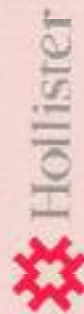


Managing your
UROSTOMY

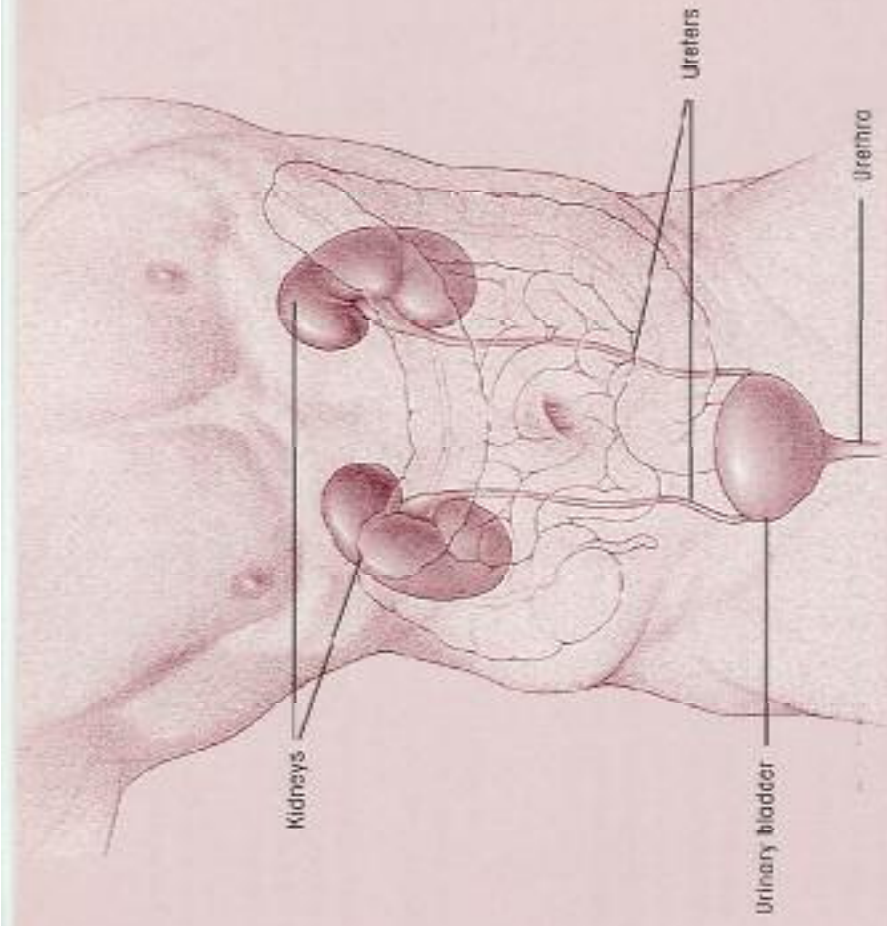


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Every year, thousands of people have urinary surgery. For some, the surgery is a lifesaving procedure. For others, the surgery is the result of an accident, or it done to correct a birth defect. Whatever the medical reason, anyone who is going to have urinary surgery has many questions and concerns.

This booklet is provided for you by your health care team. The booklet will supplement other information given to you by your doctor and your Stoma Care Nurse - a nurse who specializes in ostomy care.

The purpose of this booklet is to answer some of your questions about urinary surgery and to ease some of your concerns about living with a urinary



The Human Urinary System

The human urinary system begins with the kidneys. The kidneys are two 'bean shaped' organs located just above the waistline, toward the back.

Urine, or liquid waste, flows from the kidneys through two narrow tubes called *ureters*, and collects in the *bladder*. The flow of urine is fairly constant. A *sphincter muscle* allows the bladder to store urine until it is a convenient time for the person to empty the bladder, or *urinate*.

When a person urinates, the person relaxes the sphincter muscle and urine flows out of the body through a narrow tube called the *urethra*.

What is a Urostomy?

A urostomy is a surgically created opening - on the abdomen - that allows urine to flow out of the body. A urostomy may also be called a *urinary diversion*.

A urostomy, or urinary diversion may be done because of an injury, a birth defect or a disease such as cancer. Many times, the person's bladder and urethra are surgically removed. When a person has a urostomy, urine is no longer eliminated through the urethra. Instead, urine is eliminated through the urostomy.

