Understanding Your Urostomy

Hollister®

Ostomy Care

Healthy skin. Positive outcomes.

The information provided in this guide is not medical advice and is not intended to substitute for the recommendations of your personal physician or other healthcare professional. This guide should not be used to seek help in a medical emergency. If you experience a medical emergency, seek medical treatment in person immediately.

If you are about to have — or recently had — urostomy surgery, this guide can help you understand what it is and how to manage it. The more you know, the more you can ease some of the concerns you may have about living with a urostomy. 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 repair an injury, or remove a tumour. No matter what the reason, having questions and concerns is a natural part of the process. This guide is intended to complement information given to you by your healthcare professional, such as a nurse who specialises in ostomy care.

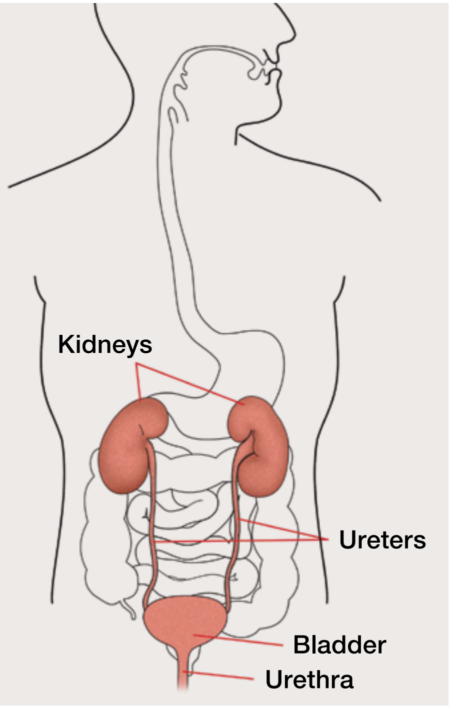
A glossary is included at the back of this guide to help with some terms with which you may not be familiar.

Table of Contents

Understanding Your Body

In order to better understand your urostomy, it is helpful to first understand more about the human urinary system.

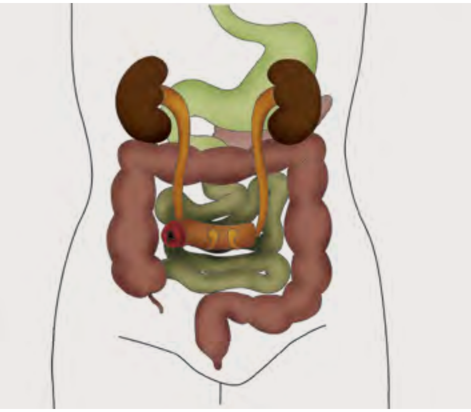
It begins with the kidneys. Urine or liquid waste flows from the kidneys through two narrow tubes called ureters and collects in the bladder.



The flow of urine is fairly constant. A sphincter muscle allows the bladder to store urine until it is convenient to empty the bladder, or urinate. When a person urinates, the sphincter muscle relaxes, allowing urine to flow out of the body through a narrow tube called the urethra.

What Is a Urostomy?

A urostomy – sometimes called an ileal conduit/conduit or urinary diversion – is a surgically created opening (ostomy) to drain urine out of the body after the bladder has been removed or bypassed.



With a urostomy, urine is eliminated through the ostomy instead of through the urethra. Because there is no sphincter muscle to voluntarily control when to urinate, urine collects into an ostomy pouching system with a drain tap at the bottom.

How a Urostomy Is Created

Your surgeon may select one of several methods to create the urostomy. The surgeon removes a short segment of intestine to use as a pipeline – or conduit – for urine to flow out of your body.

The 10-15cm that the surgeon removes for the conduit will not affect how the intestine works. The surgeon will reconnect the intestine, and it will continue to function just as it did before. The surgeon then 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 abdominal wall is called a stoma (or ostomy).

