



# LIVING WITH A UROSTOMY



A publication of  
United Ostomy Associations of America, Inc. (UOAA)

# Acknowledgment

We would like to thank the entire UOAA Education Committee for sharing their personal and professional experiences on living with an ostomy. It is from this collective knowledge base, that worked together to create, what we hope, is a fresh look at the Living with a Urostomy Guide.

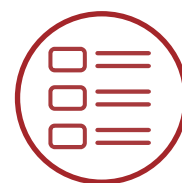
Whether you are a urostomate, family member and or caregiver, this guide and the many resources we have included, is meant to help you to navigate through what you need to know, to live with a urostomy.

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Disclaimer: This document contains information developed by United Ostomy Associations of America. This information does not replace medical advice from your health care provider. You are a unique individual and your experiences may differ from that of other patients. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

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## About the Co-Authors



**Laurie Corona, MS, RN, CWON**

Laurie practiced at Yale New Haven Health Systems, Lawrence + Memorial Hospital in New London, CT retiring in October 2020 after 32 years. She was the Clinical Coordinator of the In-Patient Wound and Ostomy Services from 2009-2020.

Laurie obtained an Associate Degree in Respiratory Therapy in 1980 and is a Registered Respiratory Therapist. In 1987 she obtained a BSN from SUNY Health Science Center, Brooklyn, NY where she was inducted into the first group of Sigma Theta Tau Honor Students at the school. In 1995 she received her Master of Science in Health Care Administration from Hartford Graduate Center.

In 2009 Laurie completed the webWOC Nursing Education Program in partnership with Metropolitan State University, Scope of Practice was Wound and Ostomy. Laurie has been Board Certified since 2010.

Laurie has done content review for Krames StayWell LLC. She reviewed their patient education booklets for Ileostomy, Colostomy, COPD Patient Work Book, Infant Feeding Tube Placement, Infant Trach Care and Infant Tube Feeding.

She also was a content reviewer for HealthStream Continuing Education; Wound Care Certification Review. She is a member of the AAWC (Association for the Advancement of Wound Care), the Wound, Ostomy, and Continence Nurses Society™, CT and NE Chapters of the Wound, Ostomy, and Continence Nurses Society™.

Laurie started volunteering with UOAA's Education Committee in 2020. She lives in Niantic, CT and Naples, FL.



**Kimberly Adams, MSN, RN, CWON**

Kimberly is a 1988 graduate of Concord Hospital School of Nursing, completed her Bachelor of Science in Nursing through Chamberlain College of Nursing in 2012, Wound and Ostomy Board Certification through Emory University in 2012, and her Master of Science in Nursing Education through Norwich University in 2017.

Kimberly is a member of Wound, Ostomy and Continence Nurses Society, New England Region Wound, Ostomy Continence Nurses Society and the Nurses Honor Society. She has been volunteering her time to UOAA and has been on its Education Committee since 2018. Kimberly believes education is the foundation for support of people living with ostomies and is dedicated to sharing that knowledge.

Kimberly lives in New Hampshire.

## **Glossary**

See the Glossary Section at the back of this publication for definition of blue highlighted words.

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# Advisors and Content Reviewers

## **Zachary L. Smith, MD**

Assistant Professor of Surgery

Program Director, Society of Urologic Oncology Fellowship

Department of Surgery, Division of Urologic Surgery

Washington University School of Medicine

Barnes-Jewish Hospital

St. Louis, Missouri

## **Liz Hiles**

Fellow Urostomate

## **Editor**

Silverwood Editorial & Communications, LLC



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[www.ostomy.org](http://www.ostomy.org) . [info@ostomy.org](mailto:info@ostomy.org) . 800-826-0826

# Introduction



The creation of a urostomy is a life-changing surgery, but it should not keep you from doing the things you love such as traveling, sports, family life, and work.

This guide was created to help make this transition easier by providing answers to the many questions you may have. This is by no means meant to replace the support of your physician and certified ostomy nurse.

Learning to care for your ostomy is essential to your recovery and long-term well-being. This guide is organized in a way to make this easy to understand.

There is a lot of support for people with ostomies, also known as ostomates, some of which are listed in this guide.

