



University Hospital and
Manhattan Campus for
the Albert Einstein College
of Medicine

Continuum Health Partners, Inc.

Understanding and Caring for your Urostomy

Prepared by:
Certified Wound, Ostomy, Continence Nurses
at Beth Israel Medical Center

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Introduction

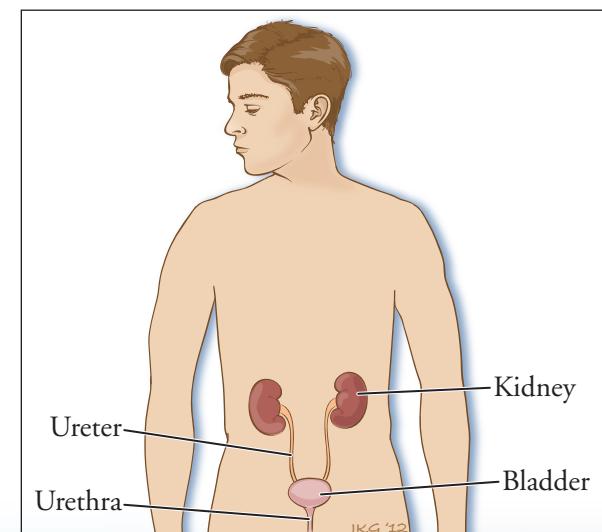
Every year over 100,000 people in the United States undergo ostomy surgery. Whatever the reason for your surgery you and your family will likely have many questions or concerns. The purpose of this booklet is to help you to understand some basic information regarding care of your ostomy, and ease some of your concerns. As you learn more about caring and living with your ostomy, many of the concerns you and your family have should lessen.

We encourage you to ask questions, and seek information and support. Your healthcare team (doctors, nurses, etc) as well as WOCN specialists (nurses who specialize in ostomy care) at Beth Israel are all here to help. We hope this information will make your adjustment period easier.

Your Urinary System before Surgery

Your urinary system is made up of organs that make urine, store urine and remove urine from the body.

The parts of the urinary system include two kidneys, two ureters, a bladder, and a urethra. The kidneys produce the urine. The urine then flows down tubes called ureters. The ureters allow urine to flow from each kidney into the bladder. The bladder is a storage area for the urine. Urine remains in the bladder until you feel the need to urinate. Urine is then expelled/released out of the body through a tube called the urethra. In women the urethra is a short tube located above the vagina. In men the urethra is longer and passes through the prostate gland and the penis.



Urinary system before surgery

Your Urinary System after Removal of the Bladder and Creation of an Ileal Conduit/Urostomy

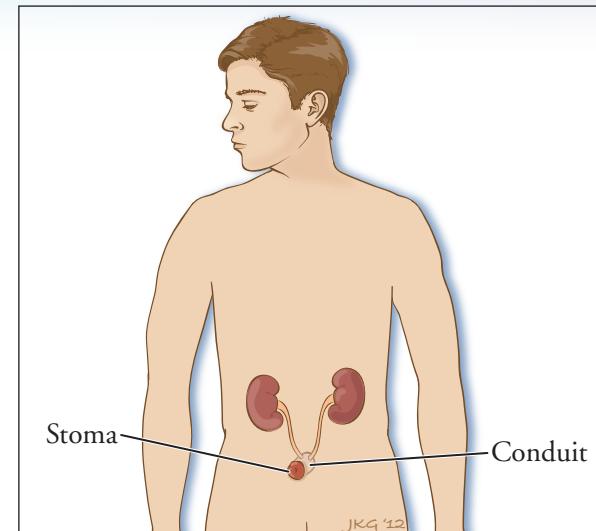
During this type of surgery your bladder has been removed. The kidneys and ureters (tubes from the kidneys) are still in place. Because your bladder was removed, there will no longer be a storage area for your urine. Therefore, your surgeon has created a new way for the urine to exit from your body.

