



Managing
your
Urostomy

 Hollister

Managing Your Urostomy

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

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

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

Hollister has also highlighted options for you to explore – along with features that can help you make an informed choice after your surgery.

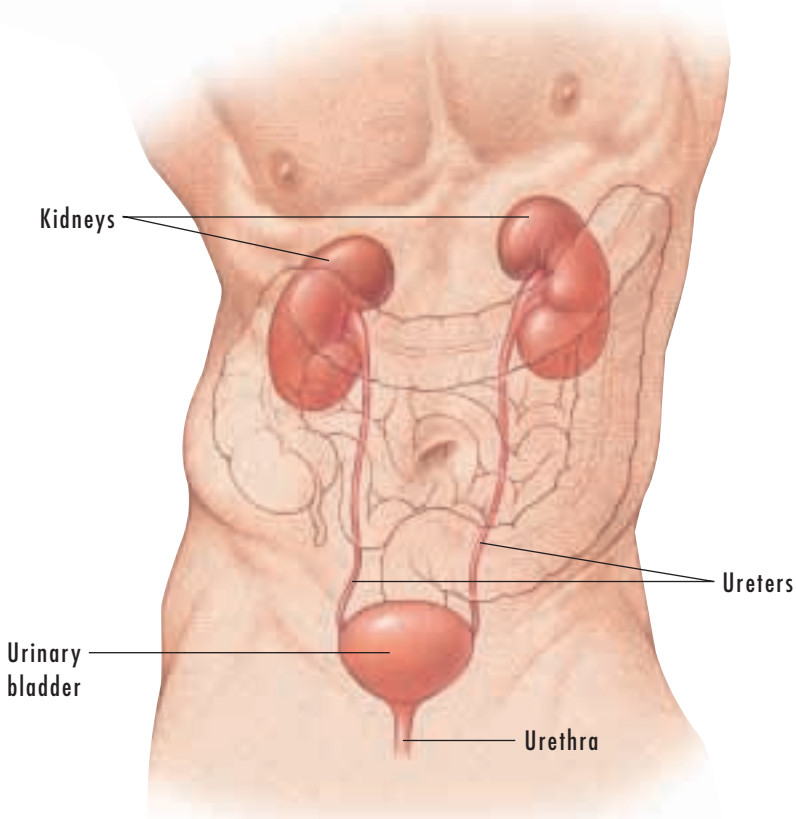
Our goal is to help you feel in control and resume the lifestyle you want.

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 have 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.

