

Your Guide to Urostomy

Skin Care, Tips & Hints,
Products and Accessories

Tips & hints
kindly supplied
by experienced
Australian and
New Zealand
STNs



OMNIGON

Care Solutions

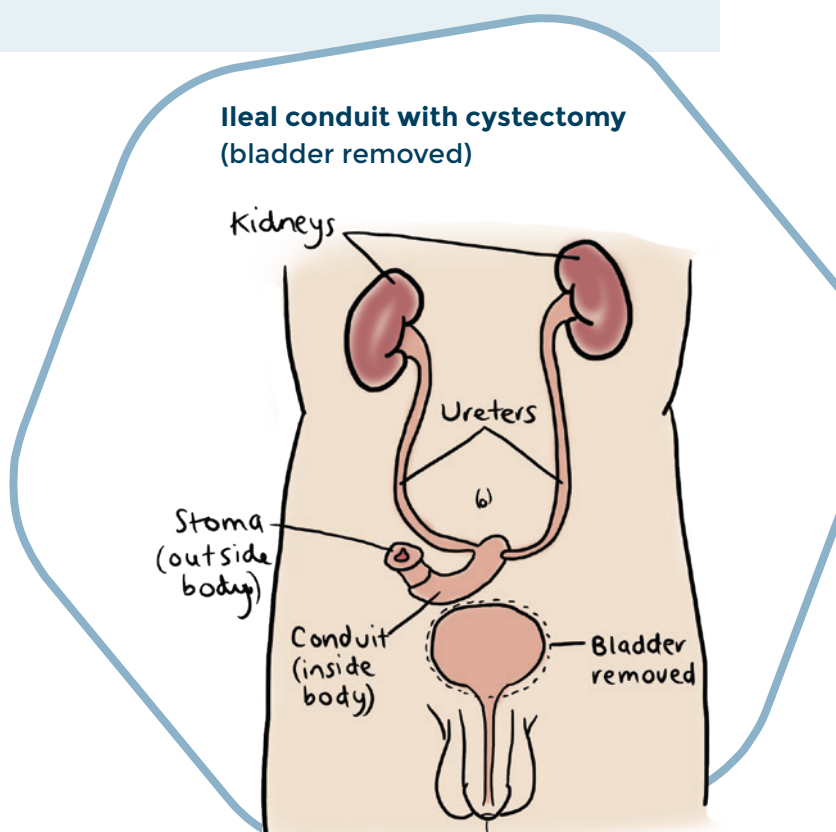
STN

ASSOCIATION

APPLIANCE CODES

ACCESSORIES

A urostomy is the result of a surgical procedure allowing urine to drain from the body, usually done because some part of the urinary tract is diseased or not functioning normally. It can involve any part of the urinary tract... kidneys, ureters or urinary bladder. The medical diagnosis that requires a urostomy formation can be devastating for the individual.



The most common urostomy performed is called an ileal conduit, whereby a segment of small bowel (ileum) is used to create a channel (conduit) that is blinded on one end, while the other end is brought out onto the abdomen as the stoma. The ureters, two tiny tubes that normally drain urine from the kidneys into the urinary bladder are then re-attached into this conduit, allowing urine to drain through the conduit and out of the stoma. Many people who require an ileal conduit have a bladder cancer, which will also require removal of the bladder at the time of their stoma surgery.

Before you have your operation, your surgeon will arrange for you to meet your Stomal Therapy Nurse (STN), a specialist nurse experienced in stoma care. Your STN will become an important part of your preparation for surgery, answering your many questions and choosing the right position for your stoma on your abdomen (siting your stoma) before the operation. Following your surgery, they will be working closely with your surgical team, preparing you for home and ensuring you learn how to care for your stoma and apply your stoma pouches.

This booklet will help answer many questions and give you guidance in the months ahead.

Disclaimer: All views expressed in this guide are the opinions of independent Stomal Therapy Nurses from Australia and New Zealand and not Omnigon's. If you have any issues or disagree with the advice given please refer to your own Stomal Therapy Nurse or Doctor.

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This guide is designed to assist people with a urinary stoma. We asked a number of experienced Stomal Therapy Nurses from Australia and New Zealand to provide their expert opinions to the most frequently asked questions. On the following pages you will find their answers.

In the centre of the booklet you will find the wide range of urostomy appliances and accessories supplied by Omnigon. You may find them helpful in the management of your urinary stoma.

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1. HOW CAN I AVOID A HERNIA AT MY STOMA SITE?

