

A Patient's Guide to Urinary Diversions

This information will help you understand your surgical procedure. It will be a resource for your ostomy care after leaving the hospital. Write down any questions you may have for your physician and nurse.

During your hospital stay, a wound, ostomy and continence (WOC) nurse will visit you. A WOC nurse is trained and certified in the care of patients with an ostomy. The WOC nurse will work with your physician and staff nurses to help you in your recovery. After you leave the hospital, the WOC nurse will continue to be a resource person for you.

The urinary system

To understand how your ostomy works, get familiar with the urinary system (Figure 1). The system's main purpose is to remove urinary waste products from the body. Urine is made in the kidneys, moves through the ureters and is stored in the bladder until urine is emptied.

Urinary diversion

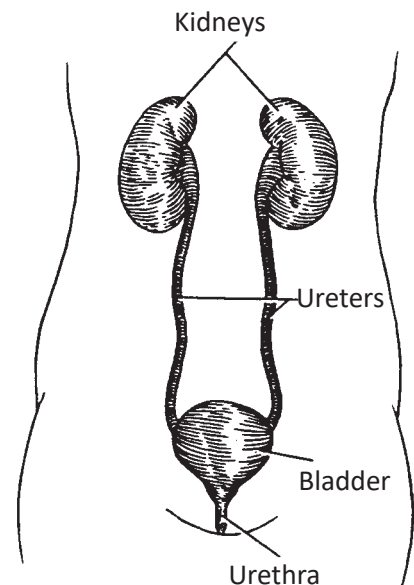
Sometimes the bladder must be removed due to disease or when it can no longer store urine. In these cases, some type of bypass is needed. This is known as a urinary diversion. Conditions which may lead to urinary diversion are:

- Birth defects
- Trauma
- Infections
- Tumors
- Other blockages (not managed by other measures)

There are several types of urinary diversions. An ileal conduit is the most common type. The surgeon removes a section of bowel from the gastrointestinal (GI) tract. They sew one end of the piece closed and bring the other end to the skin's surface.

This new opening is called a stoma. The urine is still made by the kidneys and flows through the ureters. The surgeon attaches the ureters to this section of bowel. Urine then flows out through the stoma.

Figure 1. Urinary system



This is known as an ileal conduit (Figure 2). The urine is no longer stored inside the body. It will flow continually into a pouch applied to the skin. This pouch is emptied several times a day. (Pouches will be discussed on page 4.)

About your stoma

Stomas come in all shapes and sizes. Some are round and others are oval. It may stick out (a budded stoma) or be flat (a flush stoma). The color should be a deep red or pink. The stoma is warm and moist, like the inside of your cheek.

Your stoma will change in size throughout your life with weight gain or loss. You will see a big change in the first 6 to 8 weeks after surgery. Surgery causes swelling.

As the swelling decreases your stoma will become smaller. Therefore, it is important for you to measure your stoma once a week to fit the pouch opening. Your WOC nurse will show you how to do this.

Your stoma has no nerve endings so it is not painful when touched. You are able to feel pressure and touch. You do not have to be afraid to touch it. However, you should protect it from sharp objects, seat belts and large belt buckles, which could cut into the stoma.

When you clean around your stoma, you may see a drop of blood on the washcloth. This is normal. The stoma has many small blood vessels, just like the inside of your mouth. (You may have noticed that your gums sometimes bleed slightly when you brush your teeth. That also is normal.) Do not be afraid of your stoma, but if you notice a large amount of bleeding when you are changing your pouch, contact your physician.

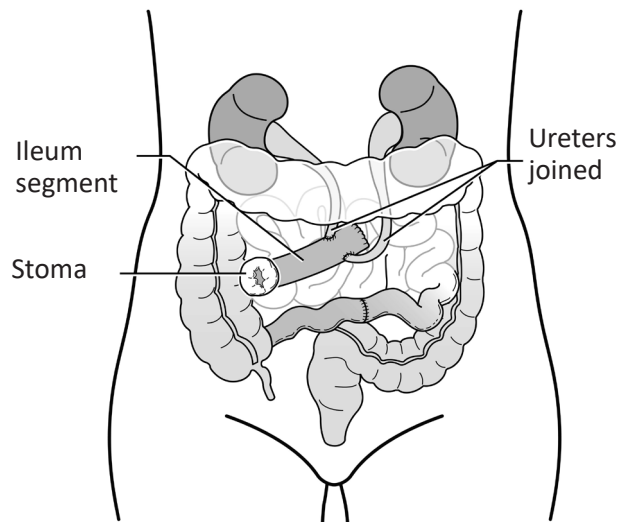
Activities

Work

Talk with your physician about when you can go back to work. Most people can return to the work they were doing before surgery. If your job requires heavy lifting, you need to talk with your physician about your options.

