

EDUCATION

Living Well With Your Urostomy



Allina Health



Ordering Information for Urostomy Supplies

The following information will help you order the supplies you need to care for yourself at home. If you are receiving home care, your home care provider will help you get started with ordering your supplies.

Contact Information

- Outpatient ostomy nurse

Name: _____

Phone: _____

- Home care

Case manager: _____

Ostomy nurse: _____

Your Medical Supply Company

(See pages 28 to 29 for a list of suppliers.)

Company name: _____

Phone number: _____

Materials Needed:

Product name: _____

Reference number: _____

Quantity: _____

Your Urostomy

A urostomy creates a new passage for urine to pass out of your body. You had this surgery because your bladder was diseased or damaged.

To make the urostomy, a surgeon used parts of your urinary and digestive tracts to create a conduit (passage) through the abdominal wall and formed a stoma on the right side of your abdomen. The stoma is about the size of a quarter.

A pouch is worn around the stoma to collect urine. The size and shape of your stoma can change for up to 6 to 8 weeks after surgery. It may also change size if you gain or lose weight.

Types of Urostomies

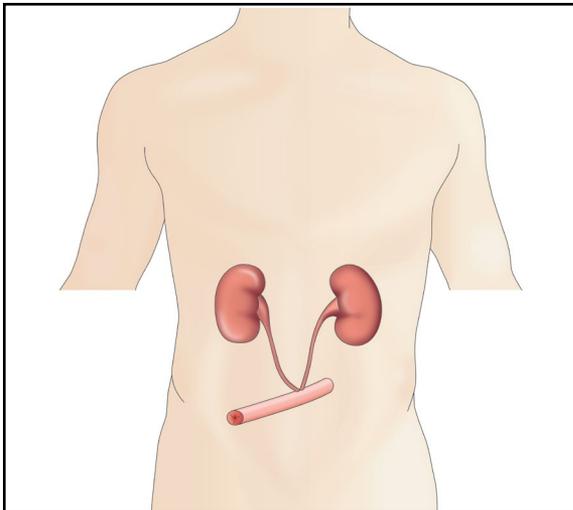
There are three main types of urostomies. You and your surgeon will work together to decide the best option for you.

Ileal conduit

This is the most common type of urostomy.

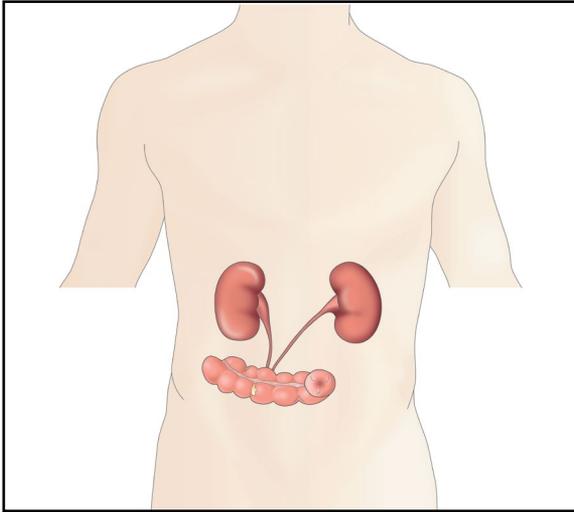
If you had an ileal conduit:

- The surgeon made a conduit from a section of the ileum (part of your small intestine). This passage creates a new way for urine to leave your body.
 - One end of the passage was sewn closed.
 - The other end of the passage was brought through the abdominal wall to form a stoma. The ureters were disconnected from the bladder and connected to the conduit to allow urine to flow through and leave the body through the stoma.
- Urine and mucus moves out of your body through the stoma and is stored in a pouch you wear. There is no muscle in the stoma. You cannot decide when to pass urine and you do not feel when the urine passes into the pouch.



Colon conduit

A colon conduit is very similar to an ileal conduit. The main difference is that the passage is created from a piece of the colon instead of the ileum. Because the colon is wider than the ileum, the stoma is also bigger.

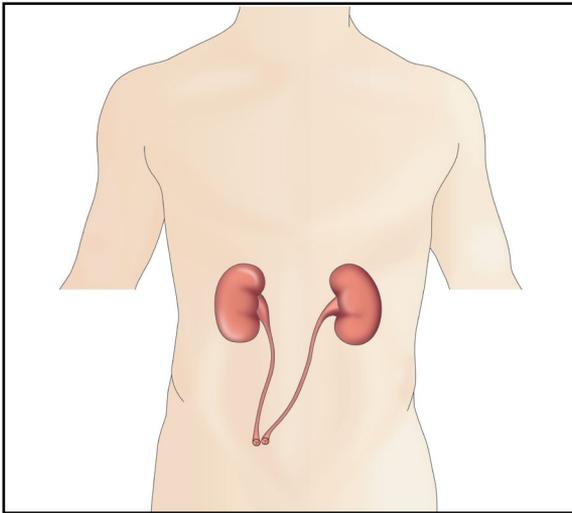


©Allina Health System

Colon conduit

Ureterostomy

If you had a ureterostomy, the surgeon brought the ureters through the abdominal wall to form one or two stomas. Because the ureters are not as wide as the ileum or colon, the stoma(s) is also smaller. Only urine (not mucus) moves through the stoma with a ureterostomy.



