Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

How To Care for Your Continent Cutaneous Diversion

This information explains how to care for your continent cutaneous (kyoo-TAY-nee-us) diversion after surgery. It also explains how to catheterize (KA-theh-ter-RIZE) your continent cutaneous diversion and follow a catheterization (KA-theh-ter-rih-ZAY-shun) schedule.

A continent cutaneous diversion is also called an Indiana pouch.

About your pouch

During your bladder removal surgery, your surgeon made a new way for your urine (pee) to leave your body. They used part of your small and large intestine to make a pouch inside your body. The pouch holds your urine.

Your surgeon also used part of your intestine to make a stoma. A stoma is a small opening in your abdomen (belly) where urine can leave your body.

You'll use a catheter (a thin, flexible tube) to drain your pouch a few times a day. This process is called catheterization. You'll put the catheter through your stoma into your pouch to drain all the urine. You'll take out the catheter when your pouch is empty.

Catheterization schedule for your pouch

You'll need to empty your pouch on a catheterization schedule. It's important to follow this schedule as you heal from surgery. It will help keep your pouch from stretching too much or bursting.

You may find it hard to get used to a catheterization schedule at first. In time,

you'll get into a routine that's right for you.

Sample catheterization schedule

Here's a sample catheterization schedule for your pouch after surgery. Your doctor may tell you to follow a different schedule. Follow their instructions.

	Daytime	Nighttime
Week 1	Empty your pouch every 2 hours. Do not wait more than 2 hours to empty it.	Empty your pouch every 3 hours. Do not wait more than 3 hours to empty it.
Week 2	Empty your pouch every 3 hours. Do not wait more than 3 hours to empty it.	Empty your pouch every 4 hours. Do not wait more than 4 hours to empty it.
Week 3	Empty your pouch every 4 hours. Do not wait more than 4 hours to empty it.	Empty your pouch every 5 hours. Do not wait more than 5 hours to empty it.
Week 4	Empty your pouch every 5 hours. Do not wait more than 5 hours to empty it.	Empty your pouch every 6 hours. Do not wait more than 6 hours to empty it.

Tips for following a catheterization schedule

- **Never go more than the scheduled number of hours without emptying your pouch**. If you do, your pouch can stretch too much or burst.
- Set an alarm to wake you up in the middle of the night to empty your pouch.
- You may feel pressure or fullness between the times you're scheduled to empty your pouch. If you do, empty your pouch before the next scheduled time.
- A little bit of urine may leak from your stoma between the times you're scheduled to empty your pouch. If this happens:
  - **Shorten the number of hours between emptying your pouch**. For example, if you're scheduled to empty your pouch every 3 hours, try emptying it every 2 hours instead.
  - **Go back to last week's schedule**. Your pouch may not be able to hold the higher amount of urine just yet.

Emptying your pouch

When you need to empty your pouch, you may feel:

- Pressure
- Fullness
- Mild cramps in your abdomen
- Discomfort in your lower back, often on the right side

It will feel different from when you needed to urinate (pee) before your surgery.

Catheter types

Most people use a straight-tip catheter after surgery. This catheter has a straight insertion tip (the end of the catheter you put into your stoma). The straight design makes it faster and easier to put in than other catheters.

If you have pain or discomfort when using a straight-tip catheter, your doctor may recommend a coudé (coo-DAY) catheter. This catheter has a slight curve at the insertion tip, which lets you move past tight spots or blockages.

Your doctor will tell you which catheter is best to use. Make sure to keep a record of the type of catheter you're using and its size.

How to empty your pouch

Follow these instructions to empty your pouch. This is called catheterizing (KA-theh-ter-RI-zing) your pouch. **If you have trouble catheterizing your pouch, stop and call your doctor's office. Tell them if you're having drainage problems or problems putting in the catheter**.

1. Gather your supplies on a clean surface. You'll need:
    - Paper towels.
    - 1 catheter.
    - A water-based lubricant (such as K-Y Jelly®). Do not use a silicone-based

lubricant or petroleum jelly (such as Vaseline®).

- If you're using a pre-lubricated catheter, you do not need lubricant. The catheter comes with lubricant already on it.

