present.	Provide the option for the person to have a supportive significant other be present.
Strategies to avoid the psychological discomfort in association with suprapubic catheter replacement	
Allow the person to be in control by requesting that they ask the clinician to stop if experiencing discomfort. Observe body language (e.g., notice the person's feet; if they start to pull their toes up, pause until they have relaxed). Explore suitable relaxation techniques.	Implement distraction techniques. For a person who is very tense, consider medical review with a view to a preprocedure anti-anxiety medication.
Strategies to avoid physical discomfort in association with suprapubic catheter replacement	
If discomfort is associated with bladder spasm, consider medical review with a view to prescription of preprocedure medication to reduce bladder spasm.	When pain is a repeated concern, consider medical review with a view to preprocedure analgesia.

Drainage equipment practices

Appropriateness and effectiveness of maintaining a closed-drainage system for people who live at home with a long-term suprapubic catheter
It is recommended that a closed system is maintained in the home setting for people who have an SPC.
Maintaining a closed system is believed to be a strategy that minimises infection.
Until there is clear and unequivocal evidence that a non-sterile system is proven, the closed sterile drainage system must be promoted.
Drainage appliances are replaced to keep the system cleaner.
The effectiveness of maintaining a closed system in preventing bacteriuria-related complications varies between individuals.

Interval for the replacement of drainage leg/day bags and catheter valves
Manufacturer guidelines are to be adhered to regarding the frequency of replacing drainage devices.
Leg bags and catheter valves typically remain attached to the catheter for five to seven days. At that time, they are discarded and replaced with a new sterile device.
If a leg bag or catheter valve is disconnected at any time, it is to be replaced with a new sterile device.
Devices are replaced using an aseptic non-touch technique.
If a drainage device becomes soiled, malodourous or unsightly, it is recommended that it is replaced for the dignity and wellbeing of the person.
If a person chooses not to replace their drainage device at the recommended intervals, to avoid complications, it is important that the person is provided with information about signs to be aware of that indicate a replacement is necessary (e.g., build-up of sediment in the tubing, minimal output via the valve, evidence of bypassing or if the device is leaking).
The cost of drainage devices may influence how often a person replaces their drainage devices.

Drainage equipment re-use
Devices labelled sterile, single use cannot be re-used according to manufacturer guidelines and therapeutic goods administrators. Therefore, re-use is not recommended, nor is providing advice on washing routines.
Single use of equipment is to be maintained until such times as the recommendations change AND it is supported by evidence that shows there are no ill effects.
Re-use of drainage devices is an area of significant dilemma for health professionals.
The night bag that is connected to the leg bag may be cleaned and re-used.
If infection is an issue, drainage devices should not be re-used.
Cleaning drainage bags can be an added burden.
A person's concerns about disposable products contributing to landfill may affect their decision to re-use their drainage devices.
The cost of equipment may influence a person's options in relation to equipment re-use.

Complication avoidance and management

Principles to minimise catheter-associated urinary tract infection	
Maintain a closed system. Replace the drainage equipment at the interval recommended by the manufacturer. If re-using and cleaning drainage devices and urinary tract infection is a recurring problem, review the cleaning process and/or the appropriateness of re-use practices.	Implement an aseptic non-touch technique for drainage bag/valve replacement. Ensure correct storage of sterile equipment. An individualised catheter-replacement regime is in place.
Health and lifestyle advice to minimise catheter-associated urinary tract infection	
Promote adequate fluid intake, preferably water. Promote good nutrition, exercise and rest.	Treat/manage constipation and faecal incontinence. Treat/manage urinary incontinence.
Personal hygiene self-care advice to minimise catheter-associated urinary tract infection	
Always attend hand hygiene before and after touching the cystostomy site and any part of the drainage system. Keep the cystostomy site clean and dry.	Avoid the use of dressings to the cystostomy site. Wear clean laundered clothing and change underwear daily.