Your surgeon has used a small section of your small intestines (ileum) and separated it from the rest of your intestines. The ureters (tubes from the kidneys) are sewn into this new ileal section (called a conduit). The conduit is a tube-like pathway made from the ileum that will allow the passage of urine to flow through it. Since the bladder was removed, urine will now flow from the kidneys into the ureters and down into the conduit and then exit the body through a stoma. The part of your intestines which is visible on the surface of the skin is called the stoma and this is where the urine will now exit the body.

Sometimes you will hear the word ostomy being used by your healthcare team. The word ostomy means an opening which is made during surgery that brings a piece of the bowel (intestines) to the outside of the abdomen (on the belly). There are many different types of ostomies. When the bladder is removed and urine exits the body through a stoma, this type of ostomy may be called either an Ileal Conduit or Urostomy. The location of the urostomy is usually the lower right side of the abdomen. It is important to know the names Ileal Conduit and Urostomy.

This surgery will change where urine exits your body. It will not change your normal bowel (stool) function. Some people do experience some diarrhea or constipation for a few days or weeks after the surgery but this is temporary. This may happen because the surgeon has used a small section of the small intestines.

Based on the reason for your surgery nearby lymph nodes are often removed especially if the surgery was done for cancer. In men, the following may also be removed: the prostate; seminal vesicles; urethra. In women, the following may also be removed: the urethra; the top wall of the vagina; the uterus, fallopian tubes, and ovaries. Your surgeon has discussed your surgical plan with you. Make sure that you ask your surgeon any questions you may have about your surgical procedure and treatment plans.



Urinary system after ileal conduit/urostomy surgery

Your Stoma

The part of the ostomy (intestines) that you can see on your abdomen (belly) is called a stoma. It is a Greek word which means mouth. The stoma will look red and moist just like the inside of your mouth.



An example of a healthy stoma

Because there are no nerve endings you will not feel pain, heat or cold, when you touch the stoma. The stoma may bleed slightly when you wash or rub over it- this is normal. Bleeding from the stoma should be small and should stop easily and quickly. Any ongoing bleeding should be reported to your doctor.

Every stoma is slightly different in size and shape. Your stoma will be swollen after surgery. It will shrink especially during the first few months. The stoma may also change shape. This may continue for up to a year, as healing continues.

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Your Stoma

Because the urine will now pass out of the body through the stoma, a pouching system will need to be worn over the stoma to collect the urine. You will not feel the urine coming out from the stoma and can not control the flow. Some people experience a feeling of slight warmth as the urine exits the stoma.

Urine will begin flowing from your stoma immediately after surgery. At first, the urine may have a slightly reddish color. However, after a few days, the urine will become yellow. You may see mucous (little white shreds) in your urine as the urine collects in the pouch. Seeing some mucous is normal; it comes from the segment of intestine that was used to form your conduit.

Because of the liquid nature of urine, you will need to take extra care of your skin around the stoma and will need to have a properly fitting pouching system at all times. Not to worry- you will be instructed on the best way to care for your stoma.

Learning to Care for your Stoma

New words to learn

Ostomy pouching systems: an odor proof pouch that is worn over the stoma to hold the urine

Skin barrier: the part of the ostomy pouching system that sticks to the skin

After surgery, you will have an odor proof ostomy pouching system over your stoma. Your nurse will describe what is being done as he or she cares for the stoma. You should watch and listen. Once you start to feel better, you will learn how to participate in your care. It is very important to take the time in the hospital to practice your care with the nurses. You may want to have a family member or friend learn with you. Before discharge you need to be able to empty the pouch. You will also try at least one complete change by yourself or with the help of a family member. After discharge, you will continue to learn how to manage your ostomy pouching system with the help of the home care nurse. Keep in mind that as you begin to learn, it is very normal to feel afraid and unsure of yourself. With practice you will become more confident and independent.

You will need to know how to:

1. Empty your ostomy pouch
2. Change your ostomy pouching system
3. Connect to night time drainage system

Emptying your Pouching System

It is most important to empty your pouch when it one-third to one-half full. The pouch should not become overly full since this may cause your pouch to leak. You will be instructed how to do this by the nursing staff. There are different ways to handle this depending on the type of pouching system that you use, the amount of output, and your lifestyle.