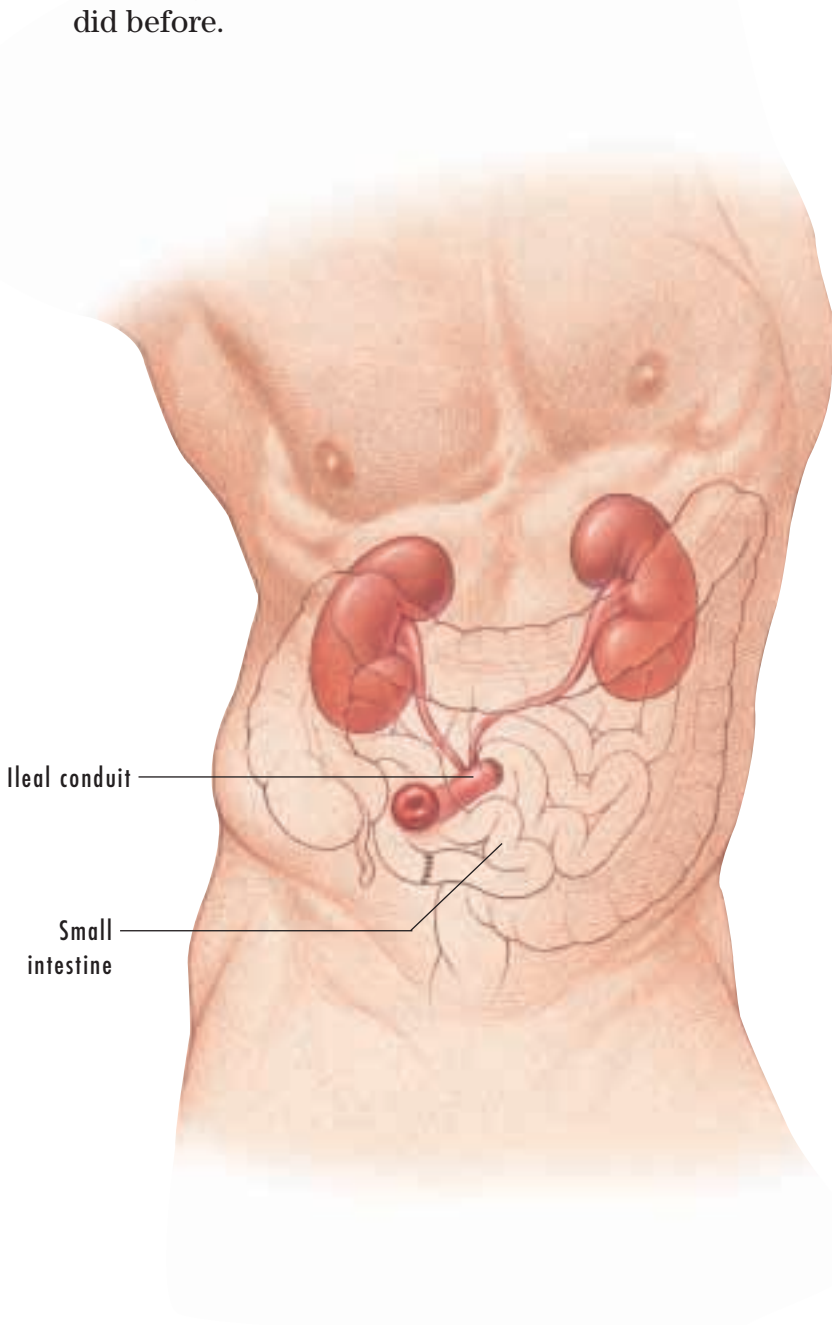
Types of Urostomies

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**.

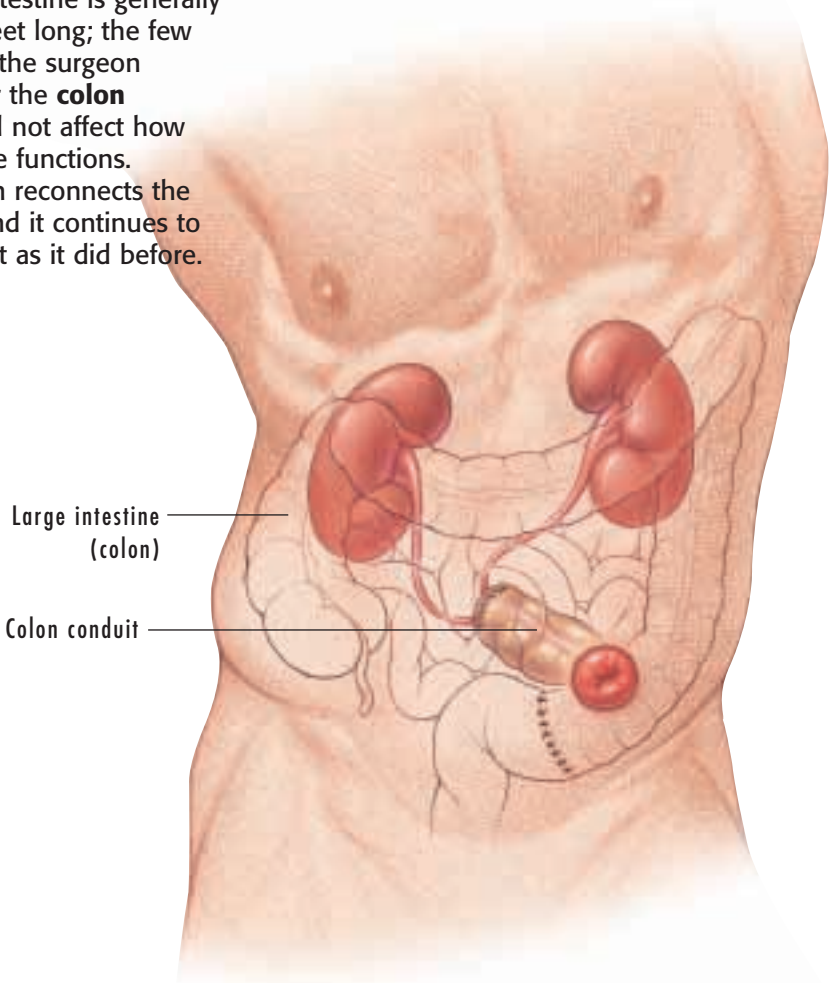
In an adult, the small intestine is normally about twenty feet long; the few inches that the surgeon removes for the **ileal conduit** will not affect how the intestine functions. The surgeon reconnects the intestine, and it continues to function just as it did before.



