

Ask Our Nurse



Urostomy



 **BRITISH HEALTHCARE TRADES AWARDS 2018**
NHS DAC PATIENT SERVICES
Winner

**specialists in stoma
and continence care**

**making
life
better**

**This booklet has been
produced in conjunction
with the Community
Specialist Nurse Team at
Respond Healthcare.**

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What if
I get a hernia?

What if
I get an infection?

What if
I get sore
skin?

What if
I get odour?



**HERE TO
ANSWER YOUR
QUESTIONS**

What if

you get bleeding on or around your stoma?

What is bleeding on or around your stoma?

When your stoma was formed, a piece of bowel was brought out onto the surface of your tummy through your abdominal wall. This piece of bowel was then folded back upon itself to form your stoma, rather like when you turn over the cuff of your jumper, so the inner surface or lining of your bowel is now on the outside. This inner surface has lots of superficial blood vessels which can bleed easily, because of this a small amount of bleeding when cleaning around your stoma is normal.

What can cause bleeding on or around your stoma?

- Trauma, often the result of over diligent cleaning techniques
- Friction
- Clips or stitches around your stoma
- Ulcers
- Granulomas*
- A ruptured blood vessel

**Granulomas are warty growths around the base of your stoma. They probably occur as a reaction to the continual friction from your stoma pouch. Granulomas are harmless but can be tender. Their persistent bleeding can sometimes hinder the application and adhesion of your pouch.*

Hints and tips



- Remember, gently does it. Soft cleaning wipes and warm water are all you need to clean around your stoma
- The use of GLIDE (previously known as ostozyme) odour neutralising pouch lubricant on the inside of your pouch can help to prevent friction
- Sometimes ulcers on your stoma can occur when you have been poorly or stressed and will usually clear up as your health improves
- Make sure that you have at least a 1mm clearance between your stoma and the pouch to prevent friction occurring
- You may wish to apply a thin layer of stoma paste, a stoma seal or a collar around the base of your stoma for added protection
- Apply cold pressure. A small bag of ice is ideal if you have a specific bleeding point on your stoma. Seek urgent medical advice if this does not stop the bleeding

See your doctor or stoma care nurse for advice regarding:

- Treatment of granulomas, a ruptured blood vessel or ulcers on your stoma
- Excessive bleeding
- Blood coming from the inside of your stoma where your waste normally comes from

What if

you get a parastomal hernia?

What is a parastomal hernia?

A parastomal hernia is a bulge or swelling around or underneath your stoma. The hernia usually develops slowly and may increase in size over time.

What can cause a parastomal hernia?

When a stoma is created, the end of the bowel is brought out onto your tummy through the muscle of the abdominal wall. This process can cause a weakness or gap in the abdominal muscle. Sometimes a loop of bowel bulges through that gap causing a hernia to develop.



Hints and tips



In the weeks following your stoma surgery:

- Avoid heavy lifting
- Support your stoma and tummy whilst coughing or sneezing

In the months following your stoma surgery:

- Wear a support garment if you are doing heavy work
- Keep your back straight, bend your knees and place your feet apart when lifting heavy objects
- Take regular, gentle exercise such as swimming or walking
- Avoid high impact sports such as rugby, football or strenuous racket sports

Getting back to your normal lifestyle:

- Try not to gain weight, or lose a bit of weight if you need to
- Always check with your doctor or stoma nurse before starting any new exercise programme or sport

It is important to remember that:

- Not everyone gets a parastomal hernia, nor do all hernias cause pain, symptoms or stoma management problems
- Most parastomal hernias can be managed using an abdominal support garment
- Surgery to repair a parastomal hernia is always the last resort as there is a very high risk that the hernia will recur
- A strangulated hernia is a rare complication. If this happens, you will experience severe pain in your tummy, your stoma will stop working and will change from its normal bright red colour to a darker, bluish red. Seek help immediately as you will require urgent surgical treatment
- If your parastomal hernia does increase in size, it can make pouch choice and fitting difficult

If you need advice or help about pouch management or the use of support garments, make an appointment to see your stoma care nurse.

What if you get sore skin?

What is sore skin?

The skin around your stoma called the peristomal skin can become red but intact, sore but dry or broken and wet.

What causes red or sore skin?

- Waste from your stoma getting directly onto your skin
- Changing your stoma pouch too frequently causing trauma to your skin
- Sensitivity or allergies
- Pre-existing skin conditions

Pre-existing skin conditions

If you already suffer with skin problems such as psoriasis, eczema, sensitivity or allergies, you could be more at risk of these conditions developing around your stoma. Different skin conditions present in different ways so a medical or nursing assessment is essential.

Make an appointment to see your doctor or stoma care nurse to discuss any peristomal skin problem, which may be worrying you. They will offer you the appropriate advice and treatment to deal with the situation.

Hints and tips



- Some redness is to be expected when you change your pouch. Pulling the adhesive off your skin makes it react in this way
- Shaving your peristomal skin may be necessary if body hair is an issue. Trauma caused by the pouch adhesive ripping the hair off your body can give you inflammation of the hair follicle or root (folliculitis). If using a razor, take care not to cut your stoma and only use the razor blade once before discarding it. You may prefer to use an electric razor
- Use a skin barrier film such as GUARD (previously known as ostoguard) or a suitable alternative before putting on a new pouch. This will protect your skin and also help to reduce redness when you remove your pouch
- The flange part of your pouch needs to fit snugly around your stoma with no more than a 1mm gap between the stoma and flange. If the gap is too large your skin will be exposed to the pouch content resulting in sore skin
- If the flange is cut too small, the adhesive will rest on your stoma instead of on your skin and the risk of waste getting underneath the flange and onto your skin is increased
- For broken skin a barrier cream such as GUARD, or a specially formulated protective powder such as RENEW (previously known as ostoseal) are can help. Skin protective products similar to GUARD and RENEW are also available
- If you are using a 1-piece pouch, you may wish to consider using a 2-piece system until your sore skin has healed



What if

you get a urinary tract infection?

What is a urinary tract infection?

Your urinary tract consists of your kidneys, ureters (which are the tubes draining urine from your kidneys) and your stoma. A urinary tract infection (UTI) can occur in any part, or all of this system.

What can cause a urinary tract infection?

The piece of bowel used to make your stoma will discharge mucus. Mucus is a natural bowel lubricant and is normal, however if it is not flushed out into your stoma pouch, it can cause a UTI.

What are the signs of a urinary tract infection?

- Flu like symptoms
- Cloudy, offensive smelling urine
- Pain or discomfort around your stoma or kidney area

Contamination from unwashed hands can also cause a UTI.

Hints and tips



- Always wash your hands before changing your pouch or attaching your night drainage bag
- Keep the tube connecting your stoma pouch to the night drainage bag clean
- Vitamin C drinks and in particular cranberry juice will help keep your urine clear. If you do not like cranberry juice, you can buy cranberry tablets from health food shops
- Do not take cranberry juice or cranberry tablets if you have been prescribed Warfarin
- Drink plenty of fluids (about 2-3 litres a day). This will dilute your urine and help to flush away the mucus
- If symptoms persist, make an appointment to see your doctor. He may suggest testing your urine and prescribe you a course of antibiotics

How to obtain a urine sample

Wash your stoma and surrounding skin and apply a clean pouch. The urine that has collected in the pouch can be used for the test. Alternatively wash your stoma and surrounding skin, then hold a clean sample bottle under your stoma and let urine drip into the bottle.

Do not allow anyone to take a sample of urine from a pouch you have been wearing for some time, or from your night drainage bag.

If your doctor requests a sterile urine sample, contact your stoma care nurse as this will have to be collected using a sterile technique.

What if

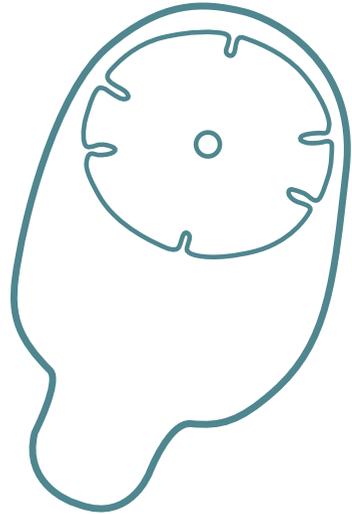
you get urinary odour or a change to the colour of your urine?

What is odour?

Urine has an odour that can vary depending upon what we eat or drink. This does not change when you have a urostomy. Your urostomy pouch is made of special laminated and odour proof plastic. When it is in place and properly applied there should not be an odour.

What can cause odour?

- Urinary tract infections
- Asparagus
- Fish
- Onions and garlic
- Some Spices



Cranberry juice (200ml a day) or cranberry tablets from health food shops can help to keep urine odour free. If you are on Warfarin please check with your stoma care nurse or doctor before taking either cranberry juice or cranberry tablets.

Colour

Urine is normally clear and pale yellow in colour.

What can cause urine to change colour?

- Food and drinks such as beetroot, red fruit and red fruit drinks
- Senna - yellow-brown or pink
- Nitrofurantoin - brown-yellow
- Ibuprofen - red
- Iron salts - black
- Warfarin - orange
- Antibiotics - reddish brown
- Some anti-depressants turn urine blue-green
- Some of the above medications may also alter the smell of your urine
- Iron salts - black



What if

**you need to use night
drainage bags or leg bags?**

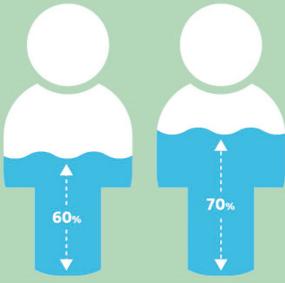


Hints and tips



- Always wash your hands before connecting your leg bag or night drainage bag to your urostomy pouch
- When you connect your urostomy pouch to your night drainage system leave some urine in the pouch. When you connect, this urine flows into the night drainage bag and helps to prevent airlocks and vacuuming
- Use an anti kinking drainage tube to prevent twisting of the urostomy pouch, tubing and night drainage bag
- If you need a longer night drainage tube speak to your stoma care nurse who will show you how to join two pieces of night drainage tube together
- Fasten your night drainage bag to a night drainage stand to help to prevent leakage or spillage onto the floor
- If you reuse your night drainage bag, empty it via the drainage tap at the bottom then rinse it through with water and hang to dry. Always drain urine from your night bag before disposal
- Mattress protectors, disposable bedding and bedding protection for use when travelling or on holiday are available from Respond
- When travelling long distances you may find it convenient to attach a leg bag to your urostomy pouch for added capacity and security

Speak to your stoma care nurse who will be pleased to advise you regarding any of the above matters.



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KEEPING HYDRATED IS ESSENTIAL!



Did you know?

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each have a water content of over

90%

perfect for keeping hydrated!



8

Drink
glasses of water a day,
a lack of water causes dehydration

HydrationTip

Make your own vitamin water, simply add
slices of cucumber, lemon, lime or berries
to a jug of cold water.



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We'll contact your GP directly where possible to get your prescription. As soon as this is received, we will be in touch.

Step 3



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our promise to you

**be consistent - give you choice - be flexible - listen to you
be there for you - give you the freedom to enjoy life**

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