Immediately after surgery, when you are in bed more, the nurses will have your pouch connected to a large drainage bag (called bedside or night time drainage system). As you begin to move more in the hospital you will be disconnected from this larger drainage bag. The urine will be drained from the pouch into a container (urinal) so that the nursing staff can measure your urine output. As you are feeling and moving better and at home you will be emptying the pouch into the toilet. You may choose to sit, squat, or stand over the toilet to empty your pouch. Over time you will choose the position that works best for you. During the day, most people find it necessary to empty the pouch about as often as they would normally go to the bathroom. At night, you will need to learn how to connect to a night time drainage system. Using a night drainage system will allow you to sleep through the night without worrying about the pouch getting overly full of urine.

General steps:

First, place some toilet paper in the toilet bowel (this will reduce any splashing). Choose a position that is comfortable for you- sit, squat, or stand.

Then, open or turn the spout at the bottom of your pouch to allow it to empty. Slowly empty the urine into the toilet bowl. Dry the bottom of the pouch spout with toilet paper and make sure to close the spout on the bottom of your pouch. It is important to clean/wipe the bottom of the spout with toilet paper; this will prevent odor and staining of your clothes.

Your urine should be yellow in color with a few mucous shreds. Your urine should have normal urinary odor- strong urinary odor, or large amounts of mucous may be a sign of a urinary infection. (See urinary infection section).

Changing your Pouching System

Pouch wear time can vary from 3 to 7 days. Generally, the system should be changed every four to five days. If you have leakage, you will need to change the pouching system to prevent the skin around your stoma from getting irritated. There are two main types of pouching systems: one piece pouches and two piece pouches. After surgery, the nurses or WOCN will guide you to the best system for your stoma. Note: The steps and the equipment will vary depending on your stoma and body type.

You will be instructed on how to change your pouching system by the nursing staff. You should watch and practice with them.

General steps:

Remove your old pouching system; wash your skin; dry well; measure and cut your skin barrier to your stoma size. (You will be taught how to measure your stoma using the measuring guide that comes in the box of ostomy pouching systems); remove the paper backing from the skin barrier; apply to stoma site; and press all around for a minute; make sure the spout is closed on the bottom.

Tips when changing your pouching system:

- Change every 4-5 days or at the first sign of leakage
- Try to set up a schedule that works best for you
- Change your pouch when your urine flow might be less; for most people this is first thing in the morning before your coffee or tea
- Gently remove the pouching system; water or adhesive remover wipes can be used to help
- Measure the stoma using the sizing guide provided in the box. This is especially important in the first 6-8 weeks after surgery as the stoma will decrease in size. Later on you can purchase pre-cut systems.
- Your stoma is not sterile and you do not need any special gauze to clean your skin. You can use a regular wash cloth or towel. You do not need to wear gloves and should not use any products containing alcohol around the stoma.
- Clean your skin with water. If you use soap, make sure it doesn't contain oils or lotions as these can prevent the adhesive from working properly.
- You can shower or bathe with the skin barrier or pouch in place, or you can remove them before bathing on the day you are due to change the pouching system. Water will not enter or harm your stoma
- Make sure the skin around the stoma is completely dry before applying your new pouching system

- After you apply your skin barrier, hold it against your body and press all around for one full minute. This will help the seal to hold better.
- If your skin becomes red or sore, or your pouch is not staying in place, be sure to tell your doctor, nurse or WOCN.
- Be prepared. Always carry an extra pouching system with you at all times.

Night Drainage

During the night as you are sleeping, urine will continue to drain into the pouch. There are three options at night:

1. You can get up during the night to empty your pouch- do this only if you are a light sleeper as your pouch can leak if it becomes overly filled with urine.
2. You can connect the pouch to a leg bag
3. You can connect the pouch to a night drainage container/bag

Connecting to a leg bag or night drainage container/bag will give your pouch added room. To connect to a leg bag or night drainage container you will need an adaptor which comes inside the box of your urinary pouches. One end of the adaptor connects to the leg bag or night drainage container/bag and then the other end connects to the drain valve on the bottom of your pouch. Remember the drain valve of the pouch must then be placed in the open position to let urine flow from your pouch into the larger leg bag or night drainage container. In the morning you can disconnect from the leg or night bag and empty your pouch as usual. The Nursing Staff or Visiting Nurse can teach you how to do this.

