



WOCN[®] Wound, Ostomy, and
Continence Nurses Society[®]

UROSTOMY PRODUCTS AND TIPS

BEST PRACTICE FOR CLINICIANS



Acknowledgments

Urostomy Products and Tips: Best Practice for Clinicians

This document was developed by the WOCN Society's Clinical Practice Ostomy Committee between February 2012 and July 2013.

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Introduction

A urostomy (e.g., ileal conduit or colon conduit) is an opening on the abdomen that is surgically created to drain urine. The urine is typically managed by wearing a pouch on the abdomen. The pouch is drained into the toilet. Additional products are available to accommodate an increased volume of drainage, such as leg bags and bedside drainage collectors.

This document was developed as a resource for nurses and other healthcare providers who care for patients with urostomies. It provides a brief description of the features of different types of pouching systems (i.e., pouch and skin barrier) and accessories. This overview also includes advantages, disadvantages, and special considerations for the use of different types of pouching systems. Additionally, it includes tips for routine pouch care including: emptying the pouch, plus attaching, detaching, and cleaning of drainage collection containers.

Pouching Systems			
Product Description	Advantages	Disadvantages	Special Considerations
Disposable Pouching System			
<ul style="list-style-type: none"> • The pouching system is designed to be discarded upon removal after wearing for a period of time, which varies according to the product or a patient's preference. • Pouches are typically made of lightweight plastic, which is available in transparent or opaque material, and may have a plastic or fabric backing. • Disposable pouches can be part of one-piece or two-piece pouching systems, and are available in various sizes/capacities. 	<ul style="list-style-type: none"> • Odor resistant. • May be worn during a bath, shower, in the swimming pool, and during other water-related activities. • Cleaning is not usually necessary. • Pouches are typically changed every 3 to 7 days. 	<ul style="list-style-type: none"> • Over time, disposables may be more expensive than reusable pouching systems. 	
Reusable Pouching System			
<ul style="list-style-type: none"> • It may be a one-piece or two-piece system, comprised of a pouch with a skin barrier, or a pouch and a silicone ring. The pouch and barrier or rings are made of material that can be cleaned for reuse, and are available in various sizes/capacities. • Pouches are commonly made of vinyl or thick plastic. Rubber products are available. • Barriers are commonly plastic or rubber. 	<ul style="list-style-type: none"> • Can reuse/reapply multiple times with appropriate care and cleansing (length of use dependent on manufacturer). • Some can be used without an adhesive. • Some styles may be removable for daily bathing. 	<ul style="list-style-type: none"> • Can retain odors. • Limited number of manufacturers. • Initial cost may be more expensive than a disposable pouching system. • More time involved with cleaning the system. • Might require use of a belt or adhesive. 	

Pouching Systems (continued)			
Product Description	Advantages	Disadvantages	Special Considerations
One-piece Pouching System			
<ul style="list-style-type: none"> • The skin barrier and pouch are fused together during manufacturing. 	<ul style="list-style-type: none"> • Many styles are flexible and conform to abdominal contours. • Low profile. • No chance for leakage between the skin barrier and pouch, which can occur in two-piece systems. • May be less costly than a two-piece system. • May be easier to learn to use than a two-piece system. 	<ul style="list-style-type: none"> • Cannot reposition the pouch once it is applied. • Cannot change the pouch without changing the entire system. 	
Two-piece Pouching System with Interlocking Flange			
<ul style="list-style-type: none"> • The skin barrier and pouch are made separately and have rigid to semi-rigid rings, which allow the user to attach the two parts together. 	<ul style="list-style-type: none"> • Can change the angle of the pouch to accommodate changes in a patient's position. • Can detach the pouch from the barrier to obtain a urine sample from the stoma. • Can detach the pouch from the barrier to change the pouch without removing the barrier. 	<ul style="list-style-type: none"> • Higher profile than a one-piece system. • Less flexible than a one-piece system, and does not mold as well to the body's contours. 	<ul style="list-style-type: none"> • Requires manual dexterity and strength to assure attachment of the pouch to the skin barrier.
Two-piece Pouching System with Flexible Adhesive Flange			
<ul style="list-style-type: none"> • The skin barrier and pouch are made separately and designed to adhere together without a rigid flange. 	<ul style="list-style-type: none"> • Can change the pouch for disposal or emptying without removing the skin barrier. • Extremely low profile. • Flexibility of a one-piece system. • May be easier to apply for those with poor manual dexterity. 	<ul style="list-style-type: none"> • Limited number of times the pouch can be reattached to the skin barrier (dependent on the manufacturer). • May be difficult to reuse or reattach the pouch if the adhesive area becomes wet. • May be more difficult for visually impaired patients to use. 	<ul style="list-style-type: none"> • Must have good hand-eye coordination to properly attach the pouch's adhesive area to the skin barrier.