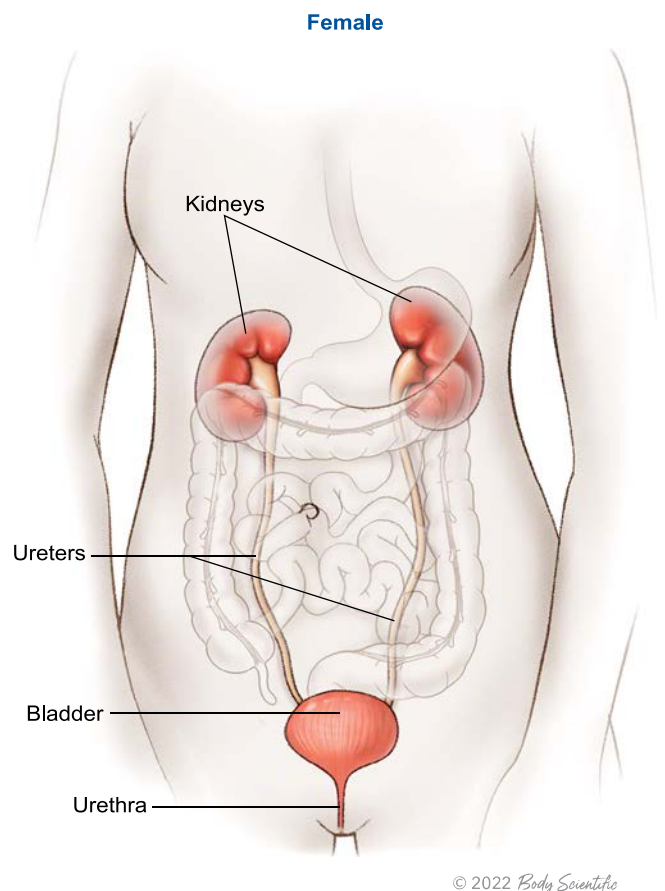
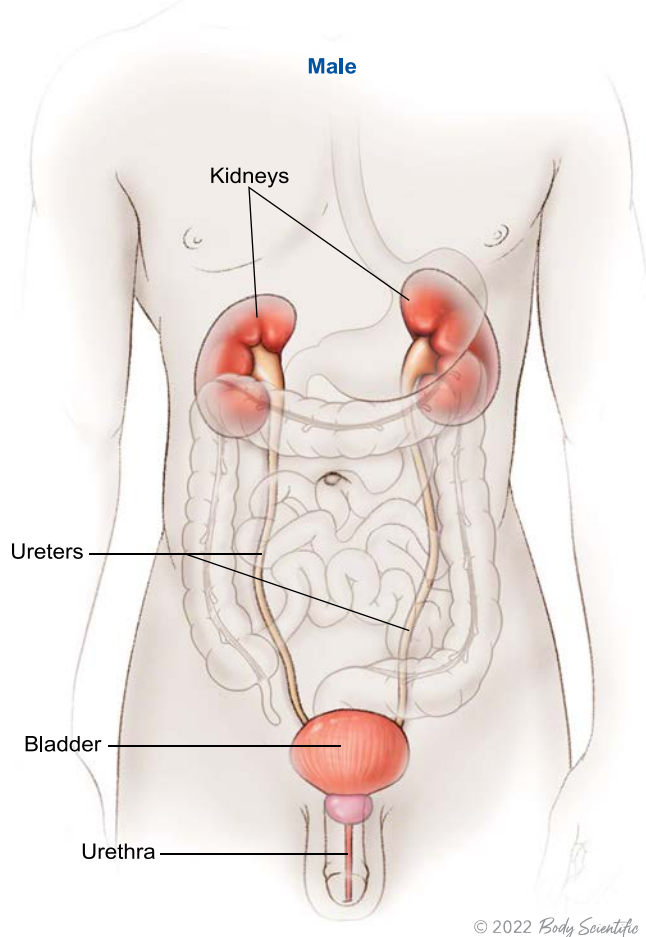
Please be patient with yourself, give yourself time to adjust, and utilize the resources available.



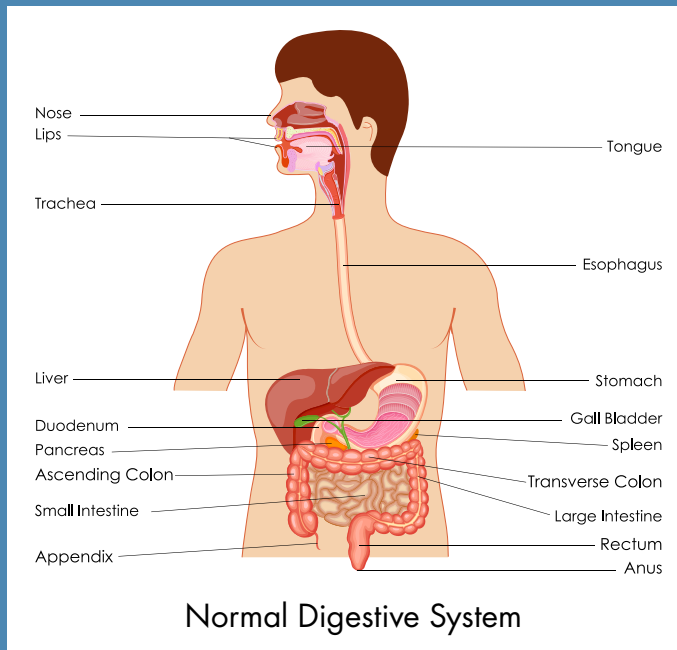
## Normal Urinary System

The creation of a urostomy does not significantly change the function of the urinary system. It may be helpful to review the normal urinary system.

- **Kidneys:** The kidneys are paired organs lying against the posterior abdominal wall, one on either side of the spine. The kidneys serve a number of important body functions. They process and excrete urine, and maintain the fluid, electrolyte and acid/base balances of the body.
- **Ureters:** The ureters are tubes that come from each kidney, one on the right and one on the left. Their function is to push urine down from the kidneys into the bladder. They are approximately 10-12 inches in length.
- **Bladder:** The urinary bladder serves as a reservoir for urine. Periodically, the bladder expels urine from the body, via the urethra.
- **Urethra:** The urethra is a tube from the bladder to the outside of the body.







# The Normal Digestive System

In the creation of a urostomy a piece of intestine is used to replace the bladder when the bladder is removed. This does not significantly change the function of the digestive system. It may be helpful to review the anatomy and function of the normal digestive system.

## Mouth

1

- Starts the process of digestion.
- Breaks down food as it is chewed and mixed with saliva.
- Saliva contains digestive enzymes and moistens food to aid in swallowing.
- Food is swallowed and moves down the esophagus until it enters the stomach.

## Stomach

2

- Secretes acids and enzymes that further break down and digests food into smaller particles and nutrients that the body can use.
- Stores and churns the food.
- Slowly releases the processed food to the small intestine.

## Small Intestine (approximately 20 feet long)

3

Responsible for the absorption of nutrients, which are sent to the liver for processing and allows the nutrients to be used by the rest of the body. Made up of 3 sections:

- The **duodenum** helps neutralize the food as it enters the small intestine.
- The **jejunum** is where most of the absorption of nutrients takes place.
- The **ileum** is essential for the absorption of certain nutrients, such as vitamin B12 and bile salts.
- From the ileum the intestinal contents pass through the ileocecal valve that separates the small and large intestine.

