The Coloplast story began back in 1954. Elise Sørensen is a nurse. Her sister Thora has just had an ostomy operation and is afraid to go out, fearing that her stoma might leak in public. Listening to her sister’s problems, Elise creates the world’s first adhesive ostomy bag. A bag that does not leak, giving Thora – and thousands of people like her – the chance to return to their normal life.

A simple solution with great significance.

Today, our business includes ostomy care, urology and continence care and wound and skin care. But our way of doing business still follows Elise’s example: we listen, we learn and we respond with products and services that make life easier for people with intimate healthcare needs.
Your urostomy…

Having any operation can be an emotional experience but being well prepared can help you to know what to expect. Whether your operation was planned or an emergency, this booklet has been specially written to answer some of the questions often asked about having a urostomy and can also act as a quick reference guide for later on.

…we’re here to help

The first thing you can be assured of is that you will have lots of support.

Your care team includes your surgeon, your Stomal Therapy Nurse and many other healthcare professionals. We are all here to give you, your family and carers, help and advice both before and after your operation, while you are in hospital and when you go home.

It’s natural to have lots of questions so, no matter how small it may seem, if you have any concerns please ask a member of your care team. They will be more than happy to help.

The information contained in this booklet is general and some of it may not apply to you. Inevitably there will be some issues that this booklet doesn’t address or that you would like more information about.

At Coloplast we’ve developed a number of other resources to help you through your experiences. For complimentary copies please call us on:

Australia - 1800 653 317
New Zealand - 0800 265 675

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Understanding your urinary system

Having any type of surgery can feel a little daunting. So, to help you understand what is involved in your operation, we’ll first take a look at your urinary system and describe how it works.

Have a look at the diagram of the urinary system and follow it down from the kidneys via the ureters to the bladder and urethra.

Urine is made by your kidneys and travels down two tubes called the ureters to your bladder. You have control over the time you go to the toilet and your urine is stored in your bladder until you get a sense of when you need to urinate. Your urine then passes out of your body through the urethra.

What is a urostomy?

The type of stoma you will be having is called a urostomy. Your surgery may need to be performed for a number of different reasons and your surgeon and Stomal Therapy Nurse will explain all of this to you. For some people your bladder may need to be removed because it’s damaged or diseased. During your operation a passageway will be made for urine to pass from your kidneys to the outside of your abdomen to form a small spout. This is called a stoma (opening). If possible, you may be able to agree on a site for your stoma with your Stomal Therapy Nurse before your operation.

What difference will having a urostomy make?

When a urostomy is made it alters the usual way you pass urine. After surgery, instead of coming out through your urethra, your urine will pass through the stoma instead. The traditional way you pass urine is controlled by a special muscle in the urethra. However, the main difference you will notice when you have a stoma is that you will no longer be able to hold on to, or have control over, when you need to pass urine.

“Your surgeon and Stomal Therapy Nurse will explain the type of surgery you’ll be having and why you need to have a stoma”
What will the stoma look and feel like?

The stoma will be moist and pinkish red in colour and should protrude slightly from your abdomen. It may be quite swollen to begin with but will reduce in size over time – usually 6-8 weeks after surgery.

Despite being red, there is no sensation in the stoma and it’s not painful.

Urostomy formation

The most common urostomy procedure is an ileal conduit. The urostomy is formed by detaching the ureters from your bladder and joining them to a short length of your small bowel (ileum). One side of the ileum is sealed off and the other is brought to the surface of the abdomen to form a stoma. Your bladder may also have to be removed although this will depend on the reasons for your surgery.

Formation of a urostomy

1. An artificial opening is created in the abdomen and the end of the intestine is pulled up through the abdominal wall and layers of skin.
2. The intestine is folded back to form a cuff.
3. The cuff is stitched to the abdomen to keep the intestine in place.
4. A stoma is formed.
Why do I need to wear a bag?
After your operation your urine will pass out through your stoma instead of your urethra. However, unlike your urethra, there is no muscle around the stoma, so you’ll have no control over when you pass urine. Instead it will be expelled through your stoma and you will need to wear a urostomy bag to collect the output.

There are several different types of bags and your Stomal Therapy Nurse will show you which ones are suitable for you.