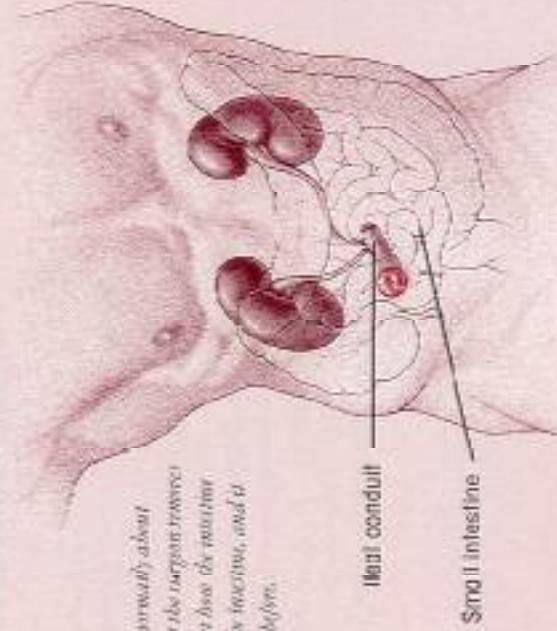
A urostomy does not give a sphincter muscle, so a person who has a urostomy has no voluntary control over when to urinate. Instead, the person wears a pouch to collect the urine.

Types of Urostomies

Your surgeon may select one of several methods to create the urostomy, or urinary diversion. The most common method is called an *ileal conduit*.

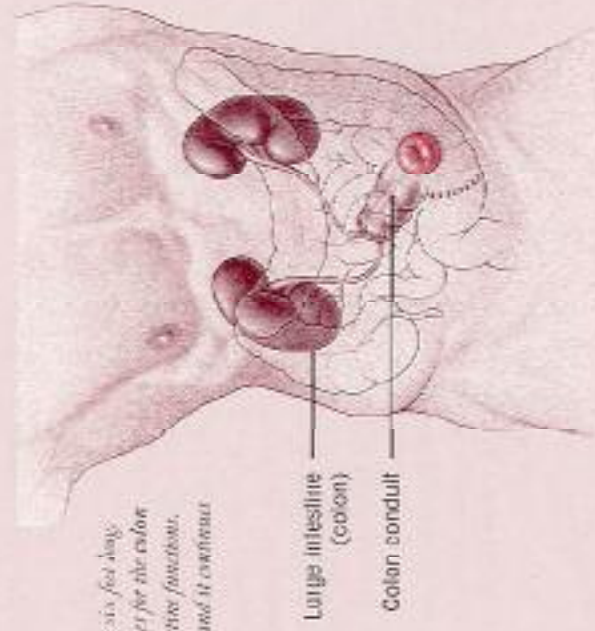
To create an ileal conduit, the surgeon removes a short segment of the small intestine (*ileum*). This short segment of intestine will be used as a pipeline - or conduit - for urine to flow out of the body.

The surgeon closes one end of the conduit, inserts the ureters into the conduit and brings the open end of the conduit through the abdominal wall. This new opening on the person's abdomen is called a *stoma*.



Another type of urinary diversion is called a *colon conduit*. A colon conduit is formed in much the same way as an ileal conduit, with one major difference: to construct a colon conduit, the surgeon uses a short segment of the large intestine (*colon*).

Just as in an ileal conduit, the segment of intestine is used as a pipeline for urine to flow out of the body. The surgeon closes one end of the conduit, inserts the ureters into this conduit and brings the open end of the conduit through the abdominal wall. Again, the opening on the person's abdomen is called a *stoma*.



In addition to the ileal conduit and colon conduit, there are other types of urinary diversions. For example, there is a type known as a *vesicostomy* and a type known as a *ureterostomy*. Also, many surgeons today are performing surgeries that result in *contingent urinary diversions*. If you have questions about these procedures, ask your doctor or Stoma Care Nurse.

The Stoma



*Not painful
Always red and moist
May bleed easily*

Each person's stoma is unique. Characters are, your stoma will look different from another person's stoma. You stoma will probably be swollen after surgery; it may take several months for the stoma to shrink to its permanent size. The skin around the stoma is called the *peristomal skin*.