Pouching Systems (continued)

Product Description	Advantages	Disadvantages	Special Considerations
Non-adhesive Pouching System			
<ul style="list-style-type: none"> • The system is reusable and is comprised of a pouch, a non-adherent silicone O-ring seal, and a belt. The silicone O-rings are available in different sizes and thickness. Pouches are available in different sizes and designed with the stoma opening either on the right or left side. • With adequate tension of the belt, the pliable silicone O-ring creates a secure seal between the pouch and abdomen. 	<ul style="list-style-type: none"> • Can reuse/reapply multiple times with appropriate care and cleansing (length of use dependent on manufacturer). • Useful for individuals with allergies to adhesive skin barriers or with other significant skin conditions in the area of the pouch adhesive. 	<ul style="list-style-type: none"> • Non-adhesive systems may not seal well with flush or retracted stomas, or with deep skin folds/creases near the stoma. 	<ul style="list-style-type: none"> • If additional compression is needed to obtain an adequate seal for patients with a softer abdomen or with skin folds, the thicker (taller) O-ring may be needed. • Peristomal skin should be monitored for signs of damage if the belt is worn tightly.

Types of Pouches			
Product Description	Advantages	Disadvantages	Special Considerations
<ul style="list-style-type: none"> • Urostomy pouches have a valve, cap, or plug at the bottom to keep the pouch closed until it is time to empty the pouch or attach to a drainage collection container. 	<ul style="list-style-type: none"> • Urostomy pouches are specifically designed to drain urine. • Most urostomy pouches have an antireflux feature to prevent backflow of urine onto the stoma. 		<ul style="list-style-type: none"> • Requires manual dexterity and strength to manage the various valves or plugs for emptying. • It is not recommended to use fecal pouches for a urostomy.
Transparent Pouch			
<ul style="list-style-type: none"> • Pouch is made of clear lightweight plastic. 	<ul style="list-style-type: none"> • Can see the stoma through the pouch for easy application of the pouching system, if applying as a one-piece. • Can see the stoma while the pouch is in place to monitor the color and appearance of the stoma. • Can see the urine while it is inside the pouch to monitor the color and clarity of the urine. 	<ul style="list-style-type: none"> • May be unpleasant for the patient or their spouse/ partner to see the stoma or urine inside the pouch. 	
Opaque Pouch			
<ul style="list-style-type: none"> • Pouch is made of colored lightweight plastic (typically white or beige). 	<ul style="list-style-type: none"> • Cosmetically appealing: cannot see the stoma or urine in the pouch. • More discreet under light- colored clothing. 	<ul style="list-style-type: none"> • May be more difficult to apply when part of a one- piece pouching system because of the inability to visualize the stoma through the pouch for placement. 	

