

Seek Medical Attention if you experience the following:

- Your stoma smells bad, or there is pus draining from it
- You feel sick to your stomach, or you are vomiting.
- Have signs of urinary tract infection (page 5)
- Your stoma is a different color (dusky blue, purple, black)
- Temperature over 38.0 °C (100.4°F), or you have chills

Call the nurse if you experience the following:

- Your stoma is getting longer,
- Your stoma is pulling into your skin
- Your incision starts to drain fluid

**CALL 911 RIGHT AWAY when:**

Your incision opens up a lot

Your stoma begins bleeding and you cannot get it stopped

You have trouble thinking or concentrating

Your Nursing Agency contact information:

This booklet was produced as part of the South West Regional Wound Care Initiative June 2012.

Adapted from CarePartners RNAO/ Ontario MOHLTC Best Practice Spotlight Organization Project Feb. 2011 with permission, and from Ready...Aim...Improve! Surgical Wounds <http://www.qualitynet.org>



South West Regional Wound Care Toolkit My Urostomy

This booklet was created to help you to look after your urostomy and help your body to heal.

You can help with self-care by:

- Taking part in hands-on urostomy teaching sessions given by the nurse
- Avoiding trauma, pressure or friction to the area while you are healing (no dogs or children on your lap, and AVOID placing the seatbelt directly on top of the stoma)
- Reporting any soreness or itchiness under the barrier or flange—you may have a problem with the skin
- Recognizing the signs and symptoms of wound infection
- Keeping your incisions dressing clean and dry if a dressing is still being used
- Eating a healthy, balanced diet
- Exercising as advised and get fresh air regularly
- Taking your pain medicine as needed, and other medications as ordered

If you need care after your discharge from hospital:

The South West Community Care Access Centre (SWCCAC) is part of the team with your doctors, nurses and other health care providers. A treatment care plan will help you to recover as soon as possible.

SWCCAC Supply Depot information:

If you are on CCAC service, medical supplies are provided while your stoma needs are changing. These will be ordered weekly. You will need to pick up your supplies at a depot. Depots are located within 20-25 minutes of your home. **Your supply depot is:** _____

Learning Self –Care:

It is expected that you or a family member will learn how to care for your stoma over 4-8 weeks. If your stoma is permanent, or if you will have it longer than 6 months, you are eligible for the Assistive Devices Program (ADP). The application form will be given to you in hospital. If this does not happen, please check with your surgeon’s office or the Enterostomal Therapy Nurse (ETN). You can also download an application for ostomy funding at: http://www.health.gov.on.ca/en/public/forms/adp_fm.a_spx or call 1-800-268-6021. Your surgeon’s billing number and signature is required.

My Personal Plan

You should discuss your situation with your nurse and doctor. Here are three key questions that you need to find the answers to:

What is my main problem? _____

What do I need to do about it? _____

Why is it important for me to do this? _____

The United Ostomy Association of Canada, Inc. is a volunteer organization dedicated to assisting all persons facing life with ostomies. They can provide emotional support, experienced and practical help, instructional and informational services through their membership. Their journal, Ostomy Canada, is published 2 x per year. UOA has booklets covering many topics for people with ostomies. They host meetings in several locations in Ontario. **www.ostomycanada.ca Toll-free Phone: 1-888-969-9698**

London and District Ostomy Association 519-639-7224
Stratford and District Ostomy Association 519-273-4327
Kitchener/Waterloo Area Ostomy Chapter 519-894-4573

Prevention of Parastomal Hernia

Your abdominal muscle has been cut and repaired. You may have a bulge called a hernia form around the stoma. It can cause your usual pouching system to leak. One or more loops of bowel can slip into the bulge and cause a blockage, which can be very serious. You can help to prevent a hernia by making your abdominal muscles stronger, but you should not strain your abdominal muscles.

Remember to ask your surgeon before starting any exercise program.