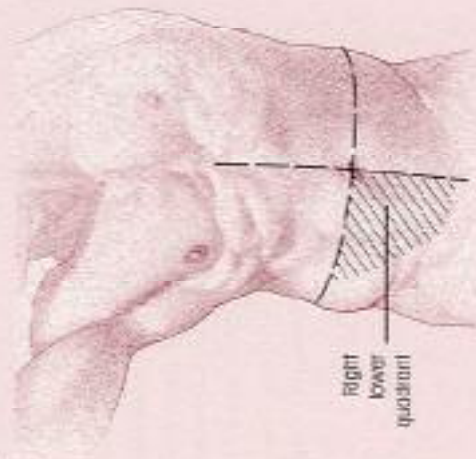
There are no nerve endings in the stoma, so the stoma is not painful. The stoma is always red and moist - somewhat like the inside of a person's mouth. The stoma may also bleed easily, especially if it is hit or rubbed. This type of minor, temporary bleeding of the stoma is normal. If the bleeding continues, or if the discharge (urine) from the stoma is bloody, contact your doctor or Stoma Care Nurse.

Location of the Stoma

Determining where the stoma will be placed on your abdomen is a very important part of the preparations for your surgery.

Generally, an ileostomy conduit is located on the abdomen in what is called the *right lower quadrant*, it's an area just below your waist to the right of your naval - or belly button. The stoma for a colon conduit is often located in the *left lower quadrant*.

Before your surgery, your Stoma Care Nurse and your surgeon will determine - with you - the best location for your stoma. The stoma will be placed so you can see the stoma easily and take care of it yourself.



Urine from a Urostomy

Urine will begin flowing from your stoma immediately after surgery. At first, the urine may have a slight reddish colour, however, after a few days, the urine will return to its normal colour.

If you have either an ilea conduit or a colon conduit, you will see mucus in your urine as the urine collects in your pouch. The mucus comes from the conduit itself. Both the small intestine and the large intestine produce mucus naturally; the segment of intestine that was used to form your conduit will continue to produce mucus.

Urostomy Pouches

The constant flow of urine from the stoma can be very irritating to a person's skin, so most urostomy pouches have protective skin barriers. The skin barrier fits around the person's stoma. Urostomy pouches also have anti-reflux valves, which prevent urine that is collecting in the pouch from flowing back toward the stoma.

Each urostomy pouch has a drain valve at the bottom of the pouch, so the pouch can be emptied as needed. Generally, it's a good idea to empty your pouch when it's about one-third full. During the day, most people find it necessary to empty the pouch about as often as they would normally go to the rest room.

At night time, a length of flexible tubing can be attached to the drain valve on your pouch. This allows the urine to flow into a bedside collector while you sleep. Many people find a bedside collector preferable to getting up during the night and emptying the pouch.

Odour

Odour from the urine is a concern many people have about living with a urostomy. Today, urostomy pouches are made with *adhesive-barrier film*, so odour from the urine is contained inside the pouch.

Sometimes, certain foods - such as asparagus and seafood - can cause your urine to have a strong odour. Also, some medications can affect the odour of urine. If odour is a concern for you, you may want to avoid foods that can cause odour. If you have questions about medications you are taking, ask your doctor or your Stoma Care Nurse.

Preventing Urinary Tract Infections

People who have urinary diversions can develop urinary tract infections - which can lead to kidney problems. Some warning signs of a urinary tract infection include:

- dark, cloudy urine
- strong smelling urine
- back pain (where your kidneys are located)
- fever
- loss of appetite
- nausea
- vomiting

If you notice any of these symptoms, contact your doctor or your Stoma Care Nurse.

Lifestyle Tip

Drinking plenty of water each day is the best way to prevent urinary tract infections.

Use powder with anti-reflux tabs.

Empty your pouch regularly (when it's about one-third full).

Use a night drainage tube (or get up regularly during the night to empty your pouch).

Diet and Fluids

Lifestyle Tip

Eat a balanced diet.

Eating less will slow your urine production.
This is important and it is good for a stoma.

Drink plenty of water each day.

Drinking enough fluids can help to maintain the natural acidity of your stoma.

For most people, a stoma bag has very little effect on diet. If you have a history of kidney stones, your doctor may suggest changes in your diet, however, most people who have urostomies are able to eat whatever they like.

Chances are, you will have to increase the amount of fluids you drink. To keep your kidneys functioning properly - and to prevent urinary tract infections - you should drink several glasses of water each day. For more information, read the above section on *Preventing Urinary Tract Infection*.