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 the 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**.

The large intestine is generally five to six feet long; the few inches that the surgeon removes for the **colon conduit** will not affect how the intestine functions. The surgeon reconnects the intestine, and it continues to function just as it did before.



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 **ureterostomy** and a type known as a **vesicostomy**. Also, many surgeons today are performing surgeries that result in **continent** urinary diversions. If you have questions about these procedures, ask your doctor or your ET Nurse.

The Stoma

Each person's stoma is unique. Chances are, your stoma will look different from another person's stoma. Your 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 your ET Nurse.)



Stoma

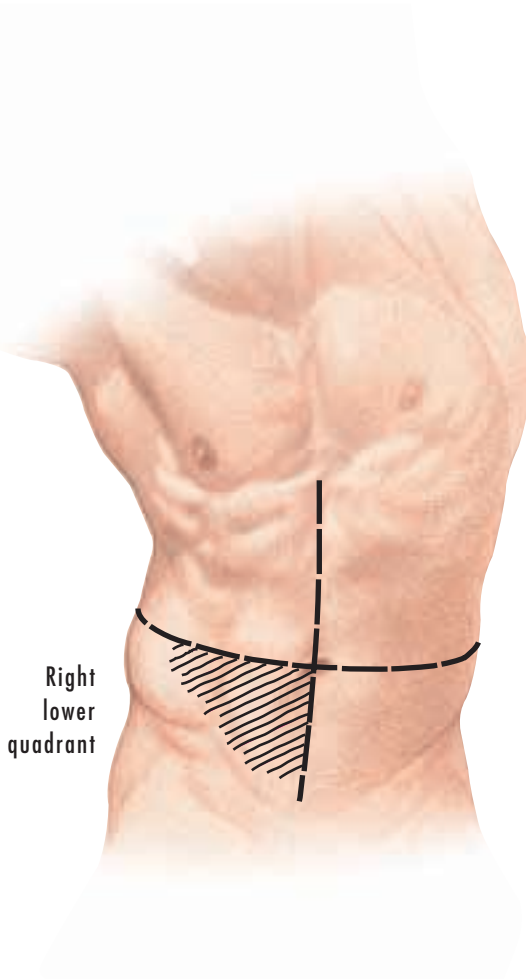
- Not painful
- Always red and moist
- May bleed easily

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 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 oftentimes located in the **left lower quadrant**.

Before your surgery, your ET 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 color; however, after a few days, the urine will return to its normal color.

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

**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 the 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 nighttime, 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.

Odor

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

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

Lifestyle Tips

- *Drinking plenty of water each day is the best way to prevent urinary tract infections.*
- *Use pouches with anti-reflux valves.*
- *Empty your pouch regularly (when it's about one-third full).*
- *Use a night drainage system (or get up regularly during the night to empty your pouch).*

- 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 ET Nurse.

Diet and Fluids

Lifestyle Tips

- *Eat a balanced diet.*
- *Eating beets will turn your urine a reddish color. This is temporary, and is no cause for alarm.*
- *Drink plenty of water each day.*
- *Drinking cranberry juice can help to maintain the natural acidity of your urine.*

For most people, a urostomy 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 section on **Preventing Urinary Tract Infections** (p. 10), in this booklet.)

Of course, each person's needs are unique; if you have any questions about diet or fluids, check with your doctor, your ET 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 choice is yours. (Remember though: your urostomy will continue to function; urine will continue to flow from your stoma.)

Because soap residue can sometimes interfere with how well the skin barrier or adhesive sticks to your skin, avoid 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 ET Nurse.