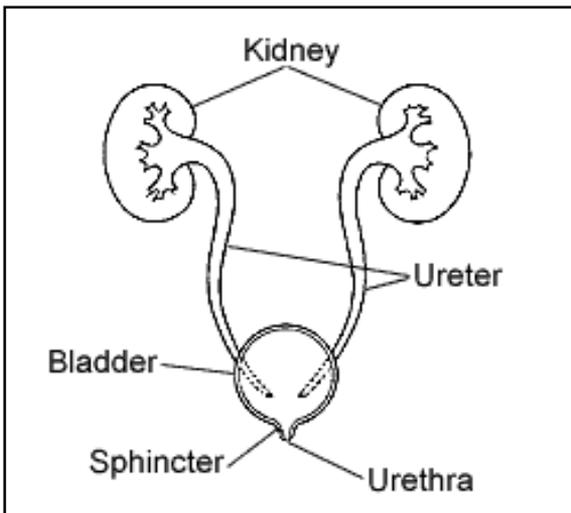
©Allina Health System

Ureterostomy

Your Urinary Tract

Your urinary tract is made up of many parts including two kidneys, two ureters, the bladder and the urethra.

- **Kidneys:** Kidneys filter waste and extra water out of your blood. The result of this filtering is urine, which drains from the kidneys through tubes (ureters) to the bladder.
- **Ureters:** The ureters are tubes for draining urine from the kidneys to the bladder.
- **Bladder:** The bladder stores urine until the urine is released from your body.
- **Urethra:** The muscle (sphincter) at the end of your urethra releases urine from your body.



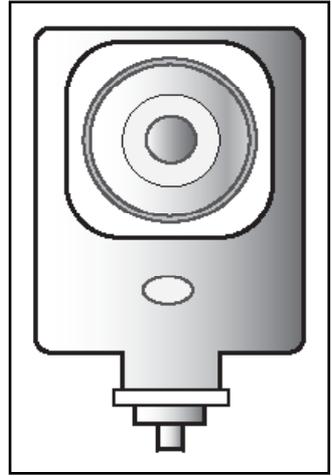
Source: National Institutes of Health

The parts of your urinary tract

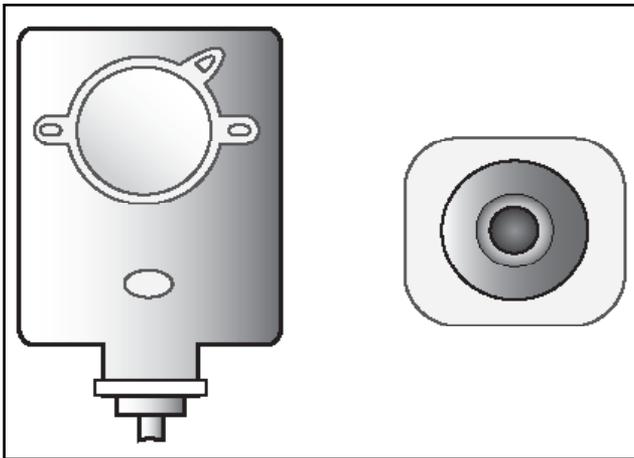
Types of Pouches

You will need to wear a pouch (also called a bag) around the stoma to collect urine. The pouch attaches to your body around the stoma. The adhesive skin barrier holds it in place.

The one- and two-piece urostomy pouches have a drain valve or spout at the bottom of the pouch, which can be opened and closed. The type of valve or spout you have will depend on the type of pouch you wear. There are many different types of pouches. Your ostomy nurse will help you choose the one that is right for you. The type of pouch you need may change as you recover.



One-piece pouch



Two-piece pouch

© Allina Health System

Sizing the Opening of Your Pouch

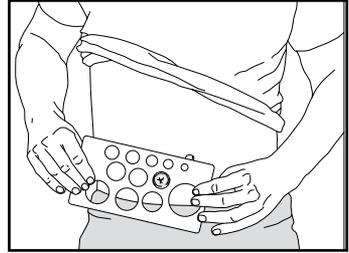
Some pouches will come with a presized opening and some you will need to size and cut yourself. You will use a measuring guide to find the right opening size for your stoma.