- A container to collect your urine in, if you can't catheterize in a bathroom.
- Gauze and tape or a patch (such as an AMPatch® stoma cover).

2. Clean your hands.
   - If you're washing your hands with soap and water, wet your hands with warm water and apply soap. Rub your hands together for 20 seconds, then rinse. Dry your hands with a paper towel. Use that same paper towel to turn off the faucet.
   - If you're using an alcohol-based hand sanitizer, cover all parts of your hands with it. Rub your hands together until they're dry.
3. Take off the gauze and tape or the patch covering your stoma. Use a clean paper towel to wipe away moisture or mucus from your stoma.
4. **If you're using a pre-lubricated catheter**: Open the package and go on to step 5.
   If you're using a non-lubricated catheter: Open both the lubricant and the package with the catheter. Squeeze lubricant onto the insertion tip of the catheter. Move it along the catheter, squeezing as you go, to cover ⅓ to ½ of the catheter with lubricant.
   - You do not need to put lubricant on the whole catheter. Your body will naturally push any extra lubricant down the catheter as it moves through your stoma.
5. Stand in front of a toilet. If you can't stand, you can sit on the toilet seat. Sit all the way back on the seat with your feet flat on the floor. Do not squat over the seat.
   - If you sit, it may be hard to aim the catheter into the toilet. To avoid spills, use a container to collect your urine.
   - If you can't catheterize in a bathroom, go to a private room. You can use a container to collect your urine.

6. Gently put the insertion tip into your stoma. Slowly guide the catheter through your stoma into your pouch until urine starts to drain. Let the urine flow into the toilet or container.

   It's important to be patient, as this process can take 5 to 10 minutes. Hold the catheter in place until no more urine is draining.

   - **If you're using a straight-tip catheter**: If no urine is draining, gently pull out 1 to 2 inches (2.5 to 5 centimeters) of the catheter. Slowly rotate the catheter (spin it in place) about ½ a turn, then move it back into place.
   - **If you're using a coudé catheter**: If no urine is draining, change your body position (see step 7). **Do not rotate the catheter**. Rotating it may cause discomfort.
7. Change your body position to see if any more urine comes out. For example, if you're bending forward, try leaning back or twisting from side to side. Changing position can help move urine out of a pocket in your pouch where it may have collected. You may need to change positions a few times to fully empty your pouch.
8. When you're done, flush the urine down the toilet. If you used a container, pour the urine into the toilet and flush it.
9. Slowly pull the catheter out of your stoma a little bit at a time. If some urine flows out, wait until all of it drains before pulling the catheter out more.
   - **If you're using a straight-tip catheter**: You can rotate the catheter ¼ to ½ a turn in each direction as you pull it out. This helps make sure all the urine drains out.
   - **If you're using a coudé catheter**: Do not rotate the catheter as you pull it out. Rotating it may cause discomfort.
10. Throw away the catheter.
11. Use a clean paper towel to wipe away lubricant from your stoma. You can also clean the area around your stoma with soap and water. Make sure to dry the area fully.
12. Follow step 2 to clean your hands again.

13. Cover your stoma with a new gauze and tape or a new patch.

Cleaning your supplies

Catheter

It's important to use a new catheter every time you empty your pouch. Reusing catheters can put you at higher risk for infection.

If you must reuse the same catheter, you must wash it after each use.

Gently wash the catheter by hand with warm water and mild soap. Rinse the catheter very well under warm running water. Make sure the water flows through the inside of the catheter to rinse all the soap out.

When you're done, gently shake the catheter to get rid of any extra water. Let the catheter air dry on a clean towel or paper towel. Once it's dry, put it in a plastic bag (such as a Ziploc® bag) and store it in a clean place.

Container

If you used a container to collect your urine, wash it with warm water and soap. Let it air dry on a clean surface.

Caring for your pouch and stoma

Here are some tips to help you care for your pouch and stoma.

Managing leakage

It's normal for urine to leak from your stoma for the first few weeks after your surgery. This happens because your pouch needs time to stretch and adjust to holding urine. Normally, the urine is a small, constant leak.

