Understanding issues that may arise with a Urostomy

After an operation to form a urostomy, many people have few or no problems whatsoever. However, some do experience difficulties, which may give rise to concern. This leaflet is to help you to understand some of the issues that may occur.

Urostomy pouches
You are entitled to impartial advice on the urostomy pouches most suited to your needs. The Urostomy Association suggests that you discuss this with your Specialist Nurse.

Leaks
Some people experience occasional leaks, but if they are frequent something is wrong. A simple adjustment to the urostomy pouch may be all that is necessary, so talk to your Specialist Nurse as soon as possible. If the leak is caused by a faulty urostomy pouch, inform the supplying company, with details of the batch number. Also inform the Urostomy Association’s National Secretary, in order that she can record the incident in the Appliance Issues Log.

Urinary tract infection
Bacteria are commonly present in a urostomy, but are usually flushed away if you drink plenty (approximately 2–3 litres per day). Antibiotics should only be prescribed if you become unwell with any of the following symptoms – cloudy, offensive smelling urine, accompanied by discomfort or pain around the stoma or kidney area and a raised temperature. A specimen of urine must be analysed so that the appropriate antibiotic can be prescribed.

NOTE It is important to ensure that a note is sent with the specimen stating that it is from a urostomy, not a bladder.
A specimen of urine taken directly from the stoma using a sterile catheter is the ideal method of collecting a non-contaminated specimen. If this is not possible the stoma should be cleaned and a specimen container may be held just below the stoma to collect drops of urine. Another way is to clean the stoma and apply a clean urostomy pouch. A urine specimen to detect infection must NEVER be taken from a urostomy pouch which has been on for some time, as it will contain stale urine and give a false result.

**Mucus in the urine**

The intestine (bowel) naturally secretes mucus to assist the passage of waste products. The ileal conduit is made from a piece of bowel and will, therefore, continue to produce mucus, but this usually decreases with time.

**Hernias**

A hernia is a weakness in the abdominal wall at a site where the abdomen has been opened surgically. This can occur either around the stoma or at the incision site, and a small bulge develops. A hernia support belt may be worn, to help prevent a hernia developing, or to support an existing hernia. Discuss any concerns you may have with your Specialist Nurse. Surgical correction is only advised if the hernia is causing great discomfort or obstruction. Mesh may be inserted at the time of the operation to repair the hernia to strengthen the abdominal wall, as recurrent surgery may weaken the abdominal wall further.

**Stones**

One of the causes of stones is recurring urinary tract infection, so a high fluid intake is a preventative measure. If you do pass a stone, save it and give it to your GP who can arrange to have it analysed. Further investigations may then be required.
**Bleeding from the stoma**

The stoma has many tiny blood vessels so it is not unusual to see specks of blood when cleaning it. This is quite normal. Bleeding may also occur if the urostomy pouch is rubbing against the stoma, so this should be rectified as ulceration of the stoma may develop. If the bleeding is excessive, seek medical help as soon as possible, as a large blood vessel may have been damaged. If any bleeding comes from inside the stoma, this should be investigated urgently. Sometimes urine infections, and stones, can cause slight bleeding.

**Bleeding and discharge from the urethra**

If the bladder has been removed, but the urethra (the tube leading to the outside) has been left in place, it is important to report any bleeding that may occur as soon as possible.

If a urostomy has been performed for a non-malignant condition, the bladder is often left in place and usually shrivels in time. Some people find that they experience discharge from the redundant bladder. This can become infected and antibiotics are then necessary. Regular bladder washouts may also be recommended. In women, if the problem persists, a minor operation might be offered to make an opening from the bladder through the vagina to drain the fluid. Men may need to have the bladder removed.
Urine samples

Most people with a urostomy are unable to obtain a urine sample taken via a catheter, directly from the stoma. However there are other acceptable ways of obtaining a clean sample:

• The stoma should be cleaned and a specimen container held just beneath the stoma to collect any drops of urine
• Replace your current pouch, ensuring that you clean the stoma well with clear water. Once the pouch has filled slightly, empty the contents into the sample bottle.

Diet

People with a urostomy can normally enjoy a completely normal diet. It is helpful to create an acidic urine pH, which helps to prevent infection and to help this process cranberry juice, cranberry capsules or any fruit juice and bio or live yoghurt are excellent. However, cranberry juice or capsules should not be taken by anyone taking Warfarin. The top tip, however, is to drink lots of water. For further information read the Urostomy Association’s leaflet Active living.

Night drainage systems

• To avoid an airlock in the night drainage system, connect the night drainage bag to a urostomy pouch with a quantity of urine in it. Squeeze the urine through into the night drainage bag and the urostomy pouch should then remain empty overnight.
• Reusable night drainage bags must be washed thoroughly after each use. Vinegar or disinfectant can be inserted using a syringe or small funnel and then agitated and flushed through with warm water. However, it is acceptable to use just water. The night drainage bag should only be used for 5–7 nights before replacing with a new one.
• The simplest method of night drainage is to use disposable bags, which are emptied and destroyed after each use.
• To avoid twisting of night drainage bags during the night, use an anti-twist strip, fastening the tube of the bag to the leg.
• Some people find a leg bag more convenient than a night drainage bag for additional capacity.
• Flat pack night drainage stands can be either free-standing or slid between the mattress and the base of the bed and are ideal for travel.
• Place the night drainage stand in a plastic bowl or inside a large plastic bag (ensuring there are no holes in the bottom) for extra security.

**Travelling**
Always keep a night drainage bag in the glove compartment of your car to empty your pouch when held up in traffic. It is not recommended that a full urostomy pouch fitted with an emptying bung, rather than an open/closed tap, is emptied this way.

To make seat belts more comfortable over your stoma, you may prefer to use one of the following devices.
• A cam plate that allows the seat belt to be locked in a comfortable position, but will release instantly when required
• A clip designed to lower the position of the seat belt, which is particularly useful for shorter people, where the diagonal would cross the neck
• A simple sleeve addition to the belt for people who cannot reach the top anchorage point
• A device designed to ease belt tension across the chest and reduce any restriction in breathing, which can also reduce pressure on the abdomen.

These devices are available from good car accessory shops.

When flying on long journeys, if you are concerned that your pouch will overfill and you cannot easily access the aircraft’s toilets, connect a night drainage bag concealed in a carrier bag, which can be discreetly emptied later.
Miscellaneous

- Warm your flange against your body before applying, as this can help flexibility.
- After fitting a new bag, if using a two-piece system, give the pouch a ‘yank’ to ensure it is clipped onto the flange securely.
- Urostomy pouches with a bendy/fold-up tap can occasionally be hard to open and close. If this is the case, rub a small amount of Vaseline around the bung to solve the problem.
- When using paste, or similar products, wet your finger to avoid it sticking during application.
- Sore places around your stoma can be healed with many different products available on prescription. If problems persist, see your Specialist Nurse.
- To remove urine odour from carpets, beds or furniture after a leak, use either bicarbonate of soda, or one of a range of deodorizing products, available from supermarkets and pet shops.
- A range of mattress protectors are available from most medical equipment shops, department stores and larger chemists.

NOTE Because some people with a urostomy have asked us to produce this leaflet, it does not mean that everyone will develop problems. If you are concerned about any aspect of your life with a stoma, just remember that help is only a telephone call away.