



Managing Your Urostomy

Patient Education Series

Your Urostomy

This booklet is provided to you by your health care team and Hollister. You have received it because you are most likely using a Hollister product. It supplements information given to you by your Doctor and your Stomal Therapy Nurse (STN) – a nurse who specialises in ostomy care.

This booklet can help you understand and manage your urostomy (produced by a surgical procedure called an ileal conduit). It is important to remember that you are not alone. Every year thousands of people have urostomy surgery. For some, it is a lifesaving event. It may be performed to 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. If you are not using a Hollister product please check with your STN if the content is still applicable to your personal situation.

Some words used throughout are highlighted in **bold** and to make it easy for you to understand their meaning, a brief explanation is found at the back of this booklet.

For the latest resources and other relevant information about returning to life post your surgery, please call 1800 219 179 or visit www.libertymed.com.au

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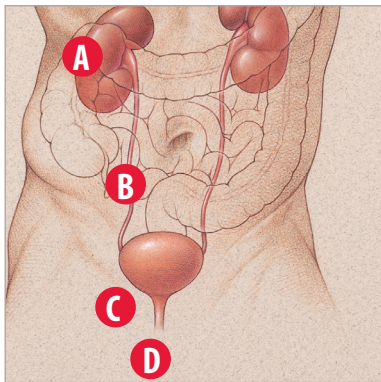
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About Your Urostomy



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

Before your surgery

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

Generally, an ileal conduit stoma is located on the abdomen on the right side. This area is just below the waist, to the right of your navel - or belly button. The stoma for a colon conduit is oftentimes located on the left side.

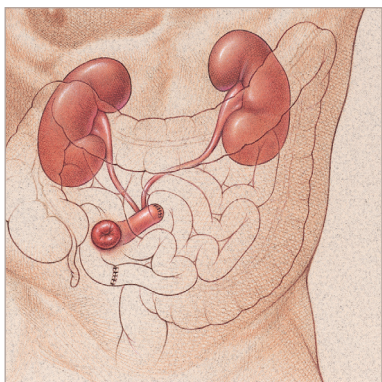
Before your surgery, your STN will determine the best location for your stoma. Ideally, the stoma should be placed on a smooth skin surface. It should be located where you can see the stoma easily and take care of it yourself.

The urinary system

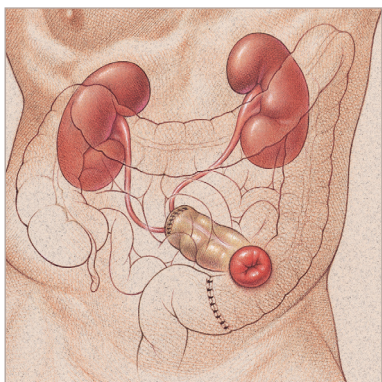
The human urinary system begins with the kidneys. The kidneys are two “bean shaped” organs located just above the waistline, toward the back.

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 a convenient time 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**.



An ileal conduit, 15cm of the small intestine is used to connect to the ureters and directed through the abdominal wall.



Much the same as an ileal conduit, a colon conduit uses a short segment of the large intestine to connect to the ureters.

What is a urostomy?

A urostomy is a surgically created opening 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** with a drain tap to collect the urine at all times.

Types of urostomies

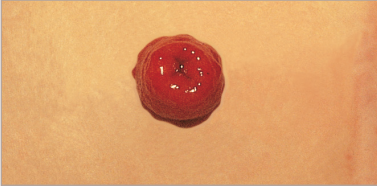
Your surgeon may select one of several methods to create the urostomy, or urinary diversion. The most common method is called an ileal conduit.

To create an ileal conduit, the surgeon removes a short segment of the small intestine (ileum). This short segment will be used as a pipeline – or conduit – for urine to flow out of your body. The 15cm 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. You should know what type you have. If you don't, ask your surgeon or your STN.



The stoma

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



The stoma with stents.

The stoma

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

You may also have small tubes called **stents** that were inserted during surgery. These will be removed approximately 2 weeks after surgery.

The skin around the stoma is called the **peristomal skin**. This skin should be well protected and free from irritation. The most important thing you can do to keep your skin healthy is to use ostomy pouches that fit well.

