



# Life After Urostomy



## Contents

Introduction	3
Normal urinary function	4
What is a urostomy?	5
After the operation/pouching systems	6
What type of pouch should I choose?	7
Emptying the pouch	8
Changing the pouching system	9-10
Going home	11-12
Continuing care	13
Resources	14

This information is for educational purposes only. It is not intended to substitute for professional medical advice and should not be interpreted to contain treatment recommendations. You should rely on the healthcare professional who knows your individual history for personal medical advice and diagnosis.

Call your healthcare provider if you have any medical concerns about managing your ostomy. You may also contact your Coloplast Consumer Care Advisor for product usage and availability questions at 1-877-858-2656.

**IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 911.**

## Introduction

Coloplast started over 60 years ago when nurse Elise Sørensen came up with a simple idea with far-reaching consequences: the world's first disposable ostomy pouch with an adhesive ring. Before disposable ostomy pouches, people used metal or glass capsules, fabric belts or rubber bags. Elise's idea would give her sister, who had an ostomy, and thousands like her around the world the chance to live a normal life again.

Since then, Coloplast has expanded to include wound, skin, continence and interventional urology divisions. While many changes have occurred over the years, we continue to conduct business in the same spirit as Elise and our founders: we listen, we learn and we respond. Our mission is to make life easier for people with intimate healthcare needs. This booklet was designed to do so by answering some of the most frequently asked questions you may have regarding your ostomy care.

Adjusting to life after ostomy surgery can be challenging. At Coloplast, we look forward to being a valuable resource for you, and will provide you with support and educational materials to help along the way.

By now you have had a chance to meet with your surgeon and Wound, Ostomy, Continence (WOC) Nurse. Your WOC Nurse has received special education and training in all aspects of ostomy care, and will help you and your family learn about living with a urostomy.

This booklet is a great starting point to help you through your surgery and help maintain your current lifestyle. It is not meant to be a substitute for medical care, so always consult your physician or appropriate healthcare provider.

Sincerely,

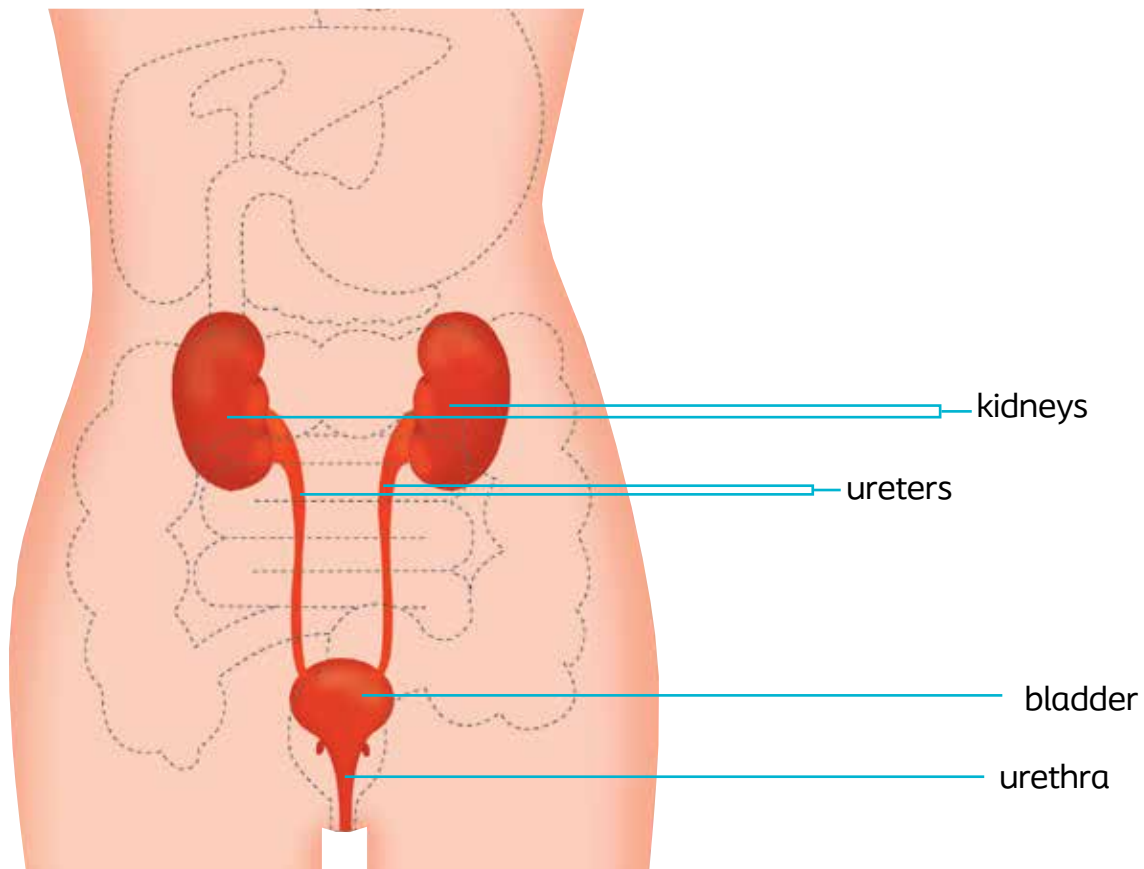
Coloplast Corp.

