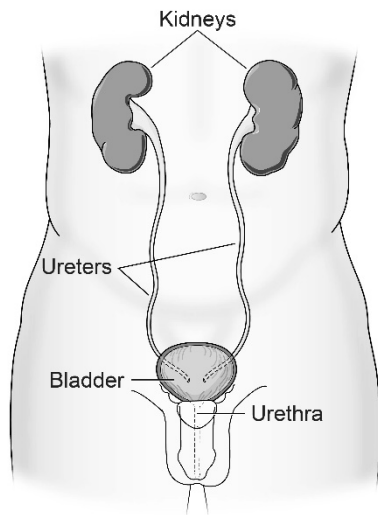


Ileal Loop/Conduit Urinary Diversion

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. Instructions may be changed by your provider. 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. Your bladder stores urine that leaves your body through the urethra. This is called voiding (urinating).



Radical Cystectomy

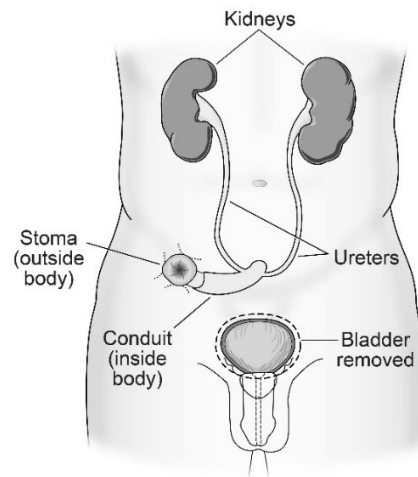
This surgery removes the bladder, along with:

- The prostate, or
- The uterus, fallopian tubes, and the front wall of the vagina.

Passing Urine After Surgery

After the bladder is removed, you will no longer urinate. A urinary diversion is made using a piece of your bowel so the urine can

leave your body. 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 or conduit, the ureters (two tubes that carry urine from the kidneys) are attached so that they empty through this loop.

Stoma

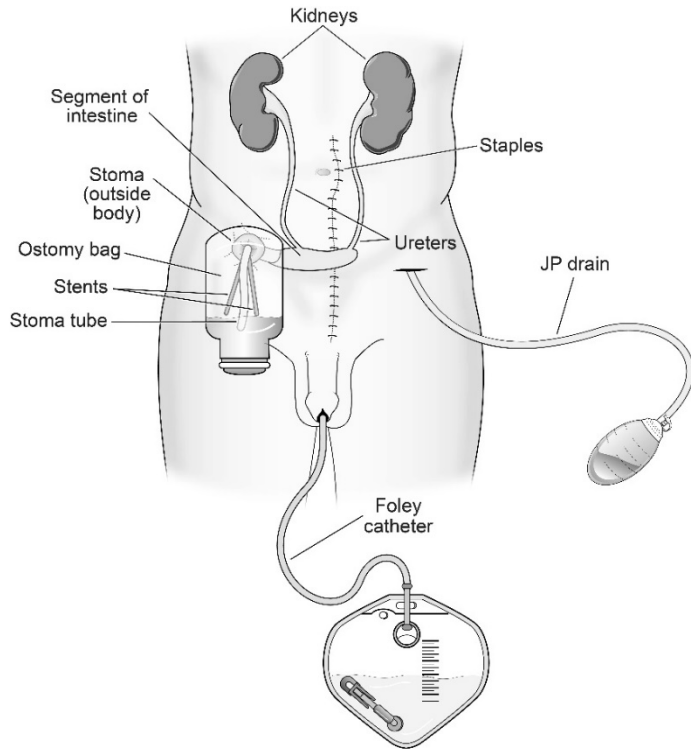
The other end of the loop is then brought out through the abdominal wall, and a stoma (opening) is created. You will need to wear a bag over your stoma to collect urine. There is no feeling in your stoma. It will shrink during the first two months. The stitches around your stoma are dissolvable, they will go away with time. It is important to keep the skin around your stoma healthy.