It will take time to adjust to your urinary diversion. This is normal. Some people are afraid to face their co-workers and friends, and tell them about having a urinary diversion. Decide whom you want to tell. Do and say what makes you feel comfortable. It is your choice. Not everyone needs to know. You do not need to be embarrassed about your urinary diversion; it is a part of you. Discuss your concerns with the WOC nurse.

Figure 2. Ileal conduit



Social life

You will be able to resume your social activities. Your urinary diversion should not interfere. You will feel more confident and secure when the pouch stays intact. You will be able to empty and change the pouch yourself.

Clothing

You will not need special clothing. If you feel your pouch shows, talk with your WOC nurse about other types of pouches. Tight clothes will not hurt the stoma. Tucking your pouch inside your underwear and wearing snug underwear helps support and hide the pouch.

Showering and bathing

The pouch is waterproof. You can wear it in the shower. Your pouch will stay intact when it is underwater when you bathe or swim. Remember to empty your pouch before swimming.

On the day you change your pouch, you can take the pouch/wafer off and shower. Water from the shower will not hurt your stoma. Dry your skin well with a towel and air dry.

Exercise and sports

You will need to restrict your activities for a short time after surgery to let your body heal.

Some general guidelines to follow:

- Do not lift anything more than 10 pounds (about the weight of a gallon of milk) for 6 weeks.
- Ask your physician when you may drive after surgery.
- If you had an exercise routine before surgery, please check with your physician before going back to it.

After your recovery, the urinary diversion should not interfere with exercise. Daily exercise is important for your body. Do not do contact sports such as football, karate or wrestling. Doing these activities could injure your stoma. If you want to continue any contact sports, check with your physician. Non-contact sport should be OK.

Travel

You can travel. Just remember to bring extra ostomy supplies with you. Always carry your supplies with you when traveling. If you are flying, put supplies in carry-on luggage and not with checked luggage. In a car, store supplies in a cool spot. Do not put supplies in the trunk or on the back window ledge. If you take long vacations, ask your supply company to ship supplies to you along the way. Contact your WOC nurse if you have any questions.

Sexual activity

Many people have concerns about having intimate relationships after surgery. Your ability to love, care and be intimate with another person does not change. Expressing your feelings and talking with your partner is important. Sexual activity, hugging and affection will not hurt your stoma. Your partner may be concerned about hurting you and will need to know these activities will not cause you harm. After surgery, you will need time for your body to heal and time to adjust to this change in your body.

Cisgender men, transgender women and some nonbinary people who have a urinary diversion for bladder or prostate cancer may have some changes in sexual function. Talk with your physician and WOC nurse about what to expect and ways to have a satisfying sexual relationship.

Cisgender women, transgender men and some nonbinary people of childbearing age who have a urinary diversion will need to plan for birth control. The body needs time to heal after surgery before getting pregnant.

Here are some helpful tips when engaging in sexual activities:

- Always empty the pouch first.
- Roll up and secure the spout with tape, a cummerbund or scarf.
- Use smaller pouches.
- Wear attractive sleepwear and intimate apparel.

Please ask questions. Your care team is here for you and wants to help you return to your normal lifestyle.

Diet

After surgery you will be able to return to your regular diet, unless your physician states otherwise. Asparagus, fish and some medications can change the odor of the urine. This is not unusual.

Ileostomy care

Pouches

There are many types of ostomy pouches. You may need to try several types to find the best pouch for you. You will leave the hospital with a cut-to-fit pouch (you cut it to fit your stoma size). Later when your stoma size stabilizes, you may want to change to a pre-cut pouch (already cut to fit your stoma size). Your WOC nurse will show you how to size your pouch for a correct fitting. You can buy pouches from local medical/surgical suppliers, mail order or online companies. If you are interested in trying a company's product, contact them for free trial packets.

It is best to empty your pouch when it is about 1/3 full of urine. This will prevent the pouch from getting too full and pulling off. Before you empty your pouch, place toilet paper in the toilet to prevent splashing. Then, sit down and empty the pouch between your legs. You may also stand facing the toilet to empty the pouch. Shake the end of the spout and close.

