



## Pediatric Surgical Associates, Ltd.

### **Ureterostomy Care**

A ureterostomy is created when the surgeon detaches one or both ureters from the bladder and brings them out to the surface of the lower abdomen. This allows urine to drain freely, with low pressure, to help protect and prevent harm to the kidneys. The surgery involves an overnight stay in the hospital. Your child will have a catheter in place for a period after surgery to keep the stoma open. The urine will drain into a diaper or pull up.

#### **Caring for a Ureterostomy at Home**

Initially the skin around the ureterostomy may become red, irritated, and sore. If this happens, you may use Vaseline, Aquaphor or other skin barrier product to protect the skin. Some physicians will recommend daily use of a specific ointment or cream, you should always follow your physician's recommendations. Because of the chronic moisture, a yeast rash may develop around the stoma. This rash is red, slightly raised, and may have spots extending from the red area. If this happens, you can apply over the counter Clotrimazole (Lotrimin) cream twice a day to the rash. If the rash does not resolve in a few days, see your local physician for treatment recommendations.

A small amount of bleeding from the stoma is normal, especially in the early post-op period.

Your child may bathe or shower a few days after surgery.

Urine should drain constantly from the ureterostomy. If you are not noticing urine draining from the ureterostomy, try giving your child a warm bath, or placing a warm (not hot) washcloth over the stoma to see if that helps it begin draining on its own.

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Often it is recommended to catheterize the ureterostomy one to two times a day. This will be taught at an appointment one week after surgery by a urology nurse. It is best to catheterize at the same time each day, so it becomes a routine. Your doctor will advise you if this procedure is recommended for your child.

#### **Catheterizing a Ureterostomy**

1. Wash hands
2. Assemble supplies needed—baby wipe or wash cloth, catheter (usually 8 French), water-soluble lubricant if not using a pre-lubricated catheter
3. Clean stoma with a baby wipe or wash cloth.
4. Apply water-soluble lubricant to catheter, or prepare the pre-lubricated catheter
5. Have diaper or container to drain urine into, and position end of catheter for drainage.



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6. Gently pass catheter thru stoma noting how far the catheter is in when urine starts to drain. Using gentle pressure, and twisting of the catheter if helpful, continue advancing the catheter until resistance is met and the catheter will not advance any further. The goal is to reach the kidney but not cause pain or trauma. Never force the catheter past any resistance.
7. Allow all urine to drain.
8. Gently remove catheter once there is no further drainage, stopping if urine starts to drain
9. Note urine amount and if it is clear or cloudy.
10. Discard catheter and supplies. A new catheter should be used each time.

**Call your doctor if:**

- Urine is not draining from the stoma
- The skin around the stoma looks red, irritated or infected
- You are unable to pass the catheter into the stoma
- Tissue protrudes from the ureterostomy stoma
- Nausea, vomiting or poor appetite
- Your child is irritable or complaining of pain
- There is blood in the urine that does not clear
- Your child has a fever higher than 101.5°F (38.6°C)

**Pediatric Surgical Associates (612) 813-8000 or 1-800-992-6983, option #6 for the nurses**