



200 University Ave. E St. Paul, MN 55101 651-291-2848 800-719-4040 (toll-free) www.gillettechildrens.org

Contact Us

Urgent Questions or Concerns

Telehealth Nursing 651-229-3890

Other Questions About Your Care

St. Paul Clinic patients: Nurse Call Line 651-578-5000

Patients at other locations: Contact a member of your Gillette health care team.

Appointments 651-290-8707

Books, DVDs and More

Find materials about disabilities, medical conditions and support for caregivers.

Health Resources and Education

St. Paul campus, near fourth-floor skyway

651-229-3938 hre@gillettechildrens.com

Caring for Your Urostomy (Ileal Conduit)

patient education

Key Points

- Your pouching system will collect urine from your urostomy, also called an ileal conduit.
- The pouch you use is specifically fitted to your stoma opening.

The Urinary System

The urinary system is made up of the two kidneys, two ureters, a bladder and a urethra. The kidneys produce urine. The urine travels from the kidneys down through the ureters to the bladder, where it is stored until you urinate. When you urinate, the urine leaves your body through the urethra.

Urostomy

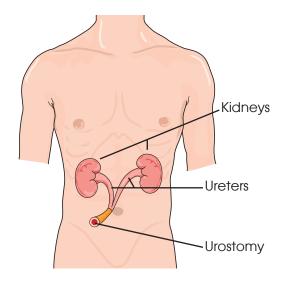
A urostomy might be necessary if your bladder is not functioning properly, if it has to be removed, or if your kidneys are at risk of damage. Causes of such situations include spinal cord injuries, spina bifida, and bladder cancer.

A urostomy is an opening made in the abdominal wall. Creating a urostomy requires **surgery**. The procedure is done to allow urine to bypass your bladder.

Surgery

There are several types of urostomy surgeries, but the most common is the **ileal conduit**. During the procedure, a surgeon removes a portion of your colon called the ileum. The surgeon also connects one end of the tube of your colon to your ureters and brings the other end of the tube to the surface of your abdomen to form an opening called a **stoma**.

When you look at your stoma, you're seeing the lining of your small intestine. A stoma looks pink or red and is round or ovalshaped. It's warm and moist, and it secretes



small amounts of mucus. Over time, it will shrink in size. Some stomas stick out while others are flush with the surface of the skin.

After ileal conduit surgery, urine leaves your body through the newly created passageway and stoma instead of passing through your urethra. The urine drains into a watertight pouch. An adhesive attaches the pouch to your skin around the stoma.

About the Pouch

The pouching system you wear collects urine that exits your body through the stoma. Urostomy pouches have a spout at the bottom for draining collected urine into a toilet or container. You'll need to empty the pouch every 2-4 hours or so, depending on how much you drink.

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You can choose from a variety of sizes and styles of urostomy pouches to fit your lifestyle. Some pouches are disposable while others are reusable. Most pouches are lightweight and odor-proof. There are daytime pouches and nighttime pouches, which are larger to hold more urine.

Your ostomy nurse can help you:

- Choose a pouching system that works best for you
- Practice putting your pouch on and taking it off
- Learn how to change your pouch without difficulty

Living With a Urostomy

A urostomy won't interfere with many of your everyday activities.

Diet: Usually there are no dietary restrictions. We recommend you drink 8-10 glasses of water (8 ounces each) every day to keep hydrated.

Clothing: You should be able to wear a lot of the same clothing you wore before your urostomy, including swimwear. You might want to avoid some tight clothes that could press against your pouch.

Sports and Physical Activities: With a securely attached pouch, you can play baseball, camp, swim and participate in many other types of physical activities.

Work: With the possible exception of jobs requiring very heavy lifting, your urostomy should not interfere with work.

When to Call for Help

Call your doctor or ostomy nurse if any of the following occurs:

• Skin Problems

If you don't have a tight seal around your stoma which can result in urine touching your skin—your skin might become very red and sore and start exuding fluid. To prevent skin problems, keep a watertight seal around your stoma and keep the surrounding skin clean and dry.

• Change in Stoma Size, Shape or Position The stoma might prolapse (retract so it sits closer to— or below—the surface of the skin on your abdomen). Or it might start to protrude farther above the abdominal surface. Also, a peristomal hernia (a hernia around the stoma) can occur. If any of those kinds of changes occur, you need your pouching system changed to create a proper seal again. You might also

Stenosis

A stenosis is a narrowing or tightening of the stoma at or below the skin level. You might need surgery to correct a stenosis. Stenosis creates pressure toward your kidneys and places them at risk for damage.

need surgical correction of the prolapse or hernia.

Support Groups

The United Ostomy Associations of America (UOAA) is a national network of U.S. support groups benefitting people who have intestinal or urinary diversions, including urostomies. For more information, visit www.ostomy.org.