

Stoma review

A review of your stoma and stoma care by a STN and Doctor should be conducted:

- within 2 – 6 weeks after discharge from hospital
- at any time problems occur
- at least every 1 – 2 years

To obtain further information or help with any problems contact your **Stomal Therapy Nurse**

Name:

Phone:

Hours:

Your Local Ostomy Association is:

Name:

Phone:

Hours:

**The information in this brochure has been developed as a general guide only. Any concerns need to be discussed with your Stomal Therapy Nurse or your doctor.*

Mitrofanoff (Continent Urinary Stoma / Diversion) Stoma Management



ABN 16 072 891 322
Stoma / Wound / Continence

Prepared as a guide by the:

Australian Association of
Stomal Therapy Nurses Inc.
Education and Professional
Development Subcommittee

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www.stomalthrapy.com

A Mitrofanoff (continent urinary stoma) is a tube using your appendix or a piece of small bowel which connects your bladder to your tummy wall.

When the surgeon makes your stoma a 'valve' is made where the tube joins the bladder to reduce the chance of urine leaking out.

A specific catheter (hollow tube) is put into your stoma at regular intervals to drain urine from your bladder (usual routine is every 3 – 4 hours). This is called "clean intermittent catheterisation" (CIC).

Your Stomal Therapy Nurse (STN) or Doctor will discuss your individual routine and it is important for you to follow this.

Regular CIC will reduce the risk of infection and bladder stone formation by draining all urine and mucus from your bladder. Catheters are available through the Stoma Appliance Scheme from the Ostomy Association.

Putting a catheter into your stoma

- Gather equipment: Catheter (size_____), lubricant, container to collect urine in if not using the toilet
- Wash hands – this is **very** important
- Sit / stand near toilet or collection container
- Apply lubricant to the end of the catheter
- Put catheter gently into your stoma until urine drains: you may have a small amount of resistance when putting in the catheter. If so, take a deep breath and breathe out slowly while pushing in the catheter (ensure end of catheter is pointed towards toilet or collection device)

- Let urine drain freely
- When urine flow has stopped remove catheter
- Wash hands

NB: If pain or a large amount of resistance is felt, stop catheterisation, take a break and try again later

Troubleshooting

- You can't insert the catheter – try a smaller sized catheter and then return to your usual size
- Your stoma starts to leak urine in between catheterisations – speak to your STN or Doctor, as you may need a review of your CIC regime
- You notice blood in your catheter or in your urine – a small amount is alright but if a large amount is seen or if bleeding continues please see your STN or Doctor
- Your urine becomes very cloudy and smelly – this may be a sign of infection – see your Doctor
- If your stoma looks different and you are concerned seek advice from your STN or Doctor
- You insert the catheter but no urine drains – the small holes in your catheter may be blocked with mucus. Take your catheter out and flush it, as directed by your STN. If **still** no urine drains seek immediate medical advice

Management and supply of your catheters will be discussed with you by your STN