The Stoma

While stomas come in a variety of sizes and shapes, a healthy stoma:

Urostomy Example

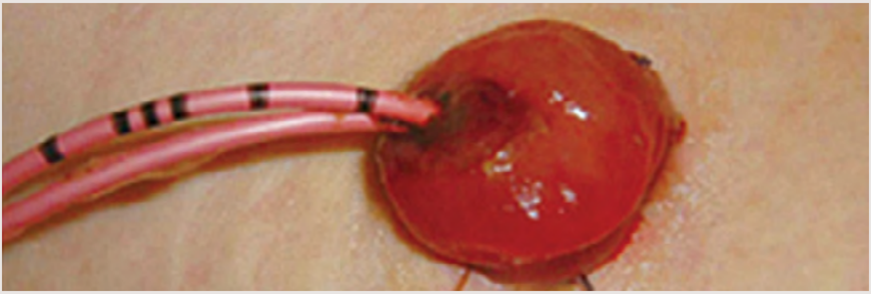
- Is pink or red in colour and is slightly moist
- Is not painful
- Bleeds easily when rubbed or bumped (for example, when washing), but should resolve quickly

Before your surgery

- Determining where the stoma will be placed on your abdomen can be an important part of preparing for surgery. Generally, the stoma is placed in an area just below your waist between your navel and hip. An ileal conduit stoma is often located on right side (also called the right lower quadrant).
- Your Stomal Therapy Nurse (STN) and your surgeon may evaluate where your stoma may be placed. To do so, your STN may look at your abdomen in multiple positions such as lying down, sitting, bending, and standing.
- Other considerations for placement may be the type of ostomy, the surface of the skin, your ability to see the area, and your lifestyle. This placement is a recommendation.
- Final placement will be determined by your surgeon during surgery.

Right after surgery…

- Your stoma will probably be swollen. It may take several weeks or months for your stoma to shrink to its permanent size.
- You may have small tubes called stents inserted during surgery that extend out of your stoma and ensure the flow of urine into your pouch. The stents are typically left in place anywhere from 5 days to 2 weeks depending on the surgeon's preference. Do not cut or remove these stents on your own.
- Urine will begin flowing from your stoma immediately after surgery. At first, the urine may have a slight reddish colour. After a few days, the urine should return to its normal colour.
- You may 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 with Stents

Ostomy Products Explained

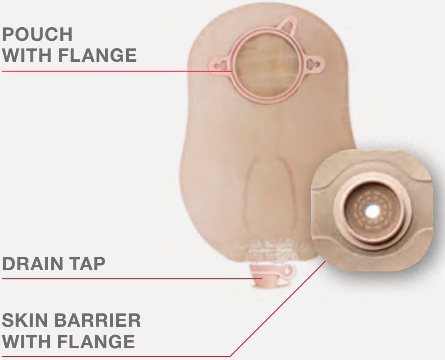
Ostomy Pouching Systems

Ostomy pouching systems consist of two main parts:

- The **skin barrier (or wafer)** should fit immediately around your stoma. It protects your skin and holds your pouching system in place.
- The **pouch** collects output from the stoma. Pouches come in a variety of options for different needs and ostomy types.

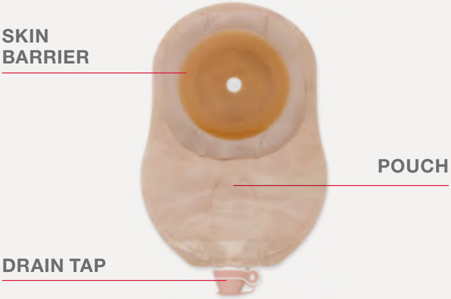
Two-Piece Pouching System

The skin barrier and the pouch are two separate pieces connected by a plastic ring called a flange. The pouch can be removed and changed without removing the skin barrier from your body, until the skin barrier needs to be changed.



One-Piece Pouching System

The skin barrier and the pouch are a single unit and must be removed together when changed.