Types of Skin Barriers			
Product Description	Advantages	Disadvantages	Special Considerations
<ul style="list-style-type: none"> • Skin Barriers: The part of the pouching system that is attached or placed against the skin. Adhesive skin barriers are made from pectin, karaya gum or synthetic materials. A non-adhesive barrier is made from silicone or rubber. • Skin barriers are available with pre-sized openings (pre-cut) or can be sized to the patient's stoma (cut-to-fit or shapable). 			
Flat Skin Barrier			
<ul style="list-style-type: none"> • A skin barrier that is completely level. 	<ul style="list-style-type: none"> • Useful for flat peristomal skin surfaces. 	<ul style="list-style-type: none"> • May need to add accessories to obtain a better seal if the peristomal skin is not flat. 	
Convex Skin Barrier			
<ul style="list-style-type: none"> • A skin barrier that has a rounded surface on the back (skin contact side) of the barrier. • Convex skin barriers can be rigid or flexible. 	<ul style="list-style-type: none"> • Useful for a peristomal skin surface that is concave or with a flush or retracted stoma. 	<ul style="list-style-type: none"> • May need to add an ostomy belt to enhance the seal. • Barrier may lift from the skin if the convexity is too rigid. • May be more expensive than a flat skin barrier. 	
Shapable Skin Barrier			
<ul style="list-style-type: none"> • The barrier's stomal opening can be molded to fit. • Available flat or convex. 	<ul style="list-style-type: none"> • Allows the opening for the stoma to be stretched and shaped with fingers rather than using scissors to cut the opening. 	<ul style="list-style-type: none"> • May not seal consistently with flush or partially flush stomas. • The barrier can expand over the stomal opening, leading to leakage and decreased wear time. 	
Skin Barrier with Stationary Flange			
<ul style="list-style-type: none"> • A skin barrier used in a two-piece pouching system with a flange that is secured to the barrier. • Available flat or convex. 	<ul style="list-style-type: none"> • Lower profile than a floating flange. 	<ul style="list-style-type: none"> • Snapping the pouch to a barrier that is already attached on the patient's abdomen may cause discomfort. 	

Types of Skin Barriers (continued)			
Product Description	Advantages	Disadvantages	Special Considerations
Skin Barrier with Floating Flange			
<ul style="list-style-type: none"> • A skin barrier used in a two-piece pouching system with a flange that raises above the barrier, allowing a person's fingers to fit between the barrier and the flange. • Available flat or convex. 	<ul style="list-style-type: none"> • A floating flange allows the pouch to be snapped onto the skin barrier without adding pressure to the abdomen. 	<ul style="list-style-type: none"> • Higher profile than a non- floating flange 	
Skin Barrier with Locking Flange			
<ul style="list-style-type: none"> • A skin barrier used in a two-piece pouching system. • Available flat or convex. 	<ul style="list-style-type: none"> • The pouch can be locked into place. • May require less manual dexterity to attach the pouch to the flange. • Allows the pouch to be snapped onto the skin barrier without applying pressure to the abdomen. 	<ul style="list-style-type: none"> • Higher profile than a non- locking flange. 	
Skin Barrier with Plastic Surface			
<ul style="list-style-type: none"> • A skin barrier used in a two-piece pouching system. The pouch adheres to the skin barrier's plastic surface with an adhesive ring. • Available flat or convex. 	<ul style="list-style-type: none"> • Pouch can be detached and re-applied. • Low profile. 	<ul style="list-style-type: none"> • Pouch does not stick well if the adhesive surface gets wet. 	
Skin Barrier with Tape Collar			
<ul style="list-style-type: none"> • Skin barrier has a wide collar of tape around the outside of the barrier. 	<ul style="list-style-type: none"> • A skin barrier with the tape collar has more flexibility and a lower profile than solid barriers. 	<ul style="list-style-type: none"> • Potential tape sensitivity (rare). • Potential for epidermal skin stripping with tape removal. 	

Silicone Ring Barrier			
Product Description	Advantages	Disadvantages	Special Considerations
<ul style="list-style-type: none"> • A non-adhesive ring used instead of a skin barrier. • Rings are available in different sizes to use with disposable or reusable pouches that are available in various shapes/sizes to accommodate individual needs or preferences. 	<ul style="list-style-type: none"> • The non-adhesive quality is helpful for people with allergies, or for people who want to remove the system on a daily basis. 	<ul style="list-style-type: none"> • Need to wear a belt to hold in place. • May not seal well in certain abdominal contours (i.e., deep creases or folds), or with flush or retracted stomas. 	

Other Pouch/Skin Barrier Features			
Product Description	Advantages	Disadvantages	Special Considerations
Belt Loops			
<ul style="list-style-type: none"> • A feature on a pouch or skin barrier that allows for use of an elastic belt. 	<ul style="list-style-type: none"> • Belt loops on the skin barrier allow the pouch to be applied and removed without disturbing the belt. • Belt loops on the pouch can add security to the connection between the pouch and skin barrier flange. 	<ul style="list-style-type: none"> • Presence of belt loops may make the skin barrier more rigid. • The belt loops may be uncomfortable against the body and can result in skin damage. 	
Adapters (Connectors)			
<ul style="list-style-type: none"> • Devices specifically designed to allow for attachment of urostomy pouches to other drainage systems. 	<ul style="list-style-type: none"> • Adapters securely connect the pouch outlet to tubing for attachment of a drainage collection container, such as a bedside drainage container or a leg bag. • Adapters are designed to be more secure than pieces of latex or silicone tubing. 	<ul style="list-style-type: none"> • Adapters are not interchangeable between the brands. 	<ul style="list-style-type: none"> • Requires manual dexterity and strength to attach the adapter. • An adapter is replaced when the drainage collection container is replaced.
Drainage Collection Container			
<ul style="list-style-type: none"> • Consists of a container, which is either a soft plastic container (i.e., leg bag or bedside drainage bag) or a hard plastic jug, and tubing that connects to the regular pouch with an adapter. 	<ul style="list-style-type: none"> • Connecting the pouch to a drainage collection container increases capacity of the pouch and decreases the frequency of emptying. • Extending the frequency of emptying prevents overfilling of the pouch during times when the pouch cannot be emptied, and allows the person the time to rest through the night. 	<ul style="list-style-type: none"> • Patient will need a place to store the collection container when it is not in use. • Tubing may kink. 	<ul style="list-style-type: none"> • To prevent kinking of the tubing, position the tubing down the patient's leg or toward the foot of the bed securing the tubing with leg straps or tape. • Teach the patient to clean the collection container to decrease bacteria and control odor. • There are different methods of cleansing the collection container: follow agency or manufacturer's protocol. • Soft drainage collection containers are replaced twice a month or according to facility or agency policy. • Hard plastic jug containers are replaced every 3 months.

Accessories			
Product Description	Advantages	Disadvantages	Special Considerations
Pouch Cover			
<ul style="list-style-type: none"> • Cloth, envelope-like sleeve to place and wear over the ostomy pouch while it is on the body. 	<ul style="list-style-type: none"> • Cosmetically appealing, cannot see the stoma or urine inside the pouch. • Easily applied by slipping over pouch while it is on the body. • Provides a comfortable surface against the skin to help prevent perspiration, chafing or allergies. • May help reduce noise from a vinyl or plastic pouch. • May be integrated within available disposable pouches. 	<ul style="list-style-type: none"> • Added expense if fabric material is already covering the backing (skin side) of a pouch. • If integrated into the pouch, may take time to dry after bathing, showering or swimming. 	
Skin Sealant			
<ul style="list-style-type: none"> • Plasticizing agent made of ingredients such as silicone or a copolymer. • Contains variable amounts of isopropyl alcohol. • Available as a wipe, spray, gel, liquid, or roll-on. 	<ul style="list-style-type: none"> • Provides a thin protective film to the surface of the skin. • Helps to prevent stripping of the epidermis during adhesive removal, and some also act as a moisture barrier. 	<ul style="list-style-type: none"> • Sealants may not be recommended under some skin barriers because the protective film may reduce the adherence of the skin barrier. • Many sealants contain alcohol that causes pain when applied to irritated skin, and in such situations, an alcohol-free product is needed. 	<ul style="list-style-type: none"> • If applying stoma powder to skin irritation, a skin sealant applied over the powder and dried, provides a dry, smooth surface for adherence of the skin barrier. • May be used to seal antifungal powder when needed to treat peristomal candidiasis.
Skin Adhesive			
<ul style="list-style-type: none"> • Adhesive products made of silicone or latex. 	<ul style="list-style-type: none"> • Can be used to strengthen the adhesion of an adhesive pouching system, or to provide adhesion for a reusable (non-adhesive) system. 	<ul style="list-style-type: none"> • May cause pain and further irritation to already denuded skin. Recommend “crusting technique” prior to application to denuded skin. • May be flammable. 	<ul style="list-style-type: none"> • Teach the patient to allow the adhesive to dry prior to application of the pouch to prevent chemical irritation.

Accessories (continued)

Product Description	Advantages	Disadvantages	Special Considerations
Adhesive Remover			
<ul style="list-style-type: none"> • Available as a wipe, spray or liquid. 	<ul style="list-style-type: none"> • Aids in the removal of tape, skin adhesives, and other residue on the skin. • May be helpful to the patient with sensitive skin to reduce trauma from removal of the pouching system. 	<ul style="list-style-type: none"> • Cleaning the skin with mild soap and water is typically required to remove any of the solvent's residue before application of the next pouching system to prevent chemical dermatitis or non-adherence of the pouching system. 	<ul style="list-style-type: none"> • A silicone-based, alcohol free adhesive remover may not require additional cleansing.
Paste			
<ul style="list-style-type: none"> • Pectin-based or karaya products. 	<ul style="list-style-type: none"> • Can be used to fill in uneven areas or as caulking around the inner edge of the skin barrier to prevent stomal drainage getting beneath the skin barrier. • Fills in small creases and depressions and evens out skin/abdominal contours under a skin barrier to increase the fit and adherence of the skin barrier. • Used appropriately, will offer a quick seal for the pouching system until the skin barrier adhesive is pressed into place. • Not commonly used for patients with a urostomy, but some patients find it helpful. 	<ul style="list-style-type: none"> • Most pastes contain some alcohol and may sting when applied to irritated peristomal skin. • Paste is not substantial enough to fill in large creases, as it will wash out. • Patients often think the paste is an "adhesive" and use it inappropriately (i.e., spread the paste like a glue over a large surface area on the skin or skin barrier). • Patients often use excessive amounts of paste, resulting in poor adherence of the pouch and leakage. • Karaya products melt easily when exposed to urine. 	<ul style="list-style-type: none"> • Requires manual dexterity to squeeze paste from the tube and for application of paste to the peristomal skin or skin barrier.

Accessories (continued)

Product Description	Advantages	Disadvantages	Special Considerations
Skin Barrier Rings			
<ul style="list-style-type: none"> • Pectin or sodium carboxymethylcellulose based product that is soft and moldable formed by the manufacturer into a flat or convex ring. • Available in different sizes and flat or convex. 	<ul style="list-style-type: none"> • Prevent leakage of stomal drainage under the skin barrier. • Increase the seal of skin barriers by molding into contours of the abdominal surface. • May be used as an alternative, or in addition, to paste. • Can be used in their original shape and form, or stretched and molded to create custom shapes to fill in uneven areas. • Can be cut, bent, or stacked together to improve the fit of the skin barrier. • May prolong a skin barrier's wear time. • Leave less residue than paste on the skin after removal. • Conform to irregular skin folds. • Alcohol free and may be used on irritated skin. 	<ul style="list-style-type: none"> • Added cost. • Added step in the application technique. 	<ul style="list-style-type: none"> • Requires manual dexterity for application to the peristomal skin or skin barrier.
Skin Barrier Strip Paste			
<ul style="list-style-type: none"> • Pectin-based product in soft, moldable, flexible strips. 	<ul style="list-style-type: none"> • Prevents leakage of urine under the skin barrier. • Increases the seal of a skin barrier by molding into contours of the abdominal surface. • May be used as an alternative to paste. • Can be used in the original shape and form, or stretched and molded to create custom shapes to fill in uneven areas. • Can be cut, bent, or stacked together to improve the fit of the skin barrier. • May extend skin barrier wear time. • Leaves less residue than paste on the skin after removal. • Conforms to irregular skin folds. • Alcohol free and may be used on irritated skin. 	<ul style="list-style-type: none"> • Added cost, and may not be covered by insurance. • Added step in the application process. 	<ul style="list-style-type: none"> • Requires manual dexterity for application to the peristomal skin or skin barrier.