## Large Intestine (Colon) (approximately 5 to 7 feet long)

4

Collects, concentrates, transports, and eliminates waste in the form of stool from the body. As the intestinal contents move through the colon, fluids and electrolytes are being absorbed.

## Anus

5

The opening where the gastrointestinal tract ends.

- Connected to the rectum.
- Where stool exits the body.

# What is a Urostomy?



The creation of an **ostomy** is a surgical procedure performed when a person has lost function of the bladder or the bowel and waste must be removed from the body through another route. A surgeon creates an opening in the skin and then brings a portion of the intestine to the surface, creating a **stoma**.

The stoma allows urine or stool to be diverted outside of the body and into your ostomy **appliance**.

<https://www.ostomy.org/urostomy/>

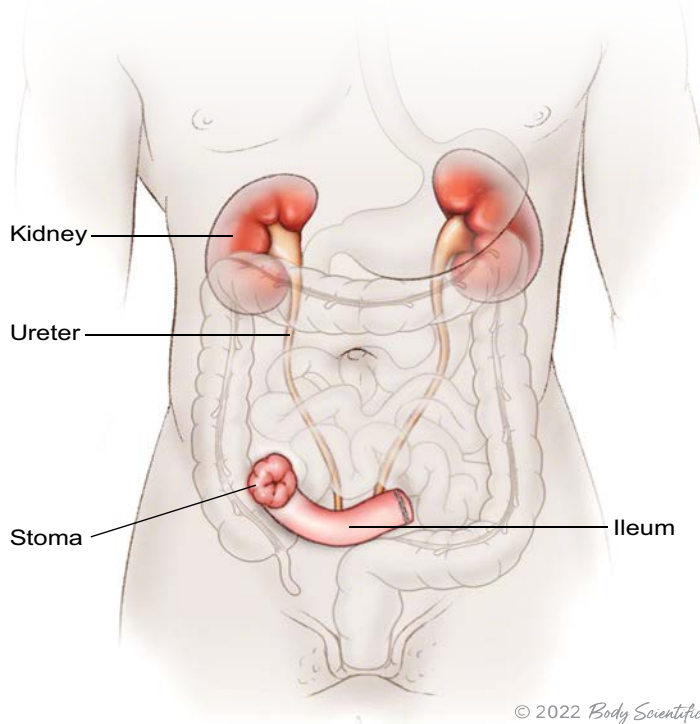
A stoma looks like a red bud on the skin. Your stoma will be swollen right after surgery. It will shrink down to its final size about 6 weeks after surgery.

An appliance or pouch is worn over the stoma to collect urine.



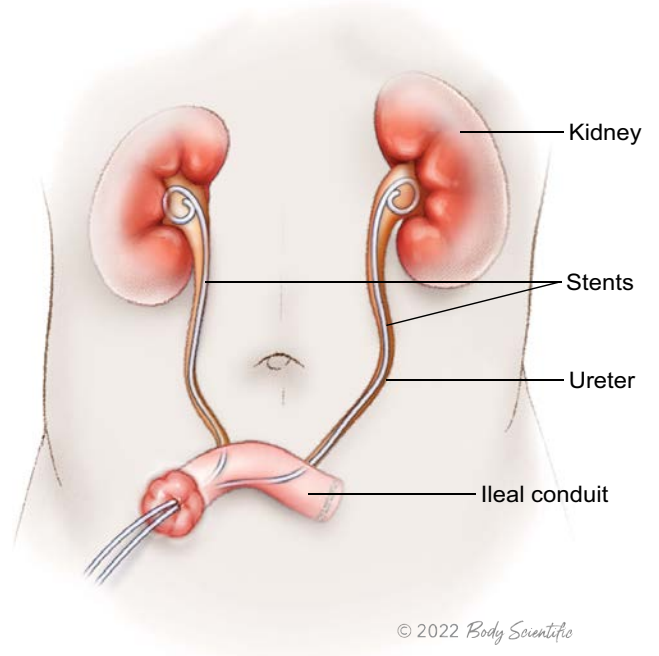
In the case of a urostomy, an ileal conduit (most common type of urostomy), is created from a section of the small bowel, or ileum, which is brought to the surface of the body, and a stoma is formed from that part of the intestine. At times, a section of the large intestine or colon is used for the conduit, called a **colonic** conduit.

### ***Ileal Conduit***



At the time of surgery, internal or external stents (one in each kidney) are placed to protect the connections between the ureters and the **conduit**. Urine may come through the stents and/or around the stents. You may see the stents in your pouch. The length of time the stents will remain in place is determined by the surgeon. They may be removed prior to your hospital discharge or post discharge. It is best to ask your surgeon how long they will remain in place. While most people do not experience pain when the stents are removed, others may feel a sensation of discomfort or pain during removal.

### ***Ileal Conduit with Stents***



## Pouching Systems

Pouching supplies can be broken down into two main types: **one-piece pouching systems** and **two-piece pouching systems**.


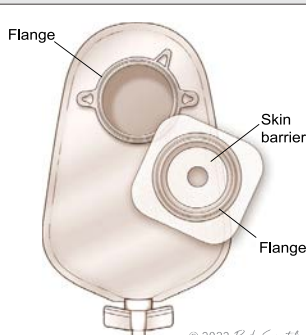

- In one-piece systems, the skin barrier and pouch are attached.
- Two-piece systems consist of a separate skin barrier and pouch. A round plastic device called a **flange** connects the two pieces by snapping together. There are also some that stick together with an adhesive flange.