To make your urostomy stoma, your surgeon has made an incision through the abdominal wall to bring the stoma out to your skin. This has created a weakness in the abdominal wall and potential for a parastomal hernia to form. A parastomal hernia is when some loops of bowel creep out beside the stoma under the skin and muscle. This creates a bulge under the skin and may make your pouch not fit as well & you may have some discomfort or pain but not always. Exerting yourself by heavy lifting, coughing, pushing and pulling heavy things can contribute to parastomal hernia. Think about how you will do an activity, ask for help or avoid the activity and ask someone else to do it for you especially in the first few months following surgery.

Kate Brereton & Kavita Sharma WA

2. WHAT DO I DO IF MY STOMA HAS 'NARROWED'?

Stomal stenosis is the narrowing of the stomal outlet which can hinder urine drainage. Symptoms can include offensive or dark coloured urine, side or flank pain or recurrent urinary infections. It is important that you contact your local Stomal Therapy Nurse to organise review of the stoma. Stomal stenosis is more common after surgery but it can also occur with older stomas.¹

¹Nazarko, Linda, *Caring for a patient with a urostomy in a community setting*,
British Journal of Community Nursing, 13

Karen Cole & Jenny O'Donnell NSW

3. HOW OFTEN SHOULD I EMPTY MY POUCH?

A urostomy pouch should be emptied when approximately one third or half full. You may also wish to empty it prior to playing sport or swimming and before sex.

If for some reason emptying your appliance is difficult, you may choose to attach the pouch to a leg bag which has greater capacity. The risk of leakage increase if the bag is allowed to fill.

Wendy Sansom VIC



4. WHEN SHOULD I CALL MY STOMAL THERAPY NURSE?

It's not uncommon to experience a skin or stoma complication after going home from surgery and even years later as your body changes with age. Don't ignore it. Most issues are easily fixed with an early review from your Stomal Therapy Nurse.

It's important to call your Stomal Therapy Nurse if you notice any of the following:

- Frequent leakage from underneath the base of the bag (may lead to skin issues)
- Your skin becomes sore and red
- Your appliance does not stick
- The stoma changes size, shape or colour or if there is excessive bleeding
- If you are worried about anything else or wanting more information related to your stoma care

Your Stomal Therapy Nurse will want to assess your abdomen, stoma and skin as well as your cleaning and pouch changing routine. In addition, they will look at the type of pouch you are using, any changes to your lifestyle, activity, medication and diet and work out what course of action is required. Generally minor changes are required by modifying the type of pouch and accessories used or altering your technique or routine.

However, if you feel unwell and your urine is cloudy or has an increase in odour, mucus or blood you should see your GP as you may have an infection which can be treated with antibiotics.

Fiona Bolton SA

5. WHY IS WEARING A SUPPORT GARMENT IMPORTANT?

A hernia garment helps by supporting your abdominal muscles to prevent a hernia occurring. Uniform pressure over the abdomen including the stoma contains the bowel inside the abdomen. It strengthens the external support with the abdominal muscles preventing a hernia.

A parastomal hernia may need to be surgically corrected so it is best to try to prevent a parastomal hernia by wearing a support garment.

Kate Brereton & Kavita Sharma WA



6. ARE THERE ANY RESTRICTIONS ON PHYSICAL ACTIVITY?

DRIVING

There will be a period of time that you will be legally unfit to drive a car or machinery. Discuss with your doctor when you should be able to drive again. You will need to be fully recovered from surgery and no longer taking any medications that affect mental or physical ability to be considered safe to drive.

RETURNING BACK TO WORK

The doctor will usually tell you when you can resume work. The time needed for full recovery will vary depending on your individual circumstances, your general health and what kind of job you have.

ACTIVITY

It is normal to feel tired and weak after your surgery. In the hospital, a physiotherapist, medical and nursing staff will all be encouraging you to be as active as possible, to minimise possible complications and promote a speedy recovery. Once you get home, it is important to slowly regain ability to do all the normal activities you would usually do. Slow and steady is the way to go, take short naps if needed, but remember if you sleep too much during the day it may affect the quality of your night time sleep. Gentle walking is a great way to start improving your physical strength, until you can manage other activities. Swimming is perfectly fine once all wounds have healed, you may need to change your pouch after spending a long time in the water.

LIFTING

Avoid strenuous exercises and lifting anything heavy (over 4-5kg) for at least 6 weeks. Talk to your doctor and/or physiotherapist before you resume strenuous exercising, and contact sports are best avoided. Remember the risk of a hernia around your stoma area is high (parastomal hernia). Ask your STN and doctor for more information and guidance on this.

