

## **VESICOSTOMY CARE - INFORMATION FOR PARENTS**

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### **WHAT IS A VESICOSTOMY?**

‘**Vesico**’ means ‘related to the bladder’, ‘**ostomy**’ means ‘an opening into’, and so a vesicostomy is an opening in the abdomen that allows urine to drain continuously from the bladder.

The stoma (opening) is made by making a small incision (cut) through the skin and into the bladder during a surgical operation.

A small part of the wall of the bladder is turned inside out and sewn to the abdomen.

There will not be a gaping hole in the abdominal wall.

The opening instead looks like a small slit surrounded by some pink tissue.

A vesicostomy can be closed at any age following correction of the original problem.

Most often children who require this procedure are very young, usually infants and toddlers.

Children may have been born with an obstruction (blockage) somewhere in the urinary tract.

This may occur in children who have been diagnosed with posterior urethral valves, cloacal anomalies, vesicoureteral reflux or spina bifida.

This procedure is a necessary step for some children to help prevent urinary tract infections and / or kidney damage.

Although most children who need a vesicostomy are young (under 5 years), sometimes this procedure also helps older children or teenagers temporarily.

### **HOW DO I CARE FOR MY CHILD’S VESICOSTOMY AT HOME?**

All children who have a vesicostomy will need to wear a napkin (nappy) or incontinence brief.

Urine draining from the vesicostomy generally does not cause skin problems.

Occasionally, however, the surrounding skin may become red, irritated and sore.

If this happens, the skin may need to be treated with ointments, barrier creams or other medication.

Your nurse specialist or doctor will be able to advise you further should this occur.

The opening of the vesicostomy may shrink down and need dilating (stretching) at regular intervals.

If this is apparent your nurse or doctor will instruct you on how to do this simple procedure.

### **COMMON QUESTIONS ABOUT VESICOSTOMIES.**

#### **· CAN I BATH MY BABY?**

Yes you can.

Bathing your baby helps to keep the skin surrounding the stoma clean and prevents it from getting sore.

#### **· CAN WATER GET INTO THE LITTLE HOLE?**

No, the opening that has been made prevents water from getting inside and is perfectly safe.

#### **· HOW DO I GET A URINE SAMPLE?**

A small catheter (tube) can be placed into the stoma to allow a clean sample of urine to be collected. This does not hurt the baby and is done quickly.

Your nurse will instruct you on how to do this should the need arise.

#### **· DOES THE STOMA NEED A BAG?**

No, generally your baby’s urine can flow straight into a nappy, but using a barrier cream on the skin around the stoma helps to prevent soreness.

It is also a good idea to put the nappy on back –to- front so that it covers the area where the stoma is sited.

This can be useful where the position of the vesicostomy is quite high and all the urine does not drain into the nappy and the child gets wet from the leakage over the nappy. If conventional ‘over the counter’ nappies are not effective in keeping your child dry the help of your Health Visitor or local

Continence Advisor will be sought in order to try and obtain special, larger disposable nappies. Where 'wetness' is a persistent problem despite using a range of available nappies, it may be necessary to collect the urine from the vesicostomy in a stoma bag. Should this need arise your nurse will instruct you further.

### **WHEN TO SEEK HELP.**

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- If urine does not drain from the vesicostomy.
- If the skin around the stoma site looks red, crusty, irritated or infected.
- If a portion of tissue protrudes from the stoma.
- If the urine develops a bad odour.
- If a fever (temperature) develops.
- If there is blood in the urine not associated with dilating the stoma.
- If it is painful for the catheter to be passed through the vesicostomy when dilating the stoma.

If any these problems do occur please contact your nurse or doctor for further treatment and advice.

### **DISCHARGE DETAILS**

Date of discharge:

Consultant:

Ward:

Hospital:

Contact number in case of problems:

Nurse signature: