

**CONSIDERATIONS:**

1. Catheterization of a urinary stoma is indicated when a sterile urine specimen is needed or to determine the volume of residual urine in the conduit.
2. DO NOT take a urine sample from the bottom of the drainage bag. The sample from the bottom will not give you an accurate reading due to bacteria collecting at the bottom of the pouch.
3. To obtain a specimen that will reflect bacterial counts in the kidney and the conduit, specimen must be collected using aseptic technique.

**EQUIPMENT:**

Clean gloves  
Sterile 4 x 4 sponges  
Towels  
Urethral catheterization tray  
Appropriate catheter (generally 14 Fr)

**PROCEDURE:**

1. Adhere to Standard Precautions and explain procedure to patient.
2. Perform hand hygiene and put on clean gloves.
3. Remove current ostomy pouch.
4. Clean the stoma site with clean water and 4 x 4 sponges. Mild soap may be used.
5. Remove gloves and perform hand hygiene.
6. Open the catheterization tray and don sterile gloves.
7. Squeeze lubricant into the bottom of the tray.
8. Prep the stoma with three cotton balls soaked in antiseptic solution (i.e. betadine); each swab/ball is used with one cleansing stroke on each side of stoma then the 3<sup>rd</sup> directly across stoma.
9. Remove preparation solution from stoma by wiping the stoma with a sterile gauze/cotton ball, rinsing with sterile saline, or by allowing urine to run over the stoma. Failure to remove preparation solution may give you a false negative.
10. Lubricate the catheter.
11. Gently insert the catheter to just below the fascial level. Be sure not to touch the catheter to the periphery of the stoma.
12. If the catheter meets resistance, do not force it into the stoma; try the following:
  - a. Rotate the catheter until it will slide in
  - b. Ask patient to change positions – lie down, sit up, turn to right side
  - c. Ask patient to cough
13. Place the end of the catheter into sterile container to collect urine.
14. Once container is 1/3 to 1/2 full, remove the catheter and cap the specimen container.
15. Reapply the ostomy pouch.

16. Label specimen, complete requisition and transport to lab. See procedure, *Labs and Specimen - Specimen Requisitions and Transportation*. Indicate on requisition that specimen was obtained via catheterization of ileal conduit.
17. Discard soiled supplies in impervious trash bag.

**AFTER CARE:**

1. Deliver specimen to laboratory immediately or refrigerate. Refrigerated specimen must be processed within 24 hours, or it will be discarded.
2. Document in patient's record:
  - a. Procedure and observations
  - b. Appearance of stoma and urine
  - c. Laboratory where specimen taken
  - d. Patient's response to procedure
  - e. Instructions given to patient/caregiver
  - f. Communication with physician when necessary

**REFERENCE:**

European Association of Urology Nurses (2009). Incontinent Urostomy: Community care, Follow-up and Complications. Retrieved on June 25, 2012 from <http://www.guideline.gov/content.aspx?id=15492&search=incontinent+urostomy%3a>

Healthcare Infection Control Practices Advisory Committee (2009) Guideline for Prevention of Catheter-Associated Urinary Tract Infections. Retrieved on June 22, 2012 from <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>

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