

Urostomy

Understanding your urostomy

Hollister Ostomy. **Details Matter.**



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Please note that this booklet is a supplement to and not a replacement for the advice from your healthcare professional.

Your urostomy

This booklet can help you understand and manage your urostomy. It is important to remember that you are not alone. Every year thousands of people have urostomy surgery. For some, it is a life saving event. It may be performed to repair an injury or remove a tumour. Whatever the medical reason for your surgery, it's natural to have questions and concerns.

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



This symbol indicates where detailed information is available about certain topics on our website www.hollister.co.uk

This booklet is provided to you by your healthcare team. It supplements information given to you by your doctor and your stoma care nurse – a nurse who specialises in ostomy care. When you have questions, write them down on page 15 and 18. You should discuss these questions with your doctor or nurse.

For a list of terms you may not be familiar with, but are used in this booklet, we have provided a glossary on page 20.

About your urostomy

Before your surgery

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

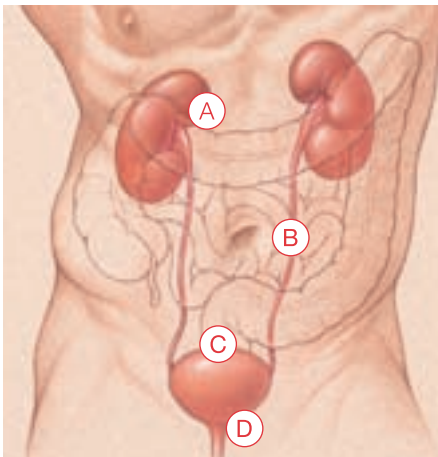
Generally, an ileal conduit stoma is located on the abdomen in what is called the right lower quadrant. It's an area just below your waist, to the right of your navel – or belly button. The stoma for a colon conduit is often located in the left lower quadrant.

Before your surgery, your nurse and your surgeon will determine the best location for your stoma. Ideally, the stoma should be placed on a smooth skin surface. It should be located so you can see it easily and take care of it yourself.

The 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 convenient to empty the bladder, or urinate. When a person urinates, the sphincter muscle relaxes, and urine flows out of the body through a narrow tube called the **urethra**.



- A Kidneys
- B Ureters
- C Bladder
- D Urethra

What is a urostomy?

A **urostomy** is a surgically created opening usually on the abdomen. A urostomy allows urine to flow out of the body after the bladder has been removed. A urostomy may also be called a urinary diversion.

When a person has a urostomy, urine is no longer eliminated through the urethra. Instead, it is eliminated through the urostomy. Because a urostomy does not have a sphincter muscle, you have no voluntary control over when to urinate. Instead, you wear 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.

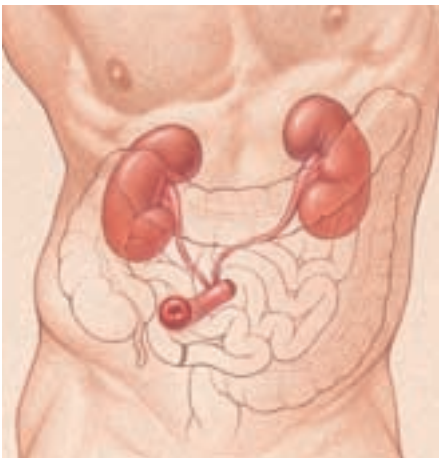
To create an ileal conduit, the surgeon removes a short segment of the small intestine (ileum). This short segment of intestine will be used as a pipeline – or conduit – for urine to flow out of your body.

The few inches that the surgeon removes for the ileal conduit will not affect how the intestine works. The surgeon reconnects the intestine, and it continues to function just as it did before.

Your 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 in your 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).

There are other types of urinary diversions. Do you know what type you have? If you don't, ask your surgeon or your nurse.

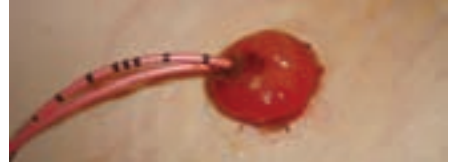


In a urostomy, the bladder and urethra have been removed or bypassed.



The Stoma

- Not painful
- Always red and moist
- May bleed easily



Stoma with stents

The stoma

The stoma is always red and moist – somewhat like the inside of your mouth. It should not be painful. The stoma may also bleed easily, especially if it is hit or rubbed. This type of minor, temporary bleeding is normal. If the bleeding continues, or if the urine from the stoma is bloody, you should contact your nurse.

You may have small tubes called **stents** inserted during surgery. These will be removed after surgery. Stents extend out of your stoma and drain into your pouch. They will be removed by your doctor or nurse 7-10 days after your surgery. The skin around the stoma is called the **peristomal skin**. The peristomal skin should be as healthy as the skin on the rest of your body. The most important thing you can do to keep your peristomal skin healthy is to wear ostomy products that fit well and stay in place.

Each stoma is unique. Chances are, your stoma will look different from someone else's. Your stoma will probably be swollen after surgery; it may take several weeks for the stoma to shrink to its permanent size.

