A VNSNY SELF-CARE GUIDE
for the Management of Ileal Conduit
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Living with an ileal conduit may take some time to get used to and may seem overwhelming. VNSNY is here to support you as you learn how to care for yourself. This guide will help you become independent and comfortable in taking care of your ileal conduit so you can have as full and active life as possible after surgery.

As you read this guide, you may think of other questions. Write them down in the NOTES section at the back of this guide. This will help you remember to ask your doctor or nurse these questions during your next medical appointment or home visit.
Your Urinary System

You may be wondering how your body worked before your operation.

Urine is made by your two kidneys and then it passes through your ureters. Ureters are two small tubes that bring the urine to your bladder. Your bladder’s job is to store the urine that has been made by your kidneys. When your bladder fills to about 8 to 10 ounces, you will feel the urge to urinate. The urethra carries the urine from the bladder to the outside.
What Is an Ileal Conduit?

When the bladder is damaged and can no longer function, a new passageway for urine must be made. An ileal conduit is an opening in the belly (abdomen) made during surgery. The ileal conduit directs the urine away from the bladder to the outside. The procedure for an ileal conduit is sometimes called a urostomy.

Your Operation

An ileal conduit is an operation where a piece of the small intestine (ileum) is used to direct the urine from the kidneys to outside of the body. The tubes (ureters) which carry the urine from the kidneys to the bladder are disconnected. A piece of intestine (ileum) is removed from your small intestine. Then the ureters are sewn into the ileum which now acts as a way or conduit for the urine to leave your body. Urine now will flow from your kidneys through the ureters into the conduit then out of your body through an opening called a stoma.

The stoma is also called ostomy. The stoma is the end of the small bowel coming through the abdomen/belly.

During your surgery, the doctor will reconnect the two ends of your small intestine where the piece of ileum was removed to make the conduit, so that stool/feces continue to pass normally.

An ileal conduit is usually permanent for adults. Some children with birth defects may only need a temporary ileal conduit.
The Stoma

The stoma or opening is also called ostomy. It is soft, moist and will look pink to red in color like the inside of your mouth. It can be round or oval in shape. Because there are no nerves in the stoma, you will feel it when it is touched, but it will not be painful. Urine will flow out of the stoma and you will have no control over the start or stop of urine. A pouch will be fitted over the stoma to collect the urine.

Right after surgery, the stoma will be swollen and will look larger than it will be when healing takes place. As you heal, the swelling will slowly go down.

In the next few months, your ileal conduit will go through several changes until it reaches its final size. The stoma will stick out slightly from your belly, but it will not show through your clothes. The stoma will also change if you gain weight, lose weight or during pregnancy. If this happens, you may need to have your pouch adjusted.

The stoma may bleed slightly when wiped or cleaned. This is no cause for alarm. Wipe and clean the stoma gently with soft cloth or paper towel using a little soap and water.

You may have small tubes, called stents inserted during surgery. They will be removed several weeks after you surgery by your surgeon. Do not pull on them. When pouching, you can place the stents inside the pouch. You will have to use a two-piece pouch until the doctor takes them out. If they come off before the doctor takes them out, call the doctor immediately.

CHILDREN: As children grow, they may need different size pouches. Talk to your nurse about this.
Taking Care of Your Ileal Conduit

Caring for your ileal conduit is an important skill that you will learn with the help of your nurse. You may have mixed feelings about the changes that have happened to your body and how it works.

Feel free to share your thoughts and feelings with your family, friends and your nurse.

Pouch and Barrier

A pouch is where the urine will be collected. It also protects the skin around the stoma. There are two types of pouches: a one-piece pouch and a two-piece pouch.

The one-piece is the barrier and pouch as one item. The barrier is also called a wafer. The barrier needs to be cut to fit over your stoma. Once your stoma stops shrinking, in about 6 weeks, you can get a pre-cut pouch.

The two-piece has a pouch and a barrier. They are not attached together.

The ileal conduit pouch has a pocket that prevents the urine from backing up to the stoma. Place your fingers inside the bag and you will feel the pocket. It is called an anti-reflux system. It prevents the urine from backing up and getting the stoma and skin irritated. Your pouch should always have a pocket.

The ileal conduit pouch has a draining spout. This is how you empty the bag. Make sure you keep the spout closed in between emptying. At nighttime you can connect the spout to a bedside bag while you sleep. (More about the draining bag in the next section.)

