



Taking a Urine Sample from a Urostomy / Ileal Conduit

Purpose	To obtain a clean, uncontaminated urine specimen from an ileal conduit / urostomy for culture and sensitivity
Clinical Considerations	<ul style="list-style-type: none"> • Incorrect sampling techniques may lead to inaccurate culture results and diagnosis. • Urine from an ileal conduit / urostomy may be cloudy due to the presence of mucous, this is often a normal phenomenon • Understand the anatomy of an ileal conduit / urostomy • If appropriate, encourage the patient / client to increase fluid intake pre-procedure to ensure adequate urine volume for specimen collection
Procedure	<ul style="list-style-type: none"> • Remove the existing stoma pouch <ul style="list-style-type: none"> ▪ Hold the sterile specimen container underneath the stoma to collect urine dripping directly from the stoma into the specimen container ▪ Alternatively, apply a new, clean urostomy pouch and collect first pass of urine from the pouch into the specimen container • Allow 5ml – 10ml of urine to drain into sterile specimen container • Ensure the specimen is labelled as per facility policy, note the sample is from a urostomy on the label
References	<ul style="list-style-type: none"> • Magistro, G., Zimmermann, L., Bischof, R. et al. (2021). ‘The natural course of urinalysis after urinary diversion’. <i>World Journal of Urology</i>, vol. 39, pp. 1559–1567. • Mahoney, M., Baxter, K., Burgess, J. et al. (2013). ‘Procedure for Obtaining a Urine Sample From a Urostomy, Ileal Conduit, and Colon Conduit: A Best Practice Guideline for Clinicians’. <i>Journal of Wound Ostomy Continence Nursing</i>. Vol 40(3), pp 277-279. • Vaarala, M. (2018). ‘Urinary Sample Collection Methods in Ileal Conduit Urinary Diversion Patients’. <i>Journal of Wound Ostomy Continence Nursing</i>. Vol 45(1), pp 59-62.