Bowel Prep

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

You may have a tube in your stoma that goes into your conduit. This tube helps drain urine into your pouch and keeps the stoma open. It is okay if the tube falls out.

Stents

Stents are 2 small tubes in your stoma. They go into your ureters and up to your kidneys. They help drain urine while the conduit heals. You will go home with the stents in place. It is okay if they fall out. Your provider will remove them at your 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 high output, you may go home with it. We will show you how to empty it. You will keep a 24-hour log of how much is draining.

Incision

Your incision will be from below the belly button to the pubic area. It is held together with small staples or sometimes dissolvable sutures and skin glue. The staples allow the skin to heal with the least amount of scarring. There may be drainage from the incision, so we will have dressing in place for 48 hours.

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 may be walking on the day of surgery. Your care team 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 about 4-5 days. The staff will teach you and a primary support person how to care for your stoma, urostomy, and tubes.

Incision Care

Wash your incision gently with soap and water once a day and pat dry. **Do not** apply lotions, creams, ointments, or powders to your incision.

Stoma Care

Gently wipe mucus with plain warm water when you change your pouch. Be very careful around stitches. It is normal for the stoma to bleed when you clean it. The

bleeding should be small and stop on its own.

After healing, you can leave the stoma uncovered in the shower. Do not scrub. Gently pat dry with a soft towel.

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.

Changing Your Ostomy Pouch

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

Supplies

You will need:

- Wafer
- Pouch
- Bedside urine bag
- Urine bag connectors

If recommended, you may need:

- Adhesive remover
- Ostomy belt
- Barrier ring

Directions

1. Measure your stoma. Mold or cut the opening in the barrier to fit the size and shape. Re-measure with each change for 1 month after surgery. Your stoma may shrink in the first few weeks after surgery.
2. Place a towel or pad under the pouch. Gently peel off the old barrier. Use warm water and a washcloth if needed.
3. Clean the skin around the stoma with warm tap water. Pat the skin dry.
4. Remove the backing from the barrier. Place the barrier around the stoma. Gently rub it to help it stick. Remove the tape backing at the

edges and smooth onto the skin. Use light pressure and the warmth of your hand so it sticks well.

5. Attach the pouch to the barrier.
6. Make sure the pouch is closed. Empty it when it is 1/3 to 1/2 full.

Draining Your Ostomy Pouch

1. Wash your hands with warm water and soap for at least 15 seconds. Rinse and dry with a clean towel.
2. Stand over the toilet. Twist the spigot at the bottom of the pouch to open or remove the cap.
3. Let the urine drain into the toilet. Wipe the end of the pouch dry
4. Twist the spigot closed or replace the cap.
5. Wash your hands.

Urostomy Bag

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

How to Attach Large Drainage Bag

At bedtime, attach the large drainage bag.

1. Wash your hands with warm water and soap for at least 15 seconds. Rinse and dry with a clean towel.
2. Make sure the urostomy connector is attached to the large drainage bag.
3. Attach the connector and drainage bag to the bottom of the pouch.
4. Twist the spigot to open if your pouch has this type of closure so urine can drain into the tubing.
5. **Optional:** Place the strap on your leg in a comfortable spot. Do not make it too tight. Adjust after you stand if needed.
6. Keep the bag lower than your kidneys.

7. When you remove the bag, rinse it. Mix 1/2 cup white vinegar and 1/2 cup tap water. Use the syringe to put the mix into the bag. Drain, then rinse with clear water. Let the bag air dry.

Leaking

Use these steps to help stop and prevent leaking around your stoma and pouch system.

1. Make sure the skin around the stoma is dry before you place a new pouch.
2. Empty the pouch when it is 1/3 to 1/2 full so it does not pull on the system. Make sure the bag does not twist or pull.
3. Press down around the stoma when you place the barrier. Use gentle pressure and the warmth of your hand so it sticks well.
4. Stay lying down for 5 to 10 minutes while holding your hand over the appliance to provide heat and pressure, which helps the adhesive stick after you place a new pouch.

