PURPOSE:
To protect the skin, contain the urine and odor.

CONSIDERATIONS:
1. When the bladder has to be removed or urine flow diverted from the bladder, a urinary diversion is created. There are many techniques used to create these, such as cutaneous ureterostomy, transureterostomy, ileal conduit, etc. For the purpose of this procedure, we refer to these as urostomies. Generally, the care and placement of an ostomy appliance is the same.
2. There are a variety of products that are used for urostomies. There are 1-piece, 2-piece or nonadherent appliances. Manufacturer’s directions should be followed when applying these devices.
3. The other factor in choosing an appliance is the appearance of stoma and its location. There are flat appliance wafers and convex appliance wafers. Convex is usually used with flat stomas or stomas located in creases.
4. Karaya is generally never to be used with urostomy. It does not hold up well to liquid drainage. Use of extended wear wafers are generally used for urostomies such as Durahesive, Flextend, Extended Wear depending on manufacturer.
5. Generally, a bedside drainage system is used for nocturnal use.

EQUIPMENT:
Correct size of wafer and corresponding pouch for 2-piece system or correct wafer size for 1-piece system.
Paste or barrier rings/strips (optional)
Washcloth/gauze
Paper/Cloth tape (optional)
Skin prep (optional)
Tampon or rolled up paper towel (optional)
Gloves
Impervious trash bag

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Prepare equipment at bedside. Whenever possible, have all equipment ready and prepared to apply.
4. Measure stoma at largest area.
   [Note: New stomas will need to be measured frequently for about 8 to 12 weeks, as they will decrease in size.]
5. After the size has stabilized, then a precut size wafer may be used. Create a pattern to cut the wafer. Generally, the wafer is cut approximately to 1/8 (one-eighth) inch larger than stoma. Remove paper backing from the wafer and set aside.
6. Drain and remove existing appliance from the patient. Save the valve cover/adaptor, if one is used. If the physician has placed stents or other tubes into the stoma be careful not to pull on or dislodge these tubes.
7. Use a clean washcloth or gauze to cleanse skin around stoma with warm water and mild soap. If soap is used, remember soap can build up on skin interfering with adhesion.
   [Note: Be cautious using “baby wipes” or soaps with moisturizer in them, as they will interfere with wafer adhesion to skin.]
8. Rinse and pat dry. A tampon or rolled piece of paper towel may be used as wick to absorb urine while applying water, hold it over top of stoma.
9. Skin protectant/barrier wipes is not usually recommended by many manufacturers, as it may interfere with adhesion.
10. Apply stoma adhesive paste or barrier rings/strips at this time, if they will be used. It can be applied in a small bead around the stoma or to the back of the wafer around cut opening for stoma. Allow to set up about 1 minute.
   [Note: These products are to act as a barrier to protect skin and/or a “caulking” to decrease leakage. It does not help the wafer to stick to skin. If it is spread around on skin or wafer it will interfere with adhesion to the skin.]
11. Apply wafer, making sure the skin is dry and no urine has dripped onto the skin. Gently smooth all areas of the wafer.
12. Apply urostomy pouch (if using a 2-piece system) making sure pouch is secure by gently pulling on pouch after application. Position of pouch is dependent on facilitation of drainage.
13. Confirm that the valve at bottom of urostomy pouch is turned in the off position, unless it is being connect to a drainage bag system. Apply cover cap if needed.
14. Discard soiled supplies in appropriate containers.

AFTER CARE:
1. Document in patient’s record:
   a. Amount, color and consistency of urine.
   b. Condition of skin.
   c. Condition of stoma.
   d. Patient’s response to procedure.
   e. Instructions given to patient/caregiver.