Accessories (continued)			
Product Description	Advantages	Disadvantages	Special Considerations
Stoma Powder			
<ul style="list-style-type: none"> • Pectin or karaya-based powder used to protect peristomal skin and areas of mucocutaneous separation from exposure to stomal discharge. 	<ul style="list-style-type: none"> • Aids in healing of open, irritated peristomal skin. • Absorbs moisture or exudate from the peristomal skin prior to placing a skin barrier for added protection and enhanced adherence of the skin barrier. 	<ul style="list-style-type: none"> • Karaya powder may sting when applied to irritated peristomal skin. • If applied improperly (i.e., excessive amounts), powder may prevent adhesion of the skin barrier. 	<ul style="list-style-type: none"> • Powder may be sealed to the skin by applying a layer of skin sealant over the powder and allowing it to dry, before applying the pouching system, to provide a smooth, dry surface for adherence of the pouching system.
Elastic Barrier Strip			
<ul style="list-style-type: none"> • Elastic belt with hooks to fasten to the belt loops on the pouch or skin barrier to hold the pouching system firmly in place. • Belts are available in varying sizes and widths, and are adjustable. Most belts are latex free. 	<ul style="list-style-type: none"> • Adds stability and security to the ostomy pouching system. • Often used with convex skin barriers for added security. • Belts are washable and reusable. 	<ul style="list-style-type: none"> • Ostomy belts may be uncomfortable for some patients. • Added cost, and may not be covered by insurance. 	<ul style="list-style-type: none"> • Requires manual dexterity to attach the belt. • Attaching the belt so it lies evenly on the abdomen and is level with the belt loops helps prevent the belt from riding up or down on the abdomen and possibly dislodging the pouching system (American Cancer Society, 2011; American College of Surgeons, n.d.a). • It is important that the tightness of the belt be adjusted so that it does not leave deep grooves or cuts in the skin (American Cancer Society, 2011; American College of Surgeons, n.d.a). • Belt will get wet during showering, bathing, and swimming, which may affect the fit/security of the belt. • It is important for individuals with latex allergies to verify that their chosen belts are latex free.

Accessories (continued)

Product Description	Advantages	Disadvantages	Special Considerations
Ostomy Support Belt			
<ul style="list-style-type: none"> • Wide, binder-type, belts are designed to support the abdominal muscles, peristomal hernias, or provide pouch support. • Support belts are available in various sizes, widths, and fabrics. Most support belts are latex free. • The belts can be customized for the location and size of the opening for the pouch. 	<ul style="list-style-type: none"> • Support belts can increase the comfort and security of the pouching system to increase wear time. • Can help manage peristomal hernias, or support pendulous, bulging abdomens. • Belts are washable and reusable. 	<ul style="list-style-type: none"> • Support belts may be uncomfortable for some patients. • Added cost, and may not be covered by insurance. • If not fitted correctly, the support belt may dislodge the pouching system. 	<ul style="list-style-type: none"> • Requires manual dexterity to apply the belt. • Manufacturer's directions for measuring and selection of the size and type of support belt must be carefully followed. • For best results with hernias, apply and fasten the support belt in a flat-lying position. • Prolapsed stomas are not common in patients with a urostomy, but prolapse overbelt attachments are available to help manage prolapsed stomas. • It is important for individuals with latex allergies to verify that their chosen support belts are latex free.

Tips for Emptying the Pouch

Product Description	Advantages	Disadvantages	Special Considerations
<ul style="list-style-type: none"> • Teach the patient to empty the pouch when it is one- third to one-half full. • Teach the following steps for emptying the pouch (American Cancer Society, 2011; American College of Surgeons, n.d.b): 1. Sit on toilet with the pouch between the legs or stand in front of/or alongside the toilet. 2. Place a layer of toilet paper in the toilet to reduce splashing. 3. Point the end of the pouch into the toilet and open the closure on the spout at the end of the pouch to drain the urine. 4. Wipe the end of the pouch/spout with toilet paper. 5. Close the spout on the pouch. 6. Wash hands. 	<ul style="list-style-type: none"> • Regular emptying of the pouch: Minimizes exposure of the stoma to urine in the pouch. Prevents excess weight and volume in the pouch to prevent dislodging the skin barrier or pouch. Prevents bulging of the pouch, to maintain a low profile. 		<ul style="list-style-type: none"> • Requires mobility and manual dexterity. • Requires adaptation of the emptying technique for patients with visual, physical, and other mobility or functional limitations (e.g., bedbound, wheelchair bound, hemiplegia, paraplegia, blindness, severe arthritis in hands).