Jan Fields QLD

7. WHAT DO I DO IF CRYSTALS FORM AROUND THE STOMA?

Urinary crystals on or around a urostomy are usually associated with alkaline urine. The crystals will have a white, gritty appearance and may contribute to stoma irritation or stoma bleeding.

Keeping the urine acidic, thorough cleaning of the stoma and ensuring the opening in the appliance fits the stoma correctly thus protecting the peristomal skin, will help to prevent or reduce urinary crystals.

The urine can be acidified by several methods which include: drinking at least 6 to 8 glasses of water per day and/or having cranberry juice or cranberry tablets.

When cleaning the urinary stoma, washing with a solution of 1 part white vinegar to 4 parts water may help prevent crystal formation. If the crystals are already present, a gauze compress soaked in a solution made from equal parts of white vinegar and water can be applied over the stoma for a few minutes when the appliance is changed.

The vinegar may cause the stoma to have a temporary, non-harmful, white appearance.

Colleen Mendes NSW



8. DO YOU HAVE APPLICATION TIPS FOR GETTING A LEAK FREE SEAL?

- Best time is to change the appliance in the morning before eating and drinking.
- If using a 2 piece system ensure the bag is clipped onto the base plate all the way around.
- If there is a fold or a crease in the skin near the urostomy consider using a bag with convexity, Eakin seal and or belt.
- Ensure the surrounding skin from the stoma is dry.
- Empty the appliance when a third full.
- If you are still having trouble, please seek advice from your stomal therapist.

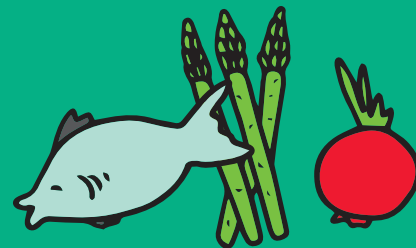
Loreto Pinnuck VIC

9. ARE THERE ANY SPECIAL DIETARY RESTRICTIONS?

Things which had an effect on the urine prior to surgery will continue to have the same effect e.g. eating asparagus or seafood may cause an odour and some people find eating beetroot causes the urine to appear pink.

This is temporary and no cause for concern.

Dorothy Ferguson NZ



Drink at least 2 litres a day to help prevent infections

(Check with your Doctor if you have been placed on a fluid restriction).

10. WHAT ROUTINE CHECKS SHOULD I BE DOING?

REGULARLY CHECK STOMA SIZE

Until oedema has subsided (which can take up to 6 weeks post-operatively), remeasuring at frequent intervals is recommended to avoid skin problems. Measuring guides are available and are a convenient and accurate device to get an exact measurement of your stoma size.

SKIN IRRITATION

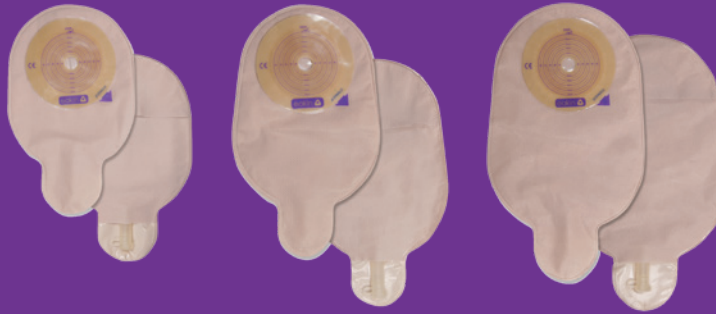
The skin around your stoma should be intact, without erosion, rashes or other abnormalities. It is important to treat the peristomal skin gently, protect it from urine and chemicals (soaps, perfumes and deodorants). The best skin protection is a well-fitted and comfortable pouching system.

ASSESSMENT OF URINE OUTPUT

Offensive, concentrated urine, fever or pain may indicate a urinary tract infection. Seek medical advice and a course of antibiotics may be prescribed. Mucus strands may give urine a cloudy appearance and will always be present in a limited amount. *Note, some medications may discolour urine.*

