

## How often to catheterize?

For the first few weeks, catheterize every 2-3 hours during the day. We do not want the bladder to stretch too much right after surgery.

At night, we suggest you place a catheter in the stoma, attach it to a bag and tape the bag to the child's leg. The urine will drain through the night. This prevents the bladder from over-stretching as it fills, your child remains dry, and everyone gets a good night sleep.

In time, the bladder will heal and,

- Your child can sleep without a catheter.
- He can catheterize less often during the day.

## Catheterizing through the stoma.

### Gather your supplies:

- A catheter.
- Water-soluble jelly.
- A clean face cloth/moist unscented towelette.
- A clean bottle.

- A clean syringe.
- Normal saline/tap water.

### Wash your hands up to the elbows:

- Scrub with soap for a minute - pay attention to space between the fingers.
- Rinse with running water and dry well with a clean hand towel.

### Clean the stoma site:

- There may be some drainage around the stoma site. Clean the stoma with a face cloth, soap and water or with an unscented towelette.

### Put catheter into the stoma:

- Apply a lot of water-soluble jelly on the first two inches of the catheter.
- Slide the catheter downward into the stoma. It may get harder to push as the catheter reaches the bladder. Keep pushing gently until urine flows. When urine flow begins push no further.
- Let the urine drain into the toilet or a bottle until the flow stops. Then, push the catheter another 1/2 to 1 inch further. Urine may or may not flow again.

- Remove the catheter and wash it in clean soapy water. Rinse the catheter in running water.
- Dry the catheter with a clean towel and store it in a clean case or plastic bag.
- We recommend you use the same catheter for 24 hours and then throw it away.

**Wash your hands after you are finished.**

## Irrigating the bladder.

The "bowel patch" is producing mucous even though it is now a part of the bladder. You will see bits of mucous floating in your child's urine. It is important that you get rid of the mucous from the bladder. If you do not, the mucous may block the catheter. It makes emptying urine slow and difficult. If the bladder cannot drain it can rupture. As well, mucous in the bladder can lead to urinary infections and bladder stones that must be surgically removed.

Irrigate the bladder with saline (salt water) at least twice a day, more if there is lots of mucous in the urine.

**Irrigate right after you have  
catheterized:**

- Fill a 60cc syringe with saline.
- Attach the syringe to the catheter while it is still in the stoma.
- Push the saline gently through the catheter.
- Pull the saline back into the syringe.
- If the fluid does not come back into the syringe, remove the syringe from the catheter and let the saline drain slowly from the catheter.

**To make saline solution at home:**

Mix 250cc of water with 1/2 teaspoon of salt.

Boil for five minutes.

1. Boil storage container for five minutes.
2. Put boiled saline in container, cool and store in refrigerator.
3. Make a new batch every week.

**Cautions:**

Your child should wear a medical alert bracelet. This informs others about the urinary diversion in an emergency.

You may want to inform the school nurse, teacher and principal about your child's diversion.

**Call the clinic to book an appointment if your child is:**

- Leaking urine from the stoma.
- Having problems emptying the bladder even after irrigating.
- Having difficulty putting the catheter into the stoma.

You may call the Urology Nurse Clinician at 875-2889 if you have any questions or concerns.

*Developed by the health care professionals  
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# Caring for Your Urinary Diversion



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