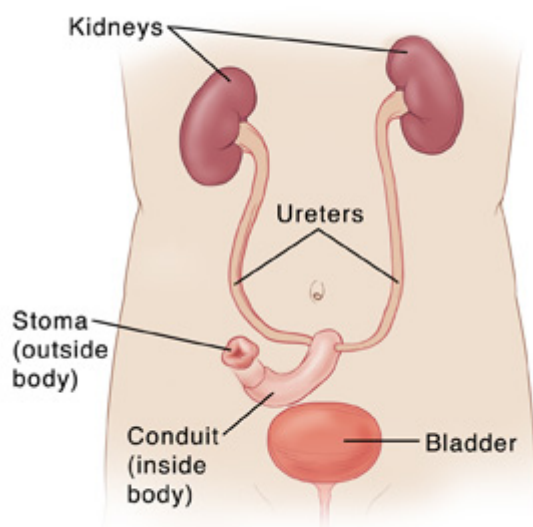


Incontinent Urinary Diversion



Urinary diversion is surgery that makes a new way for urine to pass out of the body. It may be needed if the bladder is diseased or damaged. It may also be needed if another problem in the body keeps the bladder from working correctly. With incontinent urinary diversion, urine drains through a hole (stoma) in the belly (abdomen) into a bag. Here is how the surgery is done.

Changes to your body

After the surgery, urine no longer leaves the body through your urethra. Instead, it drains through a hole made in your lower belly called a stoma. Urine then passes through the stoma and drains into a bag worn outside the body, under your clothes. You'll need to wear the bag all the time. And you'll need to empty and change the bag regularly. You'll also need to take care of your stoma and the skin around it. You'll be taught how to do this while you're in the hospital.

Getting ready for surgery

Prepare for the surgery as you've been told. In addition:

- Tell your healthcare provider about all medicines you take. This includes prescription and over-the-counter medicines, vitamins, herbs, and other supplements. It also includes any blood thinners, such as warfarin, clopidogrel, or daily aspirin. You may be told to stop taking some or all of them before surgery.
- Follow any directions you are given for not eating or drinking before your surgery. This includes coffee, water, gum, and mints. (If you have been instructed to take medicines, take them with a small sip of water.)
- If you have been told to, prepare your bowel for surgery (called bowel prep). This process begins 1 to 2 days before the surgery. Your healthcare provider may tell you to restrict your diet to clear liquids. You may also be asked to take laxatives or to give yourself an enema. Follow all instructions you are given.

The day of surgery

The surgery takes 3 to 4 hours. Afterward, you will stay in the hospital for 5 to 7 nights.

Before the surgery begins

- An IV (intravenous) line is placed in a vein in your arm or hand. This supplies fluids and medicines (such as antibiotics). In some cases, a central or arterial line is inserted into a blood vessel somewhere else on the body. Your healthcare provider can tell you more.
- You may get medicine to prevent blood clots in your veins.
- You may get a urinary catheter placed in your bladder through your urethra.
- To keep you free of pain during the surgery, you're given general anesthesia. This medicine lets you sleep comfortably through the surgery. A tube may be inserted into your throat to help you breathe.
- You may have an epidural to help control post-surgery pain. A small tube is inserted into your back to deliver pain medicine that numbs the lower body. Talk with your healthcare provider, anesthesiologist, or nurse anesthetist about this option.

During the surgery

- A cut (incision) is made in the lower belly.
- The bladder may be left in place or it may be removed.
- A piece of your small or large intestine (bowel) is then removed. It is used to make a new tube (conduit) for urine to flow from the ureters out of the body. If a piece of small bowel is used, this is called an ileal conduit. If a piece of large bowel is used, this is called a colon conduit.
- With either type of conduit, 1 end is connected to the ureters. The other end is brought through an incision in the abdominal wall to form the stoma.
- When the surgery is complete, the incisions are closed with stitches (sutures) or staples.
- A small tube (drain) may be placed near the incisions. It drains fluid that may build up after the surgery.
- Tubes called stents may be placed through the stoma into the ureters. These help drain urine until healing is complete.

Recovering in the hospital

After the surgery, you will be taken to the post anesthesia care unit (PACU) where you will be closely monitored as you wake up from the anesthesia. You may feel sleepy and nauseated. If a breathing tube was used, your throat may be sore at first. When you are awake and stable, you will be taken to your hospital room. While in the hospital:

- You will be given medicine to manage pain. Let your providers know if your pain is not controlled.
- You'll first receive only IV fluids. In a day or so, you'll start on a liquid diet. You will then slowly return to a normal diet.
- As soon as you're able, you will get up and walk.
- You'll be taught coughing and breathing methods to help keep your lungs clear and prevent pneumonia.
- An ostomy nurse will show you how to care for your stoma and bag.
- Drains and stents will likely be removed while you're in the hospital. If not, you'll be shown how to care for them at home.
- Make sure to get a contact number for your healthcare provider, ostomy nurse, and hospital before you go home. This is in case you have problems or questions after the surgery.

Recovering at home

After your hospital stay, you will be released to an adult family member or friend. Have someone stay with you for the next few days to help care for you. Recovery time varies for each person. Your healthcare provider will tell you when you can return to your normal routine. Until then, follow the instructions you have been given. Make sure to do the following:

- Take all medicines as directed.
- Care for your incision as instructed. If you go home with a catheter or drains, take care of them as you were shown.
- Care for your stoma as instructed.
- Follow your healthcare provider's guidelines for showering. Don't swim, take a bath, use a hot tub, or do other activities that will cover the incision with water until your provider says it's OK.
- Don't lift anything heavy or do strenuous activities, as directed.
- Don't drive until your healthcare provider says it's OK. Don't drive if you're taking medicine that makes you drowsy or sleepy.
- Walk a few times daily. As you feel able, slowly increase your pace and distance.
- Don't strain to pass stool. If needed, take stool softeners as directed by your healthcare provider.
- Drink plenty of water every day. This helps prevent urine odor and dehydration.

When to call your healthcare provider

Call your healthcare provider or get care right away if you have any of the following:

- Chest pain or trouble breathing (call 911)
- Fever of 100.4° F (38°C) or higher, or as directed by your healthcare provider
- Symptoms of infection at an incision site, such as increased redness or swelling, warmth, worsening pain, or foul-smelling drainage
- Pain, redness, swelling, odor, or drainage at the stoma site
- Decreased or no urine output for longer than 4 hours
- Blood clots in the urine (some pink-tinged urine is normal)
- Pain that can't be controlled with medicines
- Nausea and vomiting that won't stop
- Leg pain or swelling

Follow-up care

You'll have follow-up visits so your healthcare provider can check how well you're healing. Stitches, staples, or tubes will be removed. You and your provider can also talk about any further treatment you may need. If you're having trouble adjusting to your stoma and bag, talk with your healthcare provider or ostomy nurse. You may also want to consider joining a support group for people with stomas. Ask your nurse for more information.

Risks and possible complications

All procedures have risks. Some possible risks of this procedure include:

- Bleeding (may require a blood transfusion)
- Infection
- Blood clots
- Pneumonia or other lung problems
- Problems with the stoma
- Abnormal levels of vitamins or minerals in the blood, requiring lifelong medicine
- Scarring and narrowing of the ureters
- Bowel obstruction
- Risks of anesthesia. The anesthesiologist or nurse anesthetist will discuss these with you.

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