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

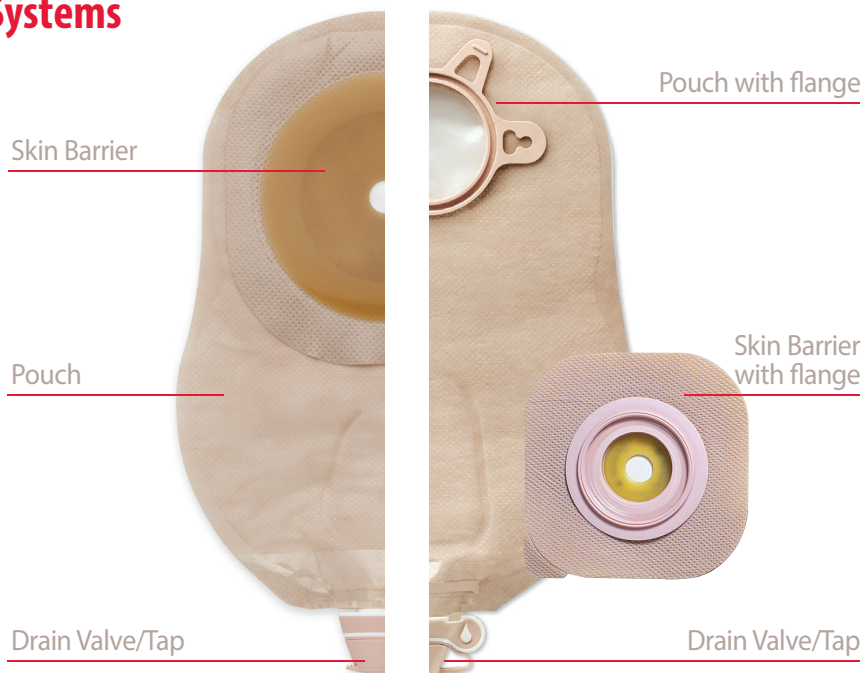
Urine will begin flowing from your stoma immediately after surgery. At first, the urine might have a slight reddish colour. However, after a few days, the urine will return to its normal colour.

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.

Urostomy Pouching Systems

One-Piece System

Two-Piece System



You can choose the kind of Hollister urostomy **pouch** you want to use. Your pouch may be part of a one-piece or two-piece drainable pouching system, and have clear and beige options. You can also select pouches that have a soft cover, such as the Hollister ComfortWear panel, to increase your comfort.

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 to the pouch. The pieces snap together with a flange, a part which looks like a plastic ring. It is easy to un-snap the pouch and discard the pouch on a daily basis.

The one piece Urostomy pouch with the upgraded tap will be available in late 2016.

Drain Valve/Tap

Your Hollister urostomy pouch has a drain valve at the bottom of the pouch, allowing it to 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 rest room.



All Hollister urostomy pouches have a drain valve/tap at the bottom of the pouch for quick and easy draining. A teardrop clearly identifies whether the tap is open or closed.



Left to right:
One-Piece Urostomy Pouches (two on the left)
Two-Piece Urostomy Pouch
and Skin Barrier.

Bedside collector

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 to empty the pouch. Hollister provides the Night Drainage Collector (Code: 5550) to best match Hollister pouches.



Hollister Night Drainage
Collector (Code: 5550).

Managing Your Urostomy

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 no cause for alarm.
- Asparagus and seafood may cause odour.

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 pouch that fits properly.

Each time you remove your pouch, look carefully at your 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 or gets worse, be sure to contact your STN.

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 prevent urinary tract infections – you should drink at least 2 litres of fluid each day

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

Odour

Odour is a major concern for people who have 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 affect the odour of urine as well as some medications.

Maintaining Your Lifestyle

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 bag.
- 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 STN when travelling.
- 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.

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 pantyhose or girdles. Choose a patterned swim suit, 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 overseas, you will find that urostomy products are available from select medical or surgical retailers throughout the world.

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, softball, hike, sail, or jog just as they did before their surgery. Heat and moisture can reduce the wear-time of the pouching system.

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.

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 STN.

If you are concerned about having children, you will be happy to know that after a satisfactory recovery, it is still possible for a woman who has a stoma to have children. Many men have become fathers after having urostomy surgery. If you have questions about pregnancy, be sure to ask your doctor or your STN.

Routine Care of Your Urostomy

Call your STN if you notice any of the following problems:

- Any sign of urinary tract infection:
 - dark, cloudy urine
 - strong-smelling urine
 - back pain (where your kidneys are located)
 - nausea/vomiting
 - fever
 - loss of appetite
- 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.

When your doctor says it is appropriate, you can resume your normal activities. You will get used to your Hollister pouch system and develop a schedule that fits your lifestyle. Here are a few guidelines for successful care of your urostomy.

- Empty your pouch when it is one-third to one-half full.
- Replace your one piece pouch every 1 to 3 days.
- Replace the flange on a two-piece system every 2nd to 3rd day and change pouches daily.
- If you use soap, make sure it 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 pouch, 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 flange 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 is not staying in place, be sure to see your doctor or STN.