	One-Piece Pouching System	Two-Piece Pouching System
Able to remove the pouch from the skin barrier to reposition pouch		✓
Lower profile (less bulky)	✓	
Able to empty	✓	✓

The fundamental difference between the two is that you can remove the pouch from the skin barrier on the two-piece system, but you cannot do so on the one-piece system. Removing the pouch is convenient if you want to rinse it out.

Pouches themselves can also have some variations:

- Some pouches are transparent and some are opaque.
- Urostomy pouches have an emptying valve at the end of the pouch. There are different types of valves, see pictures below for examples.

One-Piece	Two-Piece	Two-Piece Adhesive Coupling
<b>Barrier and pouch are one unit</b>	<b>Barrier and pouch are two units</b> (has winged open and closed end)	<b>Barrier and pouch are two units</b> (has winged open and closed end)
 <p>Labels: Skin barrier, Drain valve, Pouch</p>	 <p>Labels: Flange, Skin barrier, Flange</p> <p>© 2022 Body Science</p>	 <p>Labels: Adhesive, Adhesive</p>

## Types of Skin Barriers

Using a skin barrier (also referred to as a **baseplate**, **faceplate**, or flange) that is the correct size for the stoma is just as important as using the right size and type of pouch. An opening that is too small can cut or injure the stoma and may cause it to swell. An opening that is too large exposes the skin to possible irritation. In either case, you should replace the skin barrier with one that fits properly with both the opening and the pouch.

There are two types of barriers:

- **Convex barrier** (bowl type): May be helpful for a stoma that is closer to or lies flatter against the skin
- **Flat barrier**: Can be effective for “budded” stoma, which is a stoma that rises above the skin

Both barriers can be used with a one-piece or a two-piece system, and both can be molded or cut to fit the stoma. Precut barriers are also available for use if your stoma maintains a stable size over time.

## Other Supplies and Accessories

It is best if you use only the skin barrier and nothing else against your skin. You may, however, need other supplies to care for your ostomy. Many are available on the market, but the most common are listed in the table below.

Equipment	Description
Paste	Used to fill in creases or to help achieve a better seal
Rings	Used to fill in creases or valleys Helpful in making up for stoma irregularities and ensuring a good seal at the skin Often easier to manage than paste
Powder	Used to absorb moisture if skin is irritated or weeping
Skin barrier wipes/spray	A clear sealant that goes over the skin after cleansing Used to seal skin before placing a skin barrier; may provide a little tackiness to help with adhesion
Adhesive remover wipes/spray	Makes removal of skin barrier easier Helps to remove any leftover adhesive
Belts	Can be used with pouching systems that have belt loops Adjustable elastic belts may enhance the adherence and support of the pouching system Can make people feel more secure when wearing a pouch

**Remember, the best equipment is what works best for you.**

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## How to Care for Your Urostomy

### Emptying Your Pouch

You will have to empty your pouch often each day. You will empty it based on the volume of urine, generally when it is approximately half full. If you let the pouch get too full, the seal could break and leak.

- Since the intestines produce mucous, you will generally see some mucous in your urine.

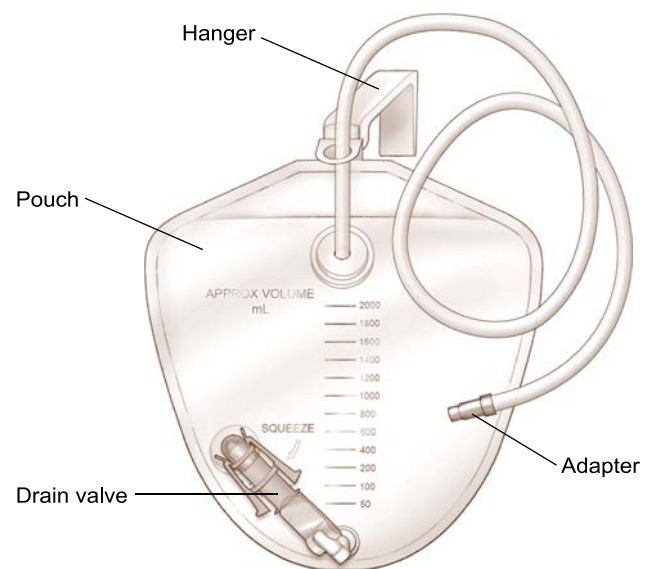
Most ostomates use an overnight drainage bag so as to increase the volume of their bag and allow for less frequent emptying overnight. Below are the general guidelines for emptying your pouch, but you will find your own way to do so when you are at home in a familiar environment.

1. You can either stand facing the toilet, or you can sit on the toilet and empty the pouch between your legs. (Just a tip standing may cause extra splashing.)
2. Place some toilet paper in the toilet to prevent excessive splashing.
3. Open the valve and empty the contents into the toilet. Measure the amount if your doctor has directed you to do so.
4. Close the valve at the bottom of the pouch and wipe with toilet paper.

### Night Drainage System

At night, the valve on the bottom of the pouch is connected to a night drainage system by a connector which is located in your box of pouches. This system will carry the urine out of the pouch during the sleeping hours. This allows you to sleep undisturbed with the assurance that your pouch will not get so full that it pulls away from the body and leaks.

- Leave a small amount of urine in the pouch prior to attaching the tubing to prevent setting up a vacuum in the system.
- The drainage container may be placed at the end of the bed to prevent twisting of the tubing.
- The drainage container can be hung from the side of the bed or placed on the floor. You can hide the bag if you choose to, by placing it in a wastepaper basket, or another container of your choice.