1. Good exercises which strengthen these muscles like swimming, walking and cycling.
2. Do abdominal exercises (pelvic tilting, knee rolling and head lifts) once the wound has completely healed.
3. Try to maintain good posture at all times (shoulders back, tummy in).
4. In the first few months after your surgery, support your stoma and abdomen with your hands while coughing.
5. Do not lift anything > 10 lbs. for 3 months
6. After 3 months and until at least 12 months after your surgery, use a support belt or girdle when doing heavy lifting or any heavy work that will use your abdominal muscles.
7. Keep your body weight normal for your height.

Thompson, MJ. (2008) Parastomal hernia: Incidence, Prevention and treatment strategies. *BJN* 17(250):17s-20s.
Available at:
<http://www.caet.ca/caet-english/documents/caet-parastomal-hernia-01.pdf>

Psychosocial issues

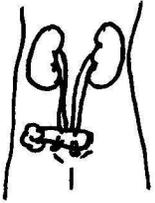
- It is normal to have feelings of loss, loss of control, dislike, and anger after your Ostomy surgery
- You may also be afraid that your spouse or sexual partner may reject you because of the stoma
- You and your partner/family may need time to talk about your feelings and to accept your body's changed image
- You need time to learn to trust that you can resume your previous lifestyle.
- Support by family, friends, an Ostomy visitor, and your doctor and nurses is very important.

Intimacy and Sexual Health:

- If you are a man, and have had removal of the bladder, you may not be able to have an erection of the penis. This is because of loss of nerve function, but it can improve as healing occurs. If you cannot have an erection one year after your surgery, ask your doctor to arrange a consult with an urologist to talk about surgical options.
- If you are a woman, you may have pain with sexual intercourse. This is due to decreased lubrication or scar tissue. Try commercial vaginal lubricant available at drug stores in the feminine products section.
- You can create a cover for the stoma and pouching system. Things like tube tops, cummerbunds or fancy pouch covers may make you more prepared for intimacy.

Information About Urostomies

A urostomy is an opening in the abdominal wall made to divert the flow of urine from the bladder. The ureters are the tubes that connect your kidneys and bladder. With an Ileal Conduit, both ureters are attached to a 6 - 8" segment of small bowel (ileum). This is brought to the abdominal surface to form a stoma. Ideally, the stoma should be 2-3 cm above the skin. Your stoma will shrink for 6-8 weeks.



Signs of Pouch Leakage

If you notice that your skin is becoming itchy or sore under your barrier, this may be a sign that output is starting to leak under the barrier.

The skin barrier may appear lighter in colour.

This can cause skin irritation.

Don't wait until it starts to leak before removing it.

If urine is leaking out and soils your clothing, check your system to make sure the end of the pouch is closed and that the pouch is well secured to the barrier (if wearing a two-piece appliance).

It could mean there is a leak under the barrier.

Travel

Travel means going to appointments, out to dinner, or anywhere out of the house.

You should always have a complete change of appliance with you: a pouch and barrier, a towelette or j-cloth for cleaning and a bag for garbage with you for emergencies. Some people even have a change of clothing in their car trunks, just in case of a leak.

Having a stoma does NOT mean that you cannot travel and live your life as you wish.

Always carry an identification (ID) card in your wallet. Include why you have the stoma, what kind of stoma it is and what pouching equipment you use (product name and code #).

Put your supplies in your carry-on luggage. Pre-cut your barriers so that you do not need to carry scissors. If you must bring scissors with you, they must be stored in the luggage that you check-in.

Drink extra fluids during the flight to avoid dehydration.

Get travel insurance.

Always take double the amount of pouching supplies that you normally use for the length of time you will be away. Avoid having to buy your own supplies in a strange country.

Learn to say "toilet" in the language of the country you are visiting.



Surgical site infections (SSI) can occur in the skin and tissue around the incision, or deeper in the tissue. This happens when harmful germs enter your body through the operation site - most often within 4 weeks of your surgery.