Sheryl Waye QLD

Can be used with
Welland Night
Drainage Bag and
BBraun Urimed
Overnight Bag



FLAT
MINI, MIDI, MAXI

CTF 15-65mm
Pre-cut 20, 25, 27.5,
30, 32.5, 35, 37.5, 40,
45, 50, 55mm



CONVEX
MINI, MIDI, MAXI

CTF 12-40mm
Pre-cut 20, 22.5,
25, 27.5, 30, 32.5, 35,
37.5, 40mm

Flexima® Uro Silk

FLAT
MIDI

CTF 12-55mm
Pre-cut 20, 25,
30, 35mm



CONVEX
MIDI

CTF 15-35mm
Pre-cut 25,
30mm



Flexima® 3S



FLAT
MIDI

CTF 15-50mm
Pre-cut 20, 25, 30,
35, 40, 45mm



CONVEX
MIDI

CTF 15-46mm
Pre-cut 25, 30mm



B | BRAUN



URIMED
OVERNIGHT
BAG



FLAT
MIDI, MAXI

CTF 13-55mm

Pre-cut 19, 22, 25, 29, 32, 35, 38mm



CONVEX
MIDI, MAXI

CTF 13-48mm

Pre-cut 19, 22, 25, 29, 32, 35, 38, 44mm



PROFILE
MIDI, MAXI

CTF 13-48mm

Pre-cut 19, 22, 25, 29, 32, 35, 38mm



FLAT
MIDI, MAXI

CTF 13-50mm

Pre-cut 19, 22, 25, 29, 32, 35, 38mm

CONVEX
MIDI, MAXI

CTF 13-35mm

Pre-cut 19, 22, 25, 29, 32, 35mm



WELLAND
BELT



WELLAND NIGHT
DRAINAGE BAG



12. WHAT SHOULD I DO IF MY SKIN IS ITCHY?

Irritated, itchy skin is not normal. Most irritation/itching is related to leakage of the stoma output onto the skin. This may be obvious leakage or silent leakage. Either is not desired and may require a stomal therapy review to assess whether the current appliance you are using is still suitable.

Irritated, itchy skin can result from the stoma bag being removed too roughly, which can cause either minor or major skin stripping. Using a remover spray or remover wipes to assist in gently removing the bag from the abdomen can be helpful. Pushing on the skin and easing the bag off, rather than pulling the bag away, can prevent trauma to the skin.

Use of soaps and powders can result in itchy skin. Your Stomal Therapy Nurse will encourage you to use warm water and non-irritating cloth to clean the peristomal skin only. The fewer products you use on the area around your stoma the better.

This makes it easier to work out what is causing any issues. Dry skin is also essential, so ensure that you dry the area around the stoma very well prior to bag application.

Itchy skin can indicate sensitivity to a product and this can occur at any stage – even if you have been using the product a long time. An assessment by your Stomal Therapy Nurse is a good idea to check the reason behind the itching. Changing brand of product may be recommended.

Chemotherapy and certain medications can cause skin itching and/or irritation beneath the stoma bag. Again a review by your Stomal Therapy Nurse is advised and a change of product may be required even if this is only for a short duration.

Lisa Richards WA

13. URINE FLOW FROM MY STOMA IS CONSTANT. ANY TIPS FOR POUCH CHANGES?

You may find that first thing in the morning before you have anything to eat or drink is the best time to change your pouch, as your urostomy may not be as active due to not drinking during the night.

If you still find that your stoma is quite active, clean your stoma as normal, but when drying your skin hold a clean dry wipe beneath your stoma so that any urine passed is absorbed by the wipe and will not wet your skin.

You can also try and prepare as much as possible, by removing the sticky backing from your new pouch and positioning everything that you need close by.

Caroline Harrison VIC

14. WHAT TO DO WITH BLOCKED OR KINKED UROSTOMY POUCH AT NIGHT?

BLOCKED

- Do not empty your appliance before connecting to your overnight bag. Leave approximately 100mls to flow down the tubing and create a vacuum "flow on effect".
- Leaving a small amount of air in the overnight bag may also help, however this can reduce your draining volume.
- Make sure that there isn't a build-up of crystals or mucus in the tubing.
- Follow your cleaning instructions each morning.
- Change your night bag at least every 7 days.
- Try using a bottle/container system in place of an overnight bag.

KINKED

Everyone has their stoma in a unique position. Most but not all will have it on their right lower abdomen. Wherever it may be it is often a case of trial and error to find what works best. These are some ideas that have been given to me by ostomates in the past.

- Use a leg strap to keep the tubing in place.
- Place the tubing **BETWEEN** your groin and **UNDER** your leg i.e. L side stoma L leg / R sided stoma R leg and sleep on the same side of the bed as your stoma. This way it does not twist when you roll either side.
- Use a two piece appliance. You can have the pouch facing down during the day and to the side at night.
- Use a pillow behind your back to prevent rolling too far.