A bedside bag is a urine bag that connects the pouch so urine flows to the bag and you do not have to get up to empty the pouch while you are sleeping.

CHILDREN: Some infants and small children’s ileal conduit bags do not have a pocket, (anti-reflux system).
Taking Care of Your Ileal Conduit

Using a bedside drainage bag

Most people prefer to use a bedside bag than to get up during the night to empty the urine. The urine will flow into a larger container so it will help prevent:

- Urinary infection
- Backflow of urine into the kidneys
- Pouch leakage
- Waking up several times at night to empty the pouch
- If you do not want to use a bedside bag at night, you must set up the alarm clock to wake up every 3-4 hours to empty the pouch

**CHILDREN:** Infants and small children do not get connected to a drainage bag. Empty the pouch in a small basin or diaper. Infants can be diapered to collect the urine at night.
How to empty the pouch

To care for your ileal conduit, you need to learn to empty the urine from the pouch.

- Empty the pouch frequently to prevent overflow. It is best to empty every 3 to 4 hours depending on how much you drink.
- Empty the pouch when it is 1/3 full.
- If the pouch fills all the way up, it can cause the barrier to pull away from the skin and leak. A full pouch can also increase your risk of infection. When the urine backs up to the stoma it can go up to the kidneys. This can cause an infection in the kidneys. To prevent this, empty the pouch when it is 1/3 full.
- Sit on the toilet or stand in front of it to empty your pouch. Or you can empty it in a urinal.
- At night, it is very important to connect the pouch to a bedside drainage bag.

CHILDREN:
- Children may need to have the pouch emptied more often since the pouch is smaller.
- Do not lift up the pouch while it’s on the child, it can loosen the barrier and may need to be changed more often.

Decreasing mucous

You may notice mucous in your urine. The conduit naturally produces mucus like the rest of your intestine so it is normal. As time goes by the amount of mucus will decrease. Drinking 8 cups or 32 ounces of liquid a day, will help decrease the mucus and make sure the urine flows freely. All fluids count toward the daily total. If you are under fluid restriction, speak with your doctor about how much water you can drink.
Taking Care of Your Ileal Conduit

How to change your pouch

Changing your pouch will be come easy after you do it a few times.

Your nurse will spend time teaching you how to change your pouch. It may seem difficult at first, but you will get better at it each time. One of the most helpful things you can do is to take a deep breath and relax.

The pouch can be changed every three to four days or two times a week. If the pouch leaks in between changes, you may have to change it more often.

**CHILDREN:** On a child the pouch may stay on for up to four days. On the infant, the pouch may have to be changed daily or every two days.

1. Gather all supplies:
   - Measuring guide
   - Pouch (if it is one piece) or
   - Wafer / barrier (if it is a two-piece)
   - Curved tip scissors
   - A few paper towels, damp with water
   - Stoma rings
   - Stoma strips
   - Ostomy belt
   - Stoma powder
2. Remove the Pouch and Barrier:

- Wash your hands.
- Carefully lift up on tape while gently pressing down on the skin.
- Gently remove pouch and barrier.
- Place pouch and barrier in a plastic bag, then place this bag in another plastic bag. This is called “double bagging.”
- Wash your hands with water and soap.
- Adhesive removal can be used when it is difficult to remove the barrier. If using, make sure you rinse it off well.

**CHILDREN:** It is not recommended to use adhesive removal on children. If used, clean the skin immediately with soap and water to avoid absorption into the skin daily or every two days.

3. Clean the skin:

- Gently clean the area around the stoma with paper towels and warm water only.
- **Do not use** alcohol, soap, hydrogen peroxide, lotions, or baby wipes. These ingredients will prevent the barrier from sticking well and may cause leakage. Baby wipes are not recommended as they have perfumes and lotion that will prevent the wafer from sticking to the skin.
- Make sure the skin is completely dry. Do not rub your skin while drying; instead, pat dry.
- Wash your hands.

**Tip:** Do not try to remove all the barrier material left on the skin. It does not harm the skin. Trying to remove by rubbing it off can harm the skin.
Taking Care of Your Ileal Conduit

4. Measure Your Stoma

- Your stoma will continue to shrink for about two months after surgery. You will need to measure it each time you change your pouch to be sure it fits well.
- Using the measuring guide, place it over the stoma until it fits without forcing it in. This is the size of the stoma. Write it down.

