

Urostomy



A practical guide to
stoma care



Innovators in **Stomacare**

Foreword

The content of this brochure was originally developed in the UK by SecuriCare Ltd who are specialist stoma care and continence nurses, providing patient care in hospitals, the community and via their friendly home delivery and support service for ordering medical supplies.

Not all products mentioned in this brochure will be available in all markets, please check with your supplier.

The information presented in this brochure is for general use only and is not intended for people living with any medical conditions who are seeking personal medical advice; it is not a substitute for the advice of your doctor. If you have any questions or concerns about individual health matters or the management of your condition, please consult your doctor or stoma care specialist.



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Introduction

It is a worrying time when you learn that you need to undergo major surgery. It can be particularly traumatic when you learn that as a result of that surgery your bodily functions will not be the same – that you will have a urostomy and will not be able to pass urine in the normal way, but will wear a 'pouch' on your abdomen.



Specialist stoma care nurses and medical staff offer understanding and support – and practical assistance. They have helped very many people through the same experience and back to a full, active and happy life.

This booklet is intended to 'fill in' on some of the information you may have been unable to take in at the time of your surgery, to give you background information and practical advice.

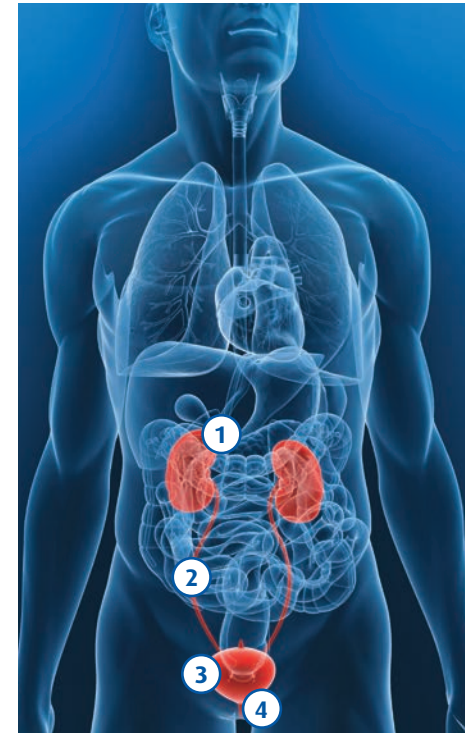
The urinary system

How the urinary system normally works

In carrying out its functions, the body naturally produces wastes that collect in the blood.

The kidneys continuously filter the blood to remove the waste matter.

The resulting urine travels from the kidneys ① through the ureters ② to the bladder ③, where it is stored. It is then passed or excreted via the urethra ④.



1 Kidney

2 Ureter

3 Bladder

4 Urethra

With a Urostomy

When you have a urostomy, you will no longer pass urine in the usual way.

Instead the urine will come down the ureters from the kidneys and then be diverted by an 'ileal conduit' out to the surface via an opening ('stoma') on your abdomen.

The ileal conduit opens onto the surface of the skin as the urostomy. The stoma is usually situated on the right side of the abdomen.

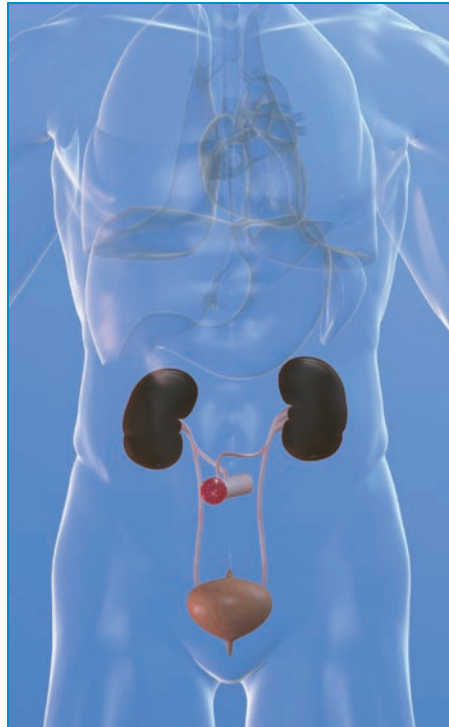
A watertight pouch (with a tap at the bottom) is fitted over the stoma to collect the urine.