All urostomy pouches have a drain tap or plug at the bottom of the pouch, so it can be emptied as needed. The pouch should be emptied when it's 1/3 to 1/2 full.

The Role of the Skin Barrier

The skin barrier is very important because it helps to maintain healthy skin around your stoma. The *fit* of the pouching system and the *formulation* of the skin barrier go hand in hand. Your pouching system will not maintain a good seal without proper *fit*. Without the correct *formulation*, the skin around your stoma can be at risk for complications.

What Is Fit?

The *fit* of the pouching system will help to provide the most secure seal around the stoma to help prevent leakage under the skin barrier and maintain skin health.

Flat skin barrier

- Has a level or even surface area that comes in contact with the skin
- May be used if stoma sticks out above the level of your skin and the area around the stoma is flat

Convex skin barrier

- Curves outward toward the peristomal skin to increase the depth of the skin barrier
- Outward curving is designed to come in contact with the skin directly around the stoma, to help promote a good seal between the pouching system and skin
- May be used if the stoma is flush with or retracted from the skin
- Convexity can be firm or soft.

Both tape and tapeless options are available. Tape-bordered pouching systems offer some people an enhanced sense of security.

TIP

A good fit is when the skin barrier opening is sized to be as close to the stoma size and shape without actually touching it, and you have filled in any gaps, creases, or folds. Measure your stoma size before every barrier application during the first 6-8 weeks after surgery as swelling reduces. Then measure periodically to ensure stoma size has not changed due to factors like weight gain or loss.

What Is Formulation?

The *formulation* is the combination of ingredients with different adhesive and fluid handling properties that have been blended together to give the skin barrier its performance expectations. The ingredients inside the skin barrier work together to provide:

1. **Adhesion** – to adhere (or stick) the barrier to the skin.

2. **Absorption** – to absorb moisture from the stoma or perspiration on the skin.

3. **Erosion Resistance** – to hold the skin barrier together in the presence of fluid and provide the right wear time.

An infused barrier is a skin barrier option where an additional ingredient is part of the barrier formulation, such as ceramide.

Ceramide is a natural component of human skin that helps protect against damage and dryness. In addition to helping keep the skin healthy, a ceramide-infused skin barrier also provides adhesion, absorption, and erosion resistance.

Pouch Options and Features

Ostomy pouches come in different sizes and with different features available to suit your needs.

Urostomy Pouch Drainage System

Beige Panel with Viewing Option

Drainage System

The type of pouch most commonly used with a urostomy is called a urinary drainage or urostomy pouch. Urostomy pouches have a valve that is twisted or a plug that is pulled out to allow emptying. Some valves, on the bottom of the urostomy pouch, include a cap that can be removed, the pouch drained, and the cap replaced.

Visibility Options

- **Pouch panel (or film)** options can include clear or beige.
- **Viewing option** (available on one-piece systems) offers the discretion of a beige panel and the confidence of a clear pouch all-in-one. When the beige flap is lifted, the stoma and output can be observed clearly and privately.

Multi-Chamber Design

Multiple chambers are designed to more evenly distribute urine within the pouch, which helps keeps the pouch from unsightly bulging between draining.

Anti-Reflux Valve

Part of the multi-chamber design, this appears as a curved line that runs across the centre of the pouch. An anti-reflux valve in the pouch helps minimise the backflow of urine. This also keeps urine from refluxing to the top of the pouch and eroding the skin barrier, which is a critical component that connects your pouch to the skin around your stoma.

Ostomy Accessories

Ostomy accessories are sometimes used together with your pouching system. Each serves a specific function such as helping to:

- Enhance the performance of your pouching system (eg. wear time, skin protection)
- Solve a problem (eg. leakage)
- Improve your quality of life (eg. eliminating odour)

Your STN may recommend accessories for you to use. It is a good idea to check with your STN before making any additions or changes to your recommended pouching system.

Night Time Pouching with a Urostomy

Because urine flow is fairly constant, it can be surprising how a urostomy pouch may fill through the night – sometimes multiple times. Many people choose to use a bedside drainage collector, which allows the urine to flow into a bedside collector while they sleep, rather than taking trips to the bathroom to empty their pouch. You can connect your urostomy pouch to a bedside drainage collector by using a urostomy drain tube adapter.

Tips when using urostomy drain tube adapters:

- Leave a small amount of urine in the urostomy pouch before connecting to a bedside collector or leg bag to help minimise the suction effect and allow urine to drain better into the collection system.
- If the bottom of the pouch starts to twist, turn the adapter clockwise or counter clockwise until the pouch lays flat.
- Adapters are not interchangeable between different ostomy pouch manufacturer’s products.

**Urostomy Pouch with Clear Front Panel,
Multi-Chamber Design, and Anti-Reflux Valve**

Urostomy Drain Tube Adapter for connecting Hollister Urostomy pouches to Hollister Leg Bags

Urostomy Night Drainage Bag with Integrated Drain Tube Adapter for Hollister Urostomy Pouches

Managing Your Urostomy

General Care Guidelines

- Empty your pouch when it is 1/3 to 1/2 full
- Change your skin barrier on a routine basis. You will get more comfortable with this after you learn what works best for you
- Wear time is based on personal preference, stoma characteristics, and skin barrier formulation
- If you use soap, make sure it does not contain creams, lotions, or oils that may leave a residue. This can interfere with your skin barrier adhesion
- Make sure the peristomal skin is clean and dry before applying your skin barrier
- Verify that no skin is showing between the skin barrier opening and the stoma to help prevent leakage and skin irritation
- If you wear a two-piece pouching system, try placing the skin barrier on your body in a diamond shape for a smoother fit
- After you apply your skin barrier, apply gentle pressure for about a minute for best adhesion
- 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
- Removing a pouch from a two-piece system before showering may affect the skin barrier adhesion — it's best to leave the pouch on or remove both the pouch and skin barrier

- Be sure to assess your peristomal skin on a regular basis to ensure your skin is healthy and to help address any issues in a timely manner
- If you discover red, broken or moist skin around the stoma, or your pouching system is not staying in place, be sure to see your healthcare professional or STN

Maintaining Skin Health

Establish regular healthy skin cleaning habits

Skin barriers adhere best to clean, dry skin. For most people, water is sufficient for cleaning the skin. Soaps and cleansers are generally not recommended, as they may leave a residue on the skin that can interfere with the adherence of the skin barrier.

Regularly assess the skin around your stoma

The skin around your stoma (also called peristomal skin) should be intact without irritation, rashes, or redness. It should look similar to healthy skin anywhere else on your body. Itching with otherwise healthy-looking skin can also indicate a problem. If you discover red, broken or moist skin around your stoma, seek the assistance of your STN.

Don’t accept leakage as normal

Help prevent leakage by ensuring your skin barrier fits securely around your stoma. Be sure to fill in any gaps, creases, or folds with ostomy accessories if needed.

Healthy peristomal skin should look like this.

If peristomal skin does not look similar to healthy skin anywhere else on your body, seek the assistance of your STN.

TIP

Whether your stoma is large or small, protrudes above the level of the skin, or is flush with the skin, drainage should empty into your pouch without leaking under the skin barrier.

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 pouching system on or off – the choice is yours. Choose a soap that is free from all moisturisers, oils, and residue.

If you use a two-piece pouching system, you may find it convenient to switch to a different pouch for the shower so that the pouch you wear stays dry. If you choose to remove the pouch while showering or bathing, it's suggested to also remove the skin barrier to prevent exposing it to too much moisture.

Maintaining Diet and Fluids

For most people, a urostomy has very little effect on diet. To keep your kidneys functioning properly and to help prevent urinary tract infections, you should drink plenty of fluids each day. If you have any questions about diet or fluids, check with your healthcare professional, STN, or a dietitian.

