



# UROSTOMY INFORMATION



**ENTEROSTOMAL THERAPY CENTRE  
ROYAL JUBILEE HOSPITAL, Clinic 3 D&T  
1952 Bay St., Victoria, B.C. V8R 1J8  
Telephone – 250.370.8235**

**MARILYN ELDER RN BSCN, ET  
DONNA TAIT RN BSCN MA CETN**

**MAUREEN MANN RN BSCN,ET  
DOROTHY YADA RN**

# TIPS FOR UROSTOMATES

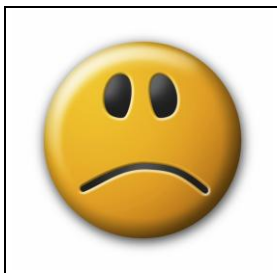
---

---

## LEAKS?

- Has your stoma shrunk? Enlarged? A pouch opening that is too large or too small can cause the pouch to leak.
- If wearing a belt on your appliance, make sure that it is not riding up and pulling the pouch off.
- Snug-fitting clothes or underwear may reduce the capacity of the pouch and cause leaks.
- Have you gained or lost weight? This may change the contour of your abdomen and the way your pouch is fitting.

## SKIN PROBLEMS CAN BE AN ISSUE



- If an issue with the skin persists beyond 2 pouch changes, call E.T. to make an appointment for an assessment.
- Make sure size of opening in pouch corresponds to stoma size. Skin exposed to urine may become sore and inflamed.

## SPARE SUPPLIES

- Always have a spare pouch handy.
- Suitable carrying cases include eyeglass cases, cosmetic bags, shaving kits, etc. If you keep spare pouches in the car, replace them periodically as heat may damage and deteriorate the product.

## TRAVEL TIPS

- Ask your ET Nurse for names of ET's in the area you are planning to visit.
- Carry your ostomy supplies with you in your carry-on luggage in case your checked baggage gets lost.
- Take extra supplies in case you experience any problems with your pouches.
- If going to tropical climates, you may need to change more often.
- Try to keep supplies in a cool place.
- Collapsible night drainage bags are available for travel - contact your ostomy supply store.



## URINE INFECTION

Because your urine is now passing through a small segment of bowel, your normally acid urine may become more alkaline. Alkaline urine may increase the rate of urinary tract infections. Try to restore the acidity of your urine, reduce citrus fruits and citrus fruit juices as they can cause an alkaline ash in the urine.

One gram of Vitamin C in the form of **ascorbic acid** may be taken daily. Check with your physician. Vitamin C may be taken as 1 gram "time released" or 250 mg of regular Vitamin C four times daily. (If you are taking sulpha drugs, the ascorbic acid should be discontinued until the course of treatment is completed.)

Add cranberry juice to your diet daily.

Symptoms of a urinary tract infection include increase mucus production, change in odor, flank pain, flu like symptoms. **Chills, fever, and/or rigor warrant prompt medical attention.**

If a urinary tract infection is suspected, the urine specimen needs to be taken by inserting a catheter into the stoma. Contact your E.T. nurse to set up an appointment. A urine specimen for Culture and Sensitivity (C&S) should never be taken out of your urostomy pouch as this will give an incorrect result. Antibiotics are prescribed in the presence of pathogenic bacteruria accompanied by clinical signs and symptoms of urinary tract infection.

## **CLEANING YOUR NIGHT DRAINAGE BOTTLE**

- White vinegar deodorizes equipment and helps clean the tubing.
- Empty the bottle; add warm water and vinegar to rinse bottle and tubing.

## **TANGLED NIGHT DRAINAGE TUBING?**

Avoid tangling your night drainage tubing by threading it through your pajama pant leg.

## **SHOWERING, BATHING, AND SWIMMING**

Once you are steady on your feet again, you can resume daily showers. Tub baths and swimming are also okay once your incisions have all healed. You can bath or shower with your pouch on. Always check the tape on your pouch after showering or swimming to make sure it is secure. On the day you change your pouch you can shower with the pouch off. Water will not harm your stoma.

## DRYING YOUR APPLIANCE



After showering or swimming, a blow drier on low/cool setting can help dry the tape on your appliance.