To find the right size opening, choose the smallest hole on the guide that fits around your stoma without touching it. There should be $\frac{1}{16}$ inch to $\frac{1}{8}$ inch between your stoma and the guide.

If you cut the opening yourself, center the guide on the back of the skin barrier, trace the size that fits your stoma and then cut out the opening.

For presized openings, buy the pouches with the size opening that matches the size on the measuring guide.

Because your stoma will change in size during the first 6 to 8 weeks, you will use a cut-to-fit pouch right after surgery.



© Allina Health System

Using a measuring guide will help you find the right stoma opening size.

How to Empty Your Pouch

It is important to empty your pouch when it is one-third full of urine. You do not want to let the pouch overflow. This can cause the pouch to leak.

To empty your pouch:

- Sit on the toilet* (if possible).
- Hold the valve or spout over the toilet. Open the drain so that urine flows into the toilet.

***Note:** You can also stand in front of the toilet if it is difficult to sit after surgery or if your legs get in the way when you sit. If you choose to stand in front of the toilet, move in as close to the toilet bowl as possible. Lay toilet paper on top of the water to prevent the water from splashing.



© Allina Health System

**To empty your pouch,
sit on the toilet
(if possible).**

How to Change Your Pouch

1. Assemble this equipment:

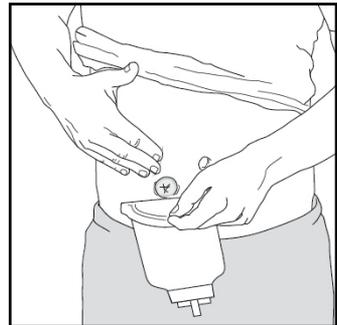
- pouch
- scissors
- barrier ring, if needed
- gauze (not sterile), paper towel or cotton balls
- warm water
- toilet paper.

2. Prepare the pouch:

- If the opening is not presized, cut the opening of the pouch using the pattern or measuring guide your ostomy nurse gave you.
- Remove the paper backing from the skin barrier and tape.
- Stretch and apply the skin barrier ring to the edge of the opening, if needed.
- Set it aside.

3. Change the pouch:

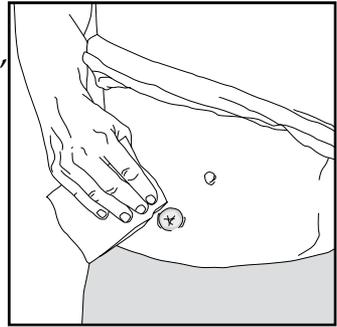
- Empty the pouch and close the bottom.
- Loosen the edges of the pouch. Use one hand to gently push the skin away from the skin barrier and tape.
- Throw the pouch away.
- Control the urine from the stoma with gauze or a paper towel.



© Allina Health System

Use one hand to gently push the skin away from the skin barrier and tape (if present).

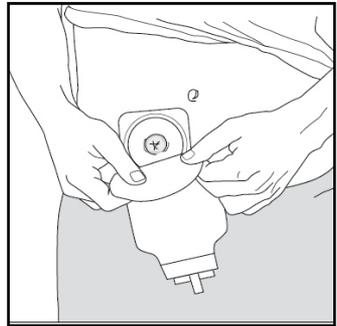
- Cleanse your skin around the stoma with warm water and gauze, paper towel or cotton balls. Dry your skin with gauze or a paper towel.
- If you use a one-piece pouch, center the stoma in the opening.
- If you use a two-piece pouch, apply the skin barrier centering the stoma in the opening. Attach the pouch to the skin barrier or apply as one piece.



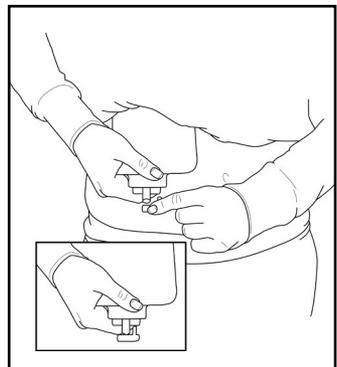
Use warm water and gauze or a paper towel to cleanse your skin.

4. Close the pouch drain:

- Using a piece of toilet paper, dry the tip of the drain valve or spout.
- Close the pouch drain. (Make sure it is in the “closed” position.)
- Wash your hands.



Apply the pouch over the skin barrier, centering the stoma in the opening.



© Allina Health System
Close the pouch drain.

What to Do if Your Pouch Leaks

If your pouch leaks, there is always a reason:

- A good seal was not made when the pouch was applied.
- The pouch is overfilled with urine.
- Your skin around the stoma is irritated.
- The area around the stoma may bulge and look uneven in places. There may also be deep creases in your abdomen, which can prevent the pouch from sticking properly.
- The pouch barrier is defective. (This is rare.)