How does a urostomy bag work?
The bag is designed to stick onto your abdomen where it will collect urine from your stoma.

A urostomy bag has special features including a non-return valve to help prevent urinary infections by stopping urine from washing over the stoma. There is a plug/bung at the bottom of the bag to make it easy to drain the contents into a toilet.

The bag is waterproof so you can wear it whilst you are showering or bathing.

How can my Stomal Therapy Nurse help?
Your Stomal Therapy Nurse is a qualified nurse with additional training in all aspects of stoma care who will be able to help you and your family before, during and after your operation.

Depending on your circumstances, your Stomal Therapy Nurse may be able to help you to decide on a suitable site for your stoma before your operation. This is important as it can affect the care of your urostomy and issues such as the type of clothes you wear.

Your Stomal Therapy Nurse, along with many other healthcare professionals, will provide you with as much help as you need, for as long as you need it – not only when you are in hospital but also after you go home.

“I felt quite emotional before going into surgery, but knowing what to expect and that there would be a whole team taking care of me really helped”
How will I feel after my operation?
Following surgery it’s not surprising that you’ll feel weak. You may go through a whole range of emotions and this will vary from person to person. It’s important to remember, emotionally and physically, it may take a while for you to recover and to get back to feeling like yourself again.

What should I know?
You will need to use a bag with a plug/bung at the bottom to enable you to drain the urine out.

When you wake up after the operation you’ll be wearing your first bag. This will probably be a clear one so that your nurses will be able to check on your new stoma easily. At first your stoma may be swollen but it will gradually decrease in size over several weeks.

You may also have drips and drains attached to your body. Please don’t be alarmed as these are all perfectly routine and will be removed when appropriate. Stents will also be in place initially. These will be removed, or will fall out, within 7-10 days following your surgery. Your doctor will advise you when you will be able to eat and drink as usual.

When will my stoma begin to work?
Your stoma will begin to work immediately after your operation but the stents can be left in place for 7-10 days. At first the urine may be tinged red, but it will soon return to its normal colour. There will also be mucus in the urine from your stoma.

Following a urostomy your bowel movements may be disrupted and you may experience some constipation. This is because the operation you have had involves using part of your ileum and it can take a little time before your bowels start to work normally again. When it does start to work you may find that you have some diarrhoea for a short time – this will settle.

“Please ask about anything that may be bothering you, particularly in these early days. You can be sure that your concerns would have been raised before”
What happens when the bag needs draining?
In the first few days after your operation you will wear a clear urostomy bag, but you can then move onto an opaque bag. Your nursing staff will help with draining the bag, and other tasks, until you are ready and have learnt how to do it for yourself. A larger night drainage bag will be attached to collect urine passed overnight.

How do I change my bag?
Your urostomy will work steadily throughout the day. Most people tend to change their bag in the morning as their urine output is usually at its lowest at this time (providing of course that you haven’t drunk all night). Another good tip is to cough a few times before changing your bag as this will empty most of your urine into the bag first. Before starting to change the bag make sure you have everything at hand that you’ll need. Just like everything else in life, a little bit of forward planning can help a lot – you may find our ‘Changing and drainage guide’ on page 13 a useful reminder.

How often do I need to drain or change my bag?
This will vary from person to person. Your Stomal Therapy Nurse will be able to advise you how often you will need to change your bag. During the night a urostomy bag can be attached to a night drainage bag so you don’t need to wake up to drain your bag.
What sort of bag should I choose?

There are many different types of bags available and your Stomal Therapy Nurse will be able to help you choose the most appropriate one for you. For example, you may wish to move away from the clear bag fitted immediately after your operation to an opaque bag. Also you may choose to use a night drainage bag when you go home.

Stoma bags

There are two main types of systems:

One-piece system
This consists of the collection bag with an integrated baseplate attached which firmly fits around your stoma.

Two-piece system
This has the collection bag separate from the baseplate and the two parts are securely clipped or sealed together. This means that you don’t have to remove the baseplate from around the stoma every time you change the bag.

Both systems will be kind to your skin, lightweight, leak-proof and odour proof which means that they will be virtually undetectable to anyone else so you can carry on with life as normal. The bags are available in a variety of sizes to suit your specific needs.

