



URINE SPECIMEN: OBTAINING FROM AN ILEAL CONDUIT AND/OR VESICOSTOMY PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- Patients with urinary diversions (e.g. Ileal conduit or a vesicostomy) have a high risk of urinary tract infections.
- The procedure for obtaining a specimen of urine from an ileal conduit or a vesicostomy must be conducted using an aseptic technique.

CHANGE SUMMARY

- New SCHN Document
- Replaces CHW document 0/C/06:8042-01:01 of same title.
- Changes in equipment list and procedure. Review entire procedure.

READ ACKNOWLEDGEMENT

- All nursing staff who care for patients with an ileal conduit or vesicostomy are required to read and acknowledge they understand the contents of this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy Procedure and Guideline Committee	
Date Effective:	1 st November 2015	Review Period: 3 years
Team Leader:	CNC Spina Bifida	Area/Dept: Rehabilitation - CHW

Rationale

- Urinary tract infection is a common complication associated with urinary diversions such as a vesicostomy and ileal conduit.
- Aim to obtain a sterile specimen of urine for culture and sensitivity so that appropriate antibiotic treatment, should that be necessary, can be determined.

Equipment

- Sterile Catheter Pack
- Sterile female disposable catheter (8FG-10FG)
- Pair of sterile gloves
- Water soluble lubricant
- 2 Syringes (1-2mL)
- Water for irrigation
- Aqueous chlorhexidine 0.05%
- Sterile urine collection jar
- Goggles

Procedure

1. Explain the procedure to patient/child. Encourage the child to drink at least half an hour before commencing the procedure.
2. Perform a 3 minute hand wash. Dry hands thoroughly.
3. Open the sterile catheter pack and the remaining sterile supplies.
4. Put on protective goggles and gloves.
5. Remove the bag, leaving wafer adherent to skin. If leakage underneath wafer is apparent, remove entire appliance. Remove contaminated gloves. Swab the stoma from the centre proceeding outwards with aqueous chlorhexidine three times. Use one cotton ball for each application.
6. Rinse stoma with sterile water.
7. Lubricate catheter well.
8. Insert catheter no more than 5 cm gently into stoma (do not force catheter). If resistance is detected, rotate the catheter until it slides in.
9. Urine is aspirated with a syringe and the first 0.5mL- 1.0mL is discarded. Using a fresh syringe, a further 2.5mL of urine is aspirated and emptied into the sterile jar.
10. Remove catheter, dry the area and replace bag/appliance. Urine draining from the catheter when withdrawn should not be drained into collection jar.

11. Leave the child comfortable and dispose of the equipment in the contaminated waste bin.
12. Document the appearance of the urine and the appearance of the stoma in the patient's progress notes.
13. Label the specimen container with patient's details. Note date and time of collection.
14. Deliver the specimen to Pathology within **30 minutes** of collection. **This is essential.**

References

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