Clothing

Lifestyle Tips

- *Choose a patterned swim suit, instead of one with a solid color.*
- *Men can wear athletic supporters.*
- *Women can wear panty hose.*

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, chances are no one will know you're wearing a pouch – unless **you** tell them.

Returning to Work and Traveling

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.

Lifestyle Tips

- *Keep your urostomy products with you in your carry-on bag, not in your checked luggage.*
- *Air pressure in airplanes will not affect your pouch.*
- *Fasten the seat belt above or below your stoma.*
- *Do not leave your urostomy products in a hot car – the adhesives can melt.*
- *When you are away for extended periods of time, know where to contact a local ET 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 swimming, it is a good idea to empty your pouch.*
- *In a hot-tub, sauna, or whirlpool, hot water may loosen your pouch seal. Inspect the pouch closely, and change it if it becomes loose.*

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 your stoma.*
- *A pouch cover can help to hide the pouch contents.*
- *A cummerbund can hide the pouch and keep it close to your body.*

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.

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 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 and your ET Nurse.

Urostomy Product Choices

If you have just had a urostomy or are a caretaker, you may find yourself learning new skills and making many decisions. There are many urostomy products to choose from, and you may feel overwhelmed at first. This section will answer some of your questions and help guide you.

YOUR STOMA SIZE AND SHAPE



Every stoma is a little different in size and shape. Your stoma may get smaller during the first six weeks after surgery, so it's good to measure frequently. Measure your stoma after it has stopped changing or if you are having any problems with the skin around your stoma.

In choosing the size of your Hollister skin barrier, pick one that fits closely around your stoma.



Pre-sized (left)

If your stoma is round, you may want to choose a skin barrier that is already cut to the proper size.



Cut-to-fit (left and right)

If your stoma is not round, measure where it is the largest. Select a skin barrier that can be cut to the right size and shape.



POUCHING SYSTEMS

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

One-Piece System

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



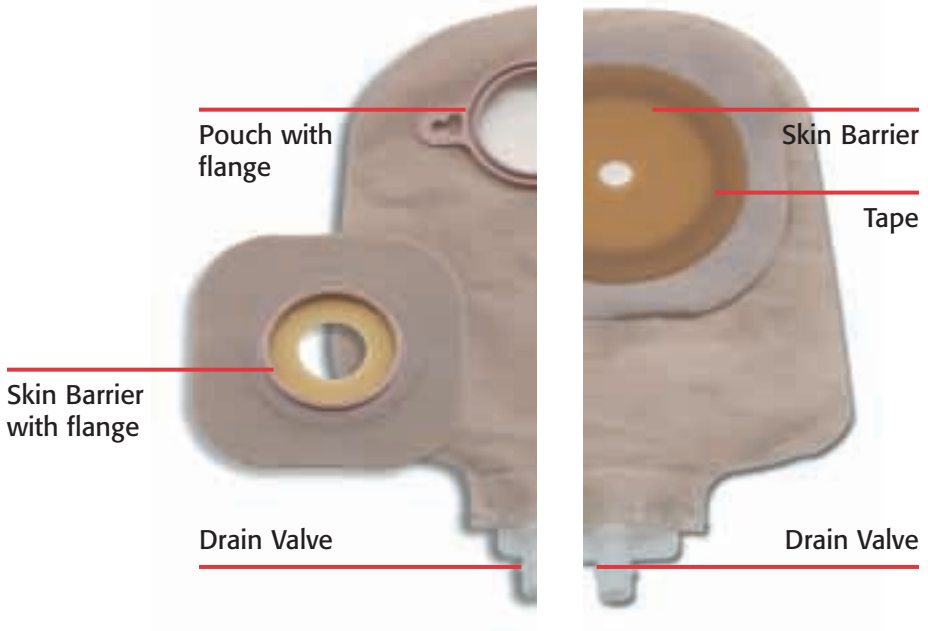
Two-Piece System

A two-piece system (*right*) is the most versatile. It 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.



Two-Piece System

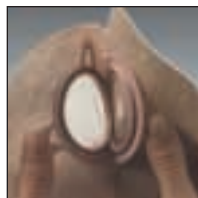
One-Piece System



Your pouching system should be secure, odor free and comfortable, no matter what type you select. The skin barrier should be changed regularly, once or twice a week.



With a floating flange you can put your fingertips under the flange.



Floating flange provides support while you attach the pouch to the skin barrier.

UROSTOMY POUCHES



There are several styles of **urostomy pouches**. They all have a drain valve at the bottom of the pouch so urine can be drained quickly when you empty the pouch.

Many pouches have clear and opaque options. You can also select pouches that have a soft cover, such as the **ComfortWear Panel**, to increase your comfort.

At night, you can connect your urostomy pouch to a bedside drainage collector. Each box of Hollister pouches includes an adapter (as shown below), which is then attached to the bedside drainage collector.

You should clean your bedside drainage collector every day. When you clean your bedside drainage collector, you may want to use **m9 Cleaner/Decrystalizer**. It comes with a convenient rinse bottle, so you can easily put the cleaning solution into the tubing to clean the bedside system.

Hollister urostomy drain tube adapter.



All urostomy pouches have a drain valve at the bottom of the pouch so urine can be drained quickly when you empty the pouch.



At night, using an adapter (lower right), you can connect your urostomy pouch to a bedside drainage collector (right).



m9 Cleaner/Decrystallizer comes with a convenient rinse bottle, so you can easily put the cleaning solution into the tubing to clean the bedside system.

SKIN BARRIERS



You will want the best fit possible with your skin barrier. Hollister skin barriers come with or without tape around the edges. Both types adhere well to your skin. If your stoma sticks out at least an inch from your body, you may be happiest with a **flat skin barrier**. If your stoma is flat against your skin or less than an inch in length, consider a **convex skin barrier**.

The convex barrier can also give you a more secure fit if you have a dip or indented area around your stoma.

Flextend skin barriers are recommended for use with a urostomy.

Flextend skin barriers are resistant to breakdown and are a good choice if you choose to change your barrier once or twice a week.



If your stoma sticks out at least an inch from your body, you may be happiest with a flat skin barrier.



If your stoma is flat against your skin or less than an inch in length, consider a convex skin barrier.

Routine Care of Your Urostomy

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 the skin barrier, the waxy part that sticks to your skin, every three to seven 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 is not staying in place, be sure to see your doctor or ostomy nurse.



**New Image is a lifesaver.
I feel secure when I have
it on.**

– Ericka Jackson

About Wear Time

Many factors will affect how long you can wear your Hollister skin barrier and pouch:

- How much your stoma sticks out from your skin
- Climate, your activity level and how much you perspire
- Skin condition around your stoma
- Creases, folds and wrinkles in areas around your stoma
- Type of skin barrier used
- Skin products used underneath the skin barrier

Usually, a skin barrier is changed about twice a week, but every person has their own routine. If your wear time becomes unpredictable, consult your ostomy nurse.

Plan your pouch change for a time that works well for you. Don't wait until your pouch begins to leak or pull away from your skin.

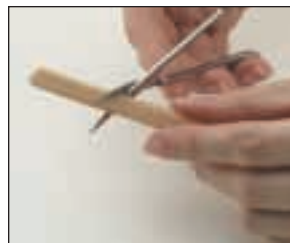
If you have trouble getting your skin barrier to stay in place on your skin, you may need to get some help with fitting and product selection. The best source of help is an ET Nurse.

Troubleshooting Guide...

Consider...

Your stoma is round and is not changing in size	Pre-sized Skin Barriers
Your stoma is oval or is still changing in size	Cut-to-fit Skin Barriers
You want a skin barrier that is resistant to urine	Flexend Skin Barriers
You want something very easy and flexible	One-Piece Pouch Systems
You want to change your pouch more often than your skin barrier	Two-Piece Pouch Systems
Your stoma sticks out, you have a deep crease, or a hernia	Flat Skin Barriers
Your stoma does not stick out, your skin is soft, or you have a slight crease in your skin	Convex Skin Barriers
You want to easily see your stoma or the pouch contents	Clear Pouches
You do not want to see your stoma or the pouch contents	Beige Pouches
You want to keep the pouch off your skin and increase your comfort	ComfortWear Panels
You want to lock the two-piece flanges without pressing on your tummy	Floating Flanges
You are sensitive to tape	Tapeless Skin Barriers
You want the security of no odor when wearing your pouch	Odor-Barrier Pouches

Hollister Accessories Can Add Comfort, Solve Problems



There may be times when you need to protect your skin or treat a minor skin irritation. Perhaps you are looking for a way to reduce odors or enhance the performance of your pouching system. Check the chart below to see how Hollister accessory products can help make your life easier and more comfortable.