Del Tennant WA



15. WHAT IF I SEE BLOOD IN MY URINE?

Whilst cleaning your urostomy stoma you may see some blood on the cleaning cloth; this is quite normal and nothing to worry about.

However if you do see blood in your urine this is not normal and you will need to see your GP as soon as possible. The cause could be a urinary tract infection.

Your GP will need to take a urine specimen to be sent off to Pathology for testing so please make sure your appliance is recently changed.

If you are taking any anti-coagulant medication this could also cause blood to appear in your urine and again your GP will need to check your blood levels of this medication.

What you can do is drink plenty of water to keep flushing your kidneys and keep hydrated.

Always remember to wash your hands before and after any appliance change and emptying to prevent infection.

Erica Taylor SA

16. WHY DO I HAVE MUCUS IN MY URINE?

Mucus in your urine is perfectly normal.

It will always be produced and will appear clear, thin and stringy.

Mucus is produced from your bowel tissue (mucous membrane) that has been used to form your stoma.

By your body producing mucus it helps keep the lining of your stoma clean and healthy.

If you find the mucus is becoming thick and building up, drink more water.

Naomi Houston NSW

17. HOW OFTEN SHOULD I CHANGE MY APPLIANCE?

This depends on whether you are wearing a one or two piece system.

If you are wearing a one piece appliance you may change the pouch every one to three days, it is personal choice.

When you are changing the pouch it is a good idea to remove it and have a shower with the pouch off, however all appliances are waterproof and may be worn in the shower.

If you are wearing a 2 piece appliance the wafer should be changed 2 times per week. The pouch may be changed at this time or else you can change it daily or second daily. It is personal choice when you change the pouch, however the wafer should only be changed twice per week.

Any pouch should be changed earlier if there is any leakage or skin irritation.

Wendy Sansom VIC

18. MY STOMA IS BELOW SKIN LEVEL, WHAT SHOULD I DO?

There are a number of reasons that may cause your stoma to do this. Weight gain post-surgery is the most common reason.

Losing weight may help, in the mean time you may need to see a Stomal Therapy Nurse and try a convex pouch in order to flatten and even out the peristomal skin.

This will help achieve a flat surface and a leak free fit. There are many types of convex pouches available, there will be one to suit your needs.

A belt may also help to hold the pouch securely.

Carol Stott NSW

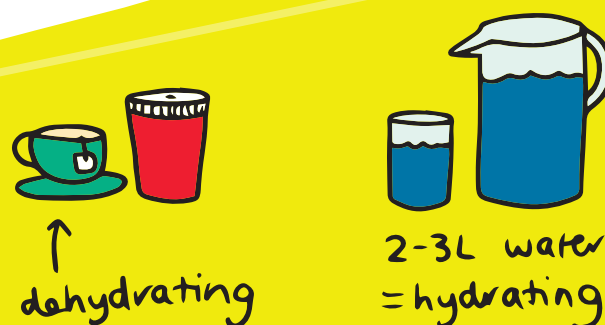
19. HOW DO I COLLECT A URINE SPECIMEN FOR TESTING?

If you have access to your Stomal Therapy Nurse they can take a specimen for you. If not there are two options.

1. Either take a specimen of urine from a clean pouch OR
2. When your pouch is off and you have cleaned your stoma hold a specimen pot under your stoma for the urine to run into.

Generally the test would be for an infection so it would be of most importance that the specimen is not contaminated.

Julia Kittscha NSW



20. MY STOMA OUTPUT: IS IT NORMAL AND HOW DO I ENSURE IT'S GOOD?

Output is different for each person and is regulated by fluid volume consumption.

You will need to drink approximately 2-3 litres a day (if on a fluid restriction consult your doctor). This ensures you keep your kidneys functioning properly and helps prevent urinary tract infections by flushing out bacteria.

Tea and coffee can have dehydrating effects so water is best.

Dorothy Ferguson NZ

21. HOW SHOULD I TAKE CARE OF THE SKIN AROUND MY STOMA?

GENERAL TIPS ON MANAGING THE SKIN AND YOUR STOMA...