Catheter-associated urinary tract infection principles	
An extensive history and physical examination are required to exclude other potential sources of infection (e.g., chest infection). No routine urine sampling for infection should occur in the absence of symptoms (e.g., at catheter replacement). Check that the person understands how to take antibiotics when prescribed for symptomatic urinary tract infection and that they are able to take them as directed. The person needs to be informed about signs and symptoms of catheter-associated urinary tract infection.	Symptoms of catheter-associated urinary tract infection vary widely. Most people will have an awareness of their individual signs and symptoms if harbouring a catheter-associated urinary tract infection. A person's awareness of their own signs and symptoms of catheter-associated urinary tract infection is essential so that medical assistance can be sought when infection becomes symptomatic.
Range of catheter-associated urinary tract infection signs and symptoms	
A feeling of being unwell with no other obvious cause. A feeling of malaise or fatigue. Complaint of increasing abdominal discomfort. Tenderness in the costovertebral angel region. A painful or inflamed suprapubic stoma site. Urine that is cloudy, malodourous or the presence of a burning sensation that do not improve after drinking extra fluids. Increasing debris or sediment in the urine. Presence of visible haematuria. Purulent discharge from the suprapubic stoma site or urethra. An onset or increase of bladder spasms.	An onset or increase of urine bypass. An onset of frequency and urgency if using a catheter valve. Temperature may be within normal parameters or only slightly elevated. Symptoms of fever, chills or rigour. Onset of confusion or an exacerbation of confusion. Deterioration in memory. An unexplainable onset of agitation. An unexplainable onset of behavioural changes. Symptoms of delirium.
Catheter replacement and catheter specimen of urine sampling for laboratory analysis when symptomatic urinary tract infection is suspected	
Replace the catheter prior to collecting a catheter specimen of urine.	

Advice to avoid catheter blockage (encrustation)	
First, provide the person with information to alleviate obstruction of urine flow that is not caused by encrustation-related blockage (e.g., constipation, kinked tubing, drainage bag placement and occlusion from negative suction pressure). If the person is able, encourage mobilisation. Promote optimal and adequate fluid intake (e.g., 30 ml per kg body weight).	Obtain a baseline of what the person drinks and their urine output (e.g., a three-day diary). Fluids should be taken across the day to optimise urine flow (e.g., not just in the morning or evening).
Early signs and symptoms of catheter blockage	
Sediment/debris build-up or a sluggish flow.	
Management of recurring catheter blockage	
Always replace a blocked catheter. Consider assessing for and treating associated urinary tract infection. Review the person's catheter-replacement interval. Review of the catheter-replacement interval includes observation of at least three catheter replacements to identify a catheter-replacement pattern.	Observation includes examining the catheter by cutting it open lengthwise to assess the patency of the drainage lumen. Debris that resemble toothpaste/eggshells within the lumen is indicative of encrustation. The aim is to replace the catheter at intervals prior to the predicted pattern of catheter blockage occurring.
Strategies that are aimed to prolong time to catheter blockage	
Consider trialling an open-ended catheter	Consider trialling a silicone catheter
Intervention for persistent recurring catheter blockage	
A cystoscopy is indicated when catheter blockage is frequent and persistent to flush out debris and determine the presence of bladder calculi/stones.	

Planning ahead

Advice to assist a person to confidently manage urine drainage from their suprapubic catheter when planning and undertaking activities outside the home

Ensure good hydration.

Empty the drainage bag or bladder before leaving home and leaving the destination.

Monitor drainage to avoid overfilling. Aim to empty the leg bag when no greater than three-quarters full.

Advise the person to monitor time frames for when they usually need to empty their device based on normal routines at home. This baseline information will enable the person to plan for times they will need to be near a toilet and plan for toilet stops when travelling.

Provide information about the availability of alternate drainage options (e.g., consider a different capacity leg bag).

Consider the suitability of a catheter valve and continence containment garments instead of a leg bag for short periods (e.g., for swimming).

Advise to trial or practice with alternate drainage/containment options at home first.

Consider the most appropriate clothing for accessing drainage devices for emptying (e.g., zippers).

Consider the most appropriate clothing for discretion (e.g., long pants or a long skirt to conceal the tubing and drainage bag).

Consider dark clothing to disguise any leaks or stains.

Consider use of alternate securing devices to disguise the leg bag (e.g., an elasticised stocking style leg bag holder).

Some people may like to cover the bag with a small cloth shopping bag or towel for privacy.

Take a small carry bag with equipment needed (e.g., alcohol-based hand rub, moist wipes, swabs, plastic ziplock bags, aromatherapy oils or odour neutraliser).

Always have a spare drainage bag available in case of leakage or unintentional detachment.

Check for the location of toilet facilities ahead of time; access a toilet map or locator application.

