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DISCHARGE INFORMATION LEAFLET FOR PARENTS / CARERS OF A CHILD

EPISPADIAS REPAIR WITH INDWELLING URETHRAL CATHETER



INDWELLING URETHRAL CATHETER

Your child has an Indwelling **Urethral Catheter** in place for **2 weeks** to drain urine from his bladder into a drainage bag. This helps to protect the operation site. The catheter is held in place by a small balloon within the bladder.

CATHETER CARE

- Your catheter will be secured to your abdomen or groin with elastoplast tape or a special grip-lok velcro holder.
- NEVER tape the catheter to the leg as this will cause tension on the catheter when you walk.
- Elastoplast must be changed when it gets wet or loosens. Secure the tape around the circumference of the catheter and onto the skin. The nurse will demonstrate this for you.
- A grip-lok will dry after a shower and remain stuck for up to 2 weeks. Ensure your catheter is secured under the velcro flap.
- **Urine will drain into a collection bag (leg bag)** which is attached to your leg with 2 velcro straps. There is a tap on the end for you to empty the bag regularly during the day.
- Always ensure your straps are tight enough and empty the bag when it is roughly half full to prevent it getting too heavy and causing tension on the catheter. **Leg bags are changed weekly.**
- At night you will connect a larger bag to the leg bag to drain overnight while you sleep. Overnight bags are changed every night.
- Shower as normal using a mild body wash.
- After the shower dry your leg bag and change your straps. Change your tapes if they are loose.
- Avoid the bath. You can stand and wash in a shallow bath if showering is not possible.
- Encourage your child to drink plenty of fluids.
- Avoid rough play/sports/cycling while the catheter is in place.

To prevent infection, it is important that you wash your hands with soap & water before and after handling your child's catheter.

WOUND

- Usually your child's dressing will be removed 24 hours after his surgery.
- The penis may look bruised and swollen. This is normal and it will resolve.
- The wound will be left exposed when he goes home. Do not apply any creams to the wound.
- It is important to keep the wound clean and dry to prevent infection.



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SIGNS OF WOUND INFECTION:

- Pain/redness/oozing/odour/swelling.
- Please contact the hospital or your GP if you notice any of these signs.
- While your child has a catheter in situ, it is advisable that he avoids rough or boisterous play and cycling.

PAIN

- If your child complains of pain, you can give him painkillers as directed on discharge.
- Please read and follow the instructions on any medications carefully.
- If you notice that your child's pain increases or is difficult to relieve, contact the hospital or your GP.

POTENTIAL COMPLICATIONS

- Urinary Tract Infection signs and symptoms may include temperature/tummy or back pain/cloudy or foul smelling urine/generally unwell/vomiting. Your child may require an antibiotic. Please contact the hospital or your GP.
- Blood in urine friction from the catheter rubbing the inside of the bladder can cause pink/rose colour urine. Encourage plenty of water based fluids. If bleeding is excessive or fresh please contact the hospital or your GP.
- Pain / Spasm due to the catheter tip irritating the trigone which is the sensitive area at the base of the bladder. Spasm often presents as a sharp gripping pain which your child may feel in their bottom or penis. Encourage fluids. You may need a bladder relaxant medication, which is often prescribed on discharge. This medication is readily available in your local pharmacy. Depending on the dose prescribed you may need to split/crush tablets. Your nurse will liase with the pharmacy.
- Constipation can cause your child to strain which can put pressure on the bladder. As a result they may pass urine around the catheter and increase bladder spasm. To prevent constipation encourage plenty of fluids and a balanced diet. A mild laxative may be required.
- ➤ **Urine not draining** ensure the drainage bag is below the level of the bladder and the catheter is not kinked. Ensure your child is drinking enough.
- > Catheter falls out do not panic. Contact the hospital. Your child can go to the toilet normally until you are reviewed.

REMOVING THE CATHETER

Your child will return to the Day Unit to have his catheter removed. The catheter is usually removed **2 weeks** after surgery at the surgeon's discretion and depending on your child's particular needs.

He will not need to fast for this. Encourage him to drink plenty of fluids that morning. This will help him to pass urine after the catheter is removed. Once the catheter is removed, your child will pass urine normally.

You can give your child painkillers in the morning before he comes to the Day Unit.

Remember; do not give your child the anti-spasmodic medication on the morning before coming to the Day Unit, as this may cause difficulty in passing urine.

Once the catheter is removed, your child will pass urine normally.

CHANGING A LEG BAG (empty before changing)

- Gather your equipment and wash your hands.
- Clean the connection with an alcohol wipe.
- Gently manoeuvre the bag from the catheter opening, kink the catheter to prevent urine spillage.
- Connect the new bag ensuring it fits snuggly into the catheter.



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CONNECTING OVERNIGHT BAG

- Gather your equipment and wash your hands.
- Clean the rubber bung of the leg bag with an alcowipe. Remove the cap from the night bag and insert into the rubber bung.
- **OPEN THE TAP** to allow flow.
- In the morning, close the tap, remove the bag, empty contents into the toilet and discard the bag in the bin.

REMEMBER: Ask your nurse if you are unsure about anything about your child's care.

For more information on **Epispadias Repair with Indwelling Urethral Catheter,** please contact Clinical Nurse Specialist, in the Urology Department in Our Lady's Children's Hospital, Crumlin, Dublin.

CONTACT DETAILS

Phone 01 409 6100 / Bleep 8687 / 8686

If you need assistance out of hours, please contact your local GP or emergency department.

Additional instructions

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