

Suprapubic puncture (pediatrics)

Indication

- urine collection for culture in children under two years of age.

Procedure

We will check the filling of the bladder with an ultrasound check, and in case of emergency, then with percussion. The child lies on its back in the "frog position", i.e. its lower limbs are abducted and flexed at the knees. The nurse ensures the correct position of the child, the injection site is **the midline, 1-2 cm above the symphysis, perpendicular to the abdominal wall** (sometimes a slight inclination caudal = towards the rectum is recommended).

We disinfect the puncture site widely, we use a 22G needle = black needle, the puncture depth is a maximum of 2 cm. The needle can be used alone, connected to a connecting tube or syringe.

Complications

- we do not perform a puncture when the abdomen is excessively distended due to the risk of damage to the intestine;
- transient hematuria .

Compared to catheterization , suprapubic puncture brings the following disadvantages: the necessity/advisability of a bed-side ultrasound device, and success is tied only to a maximally filled bladder, i.e. if the child urinated a while ago, the puncture cannot be performed. An indication when suprapubic puncture is clearly preferred over catheterization is extremely tight phimosis , which would make it impossible to insert a urinary catheter.

Links

Related Articles

- Bladder Catheterization (Pediatrics)
- Insertion of a permanent urinary catheter

Source

- HAVRÁNEK, Jiří: *Suprapubic puncture*.