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 ileal or a colon conduit, you will see mucous in your urine as the urine collects in your pouch. The **mucous** comes from the segment of intestine that was used to form your conduit.

Understanding your urostomy

Skin care

It is very important for the skin around the stoma 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 should have a skin barrier and pouch that fits properly.



Each time you remove your skin barrier and pouch, look carefully at your peristomal skin. If you notice any swelling, redness, or rash, your skin may be irritated. Sometimes – but not always – irritated skin is painful. If the problem persists or gets worse, be sure to contact your nurse.

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 it in any way. You may shower or bathe with your pouch on or off – the choice is yours. Soap residue can sometimes interfere with how well the skin barrier or adhesive sticks to your skin, so choose a soap or cleanser that is residue-free.



Diet and fluids

For most people, a urostomy has very little effect on diet. Chances are, you will have to increase the amount of fluids you drink. To keep your kidneys functioning properly – and to help prevent urinary tract infections – you should drink plenty of water each day.

Of course, each person's needs are unique. If you have any questions about diet or fluids, check with your doctor, your nurse or a dietitian.

Lifestyle tips

- Drinking plenty of water each day is the best way to prevent urinary tract infections.
- Eat a balanced diet.
- Eating beetroot will turn your urine a reddish colour. This is temporary, and is no cause for alarm.
- Asparagus and seafood may cause odour.

Odour

Odour is a major concern for people who have had ostomy surgery. Fortunately, today's urostomy pouches are made with odour-barrier film, so odour from the urine is contained within the pouch.

Some foods and nutritional supplements can cause your urine to have a strong odour and some medications can affect the odour of urine.

Preventing urinary tract infections

People with urinary diversions can develop urinary tract infections, and this 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 nurse.

Maintaining your lifestyle

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. You should be able to wear the same type of clothes you wore before your surgery. In fact, today's pouches are so thin and fit so close to the body, chances are no one will know you're wearing a pouch – unless you tell them.

The pouch can be worn inside or outside your underwear, whichever is more comfortable. Women can wear tights or girdles. Choose a patterned swimsuit, instead of one with a solid colour.



Returning to work and travelling

As with any surgery, you will need some time to recover. Be sure to check with your doctor before returning to work or starting strenuous activity.

Once you've recovered from the surgery, your urostomy should not limit you. You should be able to return to work or travel just about anywhere. When you travel, take your urostomy supplies with you. Take more than you think you will need. If you need to buy supplies while travelling, you will find that urostomy products are available from select medical or surgical retailers throughout the world.



Lifestyle tips

- When flying, pack your ostomy products in your carry-on bag.
- Pre-cut your products so you will not need to carry scissors in your carry-on.
- Fasten the seat belt above or below your stoma.
- Store your ostomy products in a cool, dry place.
- Plan ahead. Know where to contact a local stoma care nurse when travelling.



Activity, exercise and sports

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 with urostomies are able to swim, water ski or snow ski, play golf, tennis, volleyball, football, hike, sail, or jog just as they did before their surgery. Please be aware that heat and moisture can reduce the wear time of the pouching system, so you may want to watch how your skin barrier performs under these conditions.

Lifestyle tips

- Empty your pouch before swimming.
- You may add tape to the edges of your skin barrier before swimming.
- You may need to change your pouch more often if you wear it in a hot tub or sauna.

Sex and personal relationships



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

Supportive personal relationships can be major sources of healing after any type of surgery. The key, of course, is understanding and communication.

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. Let your partner know that sexual activity will not hurt you or your stoma. If you have concerns about your emotional adjustment after surgery, be sure to talk about them with your doctor or nurse.

Lifestyle tips

- Empty your pouch before having sexual relations.
- Sexual activity will not hurt you or your stoma.
- A beige pouch or pouch cover can help hide the pouch contents.
- Intimate apparel can hide the pouch and keep it close to your body.

Routine care for your urostomy

Here are a few guidelines for successful care of your urostomy

- Empty your pouch when it is one-third to one-half full.
- Replace the skin barrier (the waxy part that sticks to your skin) every 1-3 days.
- If you use soap, make sure your soap doesn't contain oils or lotions that can interfere with adhesives.
- Rinse your skin with water, and dry it completely before you apply the new pouch.
- After you apply your skin barrier, hold it against your body for 30-60 seconds. The pressure and warmth help activate the adhesive.
- If you wear a two-piece system, try putting your skin barrier on at an angle, making a diamond shape, for a smoother fit.
- You can shower or bathe with your skin barrier and pouch in place, or you can remove them before bathing. Water will not harm or flow into your stoma.
- If your skin becomes red and sore, or your pouch does not stay in place, be sure to see your doctor or nurse.
- Use a night drainage system (or get up regularly during the night to empty your pouch).

Follow up care

Following surgery: discharge information

Your nurse can help you keep a record of your surgery and recommend the right products to maintain the health of your urostomy.