- Empty your pouch before you are ready to change it.
- Always be gentle when removing your pouch, if necessary, use an adhesive remover wipe or spray to assist, so your skin is not damaged as you peel the pouch away.
- Clean your skin and stoma with just plain warm water and a soft wash cloth or Chux type disposable cloth. No soap is necessary, and if used can actually cause irritation to the skin or affect adherence of the pouch.
- If you wish, it is perfectly safe to shower or bathe with the pouch off (but not if you have stents in).
- Remove any residue from adhesive products gently, using an adhesive remover wipe if needed.
- It is normal for the skin to look a little pink after the pouch has been removed, but any redness, rashes or open wounds on the skin are not normal. Seek advice from a Stomal Therapy Nurse if skin issues occur and are not easily fixed.
- Be aware that the urine will keep flowing out as you clean your stoma. A small piece of gauze or make-up pad over the mouth of the stoma can help as you prepare the skin for your new pouch.

- Skin must be thoroughly dry before applying clean pouch, or your pouch will not stick well.
- Slight bleeding of the stoma as you clean is often normal, so be as gentle as you can. If bleeding is persistent or more than slight, seek advice from a Stomal Therapy Nurse or doctor.
- Re-measure your stoma from time to time, to check that the hole in your base is right for your stoma. There should only be a 1-2mm gap between the edge of the stoma and your pouch/baseplate once it is on the skin, to ensure your skin is well protected.

REMEMBER

- Do not use disinfectant/antiseptics or baby wipes when cleaning your skin. These may cause skin reactions and affect your pouch sticking to the skin.
- Do not apply any other product to your skin unless recommended by your Stomal Therapy Nurse.

CONTACT YOUR STOMAL THERAPY NURSE AS SOON AS POSSIBLE IF:

- Your stoma swells, changes colour, bleeds without stopping.
- Your skin is red, bleeding, broken or weepy.
- Your skin is itchy, it burns and is painful.

Jan Fields QLD



22. HOW DO I AVOID URINARY TRACT INFECTIONS? WHAT ARE THE SIGNS AND SYMPTOMS?

The urinary tract is the body's filtering system for removal of urine. Patients who have undergone surgery to create an ileal conduit or colonic conduit (also known as a urostomy) have an open and shortened urinary tract and the risk of urinary tract infection (UTI) is increased.

E. coli bacteria from the bowel are by far the most common cause of UTIs.

Other factors may also increase the risk of developing UTIs including; pregnancy, having history of urinary tract infections or bladder infections as a child, having past menopause, and diabetes.

Your GP can assess the number of bacteria and white blood cells in a urine sample in order to diagnose a UTI.

These infections are normally effectively treated with antibiotics. However, some people seem more prone to repeated infections than others and for them it can be a frustrating battle.

In order to reduce the risk of developing urinary tract infections follow the steps below;

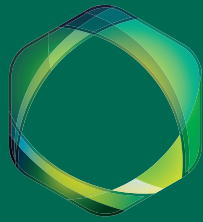
1. Meticulously wash your hands prior to changing the pouch.
2. Meticulously wash your hands prior to emptying the pouch.
3. Drinking approximately eight glasses (1.8 litres) of water a day to help flush your urinary tract (check with your doctor if you have been placed on a fluid restriction).
4. Re-measure the stoma and make any necessary adjustments in the size of the opening in the wafer to ensure a good seal and no leakage – leakage breaks the closed system and may allow the entry of the bacteria that can cause UTIs.
5. There is some evidence that taking Vitamin C can assist in the prevention of UTIs and odour-causing bacteria from accumulating in the urine.
6. Recent research shows that cranberry juice (or tablets) contain at least two separate compounds which interfere with the ability of E. coli (the bacteria most frequently associated with urinary tract infections) to stick to the urinary tract lining. Drinking two 120ml glasses of cranberry juice per day may be enough to prevent UTIs or to speed recovery if an infection does develop.
7. Infection may occasionally be due to body hair growth under the adhesive wafer; wet shave carefully (not more than twice per week) using a clean disposable razor.
8. Flush night drainage bags with a white vinegar solution and hang up to air dry (use 1 part of white vinegar to 3 parts of water). A funnel may assist with this procedure.
9. Another option for patients with recurrent UTIs is to start prophylactic (preventative) antibiotics to reduce the risk of future infection. This option can be discussed with your General Practitioner (GP).

THE SIGNS AND SYMPTOMS OF URINARY TRACT INFECTIONS

- | | |
|--|------------------------|
| 1. Blood tinged urine in pouch | 5. Chills, fever |
| 2. Cloudy urine | 6. Nausea and vomiting |
| 3. Offensive odour from urine | 7. Drowsiness |
| 4. Back pain, lower abdominal pain or both | 8. Confusion |

See your doctor if you think you may have a urinary tract infection.

Ian Whiteley & Anne Marie Lyons NSW



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or Omnigon Customer Service

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