Follow Up Care

Lifestyle Tips

Your doctor and your STN are very important resources.

An annual physical with your doctor is something that should definitely be a part of your routine. It's also a good idea to have an annual checkup with your STN.

Following surgery: discharge information

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

Type of ostomy: _____

Date of surgery: _____

Stoma size and shape: _____

Recommended pouching system: _____

Other recommended products: _____

Other suggestions: _____

You can get your ostomy products through the following Ostomy Association:

Ostomy Assoc. Name: _____

Ostomy Assoc. Address: _____

Telephone: _____

STN Contact Details (attach business card, if available)

Name: _____

Address: _____

Telephone: _____

Australian and New Zealand Ostomy Associations

Australian Capital Territory

ACT & District Stoma Association

(02) 6205 1055

actstoma@alphalink.com.au

New South Wales

Colostomy Association

(02) 9565 4315

ostomy@iinet.net.au

Ostomy NSW

(02) 9542 1300

orders@ostomynsw.org.au

Northern Territory

Cancer Council of the Northern Territory

(08) 8927 4888

ostomy@cancernt.org.au

Queensland

Gold Coast Ostomy Association

(07) 5594 7633

gcoa@bigpond.com.au

North Queensland Ostomy Association

(07) 4775 2303

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Queensland Ostomy Association

(07) 3848 7178

admin@qldostomy.org.au

Queensland Stoma Association

(07) 3359 7570

admin@qldstoma.asn.au

Toowoomba & South West Ostomy Association

(07) 4636 9701

bob.schull@bigpond.com

Wide Bay Ostomy Association

(07) 4152 4715

wbostomy@bigpond.com

South Australia

Ostomy Association of SA

(08) 8235 2727

colosa@colostomysa.org.au

Ileostomy Association

(08) 8234 2678

ileosto@bigpond.net.au

Tasmania

Ostomy Tasmania Inc

(03) 6228 0799

admin@ostomytas.com.au

Victoria

Bendigo & District Ostomy Association

(03) 5441 7520

-

Colostomy Association

(03) 9650 1666

colostomy@mail2me.com.au

Geelong Ostomy Association

(03) 5243 3664

goinc@geelongostomy.com.au

Ileostomy Association

(03) 9650 9040

ileovic@onestream.com.au

Ostomy Association of Melbourne

(03) 9888 8523

enquiries@oam.org.au

Peninsula Ostomy Association

(03) 9783 6473

poainc1@bigpond.com.au

Victorian Children's Ostomy Association

(03) 9345 5522

-

Warrnambool & District Ostomy Association

(03) 5563 1446

warrnamboolostomy@swh.net.au

Western Australia

West Australian Ostomy Association

(08) 9272 1833

waostomy@waostomy.asn.au

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(07) 573 7443

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Mr Karl Moen (Secretary)

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P.O. Box 119, Rolleston 7643

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(07) 853 8355

jackieandbarry@xtra.co.nz

21 Strathconnan Court, Hamilton 3210

Details are correct as at time of printing.

Glossary

Bladder	Where the body stores urine prior to urination.
Colon	Another term for the large intestine or last portion of the gastrointestinal tract.
Colon conduit	An ostomy (surgical opening) created in the colon, part of the large intestine.
Flange	The base plate (skin barrier) of a two-piece system that adheres to the skin.
Large intestine	Another term for the colon or the last part of the gastrointestinal tract.
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	The bag that collects the discharge from the stoma.
Rectum	The lower end of the large intestine, leading to the anus.
Skin barrier	Part of the pouching system to protect your skin.
Small intestine	The portion of the gastrointestinal system that first receives food from the stomach. Divided into three sections: duodenum, jejunum and ileum.
Sphincter	A muscle that surrounds and closes an opening. A stoma does not have a sphincter.
STN	Stomal Therapy Nurse
Stoma	Another term for ostomy, a surgically created opening.
Two-piece	The skin barrier is separate from the pouch. Both pieces are needed to create a complex 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 re-route the urinary system. Also called a urostomy.
Urostomy	An ostomy (surgical opening) created in the colon, part of the large intestine.



Additional educational materials and video programs are available from:

Australia

6/345 Ingles Street
Port Melbourne, Victoria
Australia 3207

New Zealand

Hollister New Zealand
58 Richard Pearse Drive
Airport Oaks, Auckland,
New Zealand

For more information, call:

FreeCall 1800 219 179 (Australia)

FreeCall 0800 678 669 (New Zealand)