Indiana Pouch

Continent Urinary Reservoir

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This booklet will be a resource for you. It will help you learn more about the continent reservoir procedure, how to care for yourself after surgery, and any problems you may encounter after surgery. Each patient is different.

Your care may vary from the information given here. This Health Facts For You is a general guideline as there can be other ways on how tubes are managed. Instructions may be modified or changed by the surgeon. Call the Urology Clinic with any questions- **608-263-4757**.

**The Urinary Tract**

The urinary tract is made up of 2 kidneys, 2 ureters, a bladder, and urethra. The kidneys are towards your back at waist level. The kidneys 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.
What is a Radical Cystectomy?
Radical cystectomy is the surgical removal of the bladder. The prostate gland is also removed in men. The uterus is also removed in women.

How do I get rid of urine after the 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 depending on your medical history, age, lifestyle, and how able you are to care for yourself after surgery.

What is an Indiana Pouch?
The Indiana Pouch is a continent urine reservoir made from part of your bowel to store urine. The end of the pouch is then brought out through an opening on the abdominal wall and a stoma is created. You will drain urine from the pouch many times a day using a catheter.

Surgery will not affect how you have bowel movements. This pouch is connected to the skin by a small stoma that is drained by inserting a thin tube (catheter) into the stoma. After the pouch is emptied the catheter is removed

What is a stoma?
The stoma is an opening that connects the Indiana Pouch to the outside of the abdomen. There is no feeling in your stoma. After surgery your stoma will be swollen, but will shrink during the first 2 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. This will largely depend on what your surgeon prefers.

What to Expect After Surgery

Back in your hospital room, you will have tubes, drains and other equipment. An IV (intravenous) line for giving fluids and medicine.

Abdominal Drains such as:

- Stoma Tube: This tube goes through your stoma and into your Indiana pouch. It drains urine from the pouch into an ostomy bag. It is taken out at the 2nd follow-up visit. If the tube falls out this is ok.

- Suprapubic (SP) Tube: This tube goes into your Indiana pouch through the skin below your stoma. It connects to a drainage bag. It drains urine from the pouch while the pouch is healing. It is flushed to prevent a mucus plug. You will go home with this tube. It is taken out at the first follow-up visit. You will have a leg bag during the day and a larger bag at night to hold urine.

- Stents: These are 2 small tubes placed through the stoma into your Indiana pouch and up the ureters into your kidneys. Stents drain the urine while the pouch is healing. They drain into the same ostomy bag as the stoma tube. You will go home with the stents in place. They are taken out at your 1st follow-up visit. Call the Urology clinic if these fall out.

- Jackson Pratt (JP) Drain: This soft, rubber drain is near the incision and comes out through the skin. It drains fluid from around your Indiana Pouch.

- Foley Catheter: A tube placed in your urethra to drain fluid from the space where your bladder was located.

- Nasogastric Tube (NG tube): You will have a tube in your nose that goes 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 3-5 days. It will be removed once you begin to pass gas.
**Pain Control**

You will have medicine to help to control your pain. 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 speed your recovery. 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.

**Incision Care**

Your incision will be held together with small staples. They allow the skin to heal with the least amount of scarring. There may be drainage from the incision. It will be cleaned and the dressing changed daily. The staples will be removed at your 1st clinic visit.

**Home Care**

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

**Incision Care**

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

**Stoma Care**

You may gently wipe off mucus buildup with plain warm water once a day if needed. Be very careful around sutures. The stoma may bleed when cleaned. This is normal. The amount of bleeding is small and will stop on its own. Once healed, stomas may be uncovered during a shower or bath, but should never be scrubbed and only patted gently with a soft towel. Later, when you are healed and the tubes are out, you can cover the stoma with a small gauze dressing.

**Go to the nearest emergency room if stoma turns dark color (dusky blue, grey, brown, or black) or if stoma is bleeding**
**Suprapubic Tube Care**

**Cleaning** - Clean around the tube every day with mild soap and water. A dressing is not needed unless there is drainage around the tube.

**Flushing** - Mucus in the urine is normal with an Indiana pouch since the pouch was made with part of your bowel. Producing mucus is a normal function of the bowel. Flush up to 2-3 times daily to prevent plugging with mucus.

**Supplies** –

- Irrigation set (bottle, basin and syringe).
- Saline. Write the date you open the bottle on it.

**Steps**

1. Wash your hands with soap and warm water for at least 15 seconds. Rinse. Dry with a clean towel.
2. Stand by the sink or sit by the toilet.
3. Fill the irrigation bottle with 150-200ml of saline.
4. Draw up 40-60 ml of saline into the syringe.
5. Gently flush saline into the SP tube. Gently withdraw fluid or allow it to drain freely. Repeat 3-4 times until the urine is mostly clear of mucus. Do not flush more than 4 times. This could overfill your pouch.
6. Connect the SP tube to the leg or night bag.

**Drainage Bags**

You SP tube will drain into a leg bag during the day. At night you may want to use a larger bag. When you attach both leg and night time bags they attach at the same point. The clear portion can be removed. The rubber or silicone should stay in your body. The bag drains by gravity.

**Emptying a Bag**

**Leg Bag (small)**

- Wash your hands with soap and water.
- Dry with a clean towel.
• Twist the cap at the bottom of the bag. It will not come off.
• Drain the urine directly into the toilet, unless you have been instructed to measure it first.
• After you have drained the urine, tighten the cap again.
• Wash your hands again.

Night Bag (large)

• Wash your hands with soap and water.
• Dry with a clean towel.
• To empty the bag, pull the tube downward from the plastic bracket.
• Hold the tube over the toilet or the appropriate container.
• Open the metal or plastic clamp. Usually, you will be able to open it by pressing forward with your thumb.
• Let the urine drain out into the toilet unless you have been instructed to measure the amount.
• Close the clamp tightly by pressing down and releasing. You will hear a “click” when the clamp is closed.
• Place the tube back into the plastic bracket.

Changing a Bag

You may need someone to help you with this at first.

1. Wash your hands with soap and water and dry well.

2. Make sure to close the clamps on the bottom of the bag you are removing and the one you are putting on to prevent urine from accidentally draining out.

3. Squeeze the rubber tubing to prevent the urine from leaking

4. Remove the bag you are presently using at the point where the rubber or silicone meets the plastic.

5. Remove and save the cap that covers the tip of the new bag.

6. Wipe the ends of both tubes with an alcohol wipe.
7. Attach the new bag.

8. Cover the tip of the bag you are removing with the cap from the new bag.

9. Place the straps of the leg bag around your leg at a comfortable spot. The catheter should be high enough on the thigh to be in an S shape, not a straight line. Do not put the straps so tight that they leave a mark on your leg. These may have to be readjusted once you stand.

10. The bag should be kept lower than your kidneys which are at the level of the bottom of your rib cage.

11. Rinse the dirty bag that you just removed with a mixture of ½ cup white vinegar and ½ cup tap water using the syringe provided. Drain. Rinse with clear water using the syringe. Allow the bag to air dry.

**Indiana Pouch Care After Suprapubic (SP) Tube Removal**

You will need to empty your pouch on a schedule. At first, the pouch holds only a small amount of urine. Slowly, the pouch will mature and increase in size so that by the 4th-5th week after the SP tube is out, your pouch will be large enough to hold enough urine so that you can wait 4-6 hours between catheterizations.

**Self-Catheterization**

We will teach you how to catheterize your pouch in about 3 weeks at your 2nd clinic visit.

Before you are taught to catheterize your pouch, a pouchogram will be done to check the healing of the pouch. Antibiotics will be prescribed prior to this. There is no preparation for this test. It is not painful. A dye will be put into the pouch through the SP tube. X-rays are taken. If there is no leakage, we will teach you this skill.

The surgeon or staff nurse will show you how to pass the catheter through your stoma into your pouch. If possible, it is helpful to have a close family member or friend with our so they can also learn this skill.

