

Urostomy Urine Sample Collection Instruction Card

Urostomy

A urostomy (also known as ileoconduit or colon conduit) is a surgically created opening on the abdomen that drains urine. An ostomy pouch is used to collect the urine. During waking hours, the pouch is drained into the toilet. At nighttime, the pouch is connected to a larger collection system to allow for uninterrupted sleep and to prevent reflux into kidneys.

Urinary Tract Infection

Due to the changes in your body following surgery, there is higher risk for urinary tract infection (UTI). The signs and symptoms of UTI may be different than before surgery.

Signs and symptoms of UTI when you have a urostomy

- Cloudy urine
- Dark or bloody urine
- Urine with bad odor
- Extra mucus (it is normal for the urine from a urostomy to have small shreds of mucus)
- Fever
- Back pain/flank pain
- Abdominal pain
- Nausea or vomiting
- Diarrhea

Urine sample

A urine sample is needed to check for UTI. The sample should not be taken directly from the used urostomy pouch. The correct procedure should be followed to avoid contamination of the urine sample. Contamination can result in incorrect culture results and improper use of antibiotics.

Instructions

Please give these instructions to the person collecting the urine specimen.

Note

This entire procedure may take 20-30 minutes. Collecting a sufficient amount of urine may take 5–15 minutes.

Supplies

- Cleansing solution. Follow institution policy (e.g., betadine or soap/water)
- Sterile 4x4 gauze
- Sterile specimen container
- Sterile and clean gloves
- Soft paper towels

If available:

- 16 Fr catheter
 - Water soluble lubricant
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- Pouch – may need new pouching system to replace if current pouch is not able to reuse.

Procedure

1. Explain procedure to patient.
2. Wash hands and use standard precautions.
3. Don clean gloves.
4. Drape a towel or absorbent pad under the stoma for privacy and absorption if needed.
5. Open the supplies, maintain sterility.
6. Remove pouch or pouching system and dispose per institutional policy.
7. Wash hands.
8. Don sterile gloves.
9. Use sterile technique.
10. Cleanse the stoma with cleansing solution, using a circular motion from stoma opening outward.
11. Blot the stoma with sterile gauze.
12. Place the open end of catheter into the specimen container.
13. Lubricate the catheter with a small amount of water soluble lubricant. Gently insert the catheter tip no more than 2–3 inches (5.0–7.5 cm) into the stoma (never force – if resistance is detected, rotate catheter until it slides in).
14. Hold catheter in position until urine begins to drip. Collect required amount of urine per institutional policy before removing catheter.
15. Clean and dry the stoma and peristomal skin.
16. Apply pouching system.
17. Discard supplies according to institution policy.

If catheter is not available, follow steps 1–11. Then complete the collection using these steps:

12. Discard the first few drops of urine by allowing urine to drip onto sterile gauze.
13. Hold the sterile specimen cup under the stoma. Collect required amount of urine per institutional policy.
14. Clean and dry the stoma and peristomal skin.
15. Apply new pouching system.
16. Discard supplies according to institutional policy.

Aftercare

Follow institutional policy for urine specimen collection labeling, ordering and transport.

For full citations and references, please refer to: Catheterization of an Ileal or Colon Conduit Stoma: Best Practice for Clinicians.

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