What to do:

- Go over the procedure for pouch application to make sure you are following the steps correctly. Are you getting too close to the stoma or covering it with the barrier of the pouch? Use a hand-held mirror for a closer look to see if your placement is correct.
- Check your skin. If it is sore or irritated, see your ostomy nurse.
- Check the area around the stoma. It may be that your pouch does not fit properly, causing leakage. If this happens, call your ostomy nurse.
- Try a pouch from a different box of pouches.

One of your ostomy nurse's main goals is to prevent pouch leaks from happening. Follow any instructions he or she gives you.

Ostomy Accessories

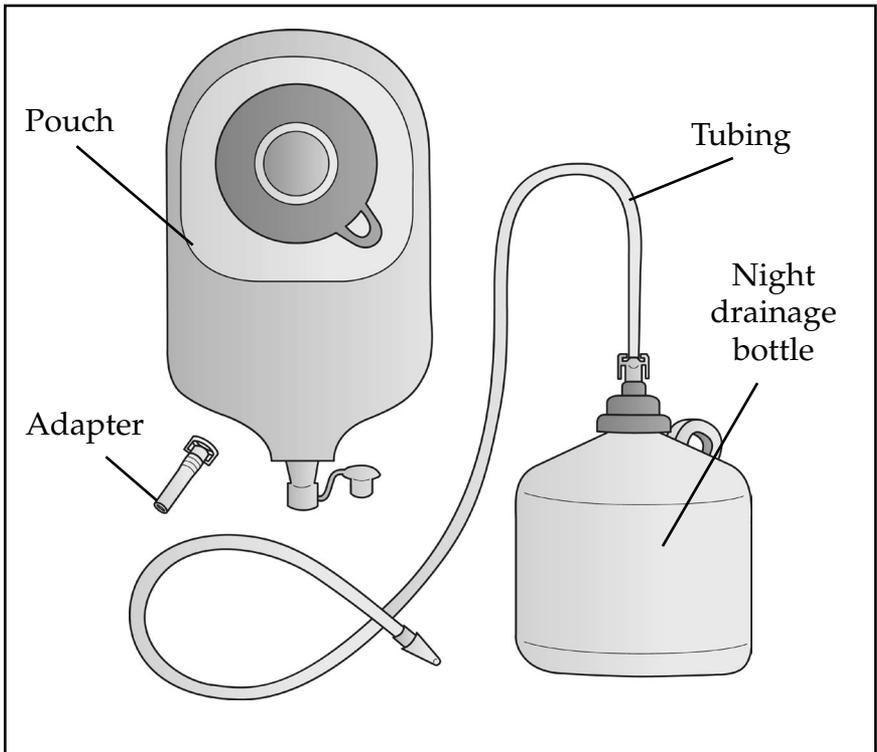
There are a number of accessories that may be used with your urostomy. Your ostomy nurse will recommend one or more of the following items:

- **Barrier rings** are used (like caulk) to fill in creases around the stoma. They may be stretched to fit any shape.
- **Ostomy powder** is used to dry up moist skin. Brush off any extra powder before applying your pouch.
- **Ostomy belts** are used to help hold your pouch closer to your abdomen when the stoma is flat with your skin, you have abdominal creases or your pouch has been leaking.
- **Adhesive remover wipes** may be used to remove adhesive or adhesive residue from your skin. They are not usually needed each time you change your pouch. It is important to wash this product off of your skin thoroughly after use.
- **A night drainage system** allows for collection and storage of urine at bedtime. This lets you sleep all night without having to get up to empty your pouch. The drainage system is attached to your pouch before you go to bed and disconnected in the morning.