Even though you are catheterizing your pouch, you will still have an SP tube in place, which will be clamped. This tube is left in place as an alternate way to drain the urine from the pouch in case you have problems with the catheter. It is important not to let the pouch get too full. Catheterization might be difficult when your pouch is full.
At your 3rd clinic visit. The SP tube will be removed. This is not painful. A dry gauze pad will be put over the site. Change it every day, or as needed, until the site is healed. The site may leak urine for a few days.

After the SP tube is out, your pouch will be irrigated through your stoma as needed.

You will have a schedule for catheterizing. A schedule for catheterizing your pouch provides a guideline for avoiding too much pressure on your pouch and for slowly increasing its size. We will send you home with catheters. You will get more through home health or a medical supply store.

**How to Catheterize the Indiana Pouch**

**Supplies**

# _ French catheter. (This number is written on the catheter package)

**Steps**

1. Wash your hands with warm water and soap for at least 15 seconds, rinse, and dry.

2. Get comfortable. You may do this sitting or standing in the bathroom.

3. Gently put the catheter tip through the stoma until the urine flows. Drain the urine out until it stops.

Mucus can plug the catheter causing it to drain slowly or not at all. If this happens, remove the catheter, run warm or cold water through it to remove the mucus plug and start again.

A lubricant is not needed as the stoma always remains moist. However, if you prefer to use one, use only one that is water based such as Surgilube, KY Jelly, or Lubrifax. **Never use Vaseline.** Vaseline is not water based and bacteria can grow in it.

4. Withdraw the catheter when all the urine is drained.

5. Wash the catheter with mild soap and warm water, rinse well, and place on a clean paper towel to air dry. Store it in a clean plastic bag.

Once a week, after washing and rinsing, rinse again with a mix or 1 part white vinegar to 1 part water. This will remove the odor, which can collect in the rubber.

You will reuse your catheters. One can last 4-6 weeks. Your catheter is worn out if, when you roll it between your fingers, it is hard and stiff or very soft. Throw it away.
6. Cover the stoma with any of these dressings:

- A small piece of a mini pad or a Large Band Aid, guaze and tape

How Often to Catheterize

**Week One** starting date ___________. Catheterize every 2 hours during the day. Connect the SP tube to the large bag at night, and during the night.

**Week Two** starting date ___________. Catheterize every 2-3 hours during the day, and once during the night. Set an alarm clock at night.

At the end of week 2, begin to increase the time between catheterizations to every 3-4 hours. In time, you will have a routine. It is best to catheterize when you get up in the morning, just before going to bed at night, and every 3-4 hours in between. Always catheterize before you go to sleep. This will avoid the need to wake up during the night.

A feeling of fullness or slight cramping can be felt when your pouch is stretched. This means you need to catheterize. The amount of fluid you take in affects the amount of urine you put out and the number of times you need to catheterize. It is not harmful to catheterize every 1-2 hours if needed. Avoid waiting longer than 4 hours before your empty the pouch.

**Carry a clean catheter with you at all times.**

**When to Flush the Indiana Pouch**

Flush your pouch once a day and as needed to clear out mucus. Do this in the morning after the urine is drained. Flush the saline through the same catheter that you drained the urine through. Use the same steps you used to flush the SP tube. But now, you are flushing the pouch.

**Signs of Infection**

- Chills
- Temperature more than 100.4 by mouth for 2 readings taken 4 hours apart
- Bloody urine
- Foul smelling urine
- Flank pain
- Pouch leakage
- Loss of appetite
- Nausea or vomiting
Diet

Eat a soft general diet until your follow-up visit. Some foods may change the odor of your urine. Foods such as: eggs, fish, asparagus, spicy foods, and vitamins often change the odor of your urine. Drink at the least 8-12 (8oz) 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 surgery.

You may shower when all the drains are removed. Do not soak in a bath, hot tub, or swim until your incision is healed. Check with your doctor. You will need to seal the stoma with a dressing and special tape or a special cap.

**Always empty your pouch before any activity in which trauma to pouch area may occur.**

Do not lift more than 10 pounds for 6 weeks.

Nothing more strenuous than walking until your doctor says it is ok.

Do not drive for 4 weeks or while taking narcotic pain pills.

No contact sports such as football, basketball, or racquetball until okayed by your doctor.

You may resume sexual activity when you are ready. Some people worry about being accepted by their partner. Talk about your feelings. Your loved one may be afraid of physically hurting you. You need to let them know that sex will not harm the stoma.

Clothes

Wear loose fitting clothing at first. Wear a stoma covering to keep clothes dry from normal mucus discharge. 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 zip-lock bag or other clean container. You may want to keep an extra catheter at work as well. When flying, carry all 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.

How to use catheters in public restrooms

1. Your supplies can be carried in a makeup bag, pencil case, or a plastic bag with a closure. It is helpful to use one bag for clean catheters and another for used ones

2. Wash your hands with soap and water for at least 15 seconds. Rinse and dry.

3. Sit on a toilet. Remove the dressing from the stoma.

4. Remove a catheter from the plastic bag, insert into stoma and drain into the toilet

5. Wipe the catheter dry with toilet paper and store in the plastic bag. Clean the catheters when you return home.

6. Dry the stoma with toilet paper and replace the dressing.

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. We will review your catheterization schedule. Be sure to keep a list of problems, questions, or concerns so we can discuss them.

Troubleshooting Problems

You will need time to adjust to the change in how your body works. It will take many weeks to months, before your pouch is on a predictable schedule. These tips may help.
Leaking

When the pouch is new and begins to hold urine, it may leak. **This is normal.** If there is a fair amount of leakage, a pouch worn over your stoma may be needed. The clinic or ostomy nurses will help you. Leaking may mean that you need to catheterize more often because it is not yet big enough to hold the urine you make.

**Increased Frequency**

There may be times when you have been on a routine schedule for days or weeks and then you find you have to catheterize yourself more often. This is common. This may be because the pouch is healing or you may have a mild infection.

**Problems Passing Catheter**

The stoma will have some swelling. **This is normal.** It may take more time to empty.

Changing your position from sitting to standing or lying down may help. Try not to look down as you insert the catheter. This tightens your muscles and can make it more difficult.

You can locate the stoma opening with the catheter tip and then stand straight.

If you cannot pass the catheter after 1 hour or the pain is too great, go to the Emergency Room or Urgent Care.

**Bloody Urine**

1. Flecks of blood in the urine or on the stoma pad **are normal.** The stoma can get irritated.

2. If your urine is pink or red, you may have an infection. Call the urology clinic.

**Unable to Fully Empty the Pouch**

**This is normal.** It takes time, practice and patience to know when the pouch is fully empty. Your position (standing or sitting) can affect this too. Try other positions to find what works best for you. Gentle pressure with your hands on your abdomen may help drain the pouch. If the pouch is not fully drained, it fills up faster.

While your pouch is new, catheterize on schedule.
**MEDICALERT Identification**

It is recommended that you carry medical identification with you at all times. You can keep a card with information about surgery “Continent Reservoir” with you at all times.

You should wear a medical alert bracelet or necklace with this information engraved on it.

**Continent Urinary Diversion**

**Stoma must be catheterized every 3-4 hours with a #____ catheter**

Pharmacies, like Walgreens, have the forms for the MedicAlert ID or you may write, call or find them on the web.

MedicAlert Foundation International

2323 Colorado Avenue

Turlock, CA 95382

www.medicalert.org

Phone: **888-633-4298** or **209-668-3333**

**When to Call the Doctor**

- No urine output
- Increased urine leakage between catheterizations
- Unable to insert the catheter
- Urine is thick, cloudy, or foul smelling
- Bloody urine
- Chills or a temperature greater than 100.4 F for 2 readings taken 4 hours apart
- Nausea and vomiting
- Abdominal or flank pain
- Pain you cannot control with your pain pills
Phone Numbers

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.

If you live outside the area: 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.

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