



UROSTOMY
ASSOCIATION

INCORPORATING ALL TYPES OF URINARY DIVERSION
DIGNITY WITH EMPATHY

Registered charity no. England & Wales 1131072,
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Urinary infections in people with urinary diversions

People with a urinary diversion may be more susceptible to urinary tract infections. These are usually mild and self-limiting but may be severely debilitating and affect quality of life. Recurrent urinary tract infections may also cause deterioration in kidney function. This leaflet aims to explain and provide help with these problems.

Urinary diversions are performed for many reasons including bladder failure, congenital anomalies and cancer.

Why does urinary infection occur?

• Urostomy

Usually a length of small bowel (ileum) is used to form the conduit, which transports the urine through the urinary stoma into a collecting pouch on the abdomen. This isolated piece of bowel still has connections to the blood vessels and nerves which supply the rest of the bowel. Bacteria may already be present in the bowel segment or may come from the outer stoma. The join of the ureters (tubes from the kidneys) into the conduit allows free reflux of urine back into the kidneys. Those with a urostomy have, therefore, a potential route for infections from the skin into the conduit and up into both ureters. Obstruction or slow drainage of any part of the urinary tract may result in infection as colonising bacteria overgrow. Bacteria can also adhere to mucus which is secreted by the piece of bowel used to form the urostomy allowing colonisation.

• Continent urinary diversion (eg Mitrofanoff) and neo-bladder

During this surgery a much larger portion of bowel is used to form the pouch or neo-bladder. There is, therefore, a larger quantity of mucus which bacteria can adhere to and, if not flushed away with adequate fluids or washouts, a urinary infection or stones may develop.

• Continent urinary diversion

A specimen may be obtained from a continent urinary diversion (with catheterisable channel) by using a sterile catheter and should detail the sample is from this type of diversion.

• Neo-bladder

If you are able to pass urine normally (urethraly) from your neo-bladder you will be asked to discard the first few drops and then collect a specimen into a sterile container. If you empty your neo-bladder via a catheter you should use a sterile catheter. Again the specimen should detail the sample is from this type of diversion.

Further investigation

If you have recurrent urinary tract infections, your Urologist may recommend further investigations to identify a cause. Sometimes a kidney stone may be present, or there may be a problem within the urinary diversion causing delayed drainage. If urine does not drain freely bacteria will multiply and cause a urinary infection.

Investigations that may be recommended are:

- Blood tests
- Ultrasound kidney scan
- CT Urogram
- Radioactive scan of the kidneys (Renogram)
- Loopogram, a test of the ileal conduit (if you have a urostomy)
- A telescopic examination
- Cystogram

Not all of these investigations may be necessary.

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COMPANY NUMBER 6918246 PRINT DATE NOVEMBER 2018 REVIEW DATE NOVEMBER 2021