

Indiana Pouch

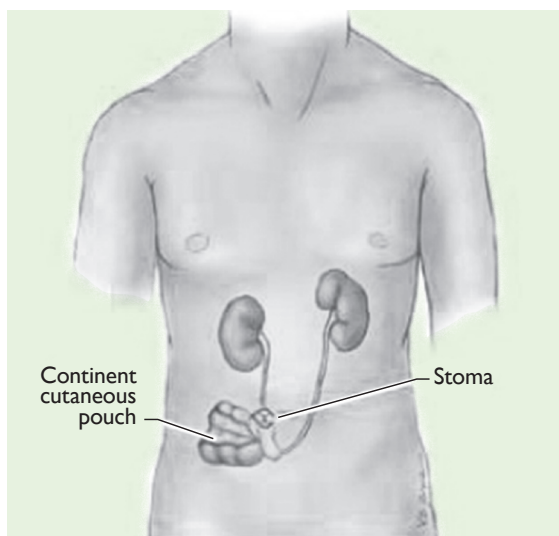
► What is an Indiana Pouch?

An Indiana pouch is an internal storage “container” for urine used as a type of *urinary diversion*. It is the most common type of continent cutaneous urinary reservoir.

► How is the Indiana Pouch created?

Normally, urine passes from the kidneys through the *ureters* and into the bladder, and from the bladder through the *urethra* and out of the body.

- Following the removal of the bladder, a segment of the *colon* and a portion of the small intestine are used to form a new pouch, or reservoir.
- The ureters that lead from the kidney are connected to the pouch. Urine drains from the kidneys into the Indiana pouch. The Indiana pouch is inside the body to store urine.
- A small opening in the abdomen called a *stoma*, is made. The Indiana pouch is connected to the stoma.
- The pouch is drained by inserting a *catheter* through the stoma and into the pouch where the urine is stored. After the pouch is emptied the catheter is removed. No external bag is needed.



ASK YOUR HEALTHCARE TEAM

- » *Is an Indiana pouch a good option for me?*
 - What are the benefits and risks of the Indiana pouch?
 - What will happen if you decide you cannot do a pouch during the surgery?
- » *What will my life be like with the Indiana pouch?*
 - Where will you put the opening for the stoma?
 - How difficult is it to use a catheter?
 - What types of infections and complications am I at risk for? What symptoms or side effects should I look out for after the surgery?
 - How long is the recovery process? What should I expect during recovery?
 - How will the Indiana pouch affect my lifestyle and activities?
 - How often does the pouch fail? What happens if it does?
 - Am I likely to require future surgery?
- » *What is your experience with the Indiana pouch urinary diversion?*

Always consider
a 2nd Opinion



TERMS TO KNOW

- **Catheter:** a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid.
- **Chemotherapy:** The treatment of cancer disease by the use of chemical substances.
- **Colon:** Part of the large intestine.
- **Stoma :** A surgically created opening on the body to remove urine.
- **Ureter:** The tube that carries urine from the kidney to the bladder.
- **Urethra:** The tube through which urine leaves the body.
- **Urinary diversion:** A new way for urine to go from the kidneys out of the body created using a part of the intestine.
- **Urologist:** A doctor who specializes in diseases of the urinary organs in females and the urinary and sex organs of males.

WHAT YOU SHOULD KNOW: Advice from patients who are living with an Indiana pouch

BEFORE YOUR INDIANA POUCH SURGERY



Ask your doctor about any special preparations you should follow before your surgery. These can include:

- Any medication or herbal use you should avoid or stop taking
- Food and drink limitations

AFTER YOUR INDIANA POUCH SURGERY



You can live a healthy, active life with an Indiana pouch. Getting used to your new normal will take time and patience.

» Learning to use a catheter

- Using a catheter to empty your pouch is easy and painless (the stoma channel has little to no feeling).
- Keep a kit with you so you can catheterize and drain the pouch whenever you need to. The kit should contain a couple of catheters, lubricant such as K-Y gel to allow the catheter to slide easily into the pouch, and hand wipes. You may also want to have a mini-sanitary pad to attach to your underwear over the stoma to catch any leaks.
- Make a schedule to drain your pouch at specific intervals, even at night. Be patient when it is draining.
- In the beginning, you will drain your pouch at one to two hour intervals. The pouch must be allowed to stretch. The goal is for your pouch to hold 13-16 ounces of urine.

» With care, you can avoid a lot of problems

- In the beginning you will flush the pouch with saline water to clear out any mucus.
- Drink plenty of water. The pouch produces mucus, since it used to be a piece of your intestine, and the mucus can build up. If you drink lots of water, it dilutes the mucous. When well hydrated, your urine will be pale yellow.
- Leaks will still happen sometimes, so have a plan for what you will do in case of a leak. You might want to have a backup shirt at work or in your car.
- A urinary tract infection (UTI) can occur. Watch for stronger smelling, cloudy, darker urine or blood in your urine. A UTI may also cause lower back pain. Contact your *urologist* if you suspect you have a UTI.

SUPPORT IS IMPORTANT

- Talk to your family and friends about your Indiana Pouch; and don't hesitate to ask for help.

NEXT STEPS:

- You will need occasional blood tests to check your body salts and kidney function.
- You will also need occasional imaging to confirm cancer has not recurred.
- You will still need regular checkups to make sure the cancer has not spread.
- Your doctor may recommend *chemotherapy* to help prevent the cancer from spreading.
- It can be helpful to talk to someone who has experience with an Indiana pouch. Call the BCAN Survivor 2 Survivor program to connect with a volunteer who knows about an Indiana pouch. Dial 888-901-BCAN.

The Bladder Cancer Advocacy Network (BCAN)

BCAN's mission is to increase public awareness about bladder cancer, advance bladder cancer research, and provide educational and support services for the bladder cancer community.



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888-901-BCAN (2226)