To help manage leakage during the day, follow your catheterization schedule and empty your pouch regularly. If you wait too long, your pouch can get too full and start to overflow.

It's also helpful to have a plan for managing leaks throughout the day. This includes carrying extra clothing and supplies, such as gauze and tape or

patches.

To help manage leakage at night, avoid drinking too much liquid for a few hours before your bedtime. It also helps to empty your pouch right before you go to bed.

You can also wear incontinence (in-KON-tih-nents) pads, liners, or underwear over your stoma. They help absorb (soak up) leaks and protect your clothing while you're asleep.

Talk with your care team if you still have leakage 6 weeks after your surgery.

Putting in a catheter

Sometimes, you may have trouble putting a catheter through your stoma into your pouch. One reason for this can be a blockage. Mucus buildup or a swollen or irritated stoma are common causes of blockage.

Feeling nervous can also make it harder to put a catheter through your stoma into your pouch. It can make your body tense up, which makes it harder to put in the catheter.

If you have trouble putting in a catheter, it's helpful to:

- **Relax and take deep breaths**. Try to relax your body and mind as much as you can before and during catheterization. Taking deep breaths can help relax your muscles and make it easier to put in the catheter.
- **Take a break**. If you keep feeling resistance when trying to put in the catheter, do not force it in. Forcing it can be harmful. Stop what you're doing and take a break. Try again in 10 minutes.
- **Use a smaller catheter**. In an emergency, use a catheter that's one size smaller than what you normally use. For example, if you use a size 14 French (FR) catheter, try using a 12 FR catheter instead.

Talk with your care team if you have trouble putting in a catheter. They may need to watch how you do it to see where you're having problems. They can show you how to fix it and help you practice putting in the catheter. If you keep

having trouble, they may need to change the type of catheter you're using.

Dealing with drainage problems

Drainage problems are common when you have a pouch. One type of drainage problem is incomplete drainage. This is when you do not drain all the urine from your pouch during catheterization.

Incomplete drainage can put you at higher risk for infection. It also can raise your risk of forming kidney crystals in your pouch. Kidney crystals can become kidney stones if they're not treated. That's why it's important to drain all the urine from your pouch and make sure it's empty. Doing this may take some time, but you must do this step.

Mucus can also cause drainage problems. It's normal for mucus to come out of your stoma. But if the mucus is thick or there's a lot of it, it can clog the catheter and block it from draining. To thin out the mucus, drink more water.

It's also helpful to irrigate (wash out or flush) your pouch often to prevent mucus buildup.

Using lubricant

It's important to always lubricate the catheter before catheterization. Lubricant helps the catheter slide easily into your stoma with less friction (rubbing) between the catheter and your stoma's delicate tissues. It also helps prevent irritation, pain, and harm to your stoma lining, such as tears or scrapes.

One option is to use a water-based lubricant, such as K-Y Jelly. Water-based lubricants are made for medical use and safe for your body.

Another option is to use pre-lubricated catheters. They come with lubricant already on them and are ready to use right out of the package.

Do not use a silicone-based lubricant. It can break down or weaken the catheter material over time.

Do not use petroleum jelly (such as Vaseline) as lubricant. It can clog the catheter.

Managing stenosis

Stenosis (steh-NOH-sis) is when the opening of your stoma narrows, becoming very small and tight. Stenosis can happen any time after your surgery.

To help manage stenosis, use a smaller size catheter that fits into your narrowed stoma opening. This will make it easier to drain urine.

Talk with your care team if you have trouble managing stenosis, such as putting in a catheter or ongoing drainage problems.

When to call your care team

Call your doctor's office right away if you have:

- Trouble putting in a catheter, draining urine from your pouch, or irrigating your pouch
- Blood in your urine
- Pain in your abdomen, pain between your ribs, or discomfort in your lower back
- Signs of an infection, such as:
  - A fever of 101 °F (38.3 °C) or higher
  - Chills
  - Cloudy or dark-colored urine
  - Urine that smells bad
  - Thick mucus or more mucus than usual

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

How To Care for Your Continent Cutaneous Diversion - Last updated on July 18, 2025
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