Call the clinic if you notice leaking, skin breakdown, or a rash that does not improve.

Diet

After surgery, you may not feel like eating for up to 3 months. Drink protein shakes like Boost® or Ensure® to help your body get enough protein and calories to heal. You may also have loose stools. This will get better over time.

Drink enough fluids each day to prevent dehydration. Aim for 8-12 glasses (8 oz each). You can drink water, Gatorade or Powerade, and protein shakes.

Some foods can change how your urine smells such as:

- Eggs
- Fish
- Asparagus
- Spicy foods
- Vitamins

Clothes

Wear loose fitting clothing at first. Do not wear belts or waistbands over the stoma that could rub it, cause it to bleed, or keep urine from draining into the pouch.

Activity Restrictions

Most people can return to their usual activities after about 2 months.

- **Do not** lift more than 10 pounds for 6 weeks.
- **Do not** play contact sports such as football, basketball, or racquetball until your provider says it is safe.
- Empty your pouch before any activity that could cause injury to the pouch area.
- **Do not** drive while you take narcotic pain pills.

Sex

You can have sex when you feel ready. It is normal to worry about how your partner may feel. Talk about your feelings. Your partner may worry about hurting you. Let them know that sex will not harm the stoma.

Exercise

Take short, frequent walks around your home after you leave the hospital, unless your provider tells you not to. Walking helps prevent pneumonia and blood clots. It also helps you heal, build strength, and keep your bowels moving.

Travel

You can travel once your provider says it is safe after surgery.

Bring all your supplies with you. Keep them in a zip-lock bag or clean container.

When flying, keep supplies in your carry-on bag in case your luggage is lost. Bring more supplies than you think you will need.

Plan ahead in case of a problem. Know the name of the doctor, clinic, and supply store where you will travel.

Bathing

You may shower or take sponge baths. Do not soak in a bath, hot tub, or swim for 2 weeks. Check with your provider before you put your stoma underwater. It may be easier to shower on the day you change your pouch.

Insurance

Supplies

Most insurance plans cover urostomy supplies. Medicare pays 80%. If you have a second plan, it may pay the other 20%. Many private plans or health maintenance organizations (HMO) pay the full cost if your doctor prescribes the supplies. Check your insurance plan to learn about coverage.

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 ostomy nurse with the name of a selected durable medical equipment 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 go home with enough supplies until your first clinic visit. During the visit, you will get a prescription for more supplies.

We will fax the prescription to your preferred durable medical equipment supplier.

Do not order a large amount of supplies before your first clinic visit. Most stomas shrink. You may need a new prescription. The supplier may mail your supplies or ask you to pick them up. They may set a delivery schedule or ask you to call when you need more supplies.

Urine Changes

Your body needs time to adjust to this change. It may take many weeks to months to find a routine.

Dark Urine

Drink more fluids without caffeine.

Mucus in Urine

Mucus in your urine is normal. Your conduit is made from your bowel. Drink more fluids without caffeine if the mucus is thick. You can gently remove mucus from the stoma when you change your pouch.

Bloody Urine

Small amounts of blood in the urine or on the stoma are normal. The stoma can get irritated. Pink or red urine can be okay. Call the urology clinic if the 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
Phone: **1-800-432-5378**

Follow-Up

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

When to Call

Call your provider if you notice:

- No urine output
- You are not passing gas after discharge
- Urine that is bloody, thick like ketchup, or has large clots
- Chills or a fever over 101.0 F (2 readings, 4 hours apart)
- Nausea or vomiting that does not stop
- Belly or side pain
- Pain you can not control with your pain medicine
- Leaking, skin breakdown, or a rash

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

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, please visit www.uwhealth.org/.

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 © 6/2026. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7863