

After Your Suprapubic Tube (SP Tube) Placement

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Urologist: _____
Clinic phone: _____

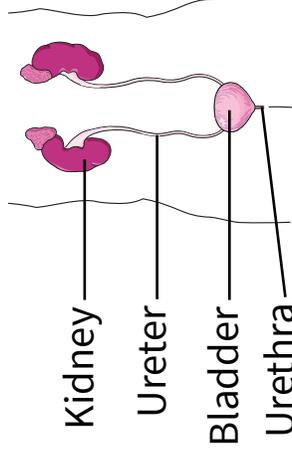
Follow-up care and tube changes

- A health care provider will check the insertion site and change the SP tube regularly (usually every 4 to 6 weeks). This helps to:
 - > Keep the tube clean
 - > Prevent infection or blockage
- **If your first tube was put in in the Radiology (Diagnostic Imaging) Department:**
 - > The first change will likely be done by your urologist in 6 weeks.
 - > After this, VON (home care) will likely change it at your home, if your urologist says it is OK.
- Your health care team will tell you when to book your SP tube changes and who to call if you have any problems.
- Always keep your follow-up appointments so your health care team can check your bladder and SP tube regularly.

After Your Suprapubic Tube (SP Tube) Placement

What is a suprapubic tube?

- Urine (pee) is made in the kidneys. It travels through tubes (called **ureters**) to your bladder.
- Urine leaves the bladder through another tube (called the **urethra**).



- A **suprapubic tube** (often called an **SP tube** or a **suprapubic catheter**) is a soft, flexible tube placed through the skin in your lower abdomen (stomach area) into your bladder. It drains urine from your bladder into a bag outside your body.

Why do I need an SP tube?

- You may need an SP tube if urine cannot flow normally from your bladder to your urethra.
- This can happen if:
 - › You are not able to pee normally (called **urinary retention**)
 - › Your urethra is blocked (because of a kidney stone, scar tissue, or a tumour) or injured and you are not able to have a urethral catheter (tube placed in your urethra to carry urine out of your body)
 - › You will need bladder drainage for a long time
 - › You had urologic or pelvic surgery
- The SP tube drains your urine safely. This helps:
 - › Protect your kidney from damage until the blockage or tumour can be treated
 - › Prevent pain and/or discomfort or infection from the bladder not being able to empty
 - › Provide more comfort and a lower risk of infection compared to a urethral catheter

Call your primary health care provider (family doctor or nurse practitioner) or urologist if:

- › The SP tube comes out or moves
- › Urine stops draining or backs up into the tubing
- › Fever (temperature above 38 °C or 100.4 °F) or chills
- › Pain, redness, swelling, or pus around the insertion site
- › Blood or urine leaking from the insertion site
- › Urine that is cloudy, smells bad, or is very bloody (it is normal to have a small amount of blood at first)
- › Pain or burning in your bladder or lower abdomen

If you cannot reach your primary health care provider or urologist, go to the nearest Emergency Department right away.

- **Do not** let the SP kink or bend. This can block urine flow.

Do not try to remove or move the SP tube yourself. If it comes out or stops draining, cover the site with a clean dressing and call your urologist or go to the nearest Emergency Department right away.

Activity

- You may take a shower 24 hours (1 day) after your procedure, unless you are told otherwise.
- **Do not** take a bath, swim, or soak the insertion site until the site it healed, unless your urologist says it is OK.

For 7 days (1 week) after your procedure:

- › Avoid strenuous (hard) activity (like shoveling, vacuuming, or sports)
- › **Do not** lift anything heavier than 10 pounds
- › **Do not** stretch your abdominal area

How is the SP tube put in?

- The procedure is usually done in a hospital or in an outpatient clinic.
- Before the procedure, you may have:
 - › **Local anesthetic** (freezing)
 - › **Sedation** (medication to help you relax)
 - › **General anesthetic** (medication to put you to sleep during your procedure)
- Your urologist (urinary tract specialist) will make a small (3 to 4 mm) incision (cut) in your lower abdomen, just above your pubic hair.
- They will put the SP tube into your bladder and secure it in place. This is done by inflating (making bigger) a balloon in your bladder. They may also put a stitch in your skin.
- The SP tube will be connected to a drainage bag outside your body.

What will happen after the procedure?

- You will have a small bandage over the insertion site (where the tube enters your body).
- There should be urine draining into the bag right away. For the first couple of days, you may see blood in your urine. This is normal.
- You may have mild pain and/or discomfort, bruising, or leakage around the insertion site.
- Keep the area around the insertion site clean and dry. This can help to prevent infection.
- You may have cramps in your bladder area that come and go. This is caused by spasms.
 - › If the cramps bother you or you have a lot of cramps, tell your urologist.
- Wear loose, comfortable clothes to help avoid irritating the insertion site.
- Drink plenty of fluids (unless your health care team says not to). This can help to help flush out your bladder.

Caring for your SP tube

- Wash your hands before and after touching the SP tube or the drainage bag.
- Each day, gently clean around the insertion site with mild soap and water. Pat the area dry with a clean towel. **Do not** rub.
- Keep the area clean and dry.
- **Do not** put lotions or powders on the area.
- Secure the SP tube. Use tape or a catheter anchor to keep it in place and prevent pulling or twisting.

Drainage bag tips:

- Always keep the drainage bag below your bladder. **Do not** put it on your bed. This helps urine flow freely and prevents backflow that could cause infection.
- Empty the drainage bag regularly:
 - › When it is about $\frac{2}{3}$ full
- or**
 - › Every 6 to 8 hours
- Clean the drainage bag each day with a mix of vinegar and water or a bag-cleaning solution.
- Keep an extra drainage bag and supplies on hand.
- Switch between day and night bags if told by your health care team.