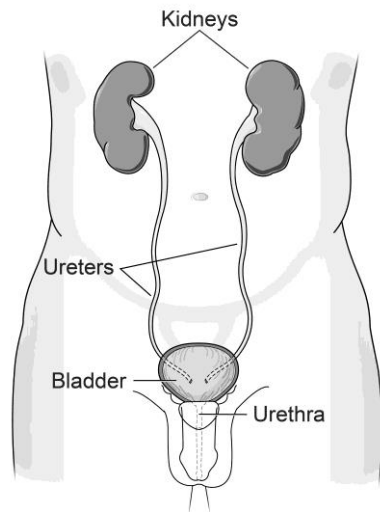


## Ileal Loop/Conduit Urinary Diversion

This handout will tell you about the urinary diversion procedure, how to care for yourself, and any problems you may have after surgery. Each patient is different. Your care may vary. This handout is a guideline. Instructions may be changed by your doctor. Call the urology clinic with any questions.

### The Urinary Tract

The urinary tract is made up of two kidneys, two ureters, a bladder, and a urethra. The kidneys are towards your back at waist level. They filter blood and make urine. Each kidney has a ureter or tube that carries urine to the bladder. The bladder stores urine, then it is passed from your body through the urethra.



### Radical Cystectomy

This is a surgery to remove the bladder. The prostate gland is also removed in men. The uterus, fallopian tubes and anterior wall of the vagina are also removed in women.

### Passing Urine After Bladder Is Removed

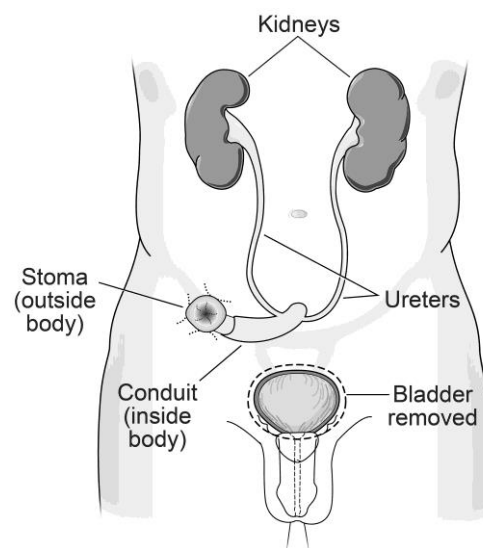
After the bladder is removed, a urinary diversion is made using a piece of your bowel. This can be done in different ways. It depends on your medical history, age, lifestyle, and how able you are to care for yourself.

### Ileal Conduit

Using part of your bowel as a loop/conduit, the ureters (two tubes that carry urine from the kidneys) are attached so that they empty through this loop.

### Stoma

The other end of the loop is then brought out through the abdominal wall and a stoma (hole) is created. You will need to wear a bag over your stoma to collect urine. There is no feeling in your stoma. It will shrink during the first two months. The stitches around it will fall out by themselves. It is important to keep the skin around your stoma healthy.



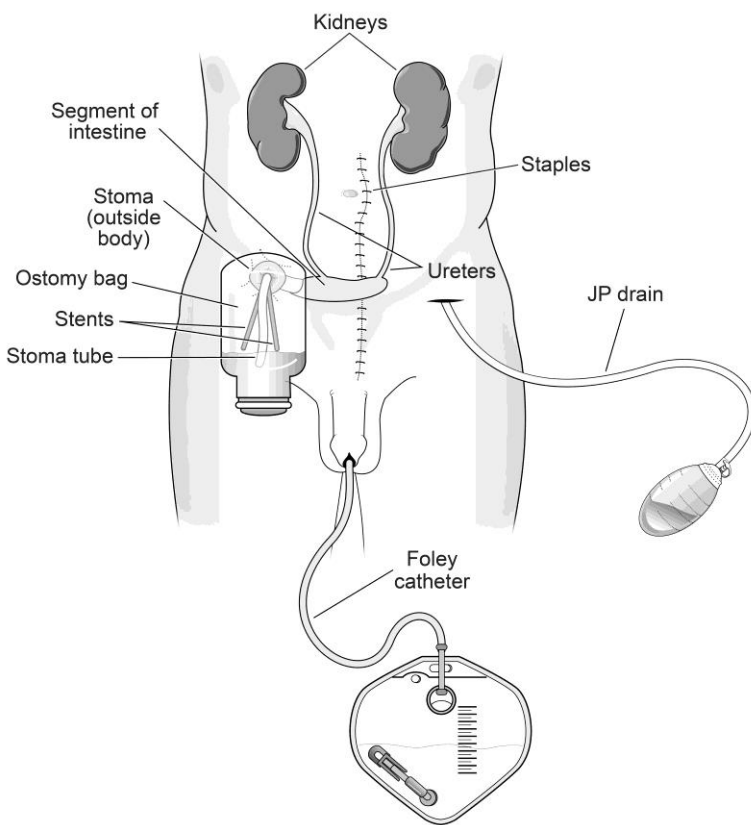
## Getting Ready for Surgery

### Emptying Your Bowel

You will need to empty the stool from your bowel before surgery. The nurse will go over these steps with you as ordered by your surgeon.

### What to Expect After Surgery

Back in your hospital room, you will have tubes, drains and other equipment and an IV for giving fluids and medicine.



### Stoma Tube

This tube goes through your stoma into your conduit. It helps drain urine from the conduit into your urostomy pouch and holds the stoma open. If it falls out this is ok.

### Stents

These are two small tubes that go into your conduit through the stoma and up the ureters into your kidneys. Stents drain the urine from the conduit while the conduit is healing. You will go home with the stents in place. If these fall out, it is ok. They are taken out at your first follow up visit.

### JP Drain

This soft rubber drain is near your incision and comes out through the skin. It drains fluid from around your conduit. This helps prevent infection and speeds healing. This is usually removed before you are discharged. If you have a high output, you may go home with it. You will keep a 24-hour log of how much.

### Nasogastric Tube (NG tube)

You may or may not have an NG tube, it depends on your doctor. The NG tube goes through your nose into your stomach. It drains your stomach. This is to help your bowel rest as it heals. This is placed while you are in surgery and stays in 1-3 days. It will be removed once output is low.

### Foley Catheter

A tube placed in your urethra to drain excess fluid from where your bladder was. This is taken out 1-2 days after surgery.

### Incision

Your incision will be from below the belly button to pubic area. It is held together with small staples. The staples allow the skin to heal with the least amount of scarring. There may be drainage from the incision. It will be cleaned, and a dressing will be applied daily.

## **Pain Control**

Use your pain medicine to keep your pain rating mild so that you can move around.

## **Walking**

Moving and walking are the best way to help you heal quickly. You will be walking the day after surgery. The nurses will help you until you are steady on your feet. Walking helps the return of bowel function. It can also help prevent pneumonia and blood clots.

## **Home Care**

You will be in the hospital for 7-10 days. The staff will teach you and a primary support person how to care for your stoma, urostomy, and tubes.

## **Incision Care at Home**

Wash your incision gently with soap and water once a day and pat dry.

## **Stoma Care**

Gently wipe off mucus buildup with plain warm water once a day if needed. Be very careful around stitches. The stoma may bleed when cleaned. This is normal. The amount of bleeding should be small and stop on its own. Once healed, stomas may be uncovered during a shower. Do not scrub and only pat gently with a soft towel.

**Go to the nearest emergency room if stoma turns dark color (dusky blue, grey, brown, or black) or if it keeps bleeding.**

## **Stoma Tube and Stents**

Take care to hold these in place when changing the urostomy tube bag. If the stents fall out, it is ok. If the stoma tube falls out, this is ok

## **Urostomy Bag**

The pouch system prevents urine from touching the skin or leaking out. These bags drain from the bottom and can attach to a larger bag for overnight use.

## **Changing Your Ostomy Pouch**

Change pouch system every 3-4 days or more often if needed.

## **Supplies:**

- Wafer/barrier
- Adhesive remover
- Pouch
- Skin prep
- Bedside urine bag
- Urine bag connectors

## **Steps for Changing**

1. Prepare wafer/barrier: mold starter hold to stoma size/shape.
2. Place towel or pad under urostomy pouch and begin to remove old wafer/barrier and pouch with adhesive remover.
3. Clean skin around stoma with warm tap water. Pat dry.
4. Apply skin protectant around stoma. Allow to dry. If skin is irritated, red, or raw, apply stoma adhesive powder on the irritated skin. Dust off excess. Blot with skin protectant on powdered areas. Repeat if needed. Allow to dry. Use more skin protectant to protect intact skin around the stoma.
5. Apply molded wafer/barrier around stoma. Right away you will gently rub wafer/barrier area around stoma. Remove backing from white adhesive and smooth onto skin.
6. Attach urostomy pouch to accordion ring or wafer/barrier.
7. Make sure the pouch is closed. Empty when 1/3- 1/2 full.

### **Discharge Urostomy Supplies**

Urostomy supplies are covered by most insurance plans. If you have Medicare, it will pay 80% of the cost. If you also have a second insurance plan, it will often cover the other 20%. Many private insurance plans or HMO's will pay the full cost of the supplies as long as they have been prescribed by a doctor. The prescription will need to be renewed every 90 days. After six months call your primary care doctor for a refill.

### **Medicare Patients**

We will give you a small number of supplies when you go home. Most patients are set up for home health visits at discharge. The home health service will provide you with more supplies. When you are discharged from home health, call us at **608-263-4757**. Leave a message for the urostomy nurse with the name of a selected supplier. We will fax the prescription to them.

They may mail the supplies to you, or you may need to pick them up. They may set a schedule to deliver supplies or want you to call when you need more.

### **Non-Medicare Patients**

You will be discharged home with enough supplies until your first clinic visit. At that time you will receive a prescription for more supplies. We can fax this to your provider or you may take it with you.

Do not order too many supplies before your first clinic visit. Most stomas shrink. You will likely need a new prescription.