Consider carrying a container to drain urine into if unable to access a toilet.

For privacy, use a toilet cubicle and drain the bag over the toilet.

Consider using moist wipes or hand gel to clean hands after entering the toilet cubicle.

Access to the toilet needs to be considered prior to going out, and people who use catheters need to become used to asking for what they need, especially if in a wheelchair.

Consider changing the length of the tubing on the leg bag or adding extension tubing for easier access to the toilet.

People who use a catheter valve can take a leg bag with them and drain into the bag if accessing the toilet is difficult. The leg bag is easier to empty directly into the toilet and then discarded.

Some people may require the support of a carer.

Bathrooms that say ‘family’ are helpful because they allow a person of the opposite sex to assist in these single-toilet spaces.

If visiting with friends or relatives, explain the need for access to the bathroom.

People require access to affordable drainage bags that at the very least are easy to empty; the drainage outlet needs to work easily.

Advice to assist a person who has a suprapubic catheter to plan travel and holidays	
Discussing the holiday or travel plans with the person will help them become confident. Provide information about websites/blogs with tips from other people who have experienced travelling with a catheter. Encourage usual self-care, the same as when at home (e.g., hygiene care, and dietary and fluid requirements).	
Advice to assist a person with their equipment needs while travelling and to prepare for any mishaps	
Consider taking absorbent continence products and bags for their disposal. Be prepared by having access to a change of clothing. Suggest carrying spare drainage equipment in carry-on luggage in case of baggage loss or delay. Ensure the person knows how much equipment is needed to last the duration of the time away, including extra to cover for unplanned replacements.	If the person is going to be away for a long period, suggest planning ahead by sending a box of products to the hotel or a location in the town where they will be staying. Suggest obtaining the contact details of the companies that supply their drainage products to enable purchase, access or advice while away. As appropriate, suggest that the person obtain a medical equipment card from their dispensing/appliance company or a letter from their doctor to state that they are carrying medical supplies.

Strategies to assist a person to manage their suprapubic catheter replacements and catheter-related issues when holidaying	
Depending on the person's travel time frame, catheter replacements may be scheduled to occur just before going away and upon their return. If appropriate and acceptable to the person or carer, teach them how to replace the catheter.	Assist the person to identify, according to their itinerary, the location and contact details of available health services (e.g., community health service, locum medical service, availability of procedural extended care paramedics and hospital).
Strategies to promote continuity of care for people who have a suprapubic catheter when travelling or holidaying away from their usual community supports	
When possible, if catheter replacement is required while the person is away, action a referral to a community nursing service at the destination to schedule an appointment. Suggest the person obtains a written authority from their doctor for their catheter replacement. Provide a letter of introduction that outlines the person's relevant clinical history and the reason for their suprapubic catheter that can be produced if needed.	Provide a copy of the person's care plan that includes the date of the last replacement, catheter type, size, length, securement type and drainage bag/valve type. Note any issues with previous replacements. Provide service contact details should further clarification be required.
Strategies to manage symptomatic urinary tract infection	
If travelling overseas, consider suggesting that the person obtain a script for a broad-spectrum antibiotic and obtain the antibiotics before leaving; advising only to commence same if symptomatic.	

Strategies that a person may implement to manage the inadvertent dislodgement of their suprapubic catheter	
Although time is of the essence and the person should not delay implementing a salvage plan, advise the person not to panic; the tract if well established, it will stay patent for a period. Advise the person to always have a sterile Nelaton catheter on hand, the same size or one size smaller than their SPC, apply sterile lubricant and gently insert the Nelaton into the tract until urine drains. Then tape in place and seek immediate assistance. If the catheter has displaced a small distance but is still in the tract and the person is not able to deflate the retaining balloon to reposition it, advise the person to anchor the catheter in place with tape and seek immediate assistance. Ensure the person knows who to contact and where to present for assistance, day or night, if they should experience catheter dislodgement (e.g., community health service, procedural paramedic or hospital ED).	If the person is travelling by private transport to an ED, on arrival, advise the person to tell triage personnel that their SPC has dislodged and that the tract may close. Advise the person to take a replacement catheter with them to the facility to ensure the replacement catheter is the right size and type. A dressing may be taped over the cystostomy site to absorb urine leakage. Post-episode, investigate and manage the reasons that the catheter dislodged to avoid re-occurrence.