**TIP:**
- There is a measuring guide in each box of pouches.
- For children, the pouch size may need to be adjusted as the child grows.

5. Cut Your Pouch

- Place the measuring guide over the barrier. Trace the measurement on the back of the barrier with a marker.
- If you are using a one-piece pouch, make sure you pull the bag away before cutting so you do not cut the pouch.
- Cut the hole out following the measurement you traced.
- To make sure the hole fits the stoma, place the cut barrier over the stoma. It should fit easily over the stoma without having to force it in.
- Using a finger, go over the cut barrier hole to soften any sharp pieces.
6. Putting on Your Pouch

- Make sure your skin is dry. If your skin is not dry, follow the instructions on what to do when your skin is wet.
- Peel off the backing of the barrier, and place the barrier over the stoma. Apply light pressure around the inside of the barrier to help it stick.
- Make sure the spout is closed.
- For a two-piece pouch, place the pouch over the barrier and apply light pressure until it snaps in. To make sure the pouch and barrier are closed, pull up on the pouch softly. It should not separate.
- Throw away any used supplies.
- Wash your hands.

CHILDREN

- For infants, the pouch can be angled to the side to make it easier to empty into the diaper.
- If your child goes to school, meet with the school nurse to make a plan of ostomy care as needed during school hours. You can use a “Shadow Buddy” to teach the child about the stoma. Ask your nurse about this.

7. Using an Ostomy Belt

- You may decide to use an ostomy belt. The use of an ostomy belt is a personal choice. Ostomy belt can make you feel more secure. It can also help hold the pouch in place as you move. If you are using an ostomy belt, it should always be at the same level as the stoma and around your waist. Adjust the belt so you can get two fingers between the belt and your waist. A two-piece pouch has a tab to hold the belt. Belts cannot be use with a one-piece pouch. Ask your nurse about using an ostomy belt.

CHILDREN: Infants and children do not need to use a belt. The diaper can hold the pouch in place. For children that crawl, a one piece outfit holds the pouch out of the way.
Tips for Pouching

What to do when you have uneven skin

Stoma strips, powder, rings and paste can be used to even out the skin under the barrier. If you have skin folds or any uneven skin under the barrier, you can fill in with stoma paste or stoma strips. When using the paste, wait one minute for it to dry before putting the barrier on. Place the barrier on and apply light pressure all over the barrier to help seal. Ask your nurse about this.

What to do when the pouch leaks

- Stoma strips, paste and powder can be used to help fit the pouch and barrier better and prevent a leak.
- Use a thin line of stoma paste around the opening of the barrier you cut. Wait one minute to make sure the paste does not stick to your finger. Put on the barrier over the stoma and use light pressure around the opening of the barrier to smooth the paste and a seal. Your nurse can teach you how to use stoma paste.
- For uneven skin you can also use stoma strips. Use the stoma strips on any uneven skin under the barrier. You can also use the strips around the cut barrier hole. Place the barrier over the stoma and apply light pressure over the barrier to seal.

What to do if your skin is wet:

- If your skin is wet, you can use stoma powder to dry it up. Shake over a small amount of stoma powder on the wet skin. Using your finger spread the stoma powder evenly on the wet skin; you will see that the skin will now look dry. Using a finger, dap on some water over the powder. This will make it look shiny. Wait a few seconds for it to dry, and then apply the barrier. Apply soft pressure over the barrier to seal.
- Do not substitute stoma powder for another type of powder unless told by your doctor or nurse.
- You can use a stoma ring around the opening of the barrier. It is easier to use. Pull the stoma ring to the size of the barrier hole. Press on stoma ring to the barrier. Mold the stoma ring in place. Place the barrier over the stoma. Apply light pressure to make a seal. Your nurse can teach you how to do this.

**CHILDREN:** The stoma paste has alcohol and is not used on infants and small children. You can use powder, strips and rings on infants and small children.
Things to remember

- Keep all supplies in a dry and clean area. Wet and dirty supplies can cause infection.
- Do not wait for the pouch to leak. It is best to change it on a set schedule.
- If the pouch starts to leak before it’s due to be changed, you need to change it more often.
- In the hot weather your pouch may need to be changed more often.
- If you are going swimming, change the pouch.
- You can change your pouch standing in front of a mirror or using a small mirror so you can see your stoma.
- If you gain weight or lose weight, your barrier may need to be adjusted.
- Every time you change your pouch, look at your skin very closely. Any change to the skin should be taken care of right away.