How should I dispose of used bags?

If you are using a drainable bag, it’s recommended that you empty the bag before you remove it. Then seal the bag inside a disposable bag and place in the bin.

DO NOT flush it down the toilet, as it will cause a blockage.

If you are using public disabled toilets they should have suitable facilities. You can also use nappy changing bins or sanitary bins if available.

“Be careful not to store your bags in direct sunlight or near heat, as this can make them deteriorate”
Changing guide

Before you start, check that you have everything you need:
• soft wipes • warm water • a plastic disposable bag • a new stoma bag • scissors (if required)

Prepare
First cut the baseplate to the necessary size by sketching the shape of your stoma onto the clear cutting guide. There are measurement guidelines to help you but DO NOT cut outside the outer guidelines. Please note to ensure a leak-free seal it is important to cut as snug a fit as possible without the baseplate resting on the stoma.

Close the outlet tube by holding it upwards, then insert the point of the plug/bung and press firmly together. The outlet is soft and flexible making it easy to use even for those with weak or arthritic fingers.

Apply
Having cut the baseplate to size, gently peel off the clear backing.
Gently press the baseplate into place, moulding the fluted edges around your stoma and paying particular attention to adhesion on scars and skinfolds.

Drain
Cough a few times to empty the stoma. Turn the outlet valve upward before squeezing it to loosen the plug/bung. Pull out the plug/bung while keeping the outlet squeezed shut between your fingers. When ready, release your grip and drain into the toilet or another suitable receptacle. Make sure the bag is completely empty before replacing the plug/bung. Then rinse the end of the outlet with water before drying.

Removal
Take hold of the baseplate tab and simply ease the edges of the baseplate away from your skin. To freshen up after removing your bag, simply clean around your stoma in the normal way – making sure that you dry the skin around the stoma before applying a new bag.

Night
If you require extra capacity at night attach a urostomy night drainage bag.

Applying a two-piece system
Apply the baseplate as described on page 13.

Bags with mechanical coupling
Ensure the mechanical coupling is open. Press the bag and the baseplate together starting at the bottom. Make sure the bag is securely positioned on the coupling and close the mechanical coupling.

What else should I know?
One of the most important things to remember is to take good care of the skin around your stoma. Here are some tips that you may find helpful:

The baseplate needs to fit snugly around your stoma
If the hole in the baseplate is larger than your stoma, your skin will become exposed to the harmful effects of the urine and become sore. Additionally, if the baseplate is cut too small it may cause damage to your stoma. Therefore, it’s important to regularly check your template size and ensure the baseplate is a snug fit around your stoma. A handy tip is to place your template over your stoma and check if any skin is showing.

Watch out for irritants
Leakage on to the skin, excessive removal of the baseplate and harsh skin cleansers can all cause some irritation of the skin.

Bleeding
It’s usual to experience a small amount of bleeding around your stoma when cleaning. This is not a cause for alarm. However, if bleeding comes from inside the stoma you should see your doctor urgently.

Urinary infections
Due to the nature of your surgery it is important to drink plenty of water (2-3 litres/day). This is because you may have an increased risk of urinary tract infection. Generally if your urine is dark you may be dehydrated so you should increase your fluid intake. You may also have mucus present in your urine – this is normal. However, if you notice your urine is cloudy, you may have an infection so please consult your doctor. If a urinary tract infection is suspected, a urine specimen will be taken from your stoma by your Stomal Therapy Nurse.
In addition to water, drinking pure cranberry juice may help. However, if you are taking Warfarin you should be aware that cranberry juice is contraindicated.

“It’s advisable to carry a spare changing kit with you when you go out”
How do I obtain supplies?

In Australia
After leaving hospital, your local Ostomy Association will supply your ostomy products. You have the option of having the products mailed directly to you or visiting the Ostomy Association and picking up the products personally. Your Stomal Therapy Nurse will register you with your local Ostomy Association and order your products.

In New Zealand
Your Stomal Therapy Nurse will discuss with you how to organise your ongoing supply of ostomy appliances after being discharged from hospital.

Do I need a special diet?
No. Just like everyone else you should eat a well balanced diet, and as long as your surgeon or Stomal Therapy Nurse has not advised otherwise. This can include all of your favourite foods.

You may find that your appetite reduces during the first 4-6 weeks. If this is the case speak to your Stomal Therapy Nurse who may recommend a high protein or energy drink.

Because of the nature of your surgery, you will need to drink relatively more to help your body maintain the right fluid balance.

People with a urostomy are usually advised to drink 2-3 litres of fluid a day. Drinking pure cranberry juice is also advised as it contains substances that can help to prevent urinary tract infections. Don’t worry if you don’t like the taste of cranberry juice as it is also available in capsule form.

Please note cranberry juice is contraindicated for patients who take Warfarin.

You should also be aware that eating certain foods (such as asparagus, shellfish and curries) may cause your urine to take on an offensive colour and cloudy appearance. Beetroot and certain types of medicines may also discolor the urine.

Also, please speak with your Stomal Therapy Nurse if you require additional information on nutrition.
Will I still be able to travel?
Generally it’s not advisable to fly within the first 6 weeks following any operation because of the increased risk of Deep Vein Thrombosis (DVT) and it’s important to check your travel insurance. However, apart from that, there is no reason why having a urostomy should restrict your ability to travel in any significant way – whether in your country or abroad, for business or pleasure. Just remember to pack all of the things you will need for the journey and make sure that you have enough supplies for the duration of your time away. If you are flying, don’t forget to divide up your supplies between your main and hand luggage to allow for lost luggage or delays.

Should I still exercise?
Exercise is good for everyone and just because you’ve had a urostomy you are no exception. It is very likely that any exercise you enjoyed before the operation will also be suitable to continue afterwards.
Special small bags/mini caps are available for use when swimming and playing sport so there is no reason to feel like you can’t join in. Obviously you will need to start with gentle exercise at first but you will soon be able to do just as much, if not more, than before.

What about sex?
This very much depends on the nature of the operation you have had. For men, if you’ve had your bladder removed this may result in impotence so it’s important to talk to your Stomal Therapy Nurse. They are used to discussing such delicate issues and will be able to help. If appropriate, you may be able to have a penile implant at a later date.

Who can I turn to for support?
After having a urostomy the main aim is to get you back to enjoying life. That means being at home, or at work, or on holiday – not in hospital – and not ‘ill’.
But this doesn’t mean that your specialist care team is no longer there to help once you leave hospital – in fact quite the opposite. Your Stomal Therapy Nurse, and his or her colleagues, will always be on hand to help you with any problems or questions that you might have.
“Sometimes it’s nice to be able to ask questions of people who have had similar experiences... and the anonymity of the internet has given me the confidence to do just that.”

Do you have questions regarding ostomy care?
Do you have experiences that may benefit others?
Would you like to expand your support network?

Join our conversation

Real people. Real experiences.
At Coloplast we understand that, no matter how long you have had your stoma, you may require support with your ostomy appliance or have questions regarding lifestyle related issues.

At Coloplast we are here to help and "We CARE"!

Membership of the Coloplast CARE program is free of charge and offers you access to the following:

- Customer care specialists that are trained to support your product and life-style related questions
- Coloplast CARE educational tools and literature
- Monthly wellness education newsletters addressing various lifestyle related issues

Contact a Coloplast CARE specialist on 1800 653 317 (AUS) to find out if the Coloplast CARE program is right for you.
Body shapes change over time exposing you to an increased risk of leakage and skin irritation.

In fact, over 60% of people report leakage whether they have had their stoma for 6 months or 6 years.*

That’s why it’s important that you regularly check the fit of your ostomy appliance.

Now with BodyCheck you can take control and stay sure of your ostomy solution...

Developed in collaboration with Australian Stomal Therapy Nurses, BodyCheck is an innovative online resource that enables you to assess your individual profile and find the products that best suit you. By answering 8 simple questions, confidence in your ostomy appliance is just a few clicks away.

Easy to understand language and diagrams
BodyCheck animations will help you to select and use products that are appropriate for your body profile.

www.bodycheck.coloplast.com.au

*A Coloplast market research 2010

A big thank you to all of the people with a stoma who helped us by sharing their experiences.