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- To clean the tubing and bedside drainage collector, rinse after use.
  - Clean the system daily or every other day, mix 1-part white vinegar to 3-parts water. Pour into the tubing and allow it to sit in the container for an hour. Empty and rinse with cool water. Allow to air dry with closure open.

## Changing Your Pouching System

As with emptying, you will find your own process and set up to change the pouching system in your home. It will be easier to change it when your urine output is slower, which may be first thing in the morning, before you drink anything.

Follow these steps to change your system:

1. Gather supplies. It is often helpful to get everything set up before you remove the flange/skin barrier.
    - Having everything ready, including molding or cutting your new barrier, allows you to minimize the amount of time the appliance is off of your body.
    - If you use a two-piece pouching system, you will need a new skin barrier and pouch. If you use a one-piece system, you will need a new one-piece.
    - You will need a washcloth or other cleansing material, a plastic bag, and any other supplies you use routinely.
  2. Carefully remove the skin barrier, being cautious not to tear the skin. Place it in the plastic bag.
  3. Clean around the stoma with warm water and a washcloth or cleansing material. Avoid using baby wipes, oils and lotions, as they will prevent adherence of the new appliance.
    - Spots of blood on your cleansing cloth is no cause for alarm. The blood vessels in the surface skin tissue around the stoma are very delicate and are easily disturbed. For this reason, cleaning around the stoma as you change the pouch or skin barrier may cause slight bleeding. The bleeding will usually stop as quickly as it started.
  4. Dry the skin thoroughly. Keep a towel handy to manage any output.
  5. Prepare the new skin barrier.
    - Cut or mold the barrier as necessary, making the opening just large enough to fit around the stoma.
    - Do not leave exposed skin around the stoma.
    - You may also use a hairdryer on medium heat to warm the skin barrier for a few seconds before placing it on your abdomen. Most barriers adhere better when warm.
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6. Place the skin barrier (if using a two-piece system) or place the one-piece system over your stoma. Press your fingers firmly across the entire barrier to adhere it to your skin. Remember to make sure the skin is dry to ensure adherence to the skin.
  7. Keep your hand on your pouching system for several minutes to ensure it adheres to your abdomen

**REMEMBER: Always keep a bag or kit of supplies with you in case you need to change your appliance away from home.**

It is also helpful to keep one at work or at school. Stock your kit with whatever supplies you may need to change your appliance:

- Paper towels
- Plastic bag (to dispose of old appliance)
- New appliance
- Change of Clothes and Underwear
- Paste
- Skin barrier wipes/spray
- Adhesive remover wipes/spray
- Rings

## Potential Problems

### Barrier Issues

It is important to address skin issues as soon as they occur.

If you notice leakage or have itching or burning, remove the old barrier and follow the steps for putting on a new barrier. A barrier with a good seal, which can last 3 to 4 days, may be all that is needed to clear up the problem.

Several factors may influence how long a barrier will adhere to your skin. Some of these you cannot control, but some you can.

- **Activity:** Intense physical activity causes sweating under the barrier and may contribute to shorter wear time.
- **Allergies:** Watch for sensitivity or an allergic reaction to adhesives, skin barriers, paste, tape, or pouch material. Such reactions can develop after weeks, months, or even years of use of a product, as the body can become gradually sensitized.



- Hair: Excessive hair around the stoma can interfere with the skin barrier and may cause pain when removing it.
  - Trim the hair with scissors.
  - Avoid using a straight razor. An electric razor is the best choice.
- **Hernia:** Hernias are caused when the intestine pushes against a weak abdominal wall area, creating a bulge around the stoma. If you develop a bulging around your stoma, contact your surgeon.
- Skin: Scars, changes to weight or body shape near the stoma can affect the fit of your stoma and barrier. If you have any scars or if your body shape or weight changes, you may need to change the type of skin barrier you use, and you may need to begin to use accessories such as paste or fillers.

For more information on skin care visit <https://www.ostomy.org/ostomy-skin-care/>.

- **Stoma prolapse** or **retraction**  
(If you experience either of these, it is recommended that you contact your doctor.)
  - **Stoma prolapse** is a complication in which the stoma becomes longer.
  - **Stoma retraction** is a complication in which the stoma can become flush with the skin or be drawn into the body.
- Weather: When the weather is hot and humid, perspiration under the skin barrier may contribute to a shorter **wear time**.

## Diet

Usually there are no dietary restrictions and foods can be enjoyed as before. It is suggested that 8-10 glasses of fluid per day be consumed to help decrease the chance of kidney infection.

## Dehydration

After surgery, your appetite will be decreased, and it can be difficult to drink enough fluids. Notify your physician if you are unable to drink fluids or have symptoms of dehydration.



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## Signs of Dehydration:

- Dark urine
- Passing urine less often than normal
- Feeling light-headed
- Headache
- General weakness
- Frequent feeling of thirst

## Good choices for fluid replacement are:

- Water
- Gatorade
- Non-alcoholic beverages
- Non-caffeinated beverages

For more information on hydration visit <https://www.ostomy.org/diet-nutrition>

## Odor

Various factors can cause odors:

- Certain foods e.g., asparagus, fish
- Certain medications, and vitamins

Individual experimentation is the best way to determine what is causing the odor.

## Here are some tips to help control odor:

- Ensure that the skin barrier is securely sealed to the skin.
- Empty the pouch frequently.
- Use air deodorizers when emptying the pouch; these effectively control odor during this process.

## Urinary Crystals

Urinary crystals on the stoma or skin are associated with alkaline urine. The crystals appear as white, gritty particles and may lead to stoma irritation and/or bleeding of the stoma.