If...	Then use,	Comments for use*
You want to fill in an uneven surface or there is a gap between the stoma and the skin barrier opening on your pouch.	Adapt Barrier Rings to protect the skin, fill in uneven areas, and provide an alternative to paste.	Rings may be stretched to fit oval stomas. Apply to clean dry skin or to adhesive side of skin barrier.
You need to add depth to your convex product or you need flexible convexity.	Adapt Convex Barrier Rings to create a custom shape and improve the fit of your products.	Rings may be stretched to fit oval stomas. Apply to clean dry skin or to adhesive side of skin barrier.
You want to fill in an uneven surface.	Adapt Barrier Strips to protect the skin and fill in uneven areas.	Strips may be cut and molded to various shapes.



If...	Then use,	Comments for use*
You want the added security of a belt or your healthcare professional has recommended it to enhance convexity.	Ostomy Belts to help secure an ostomy pouch.	Belt tabs face outward from body. Should be worn in line with stoma. Can only be used with a pouch that has belt loops.
Your skin is slightly irritated** and moist.	Premium Powder to help dry up moist skin.	Dust on. Brush off excess powder. Stop using when your skin heals.
You want to eliminate crystals & odor in your bedside drainage collector.	m9 Cleaner/Decrystallizer to make cleaning easier.	Mix and use per package instructions.
You want to eliminate odor when you empty or change your pouch.	m9 Spray to eliminate odor.	Spray in room as needed.
You have significant adhesive residue remaining on your skin or you want to ease the removal of an adhesive.	Universal Remover Wipes to remove adhesive residue.	Usually not needed with each pouch change. Must be washed off of skin with soap and water after use.

* See product for specific instructions for use.

** Consult your healthcare professional for skin and stoma problems.

For Help or Additional Information

Your doctor and your ET Nurse 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 ET Nurse.

If your hospital does not have an ET Nurse on staff, you can get more information about ET nurses available in your area by contacting the Canadian Association of Enterostomal Therapists:

CAET Professional Assistant
 Box 48069, 60 Dundas St. E.
 Mississauga, Ontario L5A 1W4
 E-mail: caet@on.aibn.com
 Website: caet.ca

Another important source of information and support is the United Ostomy Association of Canada Inc. UOAC is an organization of people who have ostomies. There are local chapters of the UOAC in nearly every major city in the country, and every year, the association holds a National Conference.

You can contact them at:

United Ostomy Association of Canada Inc.
 P.O. Box 825
 50 Charles Street East
 Toronto, Ontario M4Y 2N7
 Telephone: 416.595.5452
 Toll Free: 1.888.969.9698
 Fax: 416.595.9924
 E-mail: uoacan@astral.magic.ca
 Website: ostomycanada.ca

Your ostomy supply retailer can also be an important resource. Most retailers have up-to-date information about current ostomy products and new product introductions.

Other sources of information:

Crohn's and Colitis Foundation of Canada

600-60 St. Clair Avenue East

Toronto, Ontario M4T 1N5

Telephone: 416.920.5035

Fax: 416.929.0364

General e-mail: ccfr@ccfr.ca

Website: ccfr.ca

Canadian Cancer Society National Office

10 Alcorn Avenue, Suite 200

Toronto, Ontario M4V 3B1

Telephone: 416.961.7223

Fax: 416.961.4189

General e-mail: ccs@cancer.ca

Website: cancer.ca

Hollister Support Network

Hollister offers a support network to answer your questions and guide you to the best ostomy solution for you.

Our Customer Care Department has an experienced team of representatives to assist you with your product selection.

A wide variety of educational materials are also available.

All of this information is just a phone call away –
1-800-263-7400

OSTOMYWORLD.COM

ostomyworld.com is an on-line resource for people with ostomies.



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