

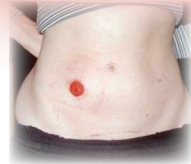
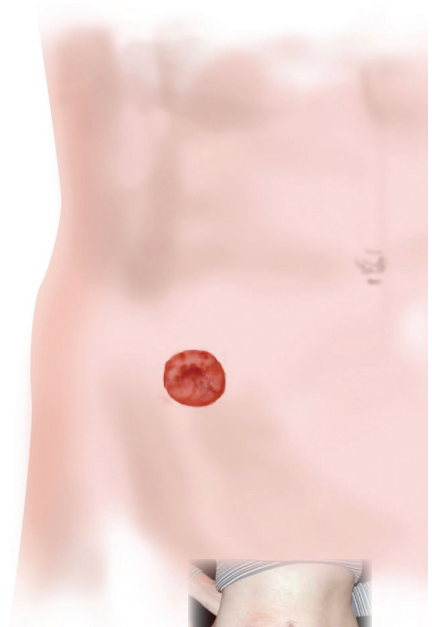
# What Is a Urostomy?

An ostomy is a surgically created opening in the abdomen for the discharge of body waste. Ostomies that discharge urine are urostomies. After the ostomy is created, your child will release urine through a stoma.

The stoma is the end of the small or large intestine that can be seen protruding or sticking out of the abdominal wall. It is the new site where urine will leave the body and be collected in the ostomy pouch. The size and location of the stoma depend on the specific operation and the shape of the abdomen.

## Most stomas are similar and will:

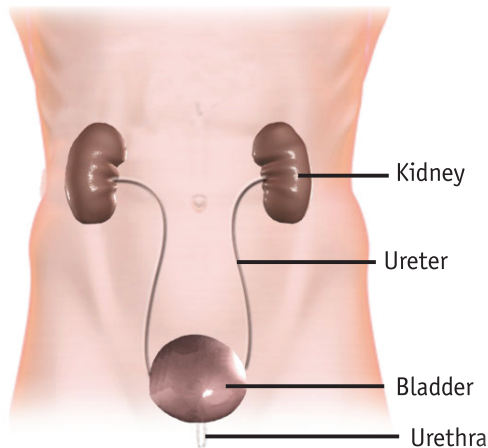
- ▶ Stick out of the body, usually an inch or less above the skin
- ▶ Vary in size
- ▶ Be round or oval in shape
- ▶ Be red and moist (similar to the inside of your mouth)
- ▶ Have no feeling
- ▶ Be slightly swollen for the first weeks after the operation and then shrink to their permanent size



# Urostomy

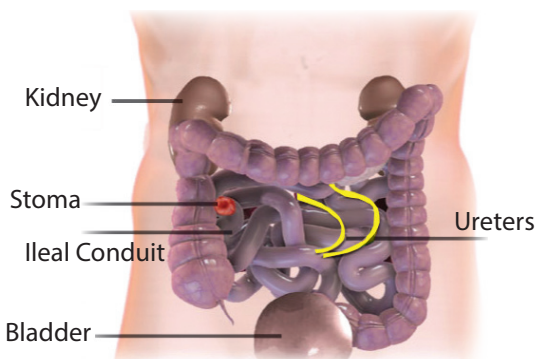
## Understanding Your Child's Urinary System

The urinary system includes two kidneys, two ureters, a bladder, and a urethra. The kidneys make urine by filtering water and waste products from the bloodstream. The urine drains from the kidneys, through the ureters, and empties into the bladder. The bladder stores the urine. Urine is expelled or comes out when it passes from the bladder through the urethra. The creation of a urostomy changes how urine is emptied from the body.



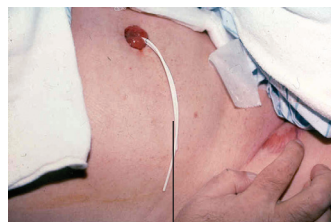
## The Operation

A urostomy is an operation that reroutes urine to an opening on the surface of the abdomen. A common urostomy operation involves removing a small section of the ileum (small intestine). The intestine is reconnected so that it functions normally. The surgeon uses the small piece of ileum that is removed to make a detour for urine, which is called an ileal conduit. One end of the piece is sewn closed, and the other end is brought to the surface of the abdomen to form a stoma. The ureters are removed from the bladder and attached to the new ileal conduit. Urine now flows from the kidneys, through the ureters, out the ileal stoma, and into the collection pouch. The surgeon can also perform the operation using a section of the colon (large intestine), which is called a colon conduit.



## Urostomy Output

Urine will start flowing into the ostomy pouch right after the operation. It may be pink or red for a few days before returning to the normal yellow color. Because the urine is passing through a segment of the intestine and the intestine produces mucus, you may see some mucus in your child's urine.



Stent

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## Urostomy Stents

Due to postoperative swelling, your child may have small temporary tubes called stents extending out of the stoma. Stents are placed up the ureters and help keep them open. This allows urine to drain through the stoma. They will be removed by the surgeon or nurse once the swelling decreases.

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## About the Pouch

The urine will now exit from a new opening called a stoma and be collected in a pouch. Your child will not be able to feel or control the urine as it leaves the body through the stoma. He or she will need to wear an ostomy pouching system at all times.