## Normal urinary function

Looking at how urine is made and passed from the body will help you understand what is involved in your operation.

Urine is made by the kidneys and travels through two tubes (ureters) to the bladder. The urine is stored here before passing out of the body through the urethra.

If a problem occurs within the bladder, this process may be changed, leading to the bladder being removed from the body and having to find a new system for urine to be passed from the body.



## What is a urostomy?

Urostomy surgery is performed to cure or alleviate symptoms of a disease. Your surgeon or WOC Nurse will explain the type of surgery you will or did have.

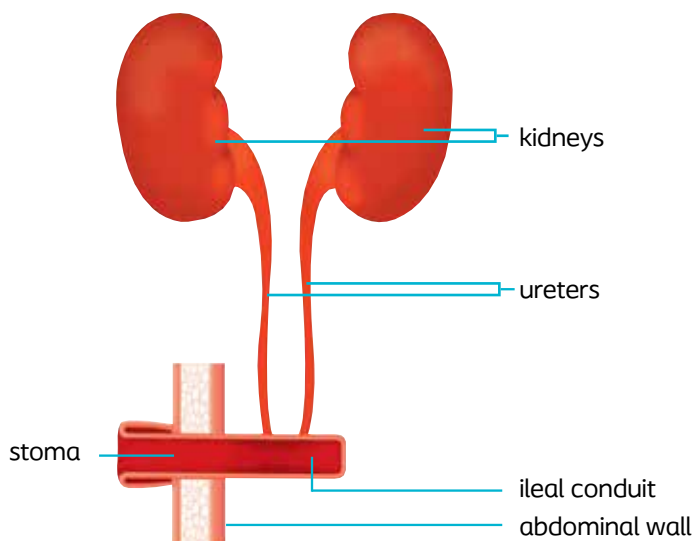
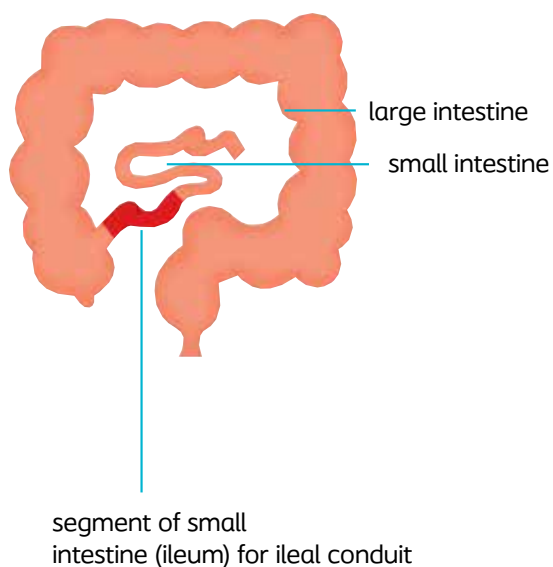
During the most commonly performed urostomy surgery, called an ileal conduit, the surgeon takes a six to eight inch piece of the small intestine (the ileum) and makes it into a conduit (or pipeline) for urine. The remainder of the small intestine is reconnected so your intestine will function as it did before surgery. The ureters (tubes that carry urine from each kidney to the bladder) are detached from the bladder and joined to the piece of ileum (small intestine).

One end of the piece of ileum that was removed is sewn closed and the other end is brought through an opening on the abdomen (belly). The part of the ileum you see on the outside of your abdomen is called the **stoma**. Stomas vary in shape and size however it could stick out from the abdomen about 1 inch. This is where urine will now drain from your body.

A normally healthy stoma is moist and red or pink in color. The stoma has no nerve endings, so it will not hurt when touched. It is normal for the stoma to be large and swollen after surgery, however, it will shrink to a smaller size within a few weeks. You may also see your stoma move slightly. This is a normal process that had helped push stool through your bowel and now helps drain urine outward and into the pouch on your abdomen.

Just like your gums sometimes bleed when brushing your teeth, your stoma may also bleed slightly. However, if your urine is cloudy, foul smelling, bloody, or you experience constant bleeding, contact your doctor immediately.

Because the stoma does not contain muscles, your urine flow will no longer be controlled. Urine will generally drain constantly since the conduit (or pipeline) does not replace the bladder or store urine. Thus, a pouch must be worn at all times to collect urine.



## After the operation

When you wake up from surgery, you will be wearing your first pouch. The pouch will be clear so the doctors and nurses can check your new stoma.

You may have an intravenous line (IV) providing fluids into your veins. There will be two small tubes (stents) coming out of your stoma which will help keep the ureters open to drain urine. These stents may be removed by your healthcare provider before going home, or during your first doctor's visit (after leaving the hospital).

In the beginning, your urine may be a little red or pink, however it should return to its normal (clear, yellow) color. It is perfectly normal to find

mucus in the urine. This is due to the mucous membrane in the small bowel used to make the ileal conduit.

During the first few days you will only be given fluids to drink. Food will slowly be added to your diet as your bowel function returns to normal.

Urostomy surgery is a major operation, so it is normal to feel weak for a while. You may experience pain from the surgery, and medication can be prescribed by the doctor to help you feel more comfortable.

## Types of pouching systems

### 1-piece



Barrier and pouch combined

### 2-piece mechanical coupling



Barrier and pouch are separate (two plastic pieces snap together)

### 2-piece adhesive coupling



Barrier and pouch are separate (flexible coupling sticks together)

## Additional options



Extended wear barrier



Urostomy mini cap



Urostomy micro pouch can be connected to a drain bag for a flatter pouch to wear at night



Night drainage bags

*Mini Cap or Micro Pouches attach to Assura® or SenSura® Brands only*



After urostomy surgery you will need to use a pouch with a spout at the bottom to drain the urine. Pouches are available in a variety of styles — your WOC Nurse will help choose the one that best suits your needs. Pouches are odor-proof, made of clear plastic or neutral-colored material with cloth backing, and are held to the skin by an adhesive (sticky) barrier. The pouches are lightweight and may not be seen under clothing.

The two main types of pouches are:

- one-piece system
- two-piece system

A **one-piece system** refers to a system where the pouch and barrier come as a single unit.

A **two-piece system** has a separate pouch and barrier. These two pieces attach together. With a two-piece system, you have the option of changing the pouch without changing the barrier.

Both systems are designed to be gentle on your skin, lightweight, leak-proof, and odor-proof – providing a comfortable and discreet pouching system.

Your WOC Nurse can assist you in choosing the right system and answer questions about taking care of your stoma.

## Emptying the pouch

You should empty your pouch when it is about one-third to one-half full (or when needed or desired). A full pouch can become heavy and break loose from the skin. Also, emptying is more difficult if the pouch is too full.

Emptying the pouch can be easy if you follow these steps:

- Sit far back on the toilet and place the end of the pouch between your legs, or stand and lean over the toilet when emptying the pouch.
- Hold up the end of the pouch before opening the spout.
- Remove plug from spout, pinch spout to control drainage, direct spout and release to drain contents.
- Clean the spout with toilet paper before replacing plug in spout.

Usually, more urine is produced while sleeping during the night than the pouch can hold.

You may choose to attach your pouch to a bedside drainage bag, or set your alarm to empty it once during the night. If using a night drainage bag, secure the tubing from the pouch to the drainage bag. Some options for securing the tubing include: using a device to secure the tubing of the drainage bag to your leg and running the tubing down the side of your pajamas. The drain bag can be secured to the side of your bed using a bag hanger.

Clean the night drainage bag each day by rinsing it with warm water. Cover the end of the tubing with a piece of plastic wrap. Once a week, clean the drainage system with white vinegar and water (one part white vinegar and three parts water). Pour the vinegar water through the tubing and into the bag. Leave the rinse in the bag for a few minutes, then empty the bag.



## Learning to care for your stoma

Your WOC Nurse will teach you how to care for your stoma and change your pouching system. It is important to take good care of the skin around your stoma (peristomal skin). If the barrier does not fit securely around the stoma, or if urine leaks beneath the barrier, the skin can become red and irritated. The peristomal skin may also become red and irritated if the pouch is removed too roughly, changed too often, or if harsh cleansers are used on the skin.





## Changing the pouching system

The length of time a pouch is worn depends on your body, activity level, urine output, and type of pouch used. Plan a regular time to change the pouch; typically twice a week, do not wait for it to leak. If you ever feel burning or itching under the pouch or barrier, you should change the pouching system and check your skin. **“Healthy skin” means the skin under your barrier looks like the skin on the other side of your abdomen.** If your skin is red, moist, or painful, check with your WOC Nurse to confirm your product fit and pouching routine are still appropriate for your body.

During the first four to six weeks after surgery, you will need to remeasure your stoma once a week (since the stoma should decrease in size after the operation). Moving forward, measure your stoma at least once a month to make sure you have a secure fit – which prevents urine from irritating your skin.

Since urine drains continuously from the stoma, you should have something to absorb the urine as you prepare to apply the new pouch. Tissue, toilet paper, or gauze can be used to absorb the urine. The best time to change your pouch may be in the morning before drinking fluids.

Follow these steps when changing your pouching system:

### 1. Make sure all supplies are within reach:

- soft paper towels or washcloth
- measuring guide
- scissors
- warm water
- garbage bag
- marking pen
- new pouch/barrier

(Tip: Warm the barrier between your hands for one to two minutes, which allows the barrier to warm up to your skin. This results in better wear time.)

2. Gently remove the old barrier, working slowly from top to bottom. Push down on the skin as you carefully lift off the barrier. Never rip or tear off the barrier since the skin could become red or irritated. You can sit or stand while changing your pouch. It may be helpful to empty your pouch into the toilet prior to removing the pouch. Do not flush pouch down the toilet as this will clog the toilet.

3. Clean the stoma and the skin around it with warm water, then dry thoroughly. Moisturizing

## Changing the pouching system (cont.)

soaps, lotions, and creams may prevent the new barrier from adhering properly to the skin. If you need to, use a mild soap without glycerins, oils, or deodorants. Do not be alarmed if you see some bleeding on the stoma; this is normal. (It's similar to when your gums may sometimes bleed when brushing or flossing your teeth.)

4. **Check the skin for redness or sore spots.** If you see a rash or have skin problems, call your WOC Nurse or healthcare provider.
5. **Measure the stoma.** Use a stoma measuring guide to measure your stoma for your new pouching system. Cut the barrier to ensure the skin next to the stoma is covered.
6. **Apply the new barrier and pouch.** Be sure your skin is clean and dry before putting on the barrier and pouch. Warm the barrier between your hands for one to two minutes as this will allow the barrier to adhere properly to your skin which results in a better wear time. Try to avoid wrinkles. If your stoma becomes active during the pouch change, wipe the urine away with a tissue. Make sure the appliance is secure around your stoma.

7. **Secure pouch closure, making sure spout is closed.**

### Key Points

- Plan on changing your pouch in the morning, before your ostomy becomes active.
- You may shower with your pouching system on or off on a pouch change day.
- If you spend time in a hot tub or sauna, the heat may loosen the barrier. Always check your barrier to make sure you have a good seal.
- Warm the barrier between your hands before applying, then use gentle hand pressure once applied for a few minutes.
- Make sure skin is clean and thoroughly dry before applying the pouching system.



## Going home

Here is some helpful advice for when you return home:

### Obtaining supplies

Upon leaving the hospital, you may qualify for home health care. Depending on your insurance, the visiting nurse can either provide product during the visits or help you obtain supplies from a Durable Medical Equipment/ Home Medical Equipment supplier. If you do not qualify for home visits, your WOC Nurse or Case Manager will provide you with options of suppliers in your discharge paperwork. You can also make notes on Page 13. Most insurance plans will have a deductible and copays, so it's important to choose one that can work with your insurance.

Be careful not to store your pouches in direct sunlight or near heat (this includes the glove box or trunk of a car). This may cause the barrier that attaches the pouching system to your skin to break down. If stored in cool temperatures, let the barrier return to room temperature before using.

### Diet

Eating a well-balanced diet that can include your favorite foods is important to your health. Be aware that some foods cause an odor in urine including:

- asparagus
- fish
- onions
- garlic

These foods can still be eaten. However, you may become aware of an unusual odor.

You should drink at least 8 glasses of fluid each day, unless you have to limit your fluids due to a medical problem. Be sure to drink extra fluids when exercising or sweating.

### Urinary Tract Infections (UTIs)

UTIs can occur with a urostomy. Signs and symptoms of a urinary tract infection include<sup>1</sup>:

- increased amount of mucus in the urine
- cloudy and strong-smelling urine
- fever
- confusion
- loss of appetite
- back pain
- nausea and vomiting
- blood in urine

If you experience these symptoms, contact your physician.



## Going home (cont.)

### Medication

Some medications may change the color and odor of your urine. Your physician or pharmacist can advise you about this.

### Bathing or showering

You may choose to bathe or shower with your pouch on or off. If you shower with your pouch off, choose a soap that is oil-free and residue-free. These types of soaps may interfere with the adhesion of the barrier.

### Exercise and sports

Exercise is good for everyone, and this includes people with a urostomy. Check with your doctor before exercising or playing contact sports. Special small pouches can be used when swimming and playing sports, if desired.

### Intimacy

Speak with your surgeon or WOC nurse regarding the effects your surgery may have on sexual function. Your ostomy does not limit or prohibit sexual activity. Intimacy can play an important role as you take steps to resume the life you had before surgery.

**Note:** there are special products and accessory choices available for intimate moments.

### Travel

Travel should not be restricted due to your urostomy. Remember to pack all of your supplies for the journey, and make sure you have more than enough supplies for the duration of your trip. Keep your supplies where you can easily get to them. If you are flying, take supplies in a “carry-on” bag in case you become separated from your checked luggage.

### Supply checklist:

- pouches
- barriers – if using a two-piece system
- soft paper towels
- wipes, strip paste, powder or other accessories (if you use them)
- scissors (if using a cut-to-fit system)
- stoma guide
- plastic bag (to discard pouch, if necessary)



## Continuing care

After surgery, it's important that you begin enjoying life as quickly as possible. Your doctor or WOC Nurse is available to help with any problems or questions. Organizations are also in place to provide information and support for you and your family. Ask your WOC Nurse for information about local groups and chapters.

### To be completed by WOC Nurse

Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Type of Stoma: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Stoma Size: \_\_\_\_\_

### Coloplast ostomy products given upon discharge:

Product Code	Description

The information above will be needed to order product from your supplier. If they accept insurance, they can acquire a signed prescription for you from a physician, NP or PA. IF you have home health care visits, check with that nurse before agreeing to order anything. Your stoma size may change as swelling subsides.

Ostomy product supplier: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Coloplast Consumer Care Advisor 1-877-858-2656

#### Notes:

---

---

---

---

---

---

---

---

---

---

## Resources

The United Ostomy Associations of America (UOAA) is a nationwide organization whose aim is to give information, advice, and support to anyone who has, or is about to have an intestinal or urinary diversion and their caretakers. Members of the UOAA can visit you at home and in the hospital. Numerous groups operate throughout the country, where meetings are held to share news and views with other members. A quarterly magazine is also available to members. Use the contact information below to find the support group most suitable for you:

### United Ostomy Associations of America, Inc. (UOAA)

P.O. Box 525  
Kennebunk, ME 04043-0525  
1-800-826-0826  
[www.ostomy.org](http://www.ostomy.org)

### Other Resources

#### American Cancer Society

1 (800) 227-2345  
[www.cancer.org](http://www.cancer.org)

#### World Bladder Cancer Patient Coalition

[worldbladdercancer.org](http://worldbladdercancer.org)

#### Wound, Ostomy and Continence Nurses Society (WOCN)

1120 Route 73, Suite 200  
Mt. Laurel, NJ 08054  
1-888-224-WOCN (9626)  
[www.wocn.org](http://www.wocn.org)

#### Canadian Association for Enterostomal Therapy (CAET)

66 Leapolds Drive  
Ottawa, Ontario  
CANADA  
1-888-739-5072  
[www.caet.ca](http://www.caet.ca)

#### Coloplast® Care Program

Coloplast® Care is designed to support you as you get back to living your life after ostomy surgery. It may take some time to become comfortable living with a stoma, but through the Coloplast Care program, we will provide support for you throughout the process with a personal Coloplast Consumer Care Advisor, routine self-assessments to help you stay on track, and with a wealth of education.

For further assistance, call 1-877-858-2656 or visit [www.ostomy.coloplastcare.us](http://www.ostomy.coloplastcare.us)

1. Goldberg, M. T. (2016). Patient education following urinary/fecal diversion. In J. E. Carmel, J. C. Colwell, & M. T. Goldberg (Eds.), *Wound, ostomy and continence nurses society core curriculum* (pp.131-139). Wolters Kluwer.

Information from Coloplast® Care is for educational purposes only. It is not intended to substitute for professional medical advice and should not be interpreted to contain treatment recommendations. You should rely on the healthcare professional who knows your individual history for personal medical advice and diagnosis.

Notes

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare.

Our business includes ostomy care, continence care, wound and skin care and urology care. We operate globally and employ more than 12,000 employees.