## SPORTS

- Some sports may require the added support of an ostomy support belt.
- Golf, weight lifting, sit ups all exert stress on the abdominal muscles and may require some additional support - check with your ET Nurse.



## Driving your car



You should not drive your car for 4 to 6 weeks following your surgery. Check with your doctor prior to driving again.

## DRUG-RELATED TIPS FOR UROSTOMATES

---

---

1. Choose your pharmacist as carefully as you choose your doctor. Find and use just one pharmacist who carries the necessary ostomy supplies and who will carefully monitor your medication profile. Tell him that you are an ostomate, and give him the following information to serve as a helpful guide:
  - a) Type of surgery involved
  - b) Size of stoma
  - c) Any complications you may encounter such as gas, diarrhea, skin problems, etc.
2. Be aware that, as an ostomate, you require a personalized, rather than a generalized, treatment protocol.
3. Respect all drugs, both prescribed and over-the-counter medications. Generally, with reference to drug usage, the fewer the drugs you take, the better. Don't take new medications unless they are approved by your physician.
4. Ask your pharmacist which drugs you should take with food (in order to decrease GI irritation) and which should be taken on an empty stomach in order to improve absorption of medication.
5. Beware of certain antibiotics:
  - a) Ampicillin, lincomycin, and tetracycline can cause diarrhea by altering the normal bacteria in the gut.

- b) Some broad-spectrum antibiotics can cause fungal infections of the skin around the stoma.
  - c) Ask your pharmacist for the name of the drugs you are taking.
  - d) Take all antibiotic drugs as directed by your pharmacist, and continue for the full course of treatment.
6. Use diuretics with care:
- a) An increased urine flow can be expected.
  - b) When taking diuretics (e.g., “water pills”), eat a banana or drink a glass of orange juice daily to replace lost potassium.
7. The ostomate and vitamins.
- a) If on a bland or restricted diet, vitamins may be used to supplement your diet.
  - b) Usually, supplemental vitamins are unnecessary if diet is adequate.

## A FEW WORDS ABOUT HERNIA PREVENTION

---

---

Healing after bowel surgery continues long after discharge from hospital. The skin surface heals quickly but there are layers below the skin that require days and weeks to completely close. Straining the abdominal muscles before healing is completed may cause a hernia around the stoma or along the incision.

A hernia occurs when the intestine protrudes through a weak area in the muscle layer. This creates a bulge under the surface of the skin either along the incision or more likely, around the stoma. A bulge around the stoma is a parastomal hernia; a bulge along the incision is an incisional hernia. Once a hernia has developed it does not spontaneously go away. It may disappear when the individual is lying down but will show itself again when the person is sneezing or coughing or sitting/standing. The hernia creates a rounded bulge which can interfere with the adhesion of the pouch. If the hernia causes pain or obstruction, surgery may be required to repair the opening so the bowel cannot protrude. However, surgery does not guarantee the hernia won't recur.

It is very important to take measures after surgery to prevent a hernia. The muscle layer needs to heal without undue strain or pressure. Check with your surgeon and/or ET nurse before increasing physical activity.

Hernias are not always preventable but the following measures may be helpful:

**Avoid** activities that strain the abdominal muscles for 8- 12 weeks after surgery. This means no lifting anything heavier than a light bag of groceries (3 litres of milk), no picking up children or pets, no vacuuming or lawn mowing. Continue using the method shown in the hospital for getting out of bed – do not sit bolt upright but turn onto your side, lower your legs over the edge of the bed and use your arm to push your upper body into a sitting position. As you are able, resume your daily routines; walking is a good way to gradually increase your level of activity. Try to maintain good posture at all times.



**Support** the abdominal wall when coughing or sneezing. The pressure inside the abdomen increases greatly during a cough or a sneeze and this pressure can make a hernia more likely. Place hands over the stoma and the incision and gently but firmly brace the abdomen during coughing or sneezing.

