

Home Management and Other Resources



Overview

There's more to having an ostomy than changing pouches. You may have to make a few other adjustments. Let's go over the different areas of your home management and find out how to accomplish some everyday activities.



WATCH VIDEO

Urostomy Home Skills
Program: Life with an Ostomy



BEDROOM

Dressing

- ▶ Pouching systems lie pretty flat against your body, so even though the pouch is very obvious to you, others usually cannot see it under most clothes. Emptying your pouch when it's 1/3 full will keep it from bulging. There are also specially designed support belts and underwear to help secure the pouch; bicycle pants and light stretch undergarments and/or a belly band may help flatten the pouching system. If your belt crosses over your pouching system, this can prevent urine from filling the pouch. You can consider several devices that can prevent the belt from causing problems over the pouch such as the stoma tuck, stoma shield, or stoma guard.

Sleeping

- ▶ The pressure of your body on a full pouch may cause leakage and soiling of your bed linens. This problem may be prevented by:
 - Emptying the pouch right before you go to bed.
 - Stop drinking a few hours before bedtime.
 - Using a larger pouch at night if you have a large amount of output.
 - Attaching your urostomy pouch to a night drainage bag. This will collect the urine and prevent overfilling the pouch while asleep.

Intimacy

- ▶ You can have sex when you feel ready, your wound site has healed, and your surgeon/nurse tells you to resume all activities. Talk to your partner about any concerns you have about the changes in your body and intimacy. Be sure your partner understands that the stoma has no sensation, and you will not feel pain in the stoma. You can help each other adjust. Some steps that may help with your comfort are to empty the pouch, use an opaque pouch cover, or use a belly band or lingerie to conceal the pouch. New positions may help to decrease any extra pressure on the pouch. Some men may have difficulty having an erection after the operation. If you have any questions, talk to your doctor or nurse. Pregnancy is possible following an ostomy.

BATHROOM

Medication

- ▶ Some changes may need to be made to your regular medications. Let your health care provider and pharmacist know that you have an ostomy.

Bathing

- ▶ You may shower or bathe with or without a pouch on. Many people find it easiest to change the pouch system during shower time. You can shower with the pouching system in place. The outer adhesive is waterproof, so just be sure to dry the pouch and adhesive after showering. If you shower without a pouch on, remember that soap and water do not hurt the stoma. Since a urostomy drains often, it may work best to remove the pouch at the end of the bath or shower. This keeps urine from ending up in the tub water or on the floor of the shower.

Toilet

- ▶ A drainable pouch should be emptied when it is 1/3 to 1/2 full.
- ▶ If you have a disposable pouch, you may choose to have a supply of waste bags in your bathroom. The soiled pouch will need to be placed in a sealed bag and then thrown in the trash.

KITCHEN/DIET

Following a urostomy, there are usually no restrictions on what you can eat or drink. Your ostomy pouch is odor proof, so the only time you will notice an odor is when you empty your pouch.

- ▶ Foods that increase odor:
 - Asparagus, onions, garlic
- ▶ Drinks that decrease odor:
 - Cranberry juice, noncaffeinated drinks
 - Drinking 8 to 10 glasses of fluid a day

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Returning to work and school

- ▶ You should be able to return to work or school as soon as you heal, usually 4 to 8 weeks after the operation. Let your surgeon know the type of work that you do, especially if it involves heavy lifting.
- ▶ In general, it is recommended that you do not return to strenuous sports for 6-8 weeks after the operation.
- ▶ Be prepared for what you will tell people you meet about your operation. Tell them as much as you want them to know. You can also simply say that you had abdominal surgery.
- ▶ Consider carrying an emergency kit. The kit can contain a ready-to-apply pouching system with all accessories, tape, a garbage bag, and moist and dry towels. The tape may help if the edges of the pouch pull up (tape back in place) or if the pouch seal leaks.



Travel

- ▶ You may travel as normal with a little extra planning:
 - You should not drive a car for the first week after your operation or while you are taking pain medications.
 - Be sure you take extra supplies since they may not be available while traveling. Take the phone number of where you can get your products just in case you have to order more in an emergency.
 - For airline travel, pack some supplies in your carry-on luggage. Pre-cut the pouches at home because scissors won't be allowed in a carry-on. Take the United Ostomy Association's travel card with you for use at the TSA checkpoints. This card explains you have a medical device that might be seen upon the security check. Be sure to bring your night drainage bag with you.
 - For road trips, check the location of your seat belt to avoid pressure on the pouch. If the seat belt rests on the pouch, put the seat belt below or above the pouch. Do not keep your pouches in areas of extreme heat, such as the back rear window or trunk of your car.

Exercise and activity

- ▶ Heavy lifting may cause a hernia near the stoma site. Do not lift anything heavier than 10 lbs. (a gallon of milk) for the first 6 weeks after your operation. Lifting limitations may last longer; consult your surgeon.
- ▶ You can return to all exercise when you feel ready, and you have your surgeon's approval. Heat and sweat may decrease a pouch's skin barrier adhesive, so you may need to check your pouch more often. Special belts or binders are available to keep your pouch in place. Consider the use of a stoma guard for contact activities.
- ▶ Once your wound is fully healed and you've been cleared by your surgeon, you may swim and get in hot tubs with your ostomy. You will need to make sure that the pouch is supported and that you have a good seal. Suggestions include wearing a swimsuit with a high waistline or, for men, wearing a swim shirt if the stoma is located above the swim trunks. Women should consider a suit with support material and/or material that is not shiny (could see the outline of the pouch). Support belts especially made for added security while swimming are available. Some people use waterproof tape around the edges of the barrier.



Family discussion

- ▶ Your family and dear friends will want to understand more about your operation and care. Initially, you may feel tired and need help with daily routines. Soon, changing and emptying your pouch will be managed quickly and require little extra attention. Some things you might want to discuss in advance with loved ones include: who should know about the ostomy, how each person feels about the operation, and what to do if someone notices a pouch leak (for example, signal system).

ADDITIONAL SUPPORT

Nurses who are certified in ostomy wound and continence care are called WOC nurses. Check with your surgeon to see if there is a WOC nurse (sometimes called ostomy nurses) that you will have access to. If you need to find an ostomy nurse, visit the WOCN resource page at wocn.org.

The United Ostomy Associations of America is a non-profit organization that supports people who have had or will have ostomy surgery. You can find support groups and other information on their website: **ostomy.org**.

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Additional Ostomy Resources

Resources

American College of Surgeons Ostomy Home Skills Program and E-Learning Course

facs.org/ostomy | 1-800-621-4111

Wound, Ostomy and Continence Nurses Society (WOCN®)

wocn.org | 1-888-224-9626

United Ostomy Associations of America (UOAA)

ostomy.org | 1-800-826-0826

American Urological Association (AUA)

auanet.org

American Pediatric Surgical Association (APSA)

apsapedsurg.org

American Pediatric Surgical Nurses Association (APSNA)

apsna.org

References

1. Cookson MS, Taneja SS, editors. *Contemporary Approaches to Urinary Diversion and Reconstruction*. Vol. 45. Philadelphia, Pennsylvania: Elsevier; 2018.
2. Farber NJ, Faiena I, Dombrovskiy V, et al. Disparities in the Use of Continent Urinary Diversions after Radical Cystectomy for Bladder Cancer. *Bladder Cancer* (Amsterdam, Netherlands). 2018;4(1):113-120. doi:10.3233/BLC-170162.
3. Chesnut GT, Remtea RM, Leslie, SW. Urinary Diversions and Neobladders. StatPearls. May 22, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK560483/>
4. Sperling CD, Lee DJ, Aggarwal S. Urinary Diversion: Core Curriculum 2021. *Am J Kidney Dis*. 2021. 78(2):293-304.
5. Steinhagen E, Colwell J, Cannon L. Intestinal Stomas—Postoperative Stoma Care and Peristomal Skin Complications. *Clinics of Colon Rectal Surgery*. 2017 Jul;30(3):184-192. doi: 10.1055/s-0037-1598159. Epub 2017 May 22.
6. Colwell J, Davis JS et al. Use of a Convex Pouching System in the Postoperative Period. *J Wound Ostomy Continence Nursing*. 2022; 49(3) 240-246.
7. Freedman S, Wilan A, Boutis K, et al. Effect of Dilute Apple Juice and Preferred Fluids vs Electrolyte Maintenance Solution on Treatment Failure Among Children With Mild Gastroenteritis: A Randomized Clinical Trial. *JAMA*. 2016 May 10;315(18):1966-1974. doi: 10.1001/jama.2016.5352.
8. Stein R, Rubenwolf P. Metabolic Consequences after Urinary Diversion. *Frontiers in Pediatrics*. 2014. 2(15);1-6. doi:10.3389/fped.2014.00015

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