

CONSIDERATIONS:

1. External devices for women are very limited. Most of the external devices are not feasible for long term management. Only female patients that are bedridden are able to use this device.
2. The pouch, designed to be worn externally, is made from odor-barrier film and features a foam-backed synthetic skin.
3. If needed, the pre-cut opening in the barrier may be enlarged to accommodate the anatomy of the patient.
4. Actual application of device is often time consuming, requires shaving of the mon pubis and use of adhesive tape or stomadhesive paste to paste strips.
5. The pouch outlet connects to drainage bag tubing for continuous collection.
6. The pouch may be used to collect a clean urine specimen.
7. The pouch should be changed as needed or at least every 3 days.
8. Do not use this product on patients with neurogenic bladder, urinary retention or active genital herpes.
9. Discontinue use of this product if any of the following symptoms appear: swelling, severe redness, itching, pain, fever or abnormal vaginal discharge.

EQUIPMENT:

Female external pouch tube paste or paste strips
Bedside drainage system (optional)
Waterproof, absorbent underpad
Basin, soap and water or skin cleanser
Impervious trash bag
Scissors
Basin
Warm water
Towel
Gloves
Ruler

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Place patient in supine position with knees flexed and separated with a waterproof, absorbent pad under buttocks.
4. Cleanse the external genitalia with soap and water; dry. Patient mon pubis must be shaved and free of hair).
5. Separate the labia to expose the urethral meatus, periurethral floor and vaginal introitus. (*Refer to manufacturer instructions*).
6. Approximate the size of the vulva opening, and then release the labia.

7. Using scissors enlarge the pouch opening so that it corresponds with the measurement obtained. DO NOT cut beyond the line indicated in the backing paper.
8. Wipe the genital area with skin barrier wipe and air dry.
9. Close the drain cap on the pouch.
10. Remove the protective paper from the skin barrier; apply a thin coat of stomadhesive paste or paste strip around the opening of the pouch.
11. Leave the labia in a normal position; apply the pouch to the barrier to the perineum at the distal end. Gently press the barrier material against the skin until it is contacting the skin at all points.
12. Press the barrier material against the skin may need to hold in place for a minute, and then allow the patient to assume a normal, comfortable position.
13. Draining the pouch: Remove the cap on the drain and empty the urine into an appropriate receptacle; replace the cap.
14. For continuous or nighttime collection: Remove the cap on the drain at the bottom of the pouch and attach the tubing from the bedside receptacle.
15. Removing the pouch:
 - a. Empty the pouch before removing it
 - b. If the pouch is connected to a bedside drainage bag, disconnect tubing and replace the drain cap
 - c. Ease the external pouch skin barrier away from the skin in the direction of hair growth. DO NOT discard into the toilet
16. Discard soiled supplies in appropriate containers.

AFTER CARE:

1. Document in patient's record:
 - a. Procedure and observations
 - b. Condition of perineal area
 - c. Patient's response to procedure
 - d. Instructions given to patient/caregiver

REFERENCE:

Doughty, Dorothy B. (2006). Urinary and Fecal Incontinence: Current management concepts. 3rd edition, St. Louis Missouri: Mosby/Elsevier
Newman, Diane K & Wein, Alan J. (2009) Managing and Treating Urinary incontinence 2nd Edition. Baltimore, Maryland. Health Professionals Press.

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