

Urostomy

A practical guide to stoma care



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Working with you to improve stoma care

Few people will have heard of a Urostomy prior to finding out that they need surgery. Issues regarding bodily functions are rarely talked about, so people facing this procedure often feel very alone. It may seem a daunting road ahead, but there are many sources of advice and support available to help you on the road to recovery.

I am frequently asked questions such as "What will my stoma be like?" or "What happens after surgery?". This booklet explains what to expect and provides hints and tips to enable you to get the best out of life. I am sure that you will find it very helpful.

Hazel Pixley

National Secretary

Urostomy Association of Great Britain and Ireland

Introduction

It is a worrying time when you learn that you need to undergo major surgery. It can be particularly traumatic when you learn that as a result of that surgery your bodily functions will not be the same - that you will have a urostomy and will not be able to pass urine in the normal way, but will wear a pouch on your abdomen.

Specialist stoma care nurses and medical staff offer understanding and support - and practical assistance. They have helped very many people through the same experience and back to a full, active and happy life.

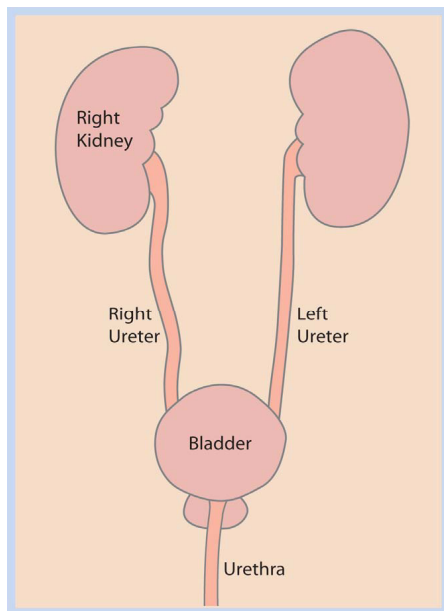
Organisations such as the Urostomy Association are also invaluable sources of support and advice from fellow urostomists.

This booklet is intended to fill in on some of the information you may have been unable to take in at the time of your surgery and to give you background information and practical advice.

Contents

The urinary system	
How the urinary system normally works	2
With a urostomy	2
How is the stoma formed?	3
What does a stoma look like?	3
In hospital	
Marking the site	4
After surgery	4
Leaving Hospital	5
Urostomy pouches	
Types of pouches	6
Aperture sizes	6
Changing your pouch - accessories	7
Night time	7
Helpful information about the care of your stoma	8
Helpful information/Association/Support Group/ Careline	9

The urinary system



How the urinary system normally works

In carrying out its functions, the body naturally produces wastes that collect in the blood.

The kidneys continuously filter the blood to remove the waste matter.

The resulting urine travels from the kidneys through the ureters to the bladder, where it is stored. It is then passed or excreted via the urethra.

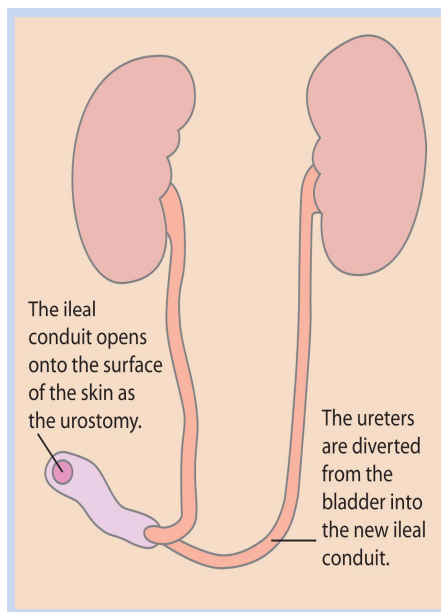
With a Urostomy

When you have a urostomy, you will no longer pass urine in the usual way.

Instead the urine will come down the ureters from the kidneys and then be diverted out to the surface via an opening ('stoma') on your abdomen.

The stoma is usually situated on the right hand side of the abdomen.

A watertight pouch (with a tap at the bottom) is fitted over the stoma to collect the urine.



The urinary system

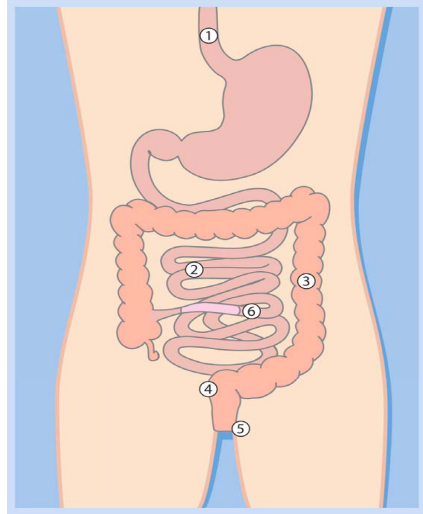
How is the stoma formed?