How is the stoma formed?

To create the stoma that opens onto the abdomen, the surgeon will usually isolate a short piece of your small intestine ('ileum') and use it to fashion a kind of tube or spout (known as an 'ileal conduit').

The rest of the small bowel or ileum will be rejoined so that your digestive system functions just the same as before.

The two ureters are 'plumbed' into the ileal conduit which then opens onto the abdomen. This is known as a urostomy.



What does a urostomy look like?

A stoma is moist and pinkish in colour (similar to the inside of the mouth). It has little or no sensation, but it does have a good blood supply and may bleed slightly when touched. Because it is made from a piece of intestine, it will always continue to produce mucus and this shows up as threadlike matter in the urine collected in the stoma pouch.



In hospital

Members of the medical team will prepare you and advise you about your coming operation. In many hospitals specially trained senior staff – stoma care nurses – will be closely involved in your care and will make sure you have continued support in the hospital and when you return home. You may be given the chance to practice changing a urostomy pouch before you go into hospital. This will help you to become familiar with the process, making it easier for you after your operation.

Marking the site

The stoma is usually on the right hand side of the abdomen. The specialist stoma care nurse will usually discuss this with you and before the operation, mark the position where the stoma will be, as a guide for the surgeon. You can become involved in this planning by indicating what might suit you best, by sitting and standing and discussing what clothes you like to wear, and where the waistbands are likely to come. Your stoma will be permanent and you will always need to wear a stoma pouch.

After your operation

When you wake up, don't be alarmed by the various tubes attached to you – these will be gradually removed during the following days. The stoma will be covered by a transparent pouch. It will be swollen at first, but during the weeks after surgery it will shrink somewhat.

- During the operation two fine plastic tubes will be tucked into the stoma down into the ureters to hold the ureters open and make sure they are able to drain properly – once the swelling goes down the plastic tubes will gradually work their way out and be removed.
- Urine draining out of your stoma immediately after surgery will be bloodstained. It will gradually clear, but will remain discoloured for 2-3 weeks.
- The piece of intestine used to fashion the stoma will always continue to produce mucus as it did normally when it was part of the bowel. There is often quite a lot of mucus at first but the amount will gradually lessen.

Leaving hospital

Having a urostomy is major surgery, and you may stay in hospital for around 7-10 days. During this time, as you recover, the stoma care nurse will teach you how to care for your stoma. You will also be fitted with a more discreet type of pouch.

When you leave hospital you will be provided with a sufficient quantity of stoma supplies. Future supplies will be issued on prescription from your doctor.

This information is based on UK market, your doctor will be able to advise more specifically on the procedure in your country.



Urostomy pouches

Your stoma care nurse will show you a selection of pouches and accessories available. There are basically two types of pouches – ‘one-piece’ and ‘two-piece’. Whatever the type, all pouches need to be emptied several times during the day and therefore have a small soft ‘tap’ at the bottom for this purpose.

One-piece pouches

The pouches are fixed around the stoma by means of a skin friendly hydrocolloid, self-adhesive flange. When changing a pouch for a fresh one (usually every other day), the whole pouch is gently removed and a new one applied in its place.

The type of flange and precise means of attaching the pouch vary with different types and makes, so it is worth experimenting to find one that suits you, your skin and your way of life. The material the pouches are made from also varies.

The most modern ones are very fine, soft and discreet, with a backing that is comfortable next to the skin.



Two-piece pouches

These pouches have a flange that fits round the stoma and stays in place for several days, with separate pouches that are attached to it. The flange is usually changed once or twice a week.