How to Use a Night Drainage System

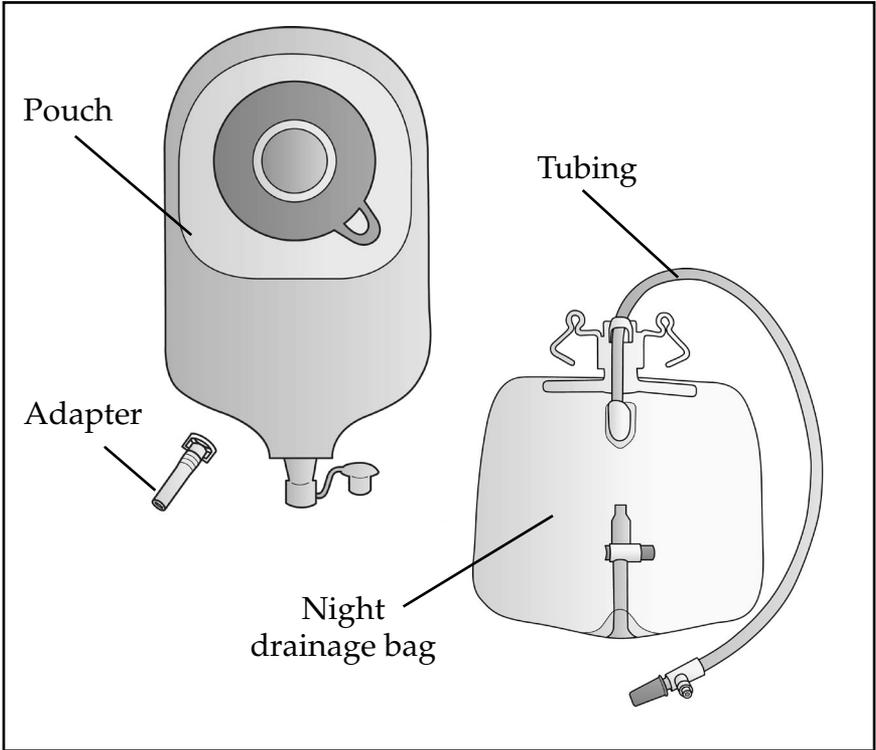
Allow time for you to get used to your night drainage system. There are two types of night drainage systems. A night drainage system with a bottle is used for long-term use and a night drainage system with a bag works better for short-term use.

Night drainage system with a bottle



© Allina Health System

Night drainage system with a bag



© Allina Health System

- **Pouch:** The pouch attaches to the skin around the stoma and collects urine.
- **Adapter:** Sometimes an adapter is needed to connect the tubing to your pouch.
- **Tubing:** Urine flows through tubing from your pouch to the night drainage bottle or bag.
- **Night drainage container:** The night drainage bottle or bag stores urine during the night.

How to set up a night drainage system

You will need to set up your night drainage system each night. The tubing and night drainage container can come as one or two pieces. If they come as two pieces, put one end of the tubing into the lid of the container. Keep the tubing connected to the lid of the container until you need to replace it (when it starts to look cloudy or changes color). You will connect the other end of the tubing to your pouch each night.

You may also need an adapter to connect the tubing to your pouch. If you need an adapter, place it on the tubing and keep it connected until the container needs to be replaced. You will receive several adapters in each box of pouches you buy.

At night

When connecting the pouch to the night drainage bottle or bag, leave a small amount of urine in the pouch to prevent a vacuum from forming in the system. To attach the night drainage system to your pouch:

- Place the night drainage bottle or bag in a larger tub or plastic container on the floor toward the end of your bed. The tubing will form a gentle slope, which will help to prevent a vacuum from forming in the system.
- Connect the tubing to your pouch.
- Open the pouch drain to allow urine to flow through the tubing.
- You may use a leg strap to prevent the pouch or tubing from twisting. (If you don't have a leg strap, you can also use a tube sock with the foot portion cut off.)

In the morning

To detach the night drainage system from your pouch:

- Close the pouch drain to prevent leakage.
- Disconnect the pouch from the tubing.
- Empty the urine from the night drainage bottle or bag into the toilet.
- Rinse the tubing and container with cool water.
- Clean the night drainage system.

How to clean a night drainage system

You will need to clean the night drainage system each morning after use. To clean the night drainage system, you may use detergent and white vinegar or a specially prepared urinary equipment cleanser.

How to clean a night drainage system with detergent and white vinegar

- Gather the following supplies:
 - detergent
 - white vinegar
 - water
 - a liquid measuring cup
 - a bucket.
- Put a few drops of detergent into the bottle or bag and fill it half full with water. Swish it around to clean all surfaces. Empty the container and rinse it with water.
- Refill the bottle or bag with a mixture of 1 part white vinegar to 3 parts water. Coil the tubing in a bucket with this vinegar mixture. Soak the tubing and container for 15 minutes.

- Empty the vinegar mixture from the container and tubing. Let both items air-dry on a clean surface or you can loop the tubing over a towel rack or shower bar. Make sure the ends of the tubing do not touch the floor.

How to clean a night drainage system with a commercially prepared detergent

- Gather the following supplies:
 - wash bottle
 - warm water
 - urinary equipment cleanser.
- Fill the wash bottle to the fill line with warm water. Add one capful of urinary equipment cleanser. Shake gently.
- Loosely insert the tip of the wash bottle at the top of the tubing and squeeze the solution into the container or bag.
- Gently shake the container or bag to clean all surfaces. Wait 15 minutes and then drain the solution.
- Refill the wash bottle to the top with warm water. Squeeze the water into the container or bag.
- Empty the water. Let the container and tubing air-dry.

