

**Understanding Your Ostomy:
Colostomy, Ileostomy or Urostomy**



The information provided in this guide is not medical advice and is not intended to substitute for the recommendations of your personal physician or other healthcare professional. This guide should not be used to seek help in a medical emergency. If you experience a medical emergency, seek medical treatment in person immediately.

Life After Ostomy Surgery

“ As a person who lives with an ostomy, I understand the importance of support and encouragement in those days, weeks, and even months after ostomy surgery. I also know the richness of life, and what it means to continue living my life as a happy and productive person. Can I shower? Can I swim? Can I still exercise? Will I still have a healthy love life?

These are the questions that crossed my mind as I laid in my bed recovering from ostomy surgery. In the weeks following, I quickly discovered the answer to all of these questions for me was YES! I was the person who would empower myself to take the necessary steps and move forward past my stoma. Those who cared for and loved me would be there to support me through my progress and recovery.

Everyone will have a different journey. There will be highs, and there will be lows. Although our experiences will differ, I encourage you to embrace the opportunity for a new beginning and not fear it. Remember that resources and support are available to you — you are not alone. Our experiences shape our character and allow us to grow as people. Try and grow from this experience and embrace the world around you.

This guide has been carefully crafted for you — the individual, the spouse, the parent, the grandparent, the caregiver, the person with a stoma. Hopefully, it will help you obtain the knowledge and skills you need to move beyond your ostomy, and back into your life.

— BROCK M., LIVING WITH AN OSTOMY SINCE 2000

”



If you are about to have — or recently had — ostomy surgery, this guide can help you understand what it is and how to manage it. The more you know, the more you can ease some of the concerns you may have about living with an ostomy. It is important to remember that you are not alone. Every year, thousands of people have ostomy surgery. For some, it is a lifesaving event. It may be performed to repair an injury, or remove a tumor. No matter what the reason, having questions and concerns is a natural part of the process.

This guide is intended to complement information given to you by your healthcare professional, such as a nurse who specializes in ostomy care.

A glossary is included at the back of this guide to help with some terms with which you may not be familiar.

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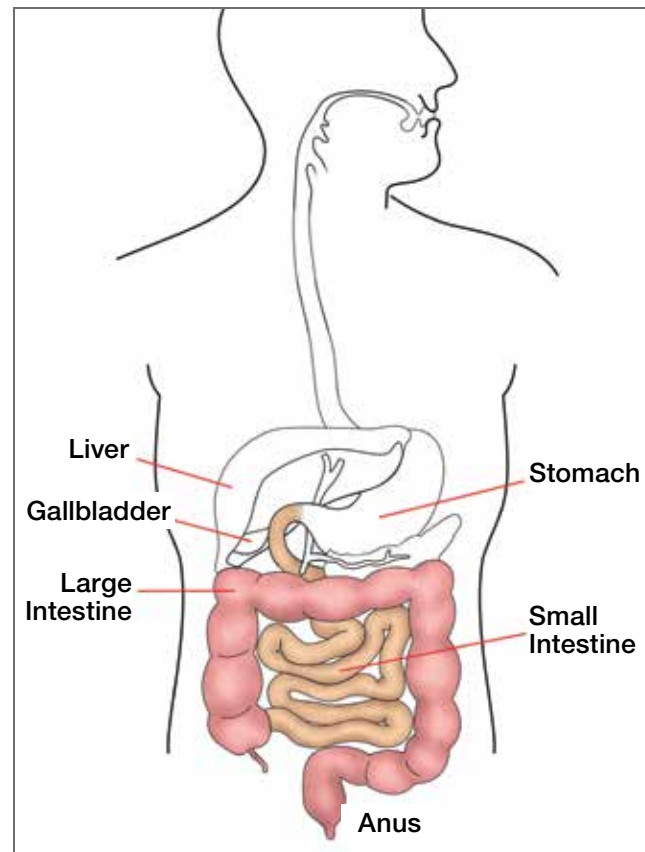
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Understanding Your Body

“Ostomy” is a general term to describe a surgical procedure where an opening called a stoma (or ostomy) is created to allow output (stool or urine) to drain out of the body. Three main ostomy types will be discussed in this guide: colostomy (for stool), ileostomy (also for stool), and urostomy (for urine).