Type of stoma: _____

Date of surgery: _____

Stoma size and shape: _____

Recommended pouching system: _____

Other recommended products: _____

Other suggestions: _____

You can get your stoma products through the following delivery company:

Delivery company name: _____

Delivery company address: _____

Phone: _____

Retailer name: _____

Retailer address: _____

Phone: _____

Your nurse: _____

Phone: _____

About supplies

Ostomy products are specialised supplies that are not available through all pharmacies.

If you need assistance in finding a supplier for Hollister products, contact us on **0800 521 377** or contact Fittleworth Freephone on **0800 378 846** or Fittleworth Freephone Scotland on **0800 783 7148**.

Call your stoma care nurse if you notice any of the following problems listed below:

- Any sign of urinary tract infection:
 - Dark, cloudy urine
 - Strong-smelling urine
 - Back pain (where your kidneys are located)
 - Vomiting
 - Fever
 - Loss of appetite
 - Nausea
- Skin irritation
- Urine crystals on or around your stoma
- Recurrent leaks of your pouch or skin barrier
- Warty, discoloured skin around your stoma
- Excessive bleeding of your stoma
- Blood in your urine
- A bulge in the skin around your stoma
- A stoma that appears to be getting longer

Questions to ask my doctor or my stoma care nurse:

Other questions related to living with an stoma:

Urostomy pouching systems

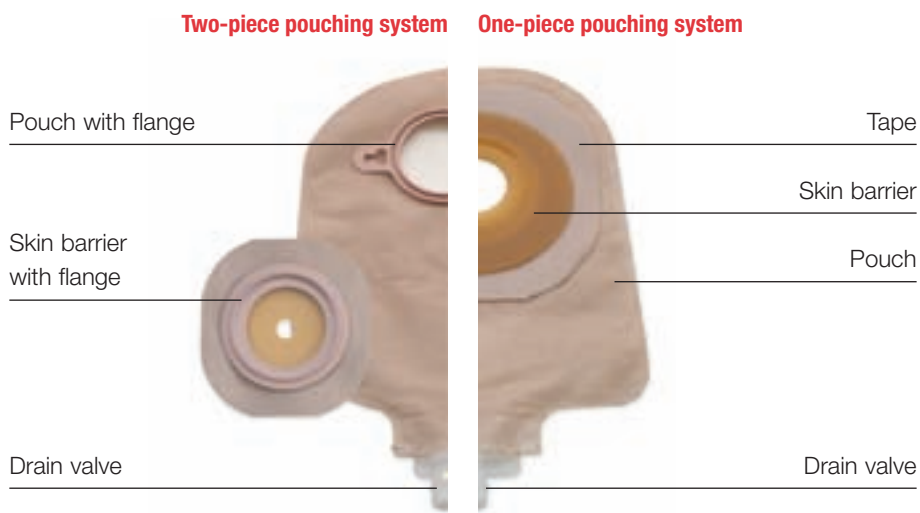
You can choose between Hollister one and two-piece urostomy pouching systems. Each has its advantages.

One-piece system

In a one-piece system, the skin barrier is already attached to the pouch. This means the one-piece is easy to apply. You just peel and stick.

Two-piece system

A two-piece system comes with a skin barrier that is separate from the pouch. The pieces snap together with a flange, a part which looks like a plastic ring. It is easy to unsnap the pouch and discard the pouch as often as you like.



◀ Stoma with two-piece skin barrier

Drain valve

Your urostomy pouch has a drain valve at the bottom of the pouch, so it can be emptied as needed. During the day, most people find it necessary to empty the pouch about as often as they would normally go to the toilet.



Night Drainage Bag

At night, 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.



Glossary

Bladder

The bladder is where urine is stored prior to voiding (urination). It is removed or bypassed in urostomy surgery.

Colon

Another term for the large intestine or last portion of the gastrointestinal tract.

Colon conduit

A procedure where the ureters are implanted into a section of the colon to direct urine into a stoma made from the colon.

Ileal conduit

This is the most common type of urostomy. The ureters are connected to a small section of ileum used to create a stoma.

Mucous

A sticky thick fluid that looks like cloudy material in the urine. This is normal to see in the urine from an ileal or colon conduit.

One-piece

The skin barrier is attached to the pouch.

Peristomal skin

The skin area around the stoma.

Pouch

A specialised pouch used to collect bodily wastes from the stoma.

Skin barrier

Part of the pouching system; it protects your skin and adheres your pouch to your skin.

Sphincter

A muscle that surrounds and closes an opening. An ostomy does not have a sphincter.

Stents

Small tubes that may be inserted during surgery. They come out of your stoma and drain into your pouch. They are temporary and will be removed by your doctor or nurse.

Stoma

An artificial opening into the body, in this case the digestive tract. From the Greek word meaning mouth or opening. Also known as an “ostomy”.

Two-piece

The skin barrier is separate from the pouch. Both pieces are needed to create a complete pouching system.

Ureters

Narrow tubes that drain urine from your kidneys to your bladder.

Urethra

The narrow tube from the bladder through which urine drains from your body.

Urinary diversion

General term for a surgical procedure to reroute the urinary system. Also called a urostomy.

Urostomy

A urinary stoma. Also known as urinary diversion and often created as a (ileal) conduit.

UK

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