Proper cleaning, maintaining acidic urine and careful fitting of the opening in the pouch will help prevent urinary crystals. To treat urinary crystals, make a diluted vinegar compress (mixture of half water and half white vinegar) that can be applied to the stoma for a few minutes.

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## Seeking Medical Assistance

You should call your doctor or **ostomy nurse** if you have any of the following issues:

Signs of urinary tract infection (one of the most common complications for people with urostomies). Drink plenty of fluids to prevent this.

### Symptoms of a urinary tract infection are:

- Strong odor of the urine
- Increased mucous
- Fever



If you are instructed to collect a urine sample to assess for infection, go to <https://www.ostomy.org/urostomy/> for the instruction card.

Other potential reasons to call your doctor or ostomy nurse include:

- Unusual change in **stoma size** and appearance
- **Prolapse** or **retraction** of the stoma
- Excessive bleeding from the stoma or a moderate amount of blood in the pouch after emptying it several times
- Severe injury or cut to the stoma
- Continuous bleeding at the junction between the stoma and the skin
- Vomiting with the inability to consume fluids orally
- Chronic skin irritation, itchy rash (might be a sign of a fungal or yeast infection), weeping skin
- Stenosis (narrowing) of the stoma
- Unable to **wear** your pouching system for 2 to 3 days without it leaking

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## Life After a Urostomy

Many aspects of day-to-day life will be affected by your urostomy. As your strength returns and you heal after surgery, you may resume your regular activities—with guidance from your doctor. Here we highlight some considerations that will help you integrate urostomy care into your routine.



## Emotional/Psychological Adjustment

The reaction to diversion surgery varies from one individual to another. For some, it will be a problem, to others, a challenge. While one person considers it a life-saving procedure, another finds it to be a devastating experience. Each person will adapt or adjust in their own way and in their own time.

Peer support from UOAA affiliated support groups can be helpful as you go through this adjustment.

For more information on emotional/psychological adjustment after ostomy surgery visit

<https://www.ostomy.org/emotional-issues/>.

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## Hospitalization After Surgery

After your urostomy, you may need to be hospitalized for an unrelated reason. Be sure to take your ostomy supplies with you, as the hospital may not have your brand. You may find that you are the ostomy expert, especially if you are in a hospital where patients with an ostomy are rare or are being treated for a condition not related to your ostomy. If you are in doubt about any procedure and how it may affect your urostomy, ask to talk to your surgeon.

**Request that the following information be listed on your chart:**

- Type of ostomy
- Details of your management routine and the products you use

## Returning to Work

For more information about returning to work after ostomy surgery, visit <https://www.ostomy.org/back-work-ostomy/>.

## Intimacy and Sexuality

Sexual relationships and intimacy are important and fulfilling aspects of your life that should continue after ostomy surgery. A period of adjustment after surgery is to be expected. Sexual function may be affected and you should ask your surgeon how this relates to your surgery.

Discuss any problems with your physician or ostomy nurse.

For more information on intimacy and sexuality visit <https://www.ostomy.org/sexuality>



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## Sports

An ostomy should not limit your participation in exercise, sports or other physical activities. People with ostomies are distance runners, weightlifters, skiers, and swimmers, and they can participate in most other types of athletics. You should, however, take a few precautions.

Many physicians do not allow contact sports because of possible injury to the stoma; a severe blow could damage the stoma or cause the pouching system to slip. Such problems may be overcome with special protective garments. Weightlifting could cause a hernia at the stoma.

Check with your surgeon before participating in any sports or exercise regimen.



## Travel

Anyone with a urostomy can travel. As long as you plan ahead, nothing should be out of your reach.

- Seat belts will not harm your stoma when adjusted comfortably. Do not place the seatbelt straps directly over the stoma.
- Store supplies in the coolest part of the car—not in direct sun or the trunk.
- When flying, bring supplies in your carry-on bag, as luggage can be lost.

For more information on traveling with an ostomy visit

<https://www.ostomy.org/ostomy-travel-and-tsa-communication-card/>.

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## You Matter! Know What to Expect and Know Your Rights

UOAA's Ostomy and Continent Diversion Patient Bill of Rights (PBoR) is a tool produced by the organization for patients to self-advocate for their own care and improve outcomes. It is meant to empower those who live with an ostomy (temporary or permanent) or a continent diversion. The PBoR identifies the needs and expectations for those needing this type of surgery and for the community of people who are currently living with an ostomy or continent diversion. It outlines evidence-based recommendations for best in practice quality ostomy care for medical professionals.

Visit <https://www.ostomy.org/bill-of-rights/> for more information on this tool, how to use it and download a wallet size version to refer to when needed.

## Social Connections/Resources

Find an Ostomy Support group: <https://www.ostomy.org/support-group-finder/>

Find an Ostomy Nurse: <https://www.ostomy.org/find-an-ostomy-nurse/>

Facebook: UOAAinc, Ostomyland, Ostomy lifestyle athletes

Instagram: @uoaa\_/, #ostomy, #ostomybag, #ostomyadventure, #ostomylife, #ostomyfashion

Twitter: @UOAA, @ostomyconnect, @ostomylife

Frequently asked questions: <https://www.ostomy.org/living-with-an-ostomy/>

Bladder Cancer Advocacy Network: <https://www.bcan.org>

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# Glossary of Terms



## Ostomy A to Z Getting to Know the Ostomy Lingo

This glossary originally appeared in *The Phoenix* magazine and is in the 2020 version of the UOAA New Ostomy Patient Guide. *The Phoenix* magazine is the official publication of UOAA and answers the many questions about returning to a full and active life after ostomy surgery.

For more information, call 800-750-9311 or go to [www.phoenixuoaa.org](http://www.phoenixuoaa.org).

