Ileal Loop/Conduit
Urinary Diversion

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This booklet is a resource for you. It will help you learn more about the urinary diversion procedure, how to care for yourself after surgery, and any problems you may have after surgery. Each patient is different. Your care may vary from the information given here. This Health Facts For You is a general guideline and may vary in how tubes are managed. Instructions may be modified or changed at the discretion of the surgeon. Call the urology clinic with any questions.

**The Urinary Tract**
The urinary tract is made up of 2 kidneys, 2 ureters, a bladder, and a 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?

This is a surgery to remove 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 Ileal Conduit?

Using part of your bowel as a loop/conduit, the ureters (two tubes that carry urine from the kidneys) are attached so that they empty through this loop. The other end of the loop is then brought out through the abdominal wall and a stoma is created. You will need to wear a bag over your stoma to collect urine all the time.

What is a stoma?

The stoma is the end part of the conduit brought to the outside of the abdomen. There is no feeling in your stoma. The stoma will shrink during the first two 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 as ordered by your surgeon.

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

Stoma Tube
This tube goes through your stoma into your conduit. It helps drain urine from the conduit into your urostomy pouch and hold the stoma open. If it falls out this is ok.

Stents
These are 2 small tubes that go into your conduit through the stoma and up the ureters into your kidneys. Stents drain the urine from the conduit while the conduit is healing. You will go home with the stents in place. Call the clinic if these fall out. They are taken out at your 1st 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.

Foley Catheter
A tube placed in your urethra to drain excess fluid from where your bladder was located.
Incision

Your incision will be from upper abdomen to pubic area and held together with small staples. The staples allow the skin to heal with the least amount of scarring. There may be drainage from the incision. It will be cleaned and a dressing will be applied daily.

Nasogastric Tube (NG tube)

NG tube goes through your nose 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

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.
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, urostomy, 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 should be small and will stop on its own. Once healed, stomas may be uncovered during a shower, but should never be scrubbed and only patted gently with a soft towel.

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

Stoma Tube and Stents
Take care to hold these in place when changing the urostomy tube bag. If the stents fall out, please call the clinic. If the stoma tube falls out, this is ok.

Urostomy Bag
The pouch system prevents urine from touching the skin or leaking out. These bags drain from the bottom and can attach to a larger bag for over night use.
**Changing your Ostomy Appliance**

Change pouch system every 3-4 days or more often if needed. The supplies you will need:

Wafer/barrier ________

Adhesive remover ________

Pouch ________

Skin prep ________

Bedside urine bag ____________

Urine bag connectors ____________

1. Prepare wafer/barrier: mold starter hold to stoma size/shape
2. Place towel or pad under urostomy pouch and begin to remove old wafer/barrier and pouch with adhesive remover
3. Clean skin around stoma with luke-warm tap water. Dry.
4. Apply skin protectant on skin around stoma. Allow to dry. If skin is irritated, red, or raw, apply stomahesive Powder on the irritated skin only, dust off excess, blot with skin protectant on powdered areas. Repeat if needed. Allow to dry. Use more skin protectant to protect intact skin around stoma.
5. Apply molded wafer/barrier around stoma. Right away you will gently rub wafer/barrier area around stoma. Remove backing from white adhesive and smooth onto skin.
6. Attach urostomy pouch to accordion ring or wafer/barrier.
7. Ensure that pouch is closed. Empty when 1/3 full.
**Discharge Urostomy Supplies**

Most of the time, urostomy supplies are covered by your insurance. If you have Medicare, it will pay 80% of the cost. If you also have a supplemental insurance plan, it will often cover the other 20%. Many private insurance plans or HMO’s will pay the full cost of the supplies as long as they have been prescribed by a doctor. Your prescription will need to be renewed every 90 days to have supply costs covered. After six months you may call your primary care doctor for a refill.

We will provide you with a small number of supplies when you go home. Most patients are set up for home health visits at discharge. If you have Medicare, the home health service will provide you with more supplies. Once you have been discharged from home health, call us at **608-263-4757** and leave a message for the urostomy nurse with the name of your preferred provider. We will fax the prescription to them. They may mail them to you or you may need to pick them up. Your provider may set a regular schedule to deliver your supplies. Others want you to call when you need more. They will need a copy of your prescription.

If you do not have Medicare, you will be discharged home with enough supplies until your first clinic visit. At that time you will receive a prescription for more urostomy supplies. We can fax this to your provider or you may take it with you.

Do not order too many supplies at one time before your first clinic visit. Most stomas shrink. You will likely need a new prescription with your new wafer/barrier at that clinic visit.
How to Drain Urostomy Appliance

1. Wash hands with warm water and soap for at least 15 seconds. Rinse. Dry thoroughly with a clean towel.
2. Make sure flap at bottom of pouch is NOT flipped to a red drop.
3. Open cap at end
4. Stand over toilet.
5. Turn flap at bottom of pouch so red drop IS showing.
6. Allow urine to flow into toilet.
7. Wipe the end of the bag dry.
8. Turn flap so red is NOT showing.
9. Replace cap.

How Attach Large Urine Drainage Bag

At bedtime you will want to attach the larger urine drainage to hold more urine at a time

1. Wash your hands with warm water and soap for at least 15 seconds. Rinse. Dry with a clean towel.
2. Make sure the flap at the bottom of the urostomy pouch is NOT showing a red drop.
3. Make sure the urostomy connector is attached to the large urine drainage bag.
4. Attach the connector with drainage bag to the bottom of the urostomy pouch.
5. Switch the flap on the end of the urostomy pouch to red drop.
6. Place the large strap on your leg at a comfortable spot. Do not put the straps so tight that they leave a mark on your leg. These may have to adjust once you stand.
7. The bag should be kept lower than your kidneys which are at the level of the bottom of your rib cage.
8. After you take off the bag you will rinse 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.

**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 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 or take a sponge bath. Do not soak in a bath, hot tub, or swim until your incision is healed. Check with your doctor. It’s best to shower on the day that your urostomy pouch needs to be changed. On other days, you can cover your urostomy pouch with a plastic bag. Once you learn how to best get your urostomy pouch to stay, you can shower without covering your urostomy.

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

Do not lift more than 10 pounds for 6 weeks.

Nothing more strenuous than walking. No contact sports such as football, basketball or racquetball until your doctor says it is ok.

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

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 they may hurt you. You need to let them know that sex will not harm the stoma.
**Clothes**

Wear loose fitting clothing at first. 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 a zip-lock bag or other clean container. You may want to keep an extra urostomy change at work. When flying, carry your 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.

**Follow-up**

You will have follow-up visits with your urology doctor. Be sure to keep a list of problems, questions, or concern 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 you have a routine. These tips may help.

**Leaking:**

Make sure the area around the stoma is dry before you place the new pouch on.

Empty your pouch when it is 1/3 full, so it doesn’t pull on the pouch system.

When applying the wafer/barrier, make sure you are pressing down around the stoma on the form-fitting portion.
Remain lying down immediately after applying a new urostomy pouch for 30 minutes.

If you are still having issues with leaking, please contact the urology clinic.

**Dark Urine:**
Add more non-caffeinated fluids to your diet.

**Mucus in the Urine:**
This is normal, since your conduit is made out of bowel. Try drinking more non-caffeinated fluids if the mucus gets too thick.

You may gently remove mucus from the stoma when changing your ostomy pouch.

**Bloody Urine:**
Flecks of blood in the urine or on the stoma are *normal*. The stoma can get irritated. If your urine is pink or red, you may have an infection. Call the urology clinic.
**MEDICALERT Identification**
You should wear a MEDICALERT ID that says

**Ileal/Colon Conduit Urinary Diversion**

**Size _____**
Pharmacies have the forms for the MedicAlert ID or you may write, call or find them on the web.

Medic Alert Foundation International
2323 Colorado Avenue
Turlock, CA 95382

[www.medicalert.org](http://www.medicalert.org)

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

Fax: **209-669-2450**

**When to Call the Doctor:**
- No urine output
- 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