

Caring for Your Continent Cutaneous Diversion (Pouch)

Catheterizing your new pouch:

- You do not need to wear gloves to catheterize. Just wash your hands with warm water and soap before and after catheterizing
- You can use lube such as KY gel to make catheterizing easier. Tap water or saline can also facilitate catheterizing if lube is not available
- Do not use extensive force in catheterizing a pouch. Follow the course of the pouch "chimney" gently into the body of the pouch. You may need a smaller catheter or a catheter with a curved tip to effectively enter the pouch without forcing

Frequency of catheterization

- Your new pouch should be irrigated approximately every 3 hours. This includes before going to bed, upon waking in the morning and at least once in the middle of the night
- After 2 weeks from the date of your SP tube removal you can decrease the frequency of catheterization to every four hours. Pouches stretch with time and most pouches can hold ½ - 1 liter of urine before leaking. At this point, you can decrease catheterizing in the middle of the night as long as there is no leakage from the stoma
- After 4 weeks from the date of your SP tube removal you can begin catheterizing as needed -- when the pouch feels full. This should be no less than 4 times/day
- If your stoma is not continent, try irrigating the pouch and catheterizing more frequently

Pouch irrigation

- You should irrigate your pouch once daily for 6 months after surgery. The bowel that has created your pouch naturally makes mucous that can prevent urine from draining adequately with catheterization
- Irrigation is performed by placing a catheter through the stoma into the pouch, draining the urine in the pouch, and then using a "catheter-tipped" syringe to instill saline (or sterile water) into the pouch. This fluid is then withdrawn which also removes mucous. This filling and

withdrawing can be performed as many times as necessary to clear the mucous, but is usually adequate after instilling and withdrawing 120cc of saline/sterile water

- After 6 months many pouches make less mucous and if you are having no difficulty draining your pouch with catheterization you can now start to irrigate the pouch on an "as needed" basis
- There is no risk of irrigating a pouch too often. If you are having difficulty getting the pouch to drain, you should try irrigating it
- Sometimes the holes in a catheter get stuck against the pouch wall. If you are attempting to irrigate and no liquid is coming back, try advancing or withdrawing the catheter about an inch and repeating

Storing catheterizing materials:

- There is no need to sterilize catheters after use. Wash the catheter after use with soap and warm water. Dry the catheter and store it in a zip-lock bag. It is a good idea to wash the catheter again before your next catheterization if it is still wet from the previous catheterization
- Keep catheterization supplies with you at all times. (Pouches can rupture if they are let fill for too long, although this is rare)

Long-term problems with pouches:

- Because the pouch is made up of bowel, the urine evaluated from a pouch will always contain bacteria. There is no reason to treat urine bacteria unless you are having fevers or pain over your pouch
- Rarely, the tubes that lead from the kidney down to the pouch can scar with time. This means that urine can back up in your kidney and cause pain under the ribs on the right or left side. This is usually a dull ache. If you are experiencing these symptoms, see your surgeon
- Pouches occasionally leak when they are not supposed to. If you increase the frequency of catheterization and irrigate more often, the pouch usually learns to stretch and is emptied better, improving your continence. If these things do not help, see your surgeon
- Depending on what type of material your surgeon used to make your pouch, stones can be a problem for patients with pouches. The best way to avoid having problems with stones is to drink plenty of fluid
- Occasionally the stoma of a pouch scars and makes catheterizing difficult. Sometimes this is made better by using different types of catheters but other times requires a small surgery for improvement. If you are having difficulty catheterizing see your surgeon

Other important information:

- It is important to get a medical alert tag that is worn at all times if you have undergone a urinary diversion (pouch). This simple procedure can save your life if you are found unconscious and require medical attention
- You can keep a band-aid or small gauze pad over your stoma if it is staining your clothes in between catheterizations