Important

Remember to replace the tubing and bottle every 6 months and the adapter every 1 to 2 weeks. If a bedside bag is used, it should be replaced every month.

Caring For Your Stoma

Your stoma should be pink or red in color and moist.

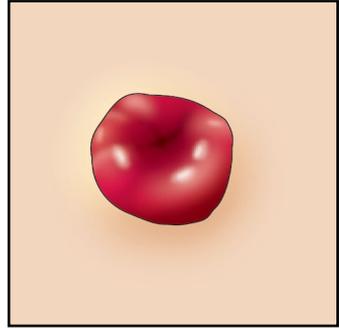
When cleaning around your stoma, you may see some blood. Your stoma has many little blood vessels. It is common to see a small amount of bleeding when cleaning around your stoma. Using gauze, paper towels or cotton balls to gently clean around the stoma will prevent traumatizing the little blood vessels. Tell your doctor or ostomy nurse if you have any large amounts of bleeding.

It is also common to be able to see movement of the stoma. The bowel has a “wave-like” motion naturally that you may notice when your pouch is off.

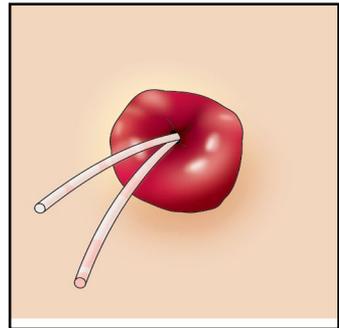
Stents

You may have had stents (small tubes) inserted during surgery. They come out of the stoma and drain into your pouch. Your surgeon will remove the stents several weeks after surgery.

Sometimes stents will fall out on their own. If this happens, don't worry — just make sure to tell your surgeon at your follow-up visit.



The size and shape of your stoma will change after surgery.



© Allina Health System

Stents (small tubes) may have been inserted into the stoma during surgery.

Caring For Your Skin

It is important to take care of the skin around your stoma. Keeping your skin clean and protecting it from contact with urine by wearing a properly fitted pouch will help prevent skin irritation.

Routine skin care

Skin barrier rings become soft and moist under the pouch. Any residue can be gently removed with warm water and dry wash cloth, gauze, or soft cotton squares or balls. Do not use soap, isopropyl alcohol, disinfectants or baby wipes. These products can harm your skin (or leave residue that can harm your skin over time). Adhesive removers may also be used, but then the skin must be thoroughly rinsed in order to remove all chemicals from the skin.

If you want to take a shower without your pouch on, it is OK if some shampoo and soap applied above the stoma wash down over your skin. Do not apply soap directly on the skin around the stoma.

If your skin around the stoma is hairy, you will need to keep it trimmed to prevent skin irritation when the pouch is removed. Trim with electric razor and away from the stoma.

Possible skin conditions

There are five skin conditions that may occur with a urostomy:

- skin irritation
- yeast infection
- urine pooling on the skin
- urine crystallization
- allergic reaction.

Learning how to identify a skin condition and knowing how to care for it can help keep the skin around your urostomy healthy.

The following are guidelines on how to take care of your skin. If your skin does not heal or your condition becomes worse, see your ostomy nurse.

Skin irritation

If the skin is irritated, it will be red. This is due to leakage under your pouch seal or too large of an opening in your skin barrier.

Skin irritation may be slight (red skin) to severe (raw, painful and weepy).

If you have a problem with leakage, you may need to alter the way you change your pouch. The fit may no longer be the same due to changes in the size of the stoma or abdominal shape. If the opening in your skin barrier is too large, you will need to resize the opening.

To care for a skin irritation:

- Put stoma powder on your irritated skin.
- Brush off extra powder using a tissue or use a hair dryer (on cool setting) to blow off the extra powder.
- Apply your pouch, making sure it fits properly.

Yeast infection

Yeast infections show up in warm, moist areas such as your armpits, groin or under your pouch.

A yeast infection on the skin under your pouch will have small (the size of the head of a pin) red areas, white areas, or both. Your skin may itch. The yeast infection may spread past your skin barrier.

To care for a yeast infection:

- Clean and dry your affected skin.
- Spread an antifungal powder over the area and massage it into your skin. You may buy an over-the-counter miconazole nitrate 2 percent (Mitrazol[®]) or get a prescription for nystatin (Mycostatin[®]) from your health care provider.
- Brush off extra powder using a tissue or use a hair dryer (on cool setting) to blow off the extra powder.
- Apply your pouch, making sure it fits properly.
- Use the powder for one or two pouch changes after your skin is healed, and then stop using it.

