



## Expectations of care for patients with an Ileal Conduit (Urostomy) in the Primary Care setting

**Following initial post-operative hospital appointments your GP may be requested to continue your lifelong follow up. Sometimes it may be necessary for referral back to your Consultant for other investigations. These guidelines may assist you as to when you should contact your GP for advice.**

### **Renal (kidney) function**

To be performed annually

- Blood test to monitor serum biochemistry including bicarbonate and chlorides, blood count and eGFR (estimation of Glomerular Filtration Rate, a test to monitor kidney function). If ileum has been used during reconstruction, serum vitamin B12 should also be included.
- Blood pressure
- Renal ultrasound (kidney scan)

### **UTI (Urinary Tract Infection)**

Routine urine samples are not necessary. However, bacteria are often present in the conduit, but are usually flushed away by drinking plenty of fluids. Antibiotics are only necessary if you feel unwell with flu-like symptoms, cloudy, offensive smelling urine, raised temperature and pain around the kidney area. If you suspect that you have a urinary tract infection you must contact your GP straight away. If a urinary tract infection goes untreated you can become quite ill and may require admission to hospital.

A urine specimen must be sent away for analysis to identify the bacteria causing the infection, so that the appropriate antibiotic may be prescribed. The urine sample may be taken directly from the stoma with a catheter, or by holding a sterile receptacle beneath the stoma, without touching it, to collect the dripping urine.

If you experience frequent symptomatic urinary tract infections your GP may refer you back to your Consultant for further investigations.

**NOTE** Some of these tests may have to be repeated more regularly than once a year.

**NOTE** This information is for advisory purposes only and any problems should be discussed with a Healthcare Professional.

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### Haematuria (Bleeding)

The stoma has many tiny blood vessels and may bleed slightly when you perform your stoma care routine. This is quite normal. Persistent bleeding from around the stoma may be caused by an ill-fitting urostomy pouch, so check that the flange is not cutting into your stoma.

If blood is coming from the stoma opening, it may be due to a urinary tract infection. If no infection is present you must inform your GP so that he may refer you back to your Consultant for further investigations.

If you are a man who has had your bladder removed, your urethra may not have been removed. If this is the case and you notice any bleeding from your penis, you should contact your GP for urgent referral to your Consultant.

### Discharge

If your urine has been diverted for non-cancerous reasons, your bladder may have been left in place. You may occasionally notice a discharge from your urethra (natural passage). If it becomes offensive smelling and you have lower abdominal pain, an infection may be present. A specimen of the discharge should be obtained and antibiotics prescribed. Regular washouts of the redundant bladder may be advised.

### Hernia

Sometimes a hernia may develop around the stoma. A hernia is a weakness in the abdominal wall around the stoma site. This causes a bulge around the stoma. A support belt may be used to either prevent a hernia from occurring or give some support to an existing hernia. Your Specialist Nurse may recommend a suitable support garment. You may then request a prescription from your GP. Surgery for a hernia is only advised if it is causing severe discomfort and pain or problems with stoma equipment management.

### Skin problems

Minor peristomal skin soreness may be helped with skin protectors. Sometimes your GP may prescribe a hydrocortisone cream. If a skin infection is present an antibiotic may be prescribed. If problems persist consult your Specialist Nurse.