You will need to change your pouch routinely 2 times a week, and when any of the following happens:

- Leaks
- Itching under the pouch
- Burning under the pouch

Your pouch system prevents urine from getting on your skin. Urine can be irritating to your skin. If you have any of the above conditions, remove the pouch system and check your skin.

If you routinely change your pouch 2 times a week, you can feel comfortable that it will not leak. Whenever you leave home, carry an extra pouch with you that is already cut to fit. This will make you feel more secure if it leaks. It is also important to bring an extra pouch any time you visit the physician, hospital or WOC nurse.

How to change your pouch

1. Gather your supplies.

- Scissors
- Measuring guide
- Wash cloths or soft paper towels
- Non-moisturizing soap (optional)
- New pouch (Figure 3)
- Towel
- Ring (optional)
- Paper towel rolled into a wick

2. Remove the old pouch.

Remove the pouch gently by lifting up on the tape while pressing underneath on skin. Do not rip or tear the pouch off. This can irritate the skin. If the pouch is sticking too well, use a wet wash cloth to press on the skin behind the barrier.

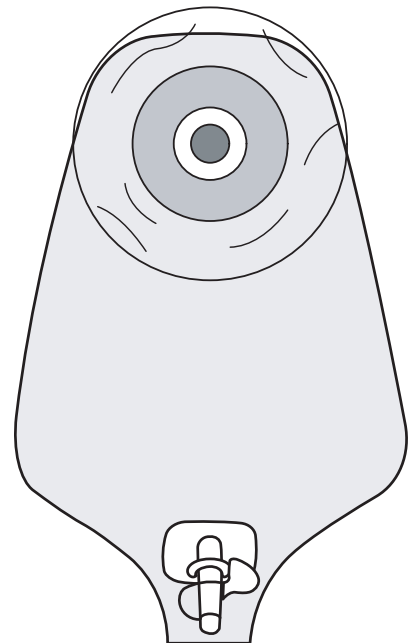
3. Clean the skin.

Wet a washcloth or soft paper towel with tap water and clean the skin around the stoma. You may use a non-moisturizing mild soap. Rinse well with water. Allow the skin to dry well. Do not use wipes that have lotion in them. Check your skin for any changes. If you see changes, read the “How to treat irritated skin” section on page 6.

4. Measure the stoma.

Before applying the new pouch, remeasure the stoma with a guide. Make a note of the new opening size. Trace the new opening on the back of the wafer and cut it out. For the first 2 months after surgery, measure the stoma whenever you change your pouch. Adjust the size as needed.

Figure 3. Urostomy pouch



5. **Prepare the wafer/pouch.**

Remove the paper backing from the barrier wafer. (If you use a 2-piece system, remove the backing from the wafer.) You can use paste, a paste ring or strip paste on the sticky side of your wafer/barrier around the opening edge to fill in minor creases. This will make a flat surface and improve the fit and seal of your pouch. Your WOC nurse will show you how to do this.

6. **Apply the pouch.**

Use a rolled paper towel to place on the stoma to prevent urine from getting on the dry skin. If urine leaks on the skin, re-wipe and dry. Center the opening in the wafer/barrier around the stoma and apply the sticky side to the skin. Press down to make sure all edges are sealed. To close the pouch, flip the spout at the bottom so that you can no longer see the droplet icon.

How to treat irritated skin

1. Remove the pouch gently.
2. Clean the skin with a wet washcloth.
3. Gently pat your skin dry.
4. Sprinkle ostomy protective powder on reddened skin.
5. Dust off excess powder with a dry cloth. The powder will stick only to where the skin is irritated. The powder provides a dry surface so the wafer is able to stick.
6. Dab the powdered skin with a protective barrier wipe.
7. Recheck the size of the stoma. Be sure the opening in the wafer is the same size as your stoma.
8. Prepare and apply your wafer and pouch as usual.

There are several types of skin conditions that can happen when urine pools on the skin. Tell your WOC nurse or physician about any change from your normal skin.

Skin problems

Folliculitis is a skin condition that happens when hair is pulled from removing the pouch. This can cause raised areas at the base of hair follicles. If this happens, use an adhesive removal product when you remove your pouch. You can try to prevent folliculitis by shaving with an electric razor or fresh disposable razor. Begin shaving close to the stoma and moving outward to avoid any injury to the stoma.

Hyperplastic skin is a thickening, wart-like appearance of the skin around the stoma. This is caused by too large of a pouch opening, which allows continuous contact between the urine and skin. You can prevent this by making sure you have a proper-fitting pouch.

Candida albicans is a rash or reddened, itchy area around the stoma caused by a change in the skin chemistry. Contact your physician or WOC nurse for treatment.

Urine crystal formations are white, gritty, crystal deposits on or around the stoma. This is caused by a change in the acid of the urine. Contact your WOC nurse for treatment.

Night drainage system

Studies show that a night-time drainage collection system has benefits. If urine remains in the pouch the entire night, it can lead to bacteria growth. This may cause a kidney infection. The pouch seal could also break by the weight of the urine and burst if you roll on it while sleeping. By connecting to a night drainage system, you are able to sleep in any position, including your stomach, without worry.

At night, connect the pouch to a night drainage bag to collect the urine so it will drain freely. Run the tubing down through the leg of your pajama bottoms. In the morning, empty the night drainage bag and disconnect it from the pouch. Rinse the tubing and bag with water. Store the night bag in a clean place covered with a towel.

Calcium deposits or mucus will build up in the night bag. To prevent this build-up, pour full strength white vinegar (2 tablespoons) into the tubing and leave in the bag for 30 minutes. Then empty the bag and rinse it with tap water. You can use the night bag for 1 to 2 months as long as it is kept clean and there are no cracks in the tubing.

You will always see mucous in your urine. (The mucous is secreted by the stoma itself.) The mucous can become thick and sometimes block the flow of urine from the pouch when you are trying to empty it. Keep the mucous thin by drinking enough fluids. Then you will be able to empty the pouch easily. If the mucous still blocks the pouch from draining, gently push on the bag to force it through.

Urinary infections

Drink 6 to 8 glasses of fluid every day. This will give you the right amount of fluid for your body. It will reduce the chance of getting a urinary tract infection. It is important for you to know the early signs and symptoms of a urinary tract infection. Contact your physician and increase your fluid intake if you have any of these symptoms:

- Fever
- Flank pain
- Chills
- Foul-smelling, cloudy urine

Follow-up visits

Your physician will tell you when to schedule a follow-up visit. Remember to bring an extra pouch when you visit the physician, hospital or WOC nurse.

Call your physician

Contact your physician if you have these symptoms:

- Stoma changes color from pink-red to purple-black
- Bleeding from the stoma
- Bleeding between the stoma and skin that does not stop
- Unusual bulging around the stoma
- Unusual problems with abdominal pain or nausea and vomiting that does not go away
- Bloody urine
- Signs of urinary tract infection such as fever, flank pain, chills, or foul-smelling or cloudy urine

Call your WOC nurse

Check with your WOC nurse if you have any of the following:

- Skin irritations (redness, itching or burning)
- Questions or problems with pouching or leaks
- Questions about activities of daily living,
- A need for more information

Where to buy supplies

Search the internet under “medical/surgical supply companies.” Choose one close to you. There are also several mail order or online companies that offer free delivery and may help you with insurance forms. Contact your WOC nurse for information. Many pharmacies carry or will order supplies, but there may be added charges. You should compare prices. Sometimes you may need a prescription from your physician to get supplies. Talk with your physician about this.

Insurance coverage

Most ostomy supplies are covered partially under Part B of Medicare and may be covered under Medicaid. Social Security disability benefits are available to those who qualify. Insurance coverage is different for each policy. We suggest saving receipts and asking your insurance company or third-party payor if coverage is available.

Organizations

There are groups that provide support and information for persons with ostomies and for their spouses/significant others. United Ostomy Associations of America, for example, has programs that have educational, business and social components. Contact the following organizations for more information.

United Ostomy Associations of America, Inc.
800.826.0826
ostomy.org

Wound Ostomy and Continence Nurses Society
888.224.9626
wocn.org

Bladder Cancer Virtual Support Group
Email marykate.keeter@nm.org for more information.

American Cancer Society
312.372.0471
cancer.org

Crohn's and Colitis Foundation of America (CCFA)
800.932.2423
crohnscolitisfoundation.org

CCFA Illinois Carol Fisher Chapter
847.827.0404
ccfa.org

MedicAlert cards and/or bracelets are recommended and available by calling:

MedicAlert Foundation
800.432.5378
medicalert.org

Notes