CHILDREN: As the child grows, the pouch may need to be changed to a larger size. Talk to your nurse about this.
Taking Care of the Peristomal Skin

The skin around the stoma is called peristomal skin and it is very important to keep it healthy. It should look like the skin on the rest of your abdomen.

Peristomal skin problems happen when:

Appliance is cut too large or small
If the barrier is cut too small, it will hurt the stoma and make it bleed. If the barrier is cut too large, the urine will sit on the skin and damage the skin. Cut the barrier hole to fit the stoma size.

Leakage of urine onto skin
Change the pouch and barrier as soon as you notice any leakage. Use stoma paste, stoma strips or stoma rings around the barrier hole to help stop the leakage.

Skin damage from use of tape
You can use tape to hold the barrier to the skin if you want to feel more secure. Use very little tape, and do window framing. Window framing is to place one strip of tape around the barrier. You will use four pieces of tape, one piece on each side of the barrier. Half of the tape should be on the barrier, the other half on the skin. If the skin is damaged from tape, use stoma powder over it. Seal with a dap of water and then apply the barrier. You can also use barrier strips instead of tape.

Allergies
If the skin under the barrier gets red and wet, you may have an allergy to the barrier. Speak to your doctor or nurse about this. You may need to change the type of pouch and barrier you are using.

Perspiration/sweating
Sweating can make the barrier come off sooner. Make sure you check the barrier often in very hot weather.

Pulling the appliance off
Always remove the barrier using light pressure. If the barrier is pulled off, it can cause damage to the skin. Remove the barrier by pressing down on the skin as you pull the barrier off.
Living With an Ileal Conduit

Uncommon stoma problems

Each time you change your pouch, look at your stoma very closely. Some problems can develop underneath your barrier. If you notice any of the problems on the list below, call your doctor or nurse right away or go to the Emergency Room.

BLEEDING
“My stoma has been bleeding a lot and it isn’t stopping.”

- The stoma may have small cuts.
- You may have been rough during stoma care.
- You may be taking medications that cause bleeding.
- Clean and dry around the stoma using light pressure to prevent bleeding.
- If bleeding does not stop, contact your doctor right away.

CRYSTAL FORMATION
“There are shiny white bumps around my stoma.”

Urine sitting around the stoma can cause this. You need to empty bag when is a 1/3 full to prevent this from happening. It is not an emergency. Talk to your nurse or doctor about this. Call your doctor to make an appointment to evaluate your stoma.

HERNIA
“There is a lump under or around my stoma.”

Your intestine begins to push against the inside of the abdomen/belly. You may need to get a hernia belt. A hernia belt is like a girdle that will hold the hernia in. Ask your physician or nurse about this.
Living With an Ileal Conduit

**NECROSIS**

“My stoma is very black today.”

There is no blood going to the stoma. This is very serious.
Let your doctor know right away, or go to the Emergency Room.

**RETRACTION**

“My stoma is gone!”

The stoma disappears under the skin. This can cause problems with leakage. Your appliance needs to be changed. You will need a barrier with convexity. Convexity is a barrier that has a bottom that sticks out into the skin. You need to change your barrier to the one with convexity. You need to see your WOC nurse to be fitted for a convexity.

**STENOSIS**

“My urine is less and it just dribbles out.”

This can be cause by narrowing of the stoma. The stoma opening becomes very thin and the urine is having problem coming out. You need to see a doctor right away to have your stoma looked at.
How will I know if I have a urinary infection?

If you have smelly urine, a fever, or if you feel weak and tired, you may have a urine infection. You should contact your doctor for treatment as soon as possible.

Warning signs or a urinary infection:

- Dark, cloudy urine
- Strong-smelling urine
- Back pain (where you kidneys are located)
- Fever
- Loss of appetite
- Nausea
- Vomiting

What can I do to prevent urinary infection?

Things you can do to prevent a urine infection.

- Use nighttime drainage bag.
- Always wash your hands before working with your stoma.
- Make sure you drink enough liquid. You should drink at least eight ounces of liquid a day (check with your doctor)
- Any soup, juice, coffee, tea, or gelatin counts as liquid.
How will my ileal conduit change my life?

You had a life-saving operation. From now on, you can look ahead to better health. You will find that living with your ileal conduit will mean some changes in your lifestyle, but none that are too difficult to manage.
What about food and my ileal conduit?