To create the stoma that opens onto the abdomen, the surgeon will usually isolate a short piece of your small intestine ('ileum') and use it to fashion a kind of tube or spout (known as an 'ileal conduit').

The rest of the small bowel or ileum will be rejoined so that your digestive system functions just the same as before.

The two ureters are 'plumbed' into the ileal conduit which then opens onto the abdomen (see opposite page).

Simplified diagram of the digestive system



- | | |
|---------------------------|-----------------|
| ① Oesophagus | ④ Rectum |
| ② Small Intestine (ileum) | ⑤ Anus |
| ③ Large intestine (colon) | ⑥ Ileal conduit |

What does a stoma look like?

A stoma is moist and pinkish in colour (similar to the inside of the mouth). It has little or no sensation, but it does have a good blood supply and may bleed slightly when touched. Because it is made from a piece of intestine, it will always continue to produce mucus and this shows up as threadlike matter in the urine collected in the stoma pouch.



In hospital

Before surgery

Members of the medical team will prepare you and advise you about your coming operation. In many hospitals specially trained senior staff - stoma care nurses - will be closely involved in your care and will make sure you have continued support in the hospital and when you return home.

Urostomies are carried out when necessary to save life or to considerably improve the quality of life. They may result from cancer or trauma to the bladder; the bladder not functioning properly in conditions such as multiple sclerosis - there are many different reasons for this procedure.

Marking the site

The stoma is usually on the right hand side of the abdomen. The specialist stoma care nurse will usually discuss this with you and, before the operation, mark the position where the stoma will be as a guide for the surgeon. Your stoma will be permanent and you will always need to wear a stoma pouch.

After surgery

When you wake up, don't be alarmed by the various tubes attached to you - these will gradually be removed during the following days.

The stoma will be covered by a special post-operative pouch. It will be swollen at first, but during the weeks after surgery it will shrink somewhat.

- During the surgery two fine plastic tubes will be tucked into the stoma down into the ureters to hold the ureters open and make sure they are able to drain properly - once the swelling goes down the plastic tubes will gradually work their way out and be removed.
- Urine draining out of your stoma immediately after surgery will be blood-stained. It will gradually clear, but will remain discoloured for 2-3 weeks.
- The piece of intestine used to fashion the stoma will always continue to produce mucus as it did normally when it was part of the bowel. This mucus will be quite 'blobby' at first but will become threadlike after a little time.

Leaving hospital

Leaving hospital

Having a urostomy is major surgery, and you will probably stay in hospital for around 2-3 weeks. During this time, as you recover, the stoma care nurse will teach you how to care for your stoma. You will also be fitted with a more discreet type of pouch.

When you leave hospital you will be provided with a sufficient quantity of stoma supplies. Future supplies will be issued on prescription from your GP. Your stoma care nurse will discuss this with you, will list out what you need and may also arrange for supplies to be delivered directly to your home. Whatever your age, you are exempt from prescription charges for stoma supplies.

Full details of how to contact your stoma care nurse for information or advice will be given to you and you will also have an appointment for your first check-up at the hospital. Your GP will be notified of your return home.

When you return home

Your stoma care nurse and/or community nurse will visit you at home and you will continue to receive support. The stoma care nurse can be contacted by phone and regular stoma clinics (run by stoma care nurses) are usually held in the hospital and locally. The nurse will give you full details.

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Urostomy Pouches

Your stoma care nurse will show you a selection of pouches and accessories available. There are basically two types of pouches - 'one-piece' and 'two-piece'. Whatever the type, all pouches need to be emptied several times during the day and therefore have a small soft 'tap' at the bottom for this purpose.

One-piece pouches

These simple pouches are very popular. They are fixed around the stoma by means of a self-adhesive flange. When changing a pouch for a fresh one (usually every other day), the whole pouch is gently removed and a new one applied in its place.

The type of flange and precise means of attaching the pouch vary with different types and makes, so it is worth experimenting to find one that suits you, your skin and your way of life. The material the pouches are made from also varies.

The most modern ones are very fine, soft and discreet, with a backing that is comfortable next to the skin. Most manufacturers are only too happy to provide free samples for you to try - and you can also keep up with the latest developments this way.

Two-piece pouches

These pouches have a flange (or baseplate) that fits round the stoma and stays in place for several days, with separate pouches that are attached to it. The baseplate is usually changed once or twice a week.

Aperture sizes

The size of a stoma varies in diameter and shape. Stoma pouches are available with different size apertures or holes ready-cut in the flange. Most appliance manufacturers supply a measuring device to check the size. Find the correct measuring ring which fits comfortably and snugly round the stoma without touching it or cutting in. If the stoma is irregularly shaped, you can cut your own pattern to fit - but best of all use a supplier who will 'customise' the flanges ready for you to use.

In the weeks after surgery the stoma size usually reduces slightly. Check carefully to ensure a good fit - many problems with leakage or skin soreness are caused by using a pouch with the wrong-size aperture.

Changing your pouch - accessories

Night time

To avoid getting up in the night to empty your pouch, you need to add on extra capacity by means of a 'night bag'. This is attached via a long tube to the tap at the bottom of your usual pouch. You can either place the night bag on a stand or hang it out of the end of the bed resting in a bowl or bucket. The night bag should be cleansed daily and changed every week.

Some people prefer to use a leg pouch at night (and some also do this in the day).

When changing your pouch

As a urostomy functions continuously, it is important to get everything ready before you remove the pouch - and to get on with it when you do!

If you are removing a one-piece pouch, or the baseplate of a two-piece system, do so carefully and gently. The importance of taking care of the skin around the stoma to avoid soreness cannot be emphasised too much. Clean gently with water, dry, and use non-sting barrier wipes to protect the skin before applying another pouch/baseplate. (Don't worry if your stoma bleeds slightly when it is touched - this is quite normal.)

Various accessories can be obtained free on prescription - including extension flanges for extra security, seals, pastes and powders - and your stoma care nurse will go through these with you. Free disposal bags (to put used stoma pouches in) belts and deodorants are also available.



For advice and information about all makes of pouches and accessories, ring the Welland Careline on 0800 585125

Helpful information about the care of your stoma

You must drink plenty of fluids

One of the main concerns with a urostomy is the possibility of urinary infections. To help avoid this it is very important to:

- Drink plenty of fluids - a total of 2-3 litres per day (that's the equivalent of 10-11 large glasses or 13 mugs of liquid)
- Drink cranberry juice every day - at least 2 glasses

This ensures you keep the system flushed through and working properly (and helps to flush out bacteria).

Cranberry juice has been shown to be helpful in avoiding urinary infections (Leaver 1996). If you don't like it, you can also obtain cranberry tablets from chemists and health food stores.

Urinary infections

If you think you may have a urinary infection it is very important to contact your doctor immediately for treatment. To obtain a specimen, change your pouch and then take a specimen from the first lot of urine in the fresh pouch.

Signs of possible infection:

- Smelly urine
- Cloudy urine
- Increased mucus

Dietary observations

When you have a urostomy there are no dietary restrictions and you should continue to have a normal diet. But please note:

- It is quite normal for your urine to be smelly after eating fish or asparagus!
- Beware - after eating beetroot the urine (and sometimes stools) will often be pink in colour!
- Urine crystals sometimes form in the stoma. These can be dissolved using a cloth dampened with white vinegar. Drinking cranberry juice will help to reduce the formation of crystals (Fillingham, 1999).

Helpful information

Urinary diversion

If you still have your bladder in place (i.e. you have had a urinary diversion, but not a bladder removal or cystectomy), the bladder will need to be washed out regularly, usually at fortnightly intervals. You may be shown how to do this yourself, or the district nurse may carry out the procedure for you. Your stoma care nurse will advise.

Sexual problems

Impotence in males, and other sexual problems, often occurs after bladder surgery. You will be counselled by medical staff and may also be referred to a urology nurse specialist. Younger men undergoing surgery should also be offered sperm banking.

Do not despair if you do experience erection problems, but speak to an adviser - there are many helpful solutions such as penile implants, injections, tablets, vacuum pumps etc.

Association/Support group

Support organisations such as the Urostomy Association can help with advice from other (happy, healthy) urostomists. The creation of a stoma can not only be a life saving operation, but for many people it actually greatly improves the quality of their lives.

Urostomy Association

Central Office, 18 Foxglove Avenue, Uttoxeter, Staffordshire, ST14 8UN.
Telephone: 0870 770 7931. Fax: 0870 770 7932

The Welland Careline operated by our sister company SecuriCare provides a friendly and efficient information and advice service to patients and carers.

The team is experienced in all makes of stoma pouches and accessories as well as Welland products and will be delighted to help with any product queries, requests for information or advice on stoma care.



Welland Careline 0800 585125

We would like to thank the following for their invaluable assistance in reviewing this booklet:

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