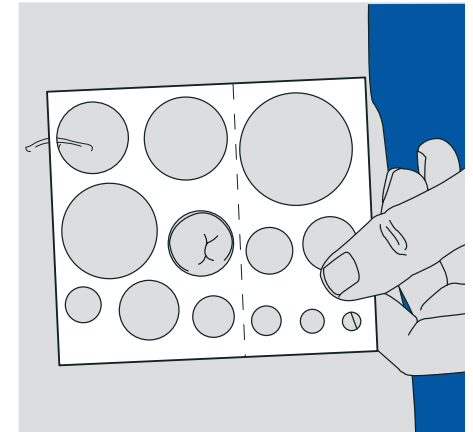


Urostomy pouches

Aperture sizes

The size of a stoma varies in diameter and stoma pouches are available with different sized apertures or holes. Welland pouches come with a measuring card as part of the box lid. Find the correct size measuring ring which fits comfortably and snugly round the stoma, without touching it or cutting in. If the stoma is irregularly shaped, it is best to cut your own pattern to fit, using the measuring card as a basis, or using the pouches printed cutting guides

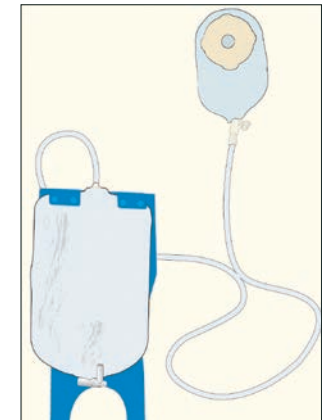
In the months after surgery the stoma size usually reduces slightly. Check carefully to ensure a good fit – many problems with leakage or skin soreness are caused by using a pouch with the wrong size aperture.



Using a measuring guide to ensure that a pouch with the correct aperture is fitted.

Night time

To avoid getting up in the night to empty your pouch, you can add on extra capacity by means of a ‘night bag’. This is attached via a long tube to the tap at the bottom of your usual pouch. You can either place the night bag on a stand or hang it out of the end of the bed resting in a bowl or bucket. The night bag should be cleansed daily and changed every five to seven days. Some night bags are ‘single use’ only. It is advisable to check that you have been supplied with the re-usable type.



Changing your pouch & protecting your skin

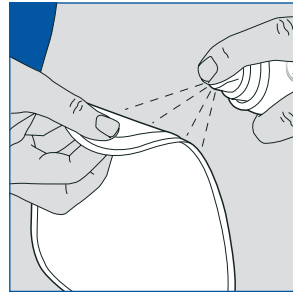
When changing your pouch

As a urostomy functions continuously, it is important to get everything ready before you remove the pouch.

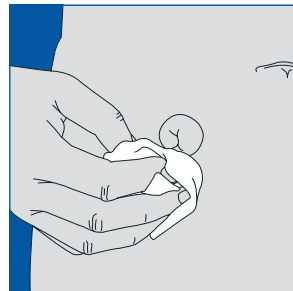
If you are removing a one-piece pouch, or the flange of a two-piece system, do so carefully and gently. The importance of taking care of the skin around the stoma to avoid soreness cannot be emphasised too much. Clean gently with water, dry, and use non-stinging barrier wipes to protect the skin before applying another pouch/flange. (Don't worry if your stoma bleeds slightly when it is touched – this is quite normal).

Protecting your skin

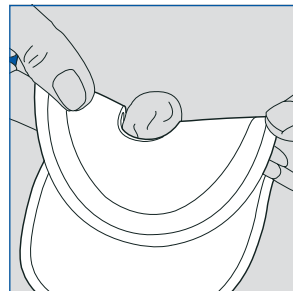
Various accessories can be obtained on prescription – including extension flanges for extra security, washers, seals, pastes and powders – and your stoma care nurse will go through these with you. Disposal bags (to put used stoma pouches in), belts and deodorants are also available.



Spraying Adhesive Remover to ease removal of pouch



Cleaning the skin around the stoma with a soft wipe



Position hole in flange



Back to normal

You must drink plenty of fluids

One of the main concerns with a urostomy is the possibility of urinary infections. To help avoid this it is very important to:

- Drink plenty of fluids – a total of 2-3 litres per day (that's the equivalent of 10-11 large glasses or 13 mugs of liquid)

This ensures you keep the system flushed through and working properly (and helps to flush out bacteria). Cranberry juice has been shown to be helpful in avoiding urinary infections. If you don't like it, you can also obtain cranberry tablets from chemists and health food stores. N.B. Avoid cranberry juice if you are taking Warfarin.

Dietary observations

When you have a urostomy there are no dietary restrictions and you should continue to have a normal diet. But please note:

- It is quite normal for your urine to smell after eating fish or asparagus!
- Beware – after eating beetroot the urine (and sometimes stools) will often be pink in colour!
- Urine crystals sometimes form in the stoma. These can be dissolved using a cloth dampened with white vinegar. Drinking cranberry juice will help to reduce the formation of crystals (Avoid cranberry juice if you are taking Warfarin).



Back to normal

Travelling

Travelling is no problem and a urostomy should not prevent you from taking trips abroad. Carry a travel kit, packed in a toilet bag, containing: clean pouches, tissues, medical adhesive remover, barrier wipes if used, plastic disposal bag. You can then empty or change your pouch wherever there is access to a toilet and hand basin.

Pack a good supply of stoma pouches and accessories in your hand luggage in case your suitcases go astray.

Urinary diversion

If you still have your bladder in place (i.e. you have had a urinary diversion, but not a bladder removal or cystectomy), the bladder will need to be washed out regularly, usually at fortnightly intervals. You may be shown how to do this yourself, or the district nurse may carry out the procedure for you. Your stoma nurse will advise.

Sexual problems

Impotence in men, and other sexual problems, often occur after bladder surgery. You will be counselled by medical staff and may also be referred to a urology nurse specialist. Younger men undergoing surgery may also be offered sperm banking.

Do not despair if you do experience erection problems, but speak to an adviser – there are many helpful solutions such as penile implants, injections, tablets, vacuum pumps etc.

How to obtain stoma care supplies

To obtain stoma care supplies and information about the wide range of stoma care pouches and accessories available to you please contact your local distributor.



Visit: www.wellandmedical.com Email: info@wellandmedical.com
Call: +44 (0) 1293 615455

Your questions answered

Will people be able to tell I have a urostomy?

The answer to that is NO – today's stoma pouches are very slim and discreet. Wear what you like and what's comfortable. Have you ever seen anyone who you thought looked as though they had a urostomy?

When should I change my pouch?

A urostomy functions continuously and the pouch has to be emptied several times a day, using the tap at the bottom of the pouch. A pouch should be changed for a new one every other day.

What about sports?

No problem – carry on swimming, dancing, playing games, gardening or whatever you enjoy doing most. Patterned one-piece costumes disguise any slight bulges for women, while men might prefer fairly high-waisted boxer type shorts. Baggy T-shirts are great cover-ups, particularly over leotards for ladies' keep-fit.

Whom should I tell?

It's entirely up to you and is a very personal decision.

Baths and showers?

Yes, with the pouch in place as a urostomy functions all the time. Water will not go into your stoma even in the bath.

'Leaks'?

Leaks shouldn't happen! Check to make sure the pouch is applied properly and that you are using pouches with the correct size aperture. Pouches vary in the degree of security offered, so try other types if you continue to have problems. Consult your stoma care nurse.

I think I may have a urinary infection?

If you think you may have a urinary infection it is very important to contact your doctor **immediately** for treatment. To obtain a specimen, change your pouch and then take a specimen from the first lot of urine in the fresh pouch. Signs of possible infection are smelly urine, cloudy urine and/or increased mucus.



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