Cleaning the leg bag or night drainage container or bag:

You will need to empty and rinse the leg bag or night drainage container/bag every day. You can use a mixture of 1 part water to 4 parts white vinegar. (For example you can mix 1 ounce of water and 4 ounces of white vinegar). This mixture will reduce any urinary odor and keep the bacteria levels low. You can mix a quantity of the solution ahead of time. Make sure you shake the solution around in the container or bag. After you wash the bag, let it dry. You can also buy cleaners such as M9 Crystallizer cleaning system.

The night bag or leg bag should be replaced every 2-4 weeks or if it looks dirty.

Care of minor skin irritation

It is very important that the skin around your stoma remains healthy and free of any irritation or rashes. To prevent skin irritation you should take good care of your skin, use only products that you need, and follow the steps that you were taught. Remember the drainage from urine can be irritating to the skin. It is better to prevent a skin problem than to treat one.

Skin problems are most often caused by:

1. Poorly fitting pouching system
2. Incorrectly removing or applying the pouching system
3. Not changing the pouching system regularly but waiting until it leaks
4. Changing the pouching system too often
5. Adding additional tape

Tips to prevent skin irritation

- Measure your stoma size regularly; especially the first few months as the stoma shrinks after surgery. Make sure you are cutting the skin barrier so that it fits closely to your stoma.
- Change your pouching system on a regular basis. Do not wait until it leaks.
- If leakage should occur, change the pouch. Do not try to patch it with tape or gauze.
- Be gentle to your skin during removal and cleaning
- Follow the steps that you were taught on how to empty and change your pouching system.

Tips to treating minor skin irritation

- If you have a minor skin irritation- Recheck the size of your appliance opening; wash and dry your skin well; dust the skin around your stoma with stoma powder and seal the powder in with a skin protectant wipe (no-sting) barrier wipe; then apply your pouching system as usual.
- Do not use commercial creams or ointments under the adhesive on the skin barrier because use of these products will not allow your skin barrier to stick to your skin
- Do not use home remedies
- Do seek help if you are having on-going problems such as unexpected leakage with your pouch seal or ongoing skin issues
- **Do not ignore skin problems around your stoma- call your doctor or see a WOCN if your skin becomes irritated and does not heal or feel better**

Fluids and Diet

Immediately after surgery, you may be on a restricted diet to allow for healing. After your recovery from surgery, you should be able to go back to your usual diet unless you are otherwise instructed. Remember, if you are on a diet for another medical condition that will not change. Some people experience a short period of diarrhea after this type of surgery. If you experience any ongoing problems with your bowel movements discuss this with your doctor.

If you have any questions regarding your diet you should speak to your doctor.

General tips regarding fluids and diet:

- Eat a balanced meal on a regular schedule.
- Eat slowly and chew your food well.
- Avoid high fiber for at least four to six weeks after surgery. This means eating less or no fruits and vegetables. Avoid corn, nuts, seeds, celery, Chinese food, and foods with fibrous peels –beans, lentils.
- Drink plenty of water, juice or other fluids each day (at least 6-8 glasses per day).

Urinary Tract Infections

After ileal conduit /urostomy surgery you can still develop urinary tract infections and this can lead to kidney problems. In order to keep your kidneys functioning properly and to help prevent urinary tract infections you should drink plenty of water each day (6- 8 glasses). The color of your urine can be a guide. If it is getting dark, then you need to increase your fluids. Some of the warning signs of urinary tract infection include: dark, cloudy urine; urine with more mucus (white shreds); strong smelling urine- not associated with certain foods; back pain- where your kidneys are located; fever; loss of appetite; nausea and vomiting. If you experience these symptoms you should tell your doctor.

Tips to preventing urinary tract infections:

- Drink plenty of fluids (at least 6-8 glasses of water each day)
- Avoid large amounts of caffeine and alcohol, as these can make you drier
- Use a night drainage leg bag or container and clean it well.
- Empty your pouch when it is 1/3 to 1/2 full.
- If you have a history of urinary infections, you may want to ask your doctor if you should take vitamin C or cranberry juice.

Concerns about Odor

Your urinary pouch is odor proof. The only time you should note an odor is when the pouch is opened during emptying. Certain foods can increase urinary odor such as asparagus, garlic, onions, and seafood. You can still enjoy these foods but be aware of the affect it may have on your urostomy/ileal conduit. Also be aware that eating beets will temporarily turn your urine a reddish color. Some medications can affect the odor of urine. You will get to know which ones affect your urine or you can ask your pharmacist. An unusually strong odor from your urine could be a sign of infection. (See section on Urinary Tract Infections)

Adjusting and Living with an Ostomy

Each person's adjustment to living with an ostomy is different. Allow yourself time to recover from surgery and for you to become fully independent in your care. In the beginning, some people feel frightened or sad regarding the change in their bodies. They also feel that they will never be able to manage their ostomy care. If prior to surgery you were experiencing painful symptoms you may view your ostomy more positively. You may see this change as a solution to a troublesome symptom or as a way to recover from a difficult disease. Ostomy surgery often provides a path to survival. There are no right or wrong feelings. Over time feelings will change and adjustments will be made. Most often people do feel better with time. This will happen as you feel better from surgery, adjust to living with an ostomy and get used to how it looks and works. Keep in mind that you are not alone; thousands of people every year have ostomy surgery. Take your recovery day by day. You may want to speak to someone who can offer support, a close friend or professional counselor, or attend an ostomy support group in your area. If you are interested in this speak to your WOCN. Seek help if you are feeling overwhelmed or overly sad. Your healthcare team at Beth Israel Medical Center is here to help.

Lifestyle Issues

Showering, Bathing

You can bathe or shower with the pouch on or off. Water will not enter the stoma-think of it as it is a one way pipe. Ostomy pouching systems hold well during these normal activities.

If you bathe or shower with the pouch on, afterwards be sure to towel dry the tape and skin around your pouch. Some individuals use a hair dryer on the cool setting to dry the area quickly.

If you take the pouching system off and bathe or shower some urine may exit the stoma as you are bathing. You may want to choose a time of day when your urine flow is less active- for example first thing in the morning or before you drink fluids. Remember, this will not be a full urine flow. If some flow occurs just rinse it off with the shower water (it will go down the drain). Once out of the tub or shower have your new pouch ready to put on after drying your skin.

If you are using a two-piece system you may wish to unsnap the pouch from the skin barrier during showering. Afterwards you can snap your pouch back on.

You should avoid bath oils or moisturizing soaps since this may make it harder for your pouching system to stick to your skin.

Lifestyle Issues

Clothes

You can wear any clothing you want. You will not need a special wardrobe. Initially you may feel more comfortable wearing loose-fitting clothes, but eventually you will most likely go back to your usual wardrobe. It is important to try not to wear a belt directly over your stoma. Try to wear your belt above or below your stoma to prevent injuring it.

Work

Most people can return to their same jobs after recovery from surgery. Your doctor will tell you when you can go back to work. The amount of time out of work will depend on how fast you heal and the type of work you do. Unless you tell them, people will not know that you have an ostomy.

Exercise/Sports

Remember you have had major surgery. Allow yourself time to regain your strength. For the first three months after surgery, you should avoid lifting anything over ten pounds, particularly exercises that are stressful to the abdominal muscles such as sit-ups, or push-ups. Walking and light stretching are good exercises for this period. This will allow time for the belly muscles to heal. After this recovery period, you can return to most pre-surgery activities. The only limits might be contact sports such as football, wrestling etc. Talk to your doctor about how much you should exercise or any concerns you may have regarding exercising.

Swimming

It is best to wear your ostomy appliance when swimming. Some people choose to place extra waterproof tape around the edge of the ostomy appliance when they are swimming.

Lifestyle Issues

Sexual Activity

There may be changes to your ability to have intercourse and these changes should be carefully reviewed with your doctor. Changes will be different for men and women. Talk to your doctor about when it will be safe to have sex or if surgery or radiation caused changes that make it hard to have sex. Relationships are built on love, understanding, respect and closeness. Talk to your partner. He or she needs to know that sexual activity will not harm the stoma. Take steps to make you and your partner as comfortable as possible.

A Few Tips:

- Make sure you have a good seal on your pouching system.
- Empty your pouch.
- Try a pouch cover or wear a shirt or lingerie that makes you feel most comfortable.
- The United Ostomy Association of America website offers booklets regarding resuming sexual intimacy following ostomy surgery which may be helpful. (See the section under Community Resources).

Travel

Whether it is a short or long trip you should always be prepared. It is best to always have a spare pouching system with you wherever you go, even for a brief trip or a doctor's appointment. Some people feel anxious the first few times they go out or travel outside their homes. Your anxiety will be lessened by planning ahead. First, empty your pouch before leaving home. Second, think about where a bathroom would be located should you need one. Third, always carry a spare pouching system with you.

If you are traveling by plane you may want to have a note from your doctor stating you have a urostomy. Always take your ostomy supplies on the plane with you; do not check them with your luggage. You may also want to know the name of a local ostomy nurse or supplier in the area you are traveling. For long trips arrangements can be made with your vendor to have ostomy supplies sent ahead to where you will be staying. People with ostomies travel and live all around the world. Having a stoma should not limit your ability to travel.

Follow up care

Your healthcare team will explain any follow up care you will need. Generally, you will have an appointment to see your doctor about two weeks after discharge. Call your doctor, if you have any questions or concerns before this time. If you have an ostomy question you may want to speak with the WOCN or make an appointment with the outpatient ostomy service. See the section in this booklet regarding outpatient ostomy services.

Obtaining Ostomy Supplies after Hospital Discharge

You will be given a basic limited supply of ostomy equipment when you leave the hospital as well as prescriptions and/or a list of your supplies. Be sure you receive and keep these prescriptions and/or list in a safe location.

Once you leave the hospital you are responsible for obtaining your supplies. By law, the hospital can not supply you with ostomy supplies after discharge. If you think you will need financial assistance please ask to see a social worker. Most often, while you are receiving Visiting Nurse services the visiting nurse will order your supplies. You should remind the visiting nurse to place an order for your ostomy supplies during their first visit to your home.

If you do not have a Visiting Nurse or you are no longer receiving Visiting Nurse services, you must order your supplies from a surgical supply store/distributor.

You should not wait until the last minute to order your supplies.

You should always have at least three pouching systems available.

A few pieces of information:

- Ostomy equipment/supplies are covered by Medicare and under most major medical insurance plans. Most pay 80%, after the yearly deductible is met.
- Ostomy equipment/supplies are not part of prescription drug plans but are considered durable medical equipment.
- Some insurance companies require you to use specific suppliers in order to obtain coverage. It is your responsibility to check with your insurance company regarding coverage and the surgical supply store/distributor to make sure they accept your insurance. In some cases, you must pay for the equipment and then submit a claim for insurance reimbursement.
- If you have New York State Medicaid, they cover 100% but you must use a supplier that accepts Medicaid.
- There are monthly limits regarding the amounts of supplies covered by Medicare, Medicaid and other insurances- check with your supplier.

Where to Purchase your Ostomy Equipment/Supplies

Ostomy equipment/supplies are available both locally at some local pharmacies, from surgical supply stores, through mail order supply companies or by doing an internet search.

Remember, it is your responsibility to check with your insurance carrier and with the surgical supply store/ distributor to make sure they accept your insurance.

Many patients have reported a high satisfaction with mail order suppliers which have toll free numbers and deliver the equipment to your home. You can request a catalog from the supplier and should shop around for best prices.

Below are some mail order/on-line suppliers that carry a large inventory of ostomy equipment/supplies:

Byram Healthcare	1-877-902-9726	www.byramhealthcare.com
Edgepark Surgical	1-800-321-0591	www.edgepark.com
Liberty Medical	1-877-680-0963	www.libertymedical.com
Sterling Medical	1-888-202-5700	www.sterlingmedical.com
CCS Medical	1-800-322-3956	www.ccsmed.com
Better Living Now	1-877-238-548-669	(H.I.P. Insurance)

When ordering supplies you will need to have your insurance card, doctor's name and phone number or fax number, the date of your surgery, type of ostomy (ileostomy, colostomy, urostomy) ready. You may need to refer to the list or box of supplies provided to you. You may need to provide a prescription to the supplier.

Please note that Beth Israel does not endorse any one supplier. This is not an all inclusive list, but provided as general educational information only.

Outpatient Ostomy Services

We know that you or your family may still have concerns, questions or ostomy equipment needs/ adjustments after discharge from the hospital.

Ostomy Services are available to you after discharge by appointment only, on Fridays at Philips Ambulatory Care Center (PACC), located at 10 Union Square East, Suite 2N, New York, NY 10003.

Ostomy outpatient services are provided by Irene Jankowski APN, BC, CWOCN. Nurse Practitioner and Wound, Ostomy, Continence Specialist.

We recommend making an appointment one month after your surgery, or sooner if you are having any ostomy related problems. If you have a new ostomy, we recommend that you call for an appointment as soon as you get home so your appointment can best be scheduled with your doctor visits.

For Ostomy Outpatient Clinic appointments call: 212-420-3960

If you have questions only and need to speak with a WOCN (Wound, Ostomy, Continence Specialist) at Beth Israel and had surgery at the Petrie Division in Manhattan, please call 212-420-4155. If you had surgery at Beth Israel, Kings Highway Division please call 718-951-9661. Please note that appointments can not be made or rescheduled at these numbers.

For MEDICAL EMERGENCIES please call 911, contact your physician or go to the nearest Emergency Room

Samples and Manufacturer Programs

Several Manufacturers of ostomy supplies/equipment such as Convatec, Hollister, and Coloplast offer free starter programs. These programs can also help you link to ostomy suppliers that may best meet your needs.

These manufacturers also will provide kits which contain samples of products and other information for your education. Many ostomy suppliers will also provide free samples if requested.

These samples do not replace your need to order your supplies. However asking for samples can allow you to try out a product in order to know if it will work for you before placing an order from your supplier.

Below are some Ostomy Manufacturers that offer such programs:

Hollister Secure Start Program	1-888-808-7456 ext. 5815	www.hollister.com
Convatec Starter Kit	1-800-422- 8811	www.convatec.com
Coloplast Consumer Specialist Team	1-888-726-7872	www.us.coloplast.com

If you need help to enroll in one of these programs, please make your WOCN at Beth Israel aware or speak to your home care nurse for assistance.

Please note that Beth Israel does not endorse any one program. This is provided as educational information.

Community Resources

You or your family may want to seek more information. Below are just a few organizations that may be helpful. Keep in mind your doctors, the WOCN team, and entire healthcare team at Beth Israel are always here to help.

Wound, Ostomy, Continence Nurses Society

1-(888) 224-WOCN (9626) | www.wocn.org

This is a professional nursing society- members are nurses who are experts in the care of patients with ostomies. You can access a directory of WOCN's to find a specialist in most areas of the country and around the world.

United Ostomy Associations of America, Inc. (UOAA)

1-(800) 826-0826 | www.uoaa.org

This is a volunteer based health organization. They work to give support to people who had or will have intestinal or urinary ostomies. They provide information regarding support groups.

Cancer Care, Inc

1-(800) 813-HOPE | info@cancercare.org | www.cancercare.org

This is a national non-profit organization. They provide free support and information to help people with cancer.

Bladder Cancer WebCafe

<http://blcwebcafe.org>

This site was designed to help patients and families to find information, and offer support.

Bladder Cancer Advocacy Network

www.bcan.org

National advocacy organization to increase awareness regarding bladder cancer and offer information and resources.

National Family Caregivers Association (NFCA)

1-(800) 896-3650 | info@thefamilycaregiver.org | www.nfcacares.org

Provides support and information to people who have to care for a loved one who is ill, old or disabled.

Questions for your Healthcare Team