They cause longer hospital stays and delay healing.

You are at increased risk for a Surgical Site Infection (SSI) if you:

- have other diseases such as diabetes, respiratory disease, poor circulation
- are overweight
- smoke
- have not been eating a balanced diet
- have your surgery as an emergency
- had complications after the surgery
- have an infection elsewhere in your body
- are on high doses of steroids such as prednisone

Signs and Symptoms of Surgical Site Infection

- *Greenish/ brown/ pus or bad smelling drainage*
- *Increased pain or tenderness in the area of the incision or wound*
- *Increased swelling, firmness, redness or heat surrounding the incision/wound*
- *Fever higher than 38°C (100°F) --- older individuals may have fever at a lower temperature 37°C (99°F)*
- *A closed incision that opens up and starts to drain*
- *A tired feeling that doesn't go away*

If you have any of these symptoms contact your doctor or nurse right away!

Because your bladder is gone or bypassed, the passage from the skin opening (stoma) to the kidneys is short. You will not have a need to pass your urine frequently or feel burning the way that you did when you had a bladder infection.

Signs and Symptoms of Urinary Infection

- *Increased amount of mucus in the urine*
- *Cloudy and strong smelling urine*
- *Blood in urine*
- *Fever*
- *Extreme tiredness*
- *Confusion*
- *Loss of appetite*
- *Back pain*
- *Nausea and vomiting.*

A kidney infection can make you ill very quickly. Please seek medical attention as soon as you notice any signs symptoms.

A urine sample taken right from your stoma is best. Sometimes a sterile catheter is used. A soiled pouch may give wrong results in a test for infection.

Clothing Modifications

You may find that you need to wear “higher-rise” pants. The waistband of the pants should not stop the urine from falling into the pouch.

Urine Drainage Choices:

The pouch will need to be emptied 4-5 times a day. In hospital, a bedside drainage bag or bottle are used. You can continue this at home at night, or go to the bathroom to empty the pouch when needed.

If you use a drainage bag, it should be cleaned after each use.

- Remove the night bag from your pouch.
- Wash it with soap and water - you can buy a small funnel to fit in the upper end of the drainage tubing
- Clamp it closed.
- Mix ¼ cup white vinegar and ¼ cup water in equal parts
- Pour it into the bag and cap the end. Lay the bag flat on the counter so that all inside surfaces are in contact with the liquid for 30 minutes
- Drain the vinegar and water out and rinse the bag with cold water to get rid of the vinegar smell.
- Hang to dry for the next wearing.

Replace the night drainage bag once per month to prevent infections.

Throw the pouch that you wear out after 7 days to prevent infections.

The Indigo Blue Bag

Sometimes the pouch or night drainage bag will turn a deep indigo blue or purple colour, and might have a strong unpleasant odour.

This may be because of constipation, alkaline urine (a high pH) or bacteria.

If this happens:

- change the pouches or drainage bags more often,
- drink more fluids,
- have 2 glasses of cranberry juice a day or ask your doctor about taking Vitamin C.
- prevent constipation- add dietary fibre like bran or ground flax seed. Increase your fluid intake to at least 1 litre per day. your doctor can help if diet changes do not work

General Instructions:

You have had surgery on both your urinary system and bowel.

You might have loose bowel movements or constipation at first, but you will return to what is normal for you. You might be asked to follow a low fibre/low residue diet for the first month after surgery because of the bowel resection.

Appearance of the urine and skin protection:

With an ileal-conduit, the urine will contain mucous produced in the section of bowel it passes through.

Alkaline urine will irritate skin over time.

It is important to protect the skin around the stoma with an effective skin barrier.

Sometimes uric acid in the urine will form hard crystals at the edge of the stoma and skin. You can feel them with your fingers, and they feel like pieces of grit.

A 10 minute soak with a cloth soaked in $\frac{1}{2}$ water and $\frac{1}{2}$ white vinegar will help prevent this, by making the skin a more normal acid pH.

Skin Care- Always make sure that your skin is clean and very dry before applying a new barrier or appliance. Many men choose to shave the skin around the stoma to prevent the hairs being pulled out when the appliance is removed, causing a rash caked folliculitis.

Do not use shaving cream—it will leave an oily film.

You can shave dry using Ostomy powder and a dry razor, or wet the skin without using any powder.

Report any signs of irritation or open areas on your skin to your nurse or doctor.

You many bathe or swim, but avoid using bath oils in the water, as the oil may seep under the barrier and break the seal. Some people with urostomies find that if they bathe with their pouching system off, they have frequent kidney infections.

Fluid Intake

Plenty of fluids are needed to maintain the health of the kidneys. Normally, the colour of the urine can provide an approximate guide to whether your fluid intake is adequate. If the urine appears darker than usual, it may indicate that it is too concentrated. Increase your fluid intake. Unless you are on a fluid-restricted diet, you should drink at least 8 cups of liquid each day. Keep a water bottle with you at all times, and drink after or between meals. Any fluids that contain caffeine (tea, coffee, chocolate, cola drinks) cause you to pass more urine, and should be limited to no more than 3 cups.



There are also some foods (e.g. beets and asparagus) and drugs that change the colour and odour of the urine as well as the acidity.

If you can keep your urine somewhat acidic, it helps to prevent urinary tract infections. Drink 1 - 2 glasses of pure cranberry juice each day to help keep the urine acidic, or speak to your doctor about taking Vitamin C daily, which can also acidify the urine.

Acidic urine also prevents the formation of crystals on the stoma or in the pouch that may occur if the urine is too alkaline. If Sulfa antibiotics or diuretics (fluid pills) are being taken, your fluid intake should be increased to prevent the formulation of crystals. Antacids containing calcium such as Tums, or Sodium Bicarbonate such as Alka-Seltzer should be avoided.

Nutritional Information for Wound Healing*

Note* *If you have diabetes you may not be able to follow all of these suggestions. You may also be on a restricted diet due to other health conditions, or have food allergies.*

Don't skip meals.

If you are not hungry, eat small amounts more often.



Ask your doctor about having a small glass of sherry before meals, or for a prescription of Maltlevel liquid vitamin.

Either one can help improve your appetite.

Many vitamins and minerals are important in the healing process, including vitamins A & C, zinc and iron. If your appetite is poor, ask your pharmacist about taking a multivitamin and mineral supplement.

If you are taking **vitamin E** please stop taking it while the wound is healing (it delays healing).

The following foods are important for healing:

Sources of vitamin C are: citrus fruits and juices, strawberries, tomatoes, sweet peppers (especially red), potatoes, broccoli, cauliflower, brussels sprouts and cantaloupe.

Sources of vitamin A are: liver, milk/dairy products, egg yolk, and fish oils.

Sources of zinc are: meat, fish, seafood (especially oysters), poultry, liver, eggs, milk, legumes, whole wheat products, and wheat germ.



Sources of iron are: meat, poultry, fish, liver, organ meats, eggs, legumes, nuts, dried fruit, fortified breads, cereals, and pastas. Iron from animal sources is more bio-available than that provided by plant foods. Iron absorption is improved if taken with foods containing vitamin C.



Healing requires extra calories, and a diet high in protein is needed to build new tissue. Increase your protein intake: meat, eggs, fish and dairy products, nuts, whole grains combined with beans, soya tofu.

***With thanks to CarePartners/ET NOW for use of this information**
References: Harris CL, Fraser C. (2004) Malnutrition in the institutionalized elderly: the effects on wound healing. *Ostomy Wound Management* 50(10):54-63.

Fraser C. (2007) Foods first: nutrition, pressure ulcer management and skin health. *Wound Care Canada* 5(1):28-29