By Cliff Kalibjian

Revised by Joanna Burgess-Stocks, BSN, RN, CWOCN

Additional urostomy-related terms have been included in this Glossary, and reviewed by Dr. Zachary Smith.

If you are new to the ostomy world, it's easy to become quickly overwhelmed with new terminology when talking with your health care team or when reading about your condition. The good news is that by becoming familiar with some key terms, you will soon begin to feel much more comfortable – and fluent with the ostomy lingo around you. This glossary will help you get started by briefly defining various ostomy-related terms in an easy-to-understand manner.

**Adhesions** - A term your surgeon may use that refers to bands of scar tissue that normally develop after surgery. It is the body's response to healing and repairing itself. On occasion, these can cause an intestinal(bowel) obstruction. Adhesions can be surgically or medically managed if needed.

**Appliance** - (ostomy pouch system, ostomy pouch, ostomy bag) - A prosthetic medical device consisting of a wafer (barrier) and a pouch that is worn over the stoma to contain body waste (i.e. urine, stool)

**Baseplate/Faceplate** - See Skin Barrier

**Closed-end pouches** - Are non-drainable (cannot be emptied) and are intended to be used by those with a colostomy. For successful use, the stool should be soft to well-formed and changed on average twice a day.

**Colectomy** - A surgical procedure in which part or all of the colon is removed.



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**Colonic Conduit** - One type of urinary diversion. A short section of the colon is cut away, with blood and nerve supply intact. The section is closed at one end, ureters are attached to it, and the open end is brought through the abdominal wall to form the stoma. This section thus becomes a conduit, or passageway, for urine to get outside of the body. The remaining ends of the intestine are reconnected and resume the function of moving feces out of the body.

**Colostomy** - A section of the large intestine (most common the descending or sigmoid colon, less common the ascending or transverse colon) is brought to the surface of the body and a stoma is formed from that part of the intestine.

**Colostomy Irrigation** - The process of putting water into the colon through the stoma using specialized ostomy irrigation products. It is a way for a person living with a colostomy to manage and regulate their bowel movements and can result in predictable ostomy output at a scheduled time.

**Continent Diversion (CD)** - A fecal (stool) or urinary diversion where control is made possible through the creation of an internal reservoir (a surgically made pouch inside your body). The reservoir is emptied by either manually inserting a catheter (small tube) into a stoma or by going to the bathroom in the “normal” way through the anus for stool, or through the urethra for urine.

**Convexity (Convex Pouching System)** - Designed for those with a flush or skin-level stoma or for those with large creases around the stoma. The convex shaped skin barrier (wafer) helps the output of stool or urine to go into the pouch instead of underneath the pouching system.

**Crohn's Disease** - A chronic inflammatory bowel disease (IBD) that can affect any part of the GI tract from the mouth to the anus but is more commonly found at the end of the small intestine (ileum).

**Cystectomy** - Removal of the bladder. If the bladder is removed, some kind of urinary diversion is necessary.

**Diverticulosis/Diverticulitis** - A condition of the colon in which small sacs or pouches form in the wall of the colon, often people have no symptoms. Diverticulitis occurs when these small pouches become inflamed. Ruptured or perforated diverticulitis often requires the creation of a temporary colostomy or colostomy.

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**Drainable/Open Pouches** - Have an opening at the bottom through which the contents are drained. This opening is usually secured using a Velcro closure or a plastic clip.

**Flange** - The plastic round device found on a two-piece pouching system that connects to the ostomy pouch to the wafer/skin barrier; found on a mechanical coupling system. The flange on the pouch and the flange on the wafer/skin barrier must match and fit together to create a secure pouching system.

**Filter** - A device incorporated into or can be attached onto a pouching system. It allows gas to be filtered out of the pouch. Filters made with charcoal allow odor to be filtered out of the pouch along with gas.

**Folliculitis** - An inflammation of the hair follicle (s). This can occur on the skin around the stoma due to the physical trauma involved with repeatedly removing an ostomy appliance.

**Hernia** - Occurs when the intestine “bulges” through a weak area of the abdominal wall. When this happens next to an ostomy, it is called a parastomal hernia.

**Ileal Conduit (See Urostomy)** - A section of the ileum or lower portion of the small intestine is removed from the intestinal tract, with blood and nerve supply intact. The section or conduit is closed at one end, ureters are attached to it, and the open end is brought through the abdominal wall to form the stoma. This section thus becomes a conduit, or passageway, for urine to leave the body. The remaining ends of the intestine are reconnected and resume the function of moving fecal matter out of the body.

**Ileostomy** - The entire colon, rectum, and anus are removed or bypassed. A part of the small intestine (ileum) is brought through the abdominal wall, creating a stoma.

**Jejunostomy** - An opening created through the skin into the jejunum (part of the small intestine) that can be used for a feeding tube or as a bypass during bowel resection.

**Night Drainage System** - Consists of a large container with tubing which can be connected to the valve at the bottom of urostomy pouch, while a ostomate sleeps or is on bed rest. These commercially available or homemade systems provide additional storage capacity; they keep pouches from becoming too full and pulling loose from the skin and they keep urine draining away from the stoma. It is essential that the tube remains above the level of urine in the container at all times, so that urine continues to drain.

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**Obstruction** – A partial or full blockage in the intestine resulting from a variety of causes including fibrous foods, cancerous growth, scar tissue/**adhesions**, or when the lining of the intestine is severely inflamed. A blockage can be partial with some output or complete with no output. This is a serious may require hospitalization to address the cause.

**One-Piece Pouch** – The pouch and wafer/skin barrier are combined as one item and cannot be separated.

**Ostomate** – A person who has undergone surgery for a fecal or urinary diversion, or a continent diversion (i.e. colostomate, ileostomate, urostomate).

**Ostomy** - Surgery in which an opening is created (called a stoma) where urine or stool exits the body. Bodily waste is rerouted from its usual path because of malfunctioning or diseased parts of the urinary or digestive system. An ostomy can be temporary or permanent. Ileostomy, colostomy, urostomy are different types of ostomies.

**Pancaking** - When stool output collects under the wafer/barrier of a pouching system instead of going into the pouch causing leakage.

**Peristomal Skin** – The external skin that is around the stoma. Having healthy peristomal skin is important for quality of life for those with ostomies. Ongoing pouch leakage can damage peristomal skin.

**Pouch closures** – Refers to various ways to seal the bottom of a drainable ostomy pouch. For those with a colostomy or ileostomy, they include Velcro closures that are incorporated into the pouching system or separate plastic clamps/clips that are separate from the pouching system. For urostomy pouches, the closure is referred to as a tap closure.

**Skin Barrier** – Also called a “wafer, baseplate or faceplate” is the part of the pouching system that goes against your skin and has a hole that fits around your stoma. It holds your pouch in place and should help protect the skin around your stoma from stool or urine.

**Skin Protectants** – No sting barrier sprays or barrier wipes that can be applied to the skin around the stoma to protect the skin from the adhesives used in pouching systems. They are also used to help skin irritations/sores to heal.

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**Specialty Providers of Ostomy Care** - A medical professional with advanced education and /or certification to care, support and educate those with an ostomy.

**Stoma** - A portion of the large or small intestine that has been brought through the surface of the abdomen (belly) and then folded back like a sock cuff. A stoma provides an alternative path for urine (in the case of a urostomy) or stool (in the case of a colostomy or ileostomy) to leave the body.

**Stoma Blockage** - When something obstructs the stoma preventing stool from coming out. blockage can be partial (a small amount of stool is able to come out) or complete (no stool is able to come out).

**Stoma Measuring Guide** - A card with special holes used to measure the stoma. This is useful when selecting the correct wafer/skin barrier size for your pouching system, when ordering samples, or when using it as a template to cut out the stoma opening on your wafer/skin barrier.

**Stoma Retraction** - A stoma that has receded to the level below the surface of the skin. This may result in pouch leakage and skin irritation.

**Flush Stoma** - A stoma that is at the same level with the surface of the skin. This may result in pouch leakage and skin irritation.

**Stoma Prolapse** - The telescoping (protrusion) of the intestine through the stoma which makes the stoma appear much longer than “normal”. Your surgeon should be notified if this happens.

**Two-Piece Pouching System** - The pouch and wafer/skin barrier are separate from each other and must be attached through either a mechanical, adhesive or interlocking coupling system. The pouch can be removed to be changed or emptied without removing the wafer/skin barrier.

**Ulcerative Colitis** - A form of inflammatory bowel disease that targets the colon (large intestine) and affects its innermost lining. Symptoms can include abdominal pain, fatigue, weight loss, and bloody diarrhea. Surgery for this condition may result in one having an ostomy.

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**Urinary Diversion** – Any one of several surgical procedures to divert urine away from diseased or defective kidneys, ureters, bladder, or urethra. In many diversions, a new passageway for urine is formed through the abdominal wall to outside the body; this involves constructing a stoma or suturing a tube in place for drainage of urine. If a stoma is made, a pouch is usually worn.

**Urinary Tract** – The system in the body composed of the kidneys, ureters, bladder, and urethra. Urine is made in the kidneys, passes down the ureters, accumulates in the bladder, and passes to the outside through the urethra.

**Urostomy (See Ileal conduit)** – A type of ostomy surgery in which a passageway for urine (conduit) is made by attaching the ureters to an isolated piece of the small intestine (ileum) which is brought outside of the abdomen to form a stoma.

**Wafer** – See Skin Barrier

**Wear time** – Refers to the length of time an ostomate can wear a pouching system before leakage occurs. This is individualized and will depend on the product and body contour.

### **Wound, Ostomy, and Continence Nursing Certification Board:**

- They certify RNs with a bachelor's degree or higher who have completed formal and experiential learning in ostomy education and who have passed a certification exam(s).
- These nurses are certified as CWOCN (Certified Wound Ostomy Continence Nurse), CWON (Certified Wound Ostomy Nurse) or COCN (Certified Ostomy Care Nurse).
- Certifications must be renewed every five years by exam or the creation of a professional growth portfolio (PGP).

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## **Wound, Ostomy and Contenance Nurses Society:**

A professional international nursing society of healthcare professionals who are specialists in the care of patients with wound, ostomy and continence needs.

- They support members by promoting educational, clinical and research opportunities.
- They have developed the Ostomy Care Associate (OCA) Program as a continuing education program. It empowers WOC specialty nurses to prepare LPN, RNs and other licensed clinicians to provide optimal care for ostomies, fistulas and feeding tubes. They function as an extension of the WOC nurse team.

## **Wound Care Education Institute (WCEI) – Offer Certification prep courses.**

- They offer a one-week educational program for ostomy management specialists (OMS).
- Candidates who complete this program can sit for the examination offered by the National Alliance of Wound Care and Ostomy Member Association (NAWCO).
- Recertification is every five years and can be done through an online or onsite refresher course.

Many ostomy-related terms are defined above, but there will always be more. Whether you are new to the ostomy world or experienced with it, you will be continuously learning. By working with your health care team and arming yourself with the right knowledge, you will learn the best ways to take care of yourself. For more information, go to **[www.ostomy.org](http://www.ostomy.org)**, call 800-826-0826 or see a qualified ostomy nurse.





[www.ostomy.org](http://www.ostomy.org)

UOAA promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration.