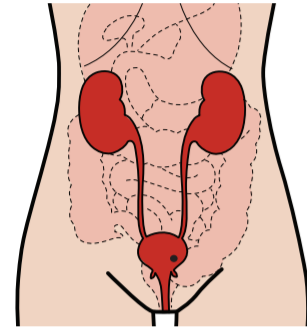


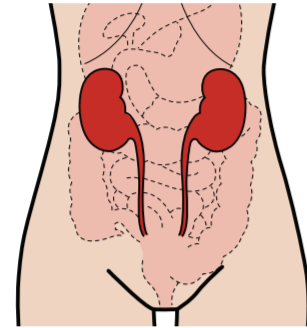
Urinary System: Urostomy

Urostomy - Diseased bladder



The term 'ileal conduit' is used to describe surgery where part of the small bowel (the ileum) is used to divert urine out of the body, bypassing the bladder.

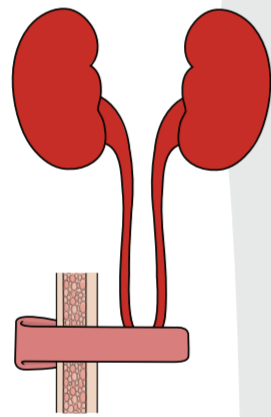
Removal of the bladder



In many cases, the bladder is removed due to disease or injury, then a short piece of the small bowel is isolated and used to form a spout.

Formation of an urostomy

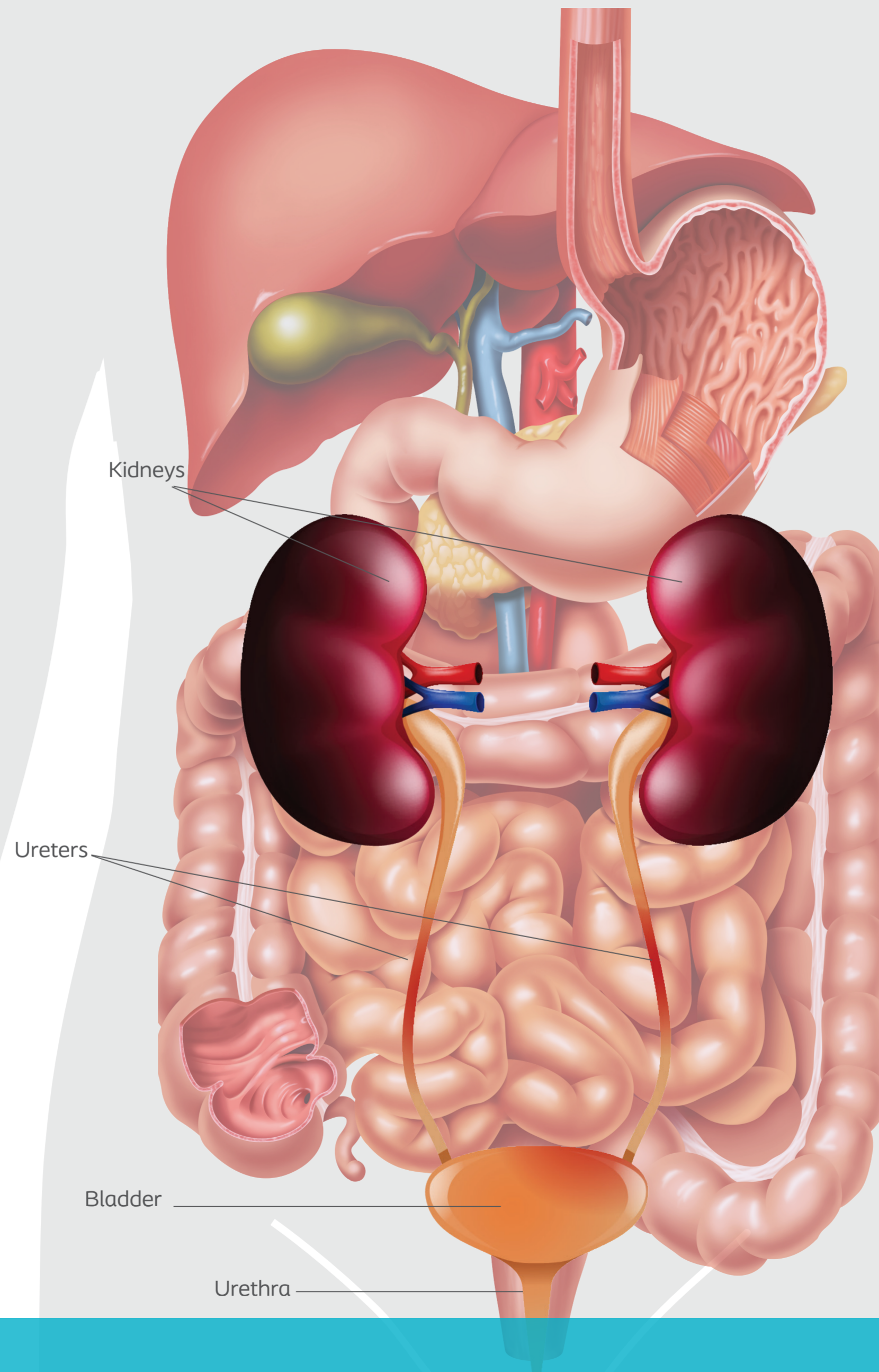
One end of the spout is sealed and the ureters are attached. The open end of the piece of small bowel is brought to the surface of the abdomen to form an approximately 2 cm high stoma (urostomy).



The rest of the small bowel is rejoined so the digestive system functions as before.

Indications for an urostomy

- Congenital abnormalities
- Bladder cancer
- Interstitial cystitis
- Trauma
- Injury from radiation therapy
- Kidney function defects
- Incurable incontinence



Types of stoma bags

Choosing the right bag



- Type of Stoma
- Body Profile at Peristomal area
- Lifestyle
- Nurse's preference

Essential supporting products



- Brava Protective Seal
- Brava Elastic Tape
- Brava Adhesive Remover
- Brava Skin Barrier

Application

Step 1



If appropriate, use the stoma cutting guide to help mark the size of your stoma on the baseplate. Use a curved pair of scissors to cut the hole to fit.

Step 2



Carefully remove the used bag from the skin, with an adhesive remover if appropriate.

Dampen a wipe with water and clean the stoma and surrounding skin.

Ensure area is completely dry on completion.

Step 3



Remove the release liner from the baseplate.

Ensure bottom of bag is lined up under stoma. Gently but firmly press the baseplate against the skin, starting at the bottom and smoothing upwards with your fingers.