### **How to Drain the Pouch**

1. Wash hands with warm water and soap for at least 15 seconds. Rinse. Dry well with a clean towel.
2. Make sure flap at bottom of pouch is **not** flipped to a red drop.
3. Open cap at end
4. Stand over toilet.
5. Turn flap at bottom of pouch so red drop **is** showing.
6. Allow urine to flow into toilet.
7. Wipe the end of the bag dry.
8. Turn flap so red is **not** showing.
9. Replace cap.

### **How to Attach Large Drainage Bag**

At bedtime you will want to attach the larger drainage bag.

1. Wash your hands with warm water and soap for at least 15 seconds. Rinse. Dry with a clean towel.
2. Make sure the flap at the bottom of the pouch is **not** showing a red drop.
3. Make sure the urostomy connector is attached to the large drainage bag.
4. Attach the connector with drainage bag to the bottom of the pouch.
5. Switch the flap on the end of the pouch to red drop.
6. Place the large strap on your leg at a comfortable spot. Do not put the straps so tight that they leave a mark. You may need to adjust these once you stand.
7. The bag should be kept lower than your kidneys.
8. After you take off the bag you will rinse it. Use a mixture of ½ cup white vinegar and ½ cup tap water. Insert into bag with the syringe given to you. Drain. Rinse with clear water using the syringe. Allow the bag to air dry.

## **Diet**

Eat a soft diet until your follow-up visit. Some foods may change the odor of your urine. Eggs, fish, asparagus, spicy foods, and vitamins often change the odor. Drink at least 8-12 (8 oz) glasses of liquid a day.

## **Activity**

Return to your normal routine as you are able. Walking is a great way to get your strength back. After 2 months most people can return to the things they enjoyed before.

You may shower or take a sponge bath. Do not soak in a bath, hot tub, or swim for 2 weeks. Check with your doctor. It's best to shower on the day that your pouch needs to be changed. On other days, you can cover your pouch with a plastic bag. Once you learn the best way to get your pouch to stay, you can shower without covering it.

**Always empty your pouch before any activity where trauma to the pouch area may occur.**

Do not lift more than 10 pounds for 4 weeks.

Nothing more strenuous than walking. No contact sports such as football, basketball or racquetball until your doctor says it is ok.

Do not drive while taking narcotic pain pills.

You may resume sex when you are ready. Some people worry about being accepted by their partner. Talk about your feelings. Your loved one may be afraid they may hurt you. Let them know that sex will not harm the stoma.

## **Clothes**

Wear loose fitting clothing at first. Do not wear belts or waistbands over the stoma that could rub it and cause it to bleed.

## **Travel**

Travel as much as you like. Always bring all your supplies with you. They may be kept in a zip-lock bag or other clean container. When flying, carry your supplies in a carry-on bag in case your luggage is lost.

In the event of a problem, know the names of a doctor, clinic and supply store in the area where you will travel.

## **Follow-Up**

You will have follow-up visits with your urology doctor. Be sure to keep a list of problems, questions, or concern so we can discuss them.

## **Tips**

You will need time to adjust to the change in how your body works. It will take many weeks to months before you have a routine. These tips may help.

## **Leaking**

- Make sure the area around the stoma is dry before you place the new pouch on.
- Empty your pouch when it is 1/3 full, so it doesn't pull on the pouch system.
- When applying the wafer/barrier, make sure you are pressing down around the stoma on the form-fitting portion.
- Remain lying down for 30 minutes right after applying a new pouch.
- If you are still having issues with leaking, contact the urology clinic.

## **Dark Urine**

Add more caffeine-free fluids to your diet.

### **Mucus in the Urine**

This is normal, since your conduit is made from your bowel. Try drinking more caffeine-free fluids if the mucus gets too thick. You may gently remove mucus from the stoma when changing your pouch.

### **Bloody Urine**

Flecks of blood in the urine or on the stoma are normal. The stoma can get irritated. If your urine is pink or red, this is ok. Call the urology clinic if blood is thick.

### **Medical Alert ID**

You should always wear a medical alert bracelet or necklace. This alerts healthcare providers that you have a urinary diversion. It should read:

### **Ileal/Colon Conduit Urinary Diversion Size \_\_\_\_\_**

Ask for a form or order from:  
Medical Alert Foundation International  
101 Lander Ave.  
Turlock, CA 95380  
[www.medicalert.org](http://www.medicalert.org)  
Phone: 1-800-432-5378

### **When to Call**

- No urine output
- Not passing gas after discharged
- Bloody urine, thick like ketchup or large clots
- Chills or a fever over 101.0 F for 2 readings taken 4 hours apart
- Nonstop nausea and vomiting
- Abdominal or flank pain
- Pain you cannot control with your pain pills

### **Who to Call**

Urology Clinic  
**608-263-4757**

After hours, weekends, and holidays this connects you to the message center. Ask for the urology doctor on call. Leave your name and phone number with the area code. The doctor will call you back.

The toll-free number is **1-800-323-8942**.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2020. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7863