You do not have to change your diet just because you have an ileal conduit. If you are on a special diet for some reason, you will need to stay on that diet. Also, drinking at least eight ounces of liquid a day will help keep your body in balance.
Living With an Ileal Conduit

What should I do about odor?

If you do not drink enough liquid, your urine will become concentrated and have a strong odor. Some foods like asparagus can cause a strong odor to your urine too. The easiest way to prevent the strong odor is to drink plenty of liquids, especially WATER!

Never put a tablet to prevent odor in the pouch, as it can cover up the odor in the urine when there is an infection present.

Foods That Can Cause Odor:

- Asparagus
- Cabbage
- Fish
- Spices
- Broccoli
- Eggs
- Garlic
- Turnips

Foods That Help Control Odor:

- Buttermilk
- Parsley
- Cranberry Juice
- Yogurt
Clothing

You will not need new clothes, but be sure that you don’t wear anything that is very tight fitting. Tight clothing can rub against the stoma and cause bleeding or prevent the pouch from filling up properly. Men can wear suspenders instead of belts. Women can still wear panty hose, light-weight girdles, and swimsuits.

**CHILDREN:** A one–piece outfit can help from having the child pull of the pouch.

Bathing

You may shower or bathe with or without your pouch. The tape on your pouch can get wet, but will not come off. Do not use very hot water over the pouch to prevent it from becoming loose.

**When doing WATER ACTIVITIES like:**

- Shower
- Sauna
- Swimming
- Bath
- Whirlpool

**Remember to do the following:**

- Empty pouch before going in the water.
- Put extra tape around the edges (optional).

**CHILDREN:**

A child can bathe with or without the pouch. Bathing does not harm the stoma. Do not use bubble baths. Barrier strips around the barrier or wafer are helpful for water activities.

Barrier strips are made of the same material as the barrier and can be ordered when ordering your ostomy supplies.
Living With an Ileal Conduit

Work and play

A positive attitude is very important as you get back to your life as it was before your operation.

Your stoma and pouch do not need to keep you from doing any activity you enjoy. It takes six to eight weeks to heal for most people. You can begin to increase your activity little by little. Do not carry heavy objects for the first eight weeks.

You can also think about going back to work at this time. If you do heavy work or play contact sports, you may need to make some changes. Talk with your doctor about your plans.

**CHILDREN:** Do not limit the child’s activities. For a very active child, use clothes that cover the pouch like a one piece outfit. A binder can help hold the pouch in place during play.

These activities will not hurt your stoma:

- Sleeping on it
- Holding children
- Carrying packages
- Dancing
- Playing basketball, golf, tennis
- Exercising
- Running or jogging
- Wearing a seat belt (avoid placing the seatbelt over the stoma)
Living With an Ileal Conduit

Travel

Planning ahead is the key to enjoying your trip anywhere in the world.

- When traveling out of the country, discuss your travel plans with your doctor and nurse.
- Carry your supplies with you so that they arrive when you do.
- Be careful; only drink bottled water when traveling out of the country.
- Wherever you go, whether across the street or across the country, always carry a complete pouch kit in a small travel bag in case you need to change.
You will want to take time to understand your feelings about your ileal conduit. By knowing your feelings, you can communicate them to your family and friends.

You can’t assume that your family and friends will know how you feel, but they can be a major source of support if you include them.

Talking about your feelings with the people in your life will take time. Be patient with yourself.

Many people feel that their bladder habits are a private matter. Even though you will do your own ileal conduit care, it is important that someone else understands how to do it also. Your nurse will teach anyone that you decide should know.
Sexual Activity

Sex is an important part of life and your sex life does not have to stop because you have an ileal conduit.

There are some changes to make that will come with time and patience and, you will need to make time to share your feelings with your partner.

After your operation, and for many weeks, you may not be interested in sex. This is normal. Allow time for healing.

Your partner may be afraid of hurting you. You need to let your partner know that sex is an important part of your recovery.

Do not assume that your partner is “turned off” by the stoma or pouch. Again, be patient. Give your partner time and continue to discuss your feelings. Feel free to discuss creative options like specially designed undergarment, or lingerie with your nurse when you are ready.

