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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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How to take a sample of urine from a urostomy (1 of 2)

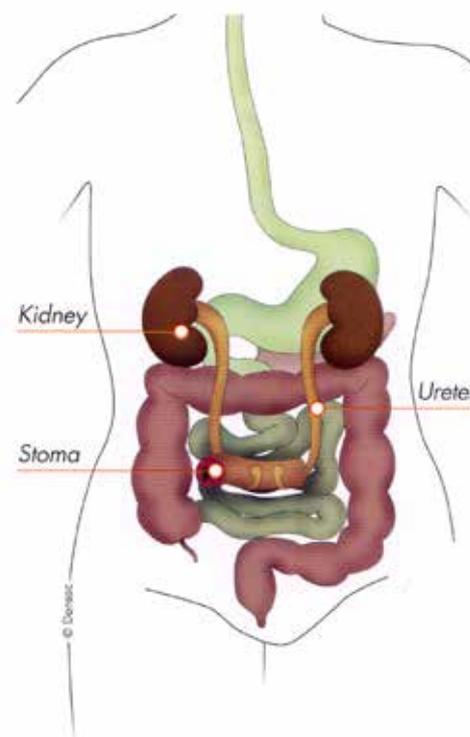
To make a urostomy (ileal conduit) a piece of small bowel (ileum) is resected to make a channel between the inside of the abdomen (tummy) and the outside of the abdomen. The two tubes (ureters) which carry the urine from the kidneys are joined to the piece of small bowel on the inside of the abdomen and urine then flows through the piece of small bowel, (the stoma on the outside of the abdomen), into the pouch adhered to the skin.

The piece of bowel used still has connections to the blood vessels which supply the rest of the bowel. This piece of bowel will also still make mucus, a clear/white sticky fluid which you will see mixed in with the urine.

People who have a urinary diversion are more likely to have urine infections than those who do not - why?

Because:

- bacteria can travel via the blood vessels which connect to the bowel.
- the ureters are joined to the conduit in such a way as to prevent narrowing of the tube, but this also means urine can reflux back to the kidneys.
- bacteria can travel directly from the skin through the conduit up to the kidney.
- bacteria can stick to the mucus created by the bowel used to make the stoma.



Stoma Care Clinical Nurse Specialists

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Symptoms of a urine infection

Initially the symptoms can be a little vague:

- smelly urine
- cloudier than normal urine
- feeling generally unwell, usually with a raised temperature
- discomfort around the kidney area (small of the back).

How to take a urine sample

Method 1, which can be done by the patient

- remove pouch
- clean with warm water as usual
- hold the collection pot under the stoma, (but not touching it or the skin underneath), whilst catching the urine which dribbles out
- wait until 10 - 20ml of urine is collected
- apply new pouch.

Method 2, the ideal method – to be done by a health care professional

- remove pouch.
- clean with warm water as usual
- using a sterile technique – insert a small catheter (size 10ch) 4-6cm into the stoma
- place the other end of the catheter into the sterile pot to collect the urine
- wait until 10 - 20ml of urine is collected
- apply new pouch.

Tips to prevent a urine infection

- drink well – at least 1½– 2 litres of fluid daily (preferably water), to help a good urine flow and help flush out bacteria.
- a glass of cranberry juice (or cranberry capsules) will help keep the urine a little more acidic which may help reduce infection. (Not to be taken if you are taking Warfarin or other blood thinning drugs).
- make sure your pouch fits well so that the skin is kept in good condition. Skin which is contaminated with urine is an ideal place for bacteria to grow.

IMPORTANT: If you feel well and you take the urine sample from the pouch it will contain bacteria but this does not indicate a urinary infection and antibiotics are not required.