

Managing and preventing urinary tract infections (UTIs)

For people with a urinary diversion

Following urostomy surgery, the changes in your body may leave you more susceptible to urinary tract infections (UTIs).



In most cases UTIs are mild and short lived, but they can sometimes become debilitating, affecting your quality of life. Not everyone will get a UTI so don't worry too much, just be mindful.

The good news is that following just a few simple steps can help reduce your risk of developing an infection.

As well as information on preventing UTIs, this leaflet highlights the telltale signs of a urinary infection so you can spot symptoms quickly should you start to feel unwell. Recognising these early on is important because, if left untreated, an infection can spread to your kidneys, making you feel even worse, as well as potentially causing sepsis.

You can read more about sepsis on the NHS website: <http://www.nhs.uk/conditions/sepsis>

What are the symptoms of a UTI?

Having a urostomy may make it more difficult for you to recognise that you have a UTI. That's because, without a bladder, you won't have the sudden urgency to wee, the feeling of needing to wee frequently or the burning sensation typically associated with having an infection.

Look out for other symptoms, which might include the following. Speak to your GP if you notice these signs, as you may need to be treated with an antibiotic.

- Dark, cloudy or strong-smelling wee
- Wee tinged with blood
- Pain around your stoma or kidney area (the flank or back)
- Raised temperature, feeling feverish or clammy
- Feeling confused
- Feeling tired and 'out of sorts'

How is a UTI diagnosed?

As well as discussing your symptoms, your GP will probably request a sample of your wee so it can be sent for analysis, and the right type of antibiotic prescribed.

Taking a urine specimen

Taking a specimen of wee directly from your stoma, using a sterile catheter, is the ideal way of collecting a non-contaminated specimen.

If this is not possible, an alternative recommendation is that you should clean your stoma and then hold a specimen container just underneath it to collect drops of wee (patience and an obedient stoma are needed for this!).

An alternative method would be to use a new bag (ideally after a bagless shower) and decanting the urine from this into a sterile container as soon as possible.

A sample should never be taken from a urostomy bag that has been in place for a while, as it could contain stale urine and give a false result. If you need to take a sample from your bag, take it from a clean bag.

It is important that you add a note to the label on the specimen container such as 'Via a urostomy/ Via a Mitrofanoff/ Via a neo-bladder' to distinguish the specimen from one taken from a normal bladder.

If you have a continent cutaneous urinary diversion (i.e. a Mitrofanoff) which opens onto the skin, your wee sample will need to be taken using a sterile catheter. The sample must be labelled as coming from a continent urinary diversion.

If you have a neo-bladder and can urinate normally (urethrally), you will be asked to discard the first few drops and then collect a wee sample in a sterile container. If you empty your neo-bladder via a catheter, make sure to use one that is sterile when collecting your sample. Your specimen must be labelled as coming from your type of urinary diversion.



How is a UTI treated?

Your wee sample will need to be sent to a lab to determine the correct antibiotic. In the meantime, you are likely to be prescribed a short course of standard antibiotics. Taking painkillers and drinking plenty of water may also help. Try to rest in bed if you feel really unwell.

If your symptoms haven't responded to treatment within 48 hours, or you are unable to keep fluids down, speak to your GP or seek medical advice again so they can advise on next steps for your treatment.

Further investigation

Recurrent UTIs are a problem for some people with a urinary diversion. If this is happening to you, your urologist may recommend further investigations – such as blood tests, ultrasound scans and telescopic examinations – to discover the cause.

Sometimes a kidney stone may be present, or there may be a problem within your urinary diversion causing delayed drainage. If your wee does not drain freely, bacteria can multiply and cause a urinary infection.

How can I prevent UTIs?

Drinking plenty of fluid is key to keeping UTIs at bay. Depending on your size, level of activity and the weather, aim for two to three litres of water each day. This will help to flush out any bacteria. When you are well hydrated, your wee should be clear to pale yellow – if it is noticeably darker, you are probably dehydrated so up your intake of water.

Avoid drinking large amounts of caffeine and go easy with alcohol. These can dehydrate you, making you more susceptible to UTIs.

Some people consume cranberries as a way of reducing the risk of UTIs. These can be in the form of cranberry juice, pills or powders. They don't seem to work for everyone, and they don't ease the symptoms or treat a UTI if the infection has already started.

If you are going to drink cranberry juice, check to see whether it has been sweetened, as you will want to water it down to reduce your sugar intake. Seek advice if you are taking warfarin, as cranberry juice can increase the blood-thinning effect of this medication.

Bacteria multiplies in urine quite quickly, so remember to empty your bag regularly – ideally when it is one-third to half full.

Using a night drainage system stops urine building up in your urostomy bag overnight, which can help prevent UTIs. Cleaning the system thoroughly on a regular basis will help keep it free of infection-causing bacteria.

You may prefer to swap to single-use night bags, which you dispose of each morning.

If you have a continent urinary diversion, or neo-bladder, be sure to empty your pouch or bladder completely. It's recommended that you regularly wash out your pouch or bladder if mucus is excessive.





Further information

There is a wealth of information on the Urostomy Association's website, including advice and top tips on night bags. There's also a recording of the UTI webinar held on 22 May 2024: <https://urostomyassociation.org.uk/videos/managing-urinary-tract-infections-utis/>

Please remember to ask your own stoma specialist if you have any questions or concerns about your own urinary diversion.

About the Urostomy Association

This leaflet is just one in a series. You can see the full list on our website in the resources section. There you can also find our blogs, videos and webinars.

We know that sometimes you just want to talk things over, so we have specially trained buddies who have had their own urinary diversions and are happy to help. There is also a private Facebook group where you can ask questions and share your experiences with other people living with a urinary diversion.

We're also here to raise awareness of all matters around urinary diversions, and we run campaigns and appeals, liaising with like-minded organisations, policy makers and health professionals. Our aim is to build a supportive community around your needs.

Please remember that this leaflet is for information only, and you should contact your own stoma nurse about questions relating to your own care.

Lastly, we can only continue to support members of our community live their best lives, before and after surgery, thanks to charitable support.

Kind donations enable us to run our helpline and keep members up to date through our regular magazine, e-newsletters, group meetings, social media and fact sheets. Thanks to donors, we can inform and support stoma care professionals, increase awareness across healthcare and the general public, and influence urostomy policy and practice.

All of this, and much more, is possible because people choose to donate, fundraise and say thank you to our charity. If you would like to make a donation or support us in other ways, please visit our website at urostomyassociation.org.uk.

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