Of course, each person's needs are unique; if you have any questions about diet or fluids, check with your doctor, your Stoma Care Nurse or a dietitian.

Bathing or Showering

With a urostomy, you can shower or bathe just as you did before. Soap and water will not flow into your stoma or hurt your stoma in any way. You may choose to shower or bathe with your pouch *on* or *off* the stoma is yours. (Remember though, your urostomy will continue to function; urine will continue to flow from your stoma.)

Because soap residue can sometimes irritate a stoma, wash with the skin barrier or adhesive sticks to your skin, a wash soap that leaves a residue on your skin. Choose a soap or cleanser that is residue-free.

Skin Care

It is very important for the skin around the stoma (the peristomal skin), to remain healthy and free of irritation. The peristomal skin should look just like the skin elsewhere on your abdomen.

To prevent skin irritation or other skin problems, you must have a skin barrier and pouch that fits properly.

Each time you remove your skin barrier and pouch, look carefully at the peristomal skin. If you notice any swelling, redness, or rash, you could have irritated skin. Sometimes - but not always - irritated skin is painful. If the problem persists for more than two pouch changes, contact your Stoma Care Nurse.

Clothing

After urostomy surgery, many people worry that the pouch will be visible under their clothing. Some people think they won't be able to wear "normal" clothes or that they will have to wear clothes that are too big for them. The fact is you should be able to wear the same type of clothes you wore before your surgery. Also, today's pouches are so thin and fit so close to the body, clinicians are no one will know you're wearing a pouch - unless you tell them.

Lifestyle Tip

Choose a patterned swim cap, instead of one with a solid colour.

Men can wear athletic equipment.

Women can wear jewelry, bonnets, or bras.

Returning to Work and Travelling

As with any surgery, you will need to allow some recovery time. Recovery from this type of surgery can take from six to eight weeks. You should check with your doctor before returning to work.

Keep your stoma products with you in your carry-on bag, not in your checked baggage.

Air pressure in airplanes will not affect your pouch.

Practice the rest: don't shower or bathe your stoma.

Do not have your stoma products in a hot car - hot adhesives can melt.

If you are away for extended periods of time, know where to contact a local Stoma Care Nurse.

After your recovery, you should be able to return to work, or travel just about anywhere. Your urostomy should not limit you. Urostomy products are available through medical or surgical retailers in nearly every country in the world. Of course, it is always a good idea to take your own supplies with you when you travel - and always take more than you think you will need.

Exercise and Sports

Lifestyle Tips

Before mowing, it is a good idea to empty your pouch.

In a hot tub, sauna, or whirlpool, let water dry down your pouch and inspect the pouch closely, and change it if it becomes wet.

A urostomy should not prevent you from exercising or from being physically active. Other than extremely rough contact sports or very heavy lifting, you should be able to enjoy the same type of physical activities you enjoyed before your surgery.

People who have urostomies are able to swim, water ski or snow ski, play golf, tennis, volleyball, or softball, hike, sail, or jog just as well after their surgery as they did before.

Sex and Personal Relationships

Lifestyle Tips

Empty your pouch before having sexual relations.

Sexual activity will not hurt you or your stoma.

A pouch liner can help to hide the pouch contents.

A condom and cow bird sheath can help it close your body.

Because urostomy surgery is a body-altering procedure, many people worry about sex and intimacy and about interruptions by their spouse or loved one. For people who are dating, a big concern is how to tell someone about the urostomy.

It's important to remember that supportive personal relationships can be major sources of healing after any type of surgery. It's also important to let your partner know that sexual activity will not hurt you or your stoma.

Urostomy surgery affects both partners in a relationship, and it's something to which both partners must adjust - each in his or her own way. The key, of course, is understanding and communication.

If having children is a concern, you'll be happy to know that after a satisfactory recovery, it is still possible for a woman who has a stoma to have children. For men, urostomy surgery can sometimes cause a change in sexual function; however, there are men who have become fathers after having urostomy surgery.

For both men and women, it is very important to discuss the surgery openly with your spouse or loved one. Also, don't hesitate to discuss this aspect of the surgery with your doctor or your Stoma Care Nurse.

Useful Addresses

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Telephone 01245 224294

NASPCS - Charity for Incontinent & Stoma Children

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