The pouching system sticks or adheres to the skin around the stoma.  
The pouch:

- ▶ Collects urine
- ▶ Contains the odor
- ▶ Protects the skin around the stoma

Urine on the stoma will not cause any problems. Urine on the skin surrounding the stoma can cause the skin to get red or irritated.

Ostomy pouching systems are lightweight and lie flat against the body. Pouching systems come in different sizes and styles. Your doctor or certified ostomy nurse can help you choose which one is best for your child. Most people try several types of pouches to find one that works well for them.

## Pouching System/Types

Pouch systems are made up of the skin barrier that holds the pouch to the skin and the pouch that collects the drainage. They are available as a one-piece or a two-piece system.

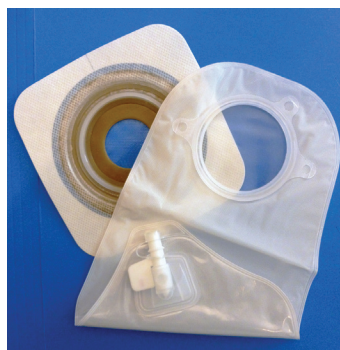
### ONE-PIECE SYSTEM



In a one-piece pouch, the pouch and skin barrier are attached together.

### TWO-PIECE SYSTEM

In a two-piece system, there is a skin barrier and a separate attachable pouch. The skin barrier sticks to the skin around the stoma and protects the skin, giving you a place to attach the pouch. The skin barrier usually includes a flange or rim that is used to seal the pouch to the skin barrier. Flange sizes are made to fit exactly to a specific pouch.



### UROSTOMY POUCH

All urostomy pouches are drainable and have a special valve inside the pouch that prevents the urine from backing up around the stoma. The drain expels urine at the bottom of the pouch. The drain can be a tap that turns to open or close, or a drainage nozzle that has a plug.

Many pouch taps have a colored marking to indicate when the pouch is open. The mark cannot be seen when the tap is closed. You do not need to remove the drainable pouch to empty it. It can remain in place for several days.





## Color

Some pouches are clear or transparent, and others are opaque (one can't see through them). While in the hospital, the pouch will most likely be clear or transparent. When your child goes home, you may prefer to switch to an opaque pouch.

## Pouch Size

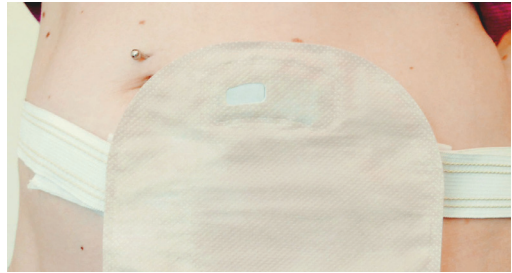
Pouches can be small or large. The size that your child needs depends on the amount of urine produced. A urostomy produces liquid output and needs to be emptied about five times a day, so a larger pouch may be needed. Other types of pouches are also available for specific needs. If your child uses a wheelchair and has trouble emptying the pouch into the toilet, or if he or she tends to toss and turn a lot at night, a mini pouch connected to a drainage bag is also an option. For short bouts of swimming or exercise, a urinary stoma cap is available—which is a mini pouch filled with absorbent material.



## Pouch Belts and Wraps

Some children wear an ostomy belt or wrap around their abdomen for added security or to help keep the pouch on during activity. Wearing a belt may be a personal choice, or the ostomy nurse may recommend wearing one if your child is having difficulty keeping the pouch on. If your child wears an ostomy belt:

- ▶ Attach the belt so that it lies evenly against your child's abdomen and lies level with the pouching system.
- ▶ The belt/wrap should not be so tight that it cuts into or leaves a deep groove in your child's skin.
- ▶ You should be able to place one finger between the belt and your child's abdomen.



## Pouch Covers

Pouch covers are lightweight, soft coverings that go over the pouch. They come in a variety of colors and prints. The coverings may decrease any uneasiness associated with having someone see the pouch.



## Daily Care

During the day, the urostomy pouch will need to be drained about every 2 to 4 hours. It will need to be drained more often if your child drinks a large amount of fluids. Get recommendations from your child's doctor about how much fluid your child should be drinking.

## Nighttime Drainage

All urostomy pouches come with adapters that can be attached to a larger drainage bag that keeps the pouch empty while your child is sleeping.

Connecting to the drainage bag:

- ▶ Place the adapter on the nighttime drainage bag.
- ▶ Connect the end of the pouch to the connector of the long tubing on the drainage bag.
- ▶ Open the pouch tap.
- ▶ Unravel and free the long tubing from any kinks.
- ▶ Drainage bags can be freestanding or hooked to the side of your child's bed

Disconnecting and emptying the drainage bag:

- ▶ Remove the drainage bag tubing from the pouch.
- ▶ Close the pouch.
- ▶ Empty the urine from the drainage bag into the toilet.
- ▶ You may be instructed to rinse the drainage bag with water or water and vinegar to decrease odor. Other bag-cleaning products may be suggested by your nurse or doctor.