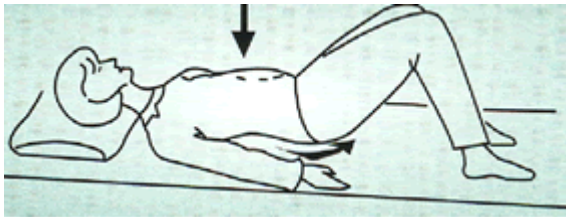
**Wear** a support belt as you resume increased physical activities. In some cases the ET nurse will recommend a support belt be worn during and following your hospitalization. An ET nurse can fit you for a wide elastic belt that provides abdominal support and support around the stoma. It may be necessary for a belt to be altered to fit your body shape. A customized panty girdle is usually more comfortable for women. Belts are not covered by Pharmacare but may be covered by DVA or third party insurance. A support belt is essential if a hernia has developed; the elastic applies pressure around the stoma and can prevent the hernia from enlarging.

**Strengthen** your abdominal muscles - use the enclosed exercises **with the approval of your surgeon.**

## Abdominal Exercises following surgery:

### Pelvic Tilting

1. Lie on your back on a firm surface with knees bent and feet flat on the bed.
2. Pull your tummy in, tilt your bottom upwards slightly whilst pressing the middle of your back into the bed and hold for 2 seconds.
3. Let go slowly.
4. Repeat 10 times daily



### Knee rolling

1. Lie on your back on a firm surface with knees bent and feet flat on the bed.
2. Pull your tummy in and keeping your knees together, slowly roll them from side to side/
3. Repeat 10 times/



## Abdominal sit ups

1. Lie on your back on a firm surface with knees bent and feet flat on the bed.
2. Place your hands on the front of your thighs and pull your tummy in.
3. Lift your head off the pillow.
4. Hold for 3 seconds, and then slowly return to starting position.
5. Repeat 10 times daily.



*(Taken from Thompson, M.J. Trainor, B. (2007) Prevention of parastomal hernia: a comparison of results 3 years on IN Gastro-intestinal Nursing Journal 5(3):22-28. Images reprinted with kind permission from Respond Plus.)*

# POUCH CHANGE

---

Your pouch should not leak; however should you have an unexpected leak, you can follow this procedure to apply a new pouch. You will not cause any harm to your stoma.

You will need:

- New pouch
- Garbage bag
- Warm water
- J-cloths or 3 ply Kleenex or clean cloths, toilet paper
- Mirror may be helpful

<b>STEPS</b>	<b>WHY YOU DO THEM</b>
Remove paper backing from skin barrier and adhesive of new pouch.	So pouch is ready to apply.
Empty pouch before starting.	It keeps your garbage cleaner.
Gently remove old pouch and put it in the garbage.	Gentle removal of adhesive and skin barrier is easier on your skin.
Clean around stoma with soft cloths to remove excess drainage. Wash skin well with warm water - no soap.	To remove any stool/urine from skin.
Dry skin around stoma well.	Soap can leave a residue on the skin and cause irritation.
Look at skin around stoma, use mirror if needed.	The adhesive will not stick if the skin is wet.
Look at skin around stoma, use mirror if needed.	To make sure your skin looks healthy. If not, let your nurse know.

STEPS	WHY YOU DO THEM
Look at stoma.	To make sure it is pinky red and moist. It bleeds easily when rubbed so a little blood when cleaning is normal - do not be alarmed.
Make sure skin around stoma is still dry.	Skin barrier does not stick to anything wet.
Use one hand to hold skin up and the other hand to bring pouch opening underneath stoma.	To get a good position under the stoma and get rid of skin creases so pouch stays on better.
Centre the pouch opening over stoma.	To make sure the skin barrier covers the skin around your stoma.
When pouch is in place, press your hand over the pouch for a minute. Smooth tape out.	The warmth of your hand and body give the pouch a good seal around your stoma.
Check the drainage tap is closed.	A reminder so you won't have any leaks.

**Note:**

- It is best to stand while applying your own pouch.
- If you have someone that can centre the pouch over your stoma, lie flat on the bed for ease of application.
- If using *Eakin Cohesive*, apply Eakin Cohesive around the opening in the pouch, stretch to fit and press to mold it into place.
- If using *Stomahesive Paste*, apply paste around opening in pouch - may not need entire ring, just "blobs" of paste to correspond to dips or creases around stoma. Let paste dry 10-15 mins as there is alcohol in the paste which may irritate the skin.
- If using *Stomahesive Powder*, only apply to weepy skin and wipe any excess powder off dry skin as the pouch backing and tape will NOT stick to dry powder.