

Instructions for Going Home after your Continent Diversion



UHN

A Community Care Access Nurse will be arranged for you. They will go over teaching and make sure you are managing well with your continent diversion.

Guidelines for going back to your normal activities

- No heavy lifting or straining for 4 to 6 weeks. Do NOT lift over 5-10 lbs. An example of this would be a small bag of groceries.
- Try taking leisurely walks. Walking is a good exercise, but start off slowly and increase to what feels comfortable. You may also use a treadmill.
- Avoid long car drives and make many stops to walk and stretch you legs.
- **Go to your nearest emergency department if you have pain, redness or swelling in your calf or inner thigh area.**

Caring for your incision

- You may shower while the clips are in place. Use mild soap. Pat the area dry around the incision with a towel.
- Do not put creams, lotions or powder on your incision.
- Call your doctor, the 6A west nursing unit, or CCAC nurse if you notice pain, redness, swelling, drainage or tenderness in the incision area.

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Caring for your Suprapubic (SP) tube

- Wash your hands with soap and warm water.
- Irrigate (flush out) the suprapubic tube 4 times a day and as needed (do it more often if there is a lot of mucous in your urine).
- When you irrigate the suprapubic tube, remove the bag and irrigate it with 50-75cc of saline. Draw it back gently. It is often difficult to withdraw fluid from this tube, but **do not use force it**. Repeat this process until the liquid returns clear.
- Do NOT irrigate the stents.
- When you are changing from night to day bags, clean the drainage bags with mild liquid soap and warm water. Let drip dry. Vinegar diluted with water may also be used to clean the bags and suppress odor.
- **Mucous production should decrease over time if you use Pharmanac.**

What to eat and drink

- Drink lots of fluids. We recommend you drink at least 2 litres of fluid a day.
- Start by eating frequent small meals at first because they are easier to digest.
- Avoid constipation, which is caused by pain medication, by eating fruits and vegetables for fibre. Eating foods with bran is recommended.

Signs and Symptoms of Infection

- Pain and / or redness at the incision site.
- Temperature above 38° C, and / or fever, chills, or feeling very tired.
- Pain in your flank (kidney) area and stomach area.
- Foul smelling, cloudy urine.

Catheterization Schedule

<u>Day</u>	<u>Night</u>
1st week: every 2 hours	every 3 hours
2nd week: every 3 hours	every 4 hours
6th week: every 4- hours	every 6 hours

- The schedule above is just an estimate of the time frames and goals you should try to meet.
- You may not be able to hold your urine for 4 hours during the day if you are drinking lots of fluids.



Supplies:

- Size 16 / 18 gauge catheter
- Water soluble lubricant
- Saline and catheter tipped syringe

What to do:

- Wash your hands with mild soap and warm water.
- Place a small amount of lubricant on the catheter tip.
- Insert the catheter into your stoma until the urine begins to flow from the catheter. Insert the catheter further to completely empty the pouch.
- Hold catheter in place until the urine stops. Then remove the catheter.
- Once a day during your regular catheterization, irrigate the pouch gently. Draw up 50 –75 ml of normal saline in the syringe and fill it into the pouch through the catheter. Let it flow out. Repeat this step until the pouch is clear of mucous.
- You may find that you need to change your position to clean the pouch really well.
- Clean and rinse your catheters with mild soap and water. Let them air dry on a clean, dry paper towel. Store them in a bag such as small make-up or ziploc bag.
- Use a catheter-tip syringe to wash, rinse and blow out the catheter with air.
- Leave catheter open to the air to dry it until the next use.

Throw out the catheter if you notice it has become brittle or cracked. We recommend that you use a catheter for about 3-4 weeks. Then throw it away and use a new catheter

Tips:

- If your pouch becomes too full, urine may leak out of the stoma, or the pressure of a full pouch may squeeze the valve and make it difficult to catheterize.
- Catheterize more often when you drink more.
- Keep a catheter with you at all times, especially when you are away from home.

How to Prepare Saline at Home

Saline irrigates (flushes out) your bladder of mucous and old blood clots. If you have been told to make Saline at home, this is how you can prepare it. (You can also buy prepared Saline at your local pharmacy).

There are 2 ways that you can prepare Saline in your home:

Method One:

Mix ½ tsp. of table salt to 1 cup boiled water

- **To store:** Opened containers of saline must be stored in the refrigerator.
- Saline made this way may be kept for 48-73 hours in the refrigerator.
- Remove it from the refrigerator ½ hour (30 minutes) before you use it.

Method Two:

- Add 8 teaspoons of table salt to 3 litres (1 gallon) of distilled water. You can buy distilled water at your local pharmacy.
- Pour the saline into sterile containers.
- Refrigerate between uses.
- Keep for up to 4 weeks in the refrigerator.
- If you cannot refrigerate it, saline may be kept for 2 weeks at room temperature.

How to Contact Us

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