CONSIDERATIONS:

1. A urostomy is formed when the urinary bladder is removed or when urine must be diverted from the bladder:
   a. All urostomies are "urinary diversions"
   b. Urostomies have many different names related to how they were surgically formed, but from a nursing/home care perspective there are two types:
      i. Incontinent urostomy (e.g., cutaneous ureterostomy, transureterostomy, ileal conduit, etc.)
      ii. Continent urostomy (e.g.,Koch pouch, Indiana pouch continent diversion, etc.)
      iii. This procedure relates to incontinent urostomies
2. Most incontinent urostomies are constructed with a piece of the ileum (small intestine), to form an "ileal conduit":
   a. Piece of ileum is surgically removed
   b. Ileum piece is formed into a conduit which exiits in the stoma
   c. Ureters are attached to the ileal piece
   d. Open areas of the ileum are sutured closed
   e. Urine travels from kidneys to ureters to ileal conduit to urostomy stoma
   f. Because the conduit is made from intestinal mucosa, mucous threads will be seen in urine
3. Incontinent urostomy care is similar to care for other ostomies (e.g., colostomies) and has the same goals:
   a. Control the output as aesthetically as possible
   b. Keep peristomal skin healthy
   c. Prevent urinary tract infections
4. Multiple appliances are used for incontinent ostomies:
   a. 1-piece, 2-piece or non-adherent appliances
   b. Flat or convex appliance wafers. (A convex wafer is helpful for flat stomas or stomas located in creases)
5. Three urinary drainage systems are available for incontinent urostomies and some patients will use all three:
   a. Collected in a pouch, which is emptied when 1/3 to ½ full through a valve at its bottom
   b. Collected in a leg bag, via tubing attached to urostomy appliance
   c. Collected in a bedside drainage bag, which allows sleep throughout the night
6. Instead of karaya, which doesn't work well with urostomies, use Durahesive, Flextend, or Extended Wear.
7. Always read and follow manufacturer's directions when using urostomy appliances:
   a. Skin barrier/protectant products are frequently contraindicated by appliance manufacturers as interfering with wafer adhesion
   b. Stoma pastes usually should be applied as "beads." The purpose of these pastes are to decrease leaking; they do not help with adhesion
8. New stomas need to be measured frequently for about 8 to 12 weeks, as they decrease in size after surgery. After the size has stabilized, pre-cut wafers are an option.
9. Two of the most effective ways for incontinent urostomy patients to prevent infection are to:
   a. Drink eight to ten 8 oz. glasses of fluid/ day, to keep washing urine down the ureters. Urine should be pale yellow
   b. Change the entire appliance every 3 to 4 days in order to keep bacterial count low around the wafer

EQUIPMENT:

Gloves
Washcloth/gauze
Tampon or rolled up paper towel (optional)
Either:
  Correct size of wafer and corresponding pouch for 2-piece system
  Correct wafer size for 1-piece system.
Paste or barrier rings/strips, optional
Paper/Cloth tape, optional
Skin prep, optional
Impervious trash bag

PROCEDURE:

1. Adhere to Standard Precautions and explain procedure to patient.
2. Prepare equipment at bedside. Whenever possible, have all equipment ready and prepared to apply.
3. Measure the stoma and create a pattern of its shape.
4. Read wafer instructions for cutting:
   a. Most manufacturers state to cut to approximately 1/8 (one-eighth) inch larger than stoma
   b. A few manufactures state to cut "snug" to stoma
5. Remove paper backing from the wafer and set aside.
6. Drain and remove existing appliance from the patient:
   a. Save the valve cover/adaptor, if one is used
   b. If the physician has placed stents or other tubes into the stoma be careful not to pull or dislodge these tubes

7. Use a clean washcloth or gauze to cleanse the skin around stoma:
    a. Use mild soap and water
    b. Rinse all soap off as it can interfere with adhesion
    c. Do not use “baby wipes” or soaps with moisturizers; they will also interfere with wafer adhesion
8. Rinse and pat dry.
9. Place a tampon or rolled piece of paper towel just within stoma to wick urine, so it does not keep dribbling while placing new appliance.
10. If ordered/not contraindicated by manufacturer, apply skin barrier.
11. Apply stoma adhesive paste or barrier rings/strips around stoma or to the back of the wafer.
12. Allow paste to set for about one minute.
13. Assure skin is dry and no urine has dripped onto the skin.
14. Apply wafer. Gently smooth all areas of the wafer.
15. Apply urostomy pouch (if using a 2-piece system), positioning it to facilitate drainage:
    a. If patient is ambulatory, place vertically
    b. If patient is bedbound, place horizontally
    c. Gently pull on pouch after application to assure it is adhering
16. Confirm that the valve at bottom of urostomy pouch is turned in the off position or cap is in place, unless connecting to a drainage bag system:
    a. Discard soiled supplies in impervious trash bag

AFTER CARE:

1. Document in patient's record:
    a. Amount, color and clarity of urine
    b. Condition of skin around stoma
    c. Condition of stoma
    d. Patient's response to procedure
    e. Instructions given to patient/caregiver

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