General Diet Guidelines

- Drink plenty of fluids each day to help prevent urinary tract infections
- Eat a balanced diet
- Be aware that eating beetroot will turn your urine a reddish colour — this is temporary, and is no cause for alarm
- Be prepared that asparagus, seafood, nutritional supplements, and some medications may affect the odour of your urine

Managing Odour

Today's urostomy pouches are made with odour-barrier film, so odour from the urine is contained inside the pouch. You should notice it only when you are emptying or changing your pouch. If you notice odour at any other time, check the pouch seal for leakage.

Some foods such as asparagus and seafood, nutritional supplements, and some medications can cause your urine to have a strong odour.

Identifying Urinary Tract Infections

People with urinary diversions can develop urinary tract infections. This can lead to kidney problems. If you notice any of these symptoms, contact your healthcare professional or your STN.

Some warning signs of a urinary tract infection include:

- Dark, cloudy urine
- Strong-smelling urine
- Back pain (where your kidneys are located)
- Fever
- Loss of appetite
- Nausea
- Vomiting

Your healthcare professional may take a urine sample to help identify a possible urinary tract infection. Urine samples for laboratory testing should be obtained from a fresh pouch or a catheterised sample; never from an existing pouch or bedside bag.

Support After Surgery

When to Call Your Stomal Therapy Nurse

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

- Skin irritation
- Recurrent leaks under your pouching system or skin barrier
- Excessive bleeding of your stoma
- blood in your urine
- A bulge in the skin around your stoma
- Offensive smelling urine
- Diarrhoea with pain and/or vomiting
- A stoma that appears to be getting longer

How to Get Your Ostomy Product Supplies

Australia

The Department of Health's Stoma Appliance Scheme (SAS) provides free stoma appliances and products to people who have a stoma.

To obtain your ostomy product supplies, you will need to become a member of a Stoma Association. Stoma Associations purchase ostomy products from suppliers such as Hollister Incorporated to distribute to their members monthly. An annual membership fee is required to assist the association with administration costs.

1. Ordering your ostomy products through the Stoma Appliance Scheme (SAS)

Your STN/healthcare professional can help you complete the necessary forms to become a member of a Stoma Association. Once you become a member, the association will provide details to place your monthly order for your ostomy product supplies.

Ostomy Associations around Australia:
www.australianstoma.com.au/associations

2. Finding a STN near your home

The Australian Association of Stomal Therapy Nurses (AASTN) – (website *www.stomaltherapy.com*) is a professional organisation of STNs.

The AASTN website provides information on where to find a Stomal Therapy Nurse and links to current Ostomy Associations in your area, where you can order your monthly supplies.

New Zealand

After surgery, your STN will establish a product fit that is right for you. Supply of your product is organised by your STN, via a distributor.

Ostomy NZ
www.ostomy.org.nz
(The Federation of Ostomy Societies NZ) represents, at a national level, the interests of regional Ostomy Societies located throughout New Zealand. Helping ostomates and their families/caregivers feel educated and empowered to lead a normal life is the main focus.

Resources

Your healthcare professional and your STN will be very important resources for you in the days ahead. You also have ongoing access to online information or printed educational materials:

Ostomy Learning Centre

Find useful content that's easy to read and share with others.

Australia:
www.hollister.com.au/ostomylearningcentre

New Zealand:
www.hollister.co.nz/ostomylearningcentre

Understanding an Ostomy

Maintaining Skin Health

Living With an Ostomy

Using Ostomy Products

Hollister Incorporated YouTube Channel

www.youtube.com/hollisterincorporated
View a variety of how to and lifestyle videos. Also includes interviews and tips from people living with ostomies.

Australian and New Zealand Ostomy Associations

Australian Capital Territory

ACT & District Stoma Association Inc	(02) 5124 4888	stoma@actstoma.net.au

New South Wales

NSW Stoma Limited	(02) 9565 4315	info@nswstoma.org.au
Ostomy NSW Limited	(02) 9542 1300	orders@ostomynsw.org.au

Northern Territory

Cancer Council of the Northern Territory	(08) 8944 1800	ostomy@cancernt.org.au

Queensland

Gold Coast Ostomy Association Inc	(07) 5594 7633	assoc@gcostomy.com.au
North Queensland Ostomy Association Inc	(07) 4775 2303	admin@nqostomy.org.au
Queensland Ostomy Association Inc	(07) 3848 7178	admin@qldostomy.org.au
Queensland Stoma Association Ltd	(07) 3359 7570	admin@qldstoma.asn.au
Toowoomba & South West Ostomy Association Inc	(07) 4636 9701	tswoa1991@gmail.com
Wide Bay Ostomates Association Inc	(07) 4152 4715	wbostomy@bigpond.com

South Australia

Ostomy Association of SA Inc	(08) 8235 2727	orders@colostomysa.org.au
Ileostomy Association of South Australia Inc	(08) 8234 2678	info@ileosa.org.au

Tasmania

Ostomy Tasmania Inc	(03) 6228 0799	admin@ostomytas.com.au

Victoria

Bendigo & District Ostomy Association Inc	(03) 5441 7520	benost@bigpond.com
Colostomy Association of Victoria Inc	(03) 9650 1666	info@colovic.org.au
Geelong Ostomy Inc	(03) 5243 3664	goinc@geelongostomy.com.au
Ostomy Association of Melbourne Inc	(03) 9888 8523	enquiries@oam.org.au
Peninsula Ostomy Association Inc	(03) 9783 6473	poainc1@bigpond.com.au
Victorian Children's Ostomy Association	(03) 9345 5325	edc@rch.org.au
Warrnambool Ostomy Association Inc	(03) 5563 1446	warrnamboolostomy@swh.net.au

Western Australia

West Australian Ostomy Association Inc	(08) 9272 1833	info@waostomy.org.au

New Zealand

Ostomy NZ	0508 OSTOMY	secretary@ostomy.org.nz

Glossary

Convex skin barrier
A skin barrier that is not flat but curves outward toward the peristomal skin to increase the depth of the skin barrier.

Cut-to-fit skin barrier
A skin barrier that can be cut to the right size and shape for the stoma.

Extended wear skin barrier
A skin barrier that contains special additives that may achieve a stronger adherence to the skin and may be more resistant to breakdown.

Flange
The plastic ring that is used to connect the two pieces of a two-piece pouching system together.

Flat skin barrier
A skin barrier that has a level or even surface area that adheres to the skin.

Infused skin barrier
A newer skin barrier option that is infused with an additional ingredient, such as ceramide. Also provides adhesion, absorption, and erosion resistance.

One-piece pouching system
A skin barrier and pouch that are a single unit.

Ostomy
A surgically created opening in the gastrointestinal or urinary tract. Also known as a stoma.

Peristomal skin
The area around the stoma starting where the skin/stoma meet and extending outward to the area covered by the skin barrier.

Pouch
The bag that collects output from the stoma.

Pouching system
Includes the skin barrier and the pouch. Options are a one-piece or two-piece pouching system.

Pre-sized skin barrier
A barrier opening that is already cut to the proper size of the stoma.

Skin barrier
The portion of the pouching system that fits immediately around the stoma. It protects the skin around the stoma and holds the pouching system in place. Sometimes called a wafer.

STN
Stomal Therapy Nurse

Stoma
A surgically created opening in the gastrointestinal or urinary tract. Also known as an ostomy.

Stool
Waste material from the bowel. Also known as faeces or bowel movement.

Two-piece pouching system
A skin barrier and pouch that are two separate pieces.

Urostomy
An ostomy created to drain urine.

Urostomy pouch
Pouch with a drain tap at the bottom so urine can be emptied.

Wear time
The length of time a pouching system can be worn before it fails. Wear times can vary but should be fairly consistent for each person.

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Customer Service
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