Urine pooling on the skin

Urine can begin to pool on your skin if your pouch doesn't fit properly. It may look "waterlogged." Make sure your pouch fits well and that you dry your skin thoroughly before putting on a new pouch.

Urine crystallization

Urine crystals can form on the stoma and surrounding skin. Soak a washcloth in equal parts white vinegar and water and place it on the stoma and surrounding skin for a few minutes. Doing this each time you change your pouch may help treat crystallization.

Allergic reaction

You may become sensitive to any part of your pouch or other products you are putting on your skin.

An allergic reaction will affect your skin that comes in contact with the product to which you are allergic or sensitive. Your skin will be red and it may itch, sting or burn.

Put a small amount of the product on the other side of your abdomen and cover it with a piece of medical tape for 48 to 72 hours. If your skin reacts the same way, remove the product and call your health care provider or ostomy nurse.

There are other products you may use if you have an allergy to your current one. Make an appointment to see your health care provider or ostomy nurse for more information.

Diet

You do not need to follow a special eating plan after your urostomy. Drink plenty of liquids to prevent dehydration.

Adjusting to Your Urostomy

Having a urostomy is a major surgery. Give your body time to adjust. Once you begin feeling better physically, you will be better able to cope emotionally.

Your body looks and works different, and your emotions will be affected. Some people feel sad or disgusted while others are glad to no longer have the symptoms they once did. As you get used to how your stoma works, caring for your urostomy will become part of your daily routine.

No one will be able to tell you have had a urostomy unless you decide to tell them. It's your choice. It may also be helpful to talk with someone else who has had a urostomy. Ask your ostomy nurse about local support groups.

Everyday activities

Your everyday activities should not be limited by your urostomy. You should be able to continue doing all of the things you enjoy. Talk with your ostomy nurse if you have questions regarding certain sports activities. An ostomy belt may help stabilize the pouch if you will be doing activities that require twisting or bending.

It is important that you carry ostomy supplies with you at all times. Keeping a stock of extra pouches in your car (in the coolest spot), briefcase, purse, travel bag or desk is an easy way to make sure you are always prepared.

Hints for summertime

When warm weather arrives and brings vacations, picnics, gardening, swimming and other summer fun, there are ways to maintain a trouble-free urostomy:

- Sprinkle a small amount of stoma powder over skin. Brush away all extra powder. A small amount will remain on the skin and help decrease a “melt down” of the barrier.
- Change your pouch more often.
- Wear an ostomy belt to help stabilize the pouch if you are active with sports or if you do activities that require twisting or bending.
- Sitting in a hot tub or sauna may soften the barrier. Plan to change your pouch after those activities.
- Have any sign of a “rash” checked. It could be “heat rash” or it could be a yeast infection. Talk with your ostomy nurse.
- Keep your extra pouch “cool” during hot days by placing it in the cooler; or taking a small insulated lunch bag and put a small ice pack inside.
- Use a waterproof tape to secure the edges of the pouch for watersport activities.
- Always drink extra liquids during hot days to prevent dehydration. Certain foods help with liquid intake, such as gelatin, sherbets, ice cream and various melons.

Sexual activity

Sexual activity is a common concern among people who have had a urostomy. Most people can enjoy sexual activity again with some minor changes. You and your partner can continue to share physical closeness and emotional intimacy

Experiment with new ways of being together as you recover from surgery. You may find pleasure in giving foot or back massages, caressing and cuddling.

To make intimacy more comfortable, try positions that are comfortable for you and keep your weight off the stoma. Keep the pouch clean and empty. Some people switch to a smaller pouch or wear a pouch cover, ostomy belt or shirt over the pouch.

The United Ostomy Association of America (UOAA) has a helpful publication available — “Intimacy, Sexuality and an Ostomy,” which you can find at ostomy.org.

Travel

Having a urostomy does not mean you have to stop traveling. You will just need to take all of your supplies with you. Here are some tips to help make traveling easier:

- Bring your pouches with you in your carry-on luggage when flying and always have an extra pouch in your purse or pocket.
- Carry more pouches than you think you'll need when traveling to unfamiliar places. You can buy pouches from medical supply stores in the area. Plan ahead.
- Keep pouches in the coolest place possible in warm weather locations. For example, when driving do not put your supplies in the trunk or glove compartment because they could melt.

- Fasten the car seat belt above or below your stoma to avoid irritation and rubbing.
- Empty your pouch often. You may not have the opportunity to empty it at a certain time.
- Drink bottled water unless you are sure the water will not cause you problems.
- Make sure to drink enough liquids to prevent dehydration.

When to Call Your Health Care Provider

Call your health care provider if:

- you have symptoms of a urinary tract infection:
 - nausea (upset stomach)
 - loss of appetite
 - fever, chills or both
 - lower-back pain (where your kidneys are located)
 - blood in your urine
 - cloudy or foul-smelling urine for more than 1 week
- your stoma swells, changes color or will not stop bleeding.