Also, talk with your doctor if there are changes in your sexual function after your operation. Your doctor or nurse will be able to provide you with information that can help you make any adjustment.
Helpful Hints:

Preventing Hair Loss Some men with excessive hair may want to shave to prevent hair from pulling when removing the pouch. Never use razors, instead use an electric razor.

Wearing Belts Wearing a belt is a personal choice. Some persons will wear a belt to feel more secure or give it more support. If you wear a belt, make sure you can get two fingers width between the belt and your waist. Belt should be worn at the waist level. If the stoma is below the waist level, the belt will pull the pouch system out and created leakage.

Drainage System Night draining system should be used to prevent leakage and to allow you to sleep undisturbed. Connect the drainage system when the pouch still has some urine to prevent a vacuum effect. You can place the drainage system hanging on the bedside or a receptacle on the floor.

Cleaning To clean the tubing and bedside drainage system, use a solution of water and vinegar. Use one part white vinegar to three parts of water.

Ostomy Kit On-the-Go Take your ostomy supplies with you when being admitted to the hospital. The hospital may not have the supplies you need or the correct size of the pouch.

Storage Always store ostomy supplies in a cool dry place. During hot weather and cold temperature, the ostomy supplies may get damaged.

Don’t:

- Do not take urine samples from the pouch. You should use a catheter to obtain a sample of urine directly from the stoma. Your nurse or doctor can help you.
- Avoid using clothes where the waistband rubs against the stoma. It can prevent the pouch from filling and can cause leakage.
Support Groups

If you feel you need help to adjust to your new life with a stoma, you may need a special support group or a visitor from United Ostomy Association of America (UOAA). Check out the list of Support Groups on the next page.

Visiting Nurse Service of New York
1-888-VNS-1-CALL (1-888-867-1225)

The United Ostomy Association of America (UOAA)
1-800-826-0826
www.uoaa.org

Local chapters of UOAA
Maimonides Hospital
718-283-7954

NY Presbyterian Hospital
212-746-6777

Long Island/Nassau
516-759-0734

Long Island/South Shore
516-536-8119
Supplies

Enter the specific information about your appliance and the other supplies that you use. This will be handy when you need to place an order to the supply company.

Supply Company: ___________________________ Phone Number: ___________________________

Brand Name of Pouch: ___________________________

Pouch Order #: ___________________________ Size: ___________________________

Wafer/Barrier Order #: ___________________________ Size: ___________________________

Night Drainage Bags: ___________________________ Leg Bags: ___________________________

Other Supplies:

__________________________________________________________________________

__________________________________________________________________________

Note:

__________________________________________________________________________

__________________________________________________________________________

Questions for your doctor or nurses:

__________________________________________________________________________

__________________________________________________________________________

Optional Supplies:

• Barrier strips
• Powder
• Skin sealant
• Stoma paste

• Ostomy belt
• Belts
• Stoma rings
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TOGETHER WE CAN MAKE ALL THE DIFFERENCE.

Thanks to our generous donors, VNSNY is able to offer a vast range of direct patient services to the entire New York City metropolitan area, including those who otherwise could not afford care. For example:

• Providing urgent and long-term charitable health care to uninsured and underinsured New Yorkers as well as free health education and screenings to tens of thousands of New Yorkers.
• Caring for children with chronic illnesses and developmental delays and disabilities.
• Pairing first-time low-income mothers with nurses committed to improving their health, well-being and self-sufficiency.
• Purchasing life necessities, such as coats, medications, and transportation for our neediest patients, and offering free wigs to cancer patients.
• Improving health care quality and helping patients to manage chronic conditions and receive the most effective treatments possible in the comfort of their own homes thanks to vital research provided by VNSNY’s preeminent Center for Home Care Policy and Research.
• Supporting Aging in Place allowing older New Yorkers to remain independent in their own homes, and with greater dignity and quality of life.

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Won’t you join us in bringing this critical charitable care to our community’s neediest? VNSNY is a not-for-profit organization and we count on the public—our donors—for support.

Please mail your gift in the enclosed envelope or send it to:

Visiting Nurse Service of New York
Development Department
107 East 70th Street, 5th Floor
New York, NY 10021

You can also make contributions easily online. Please visit our website at www.vnsny.org/donate, or call our donation hotline at 212-609-1525.

Thank you! Together with your generous support, VNSNY will continue to provide the highest-quality, skilled and compassionate home health care in the New York metropolitan area.
A VNSNY SELF-CARE GUIDE
for the Management of Ileal Conduit