**Tips for Attaching the Pouch to a Drainage Collection Container
(Drainage Collector)**

Product Description	Advantages	Disadvantages	Special Considerations
<ul style="list-style-type: none"> • Teach the patient to use the correct adapter for the brand of pouch they are using when connecting to a drainage collector. • Steps in connecting to a drainage collector (American Cancer Society, 2011; American College of Surgeons, n.d.a; United Ostomy Associations of America, Inc., n.d.): <ol style="list-style-type: none"> 1. Leave a small amount of urine in the pouch prior to attaching the drainage collector to prevent creating a vacuum in the system. 2. Wash hands. 3. Attach the adapter to the tubing or spout on the drainage collector. 4. Connect the end of the pouch to the adapter on the drainage collector. 5. Open the closure on the pouch's drainage spout to allow the urine to flow. 6. Position the drainage collector below the level of the urostomy pouch. 	<ul style="list-style-type: none"> • A drainage collector adds capacity to the ostomy pouch. 	<ul style="list-style-type: none"> • Needs to be rinsed and kept clean/dry. • Takes extra time to care for the drainage collection container. • Additional cost, and may not be covered by insurance. 	<ul style="list-style-type: none"> • Requires manual dexterity to attach.

**Tips for Detaching and Cleaning a Drainage Collection Container
(Drainage Collector)**

Product Description	Advantages	Disadvantages	Special Considerations
<ul style="list-style-type: none"> • Teach the patient how to detach and clean the drainage collector. • Steps in detaching the drainage collector (American College of Surgeons, n.d. a): <ol style="list-style-type: none"> 1. Wash hands. 2. Close the spout of the urostomy pouch to prevent leakage. 3. Detach the drainage collector along with the adapter from the urostomy pouch. 4. Empty the urine from the drainage collector and rinse with cool water. 5. Clean the drainage collector (tubing and adapter) daily or every other day with a vinegar and water solution (1 part white vinegar and 3 parts water); or according to agency or manufacturer's protocol (American Cancer Society, 2011; Einstein Healthcare Network, n.d.; United Ostomy Associations of America, Inc., n.d.). 6. Instill the vinegar and water solution through the tubing or spout into the container and let it sit for an hour; then empty and rinse with cool water (Einstein Healthcare Network, n.d.). 7. Allow the drainage collector to air dry with the closure open. 	<ul style="list-style-type: none"> • Regular rinsing and cleansing reduces odor of the drainage collector. 		<ul style="list-style-type: none"> • Requires manual dexterity to detach and clean the drainage collector. • Requires a space to hang the collector to dry when it is not in use.

References

- American Cancer Society. (2011). *Urostomy: A guide*. Retrieved July 2013, from <http://www.cancer.org/acs/groups/cid/documents/webcontent/002931-pdf.pdf>
- American College of Surgeons. (n.d.a). *Empty the pouch SKILL*. Retrieved July 2013, from <http://www.facs.org/patienteducation/skills/empty-pouch.pdf>
- American College of Surgeons. (n.d.b). *What is a urostomy?* Retrieved July 2013, from <http://www.facs.org/patienteducation/skills/your-urostomy.pdf>
- Einstein Healthcare Network. (n.d.). Urostomy: Using a night drainage system. Retrieved July 2013, from <http://www.einstein.edu/einsteinhealthtopic/?articleId=89997&articleTypeId=3&healthTopicId=-1&healthTopicName=HealthSheets>
- United Ostomy Associations of America, Inc. (n.d.). Urostomy guide. Retrieved July 2013, from http://www.ostomy.org/ostomy_info/pubs/UrostomyGuide.pdf

Acknowledgment about Content Validation

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