When to Call Your Ostomy Nurse

Call your ostomy nurse if you have:

- frequent pouch leakage
- skin irritation
- a rash around your stoma
- a change in size or appearance of your stoma causing discomfort or problems with your pouch
- gained or lost weight, causing problems with how your pouch fits.

Sources for Urostomy Products

For insurance plans other than Medicare, please call your insurance provider for a list of preferred medical equipment suppliers.

Local suppliers that **do** accept Medicare assignment:

- Handi Medical Supply,
2505 University Ave. W.
St. Paul, MN 55114
651-644-9770
1-800-514-9979
- Handi Medical Supply,
3960 Coon Rapids Blvd.
Coon Rapids, MN 55433
651-789-5858
- Midwest Medical Services, Inc.
8400 Coral Sea St. N.E.
Suite 200, Blaine, MN 55449
763-780-0100 or 1-800-780-8553

Mail order suppliers that **do** accept Medicare assignment:

- AARP (American Association of Retired Persons)
5050 East Belknap, Box 14899
Fort Worth, Texas 76117-0899
1-800-284-4788 (catalog)
- Edgepark Surgical, Inc.
1810 Summit Commerce Park
Twinsberg, Ohio 44087
1-800-321-0591

Mail order suppliers that **do not** accept Medicare but will prepare and submit Form 1500 for you. Payment must be made “up front.”

- AOS (American Ostomy Supply), 1-800-858-5858
- Bruce Medical Supply, 1-800-225-8446
- Parthenon, 1-800-453-8898
- US Med Express, 1-877-409-1234

Resources

Ostomy product manufacturers

- Coloplast
1-800-533-0464
us.coloplast.com
- ConvaTec
1-800-422-8811
convatec.com
- Cymed
1-800-582-0707
cymed-ostomy.com
- Hollister
1-888-740-8999
hollister.com
- Marlen
216-292-7060
marlenmfg.com
- Nu-Hope
1-800-899-5017
nu-hope.com
- Ostomy Secrets
1-877-613-6246
ostomysecrets.com

Organizations

- Allina Health
allinahealth.org
- American Cancer Society
1-800-ACS-2345
cancer.org
- C3Life.com
c3life.com
- Cancer Care
1-800-813-4673
- Caregiver Action Network
202-454-3970
caregiveraction.org
- International Ostomy Association (IOA)
ostomyinternational.org
- United Ostomy Association of America
1-800-826-0826
ostomy.org
- Women's Cancer Network
312-578-1439
wcn.org
- Wound, Ostomy & Continence Nurses Society
1-888-224-9626
wocn.org

Books

- “Alive and Kicking” by Rolf Benirschke
- “Bag Lady” by Sandra Benitez
- “Bedpan Banter” by Brenda Elsagher
- “Be Prepared: The Complete Financial, Legal, and Practical Guide to Living with Cancer, HIV, and other Life-Challenging Conditions” by David Landay
- “Betty Crocker’s Living with Cancer Cookbook” by Kris Ghosh, Linda Carson and Elyse Cohen
- “Dear Dr. Humor” by Stuart Robertshaw
- “Great Comebacks from Ostomy Surgery” by Rolf Benirschke
- “If the Battle is Over, Why am I Still in Uniform?” by Brenda Elsagher
- “It’s OK to Have an Ostomy” (poems) by Ann Favreau
- “Lifelines: Keeping Your Head Above Water” by Carol Larson
- “Positive Options for Living with Your Ostomy: Self-Help and Treatment” by Craig A. White
- “The Human Side of Cancer: Living With Hope, Coping with Uncertainty” by Jimmie Holland and Sheldon Lewis
- “The Ostomy Book: Living Comfortably with Colostomies, Ileostomies, and Urostomies” by Barbara Dorr Mullen and Kerry Anne McGinn
- “Weathering the Storm: Stories of Hope and Healing” by Carol Larson
- “Yes We Can: Advice on Traveling with an Ostomy and Tips for Everyday Living” by Barbara Kupfer, Kathy Foley-Bolch, Michelle Fallon Kasouf with Brian Sweeney



Allina Health

allinahealth.org

© 2015 ALLINA HEALTH SYSTEM. TM – A TRADEMARK OF ALLINA HEALTH SYSTEM.
OTHER TRADEMARKS USED ARE OWNED BY THEIR RESPECTIVE OWNERS
THIS BOOKLET DOES NOT REPLACE MEDICAL OR PROFESSIONAL ADVICE, IT IS ONLY A GUIDE.

osty-ah-26865 (11/15)