

Urology – ACS urostomy management
Meeting 3/22/24

Aim: to set logistical guidelines and service line expectations for management of post-operative issues for patients with ileal conduit.

- Post-operative patients who present within 30 days of urologic surgery will be admitted to the urology service with urology driving the plan of care. ACS will be available by request as a consulting service.
- Post-operative patients who present after 30 days of urologic surgery will be managed as follows:
 - Bowel obstructions (regardless of etiology) will be managed primarily by ACS with urology following in consultation as needed. Obstructions due to a parastomal hernia should trigger a urology consultation.
 - For obstructed patients that are managed operatively, urology will be available intraoperatively as needed to assist with management of the ileal conduit and/or ureters. The urology attending on call should be notified of ACS operative plans ahead of time when possible in order to coordinate urology availability for the OR.
 - All urology consults should be directed to the urology attending on call regardless of which urologic surgeon performed the ileal conduit.
 - Non-urgent parastomal hernias should be referred to Gretzer (urology) clinic for evaluation of repair.