The Digestive System and Ostomies for Stool: Colostomy and Ileostomy



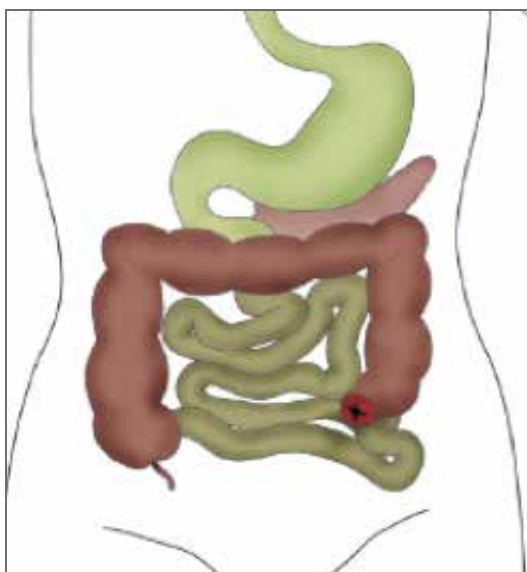
In order to better understand your colostomy or ileostomy, it is helpful to first understand more about the human digestive system.

When you chew your food and swallow it, the food goes down your esophagus into your stomach. Stomach acids and chemicals called enzymes break down the food until it becomes a liquid mixture.

From your stomach, the liquid food mixture goes into your small intestine, where most digestion takes place. Vitamins, minerals, proteins, fats, and carbohydrates are all absorbed into your body through your small intestine. Any food that is not absorbed in the small intestine goes into the large intestine (colon) as liquid waste or stool. Your large intestine absorbs water from your stool so it becomes more formed as it moves through. The rectum stores your stool until you have a bowel movement. When you have a bowel movement, stool and gas go from your colon into your rectum, and then out of your body through your anus. A muscle in your anus, called the anal sphincter, allows you to control when to have a bowel movement.

How a Colostomy Is Created

A colostomy is a surgically created opening (ostomy) to eliminate waste out of the body after a section of the large intestine (colon) has been removed or bypassed.



With a colostomy, waste is eliminated through the ostomy instead of through the anus. Because there is no sphincter muscle to voluntarily control when to eliminate waste, it collects into a drainable ostomy pouching system.

Ostomy pouching systems for stool are explained further on page 19.

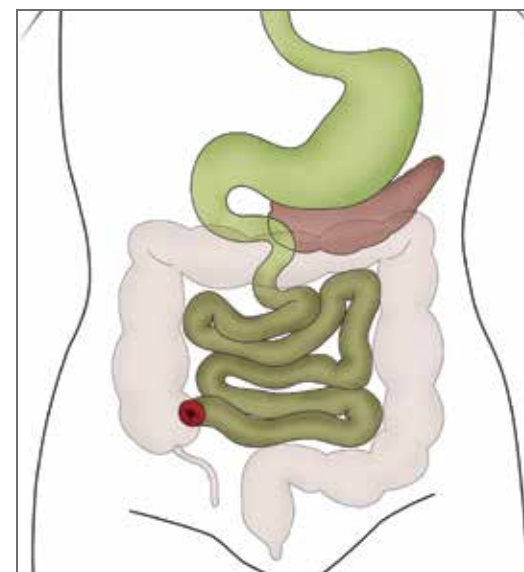
To construct a colostomy, your surgeon brings part of the large intestine (colon) through the abdominal wall. This new opening in your abdominal wall is called a stoma (or ostomy). A colostomy is often located on the left side of the abdomen.

A colostomy may be temporary or permanent, depending on the medical reason for the surgery. In some cases where the anal sphincter is intact but a portion of the bowel needs to rest and heal, a temporary ostomy is created.

The output from a colostomy will be semi-solid or formed stool. Gas will continue to be produced in the bowel and will exit from the ostomy into the pouch. The pouch usually will need to be emptied or changed just once or twice per day.

How an Ileostomy Is Created

An ileostomy is a surgically created opening (ostomy) to eliminate waste out of the body after a section of the small intestine, or the entire large intestine (colon), has been removed or bypassed.



With an ileostomy, waste is eliminated through the ostomy instead of through the anus. Because there is no sphincter muscle to voluntarily control when to eliminate waste, it collects into a drainable ostomy pouching system.

Ostomy pouching systems for stool are explained further on page 19.

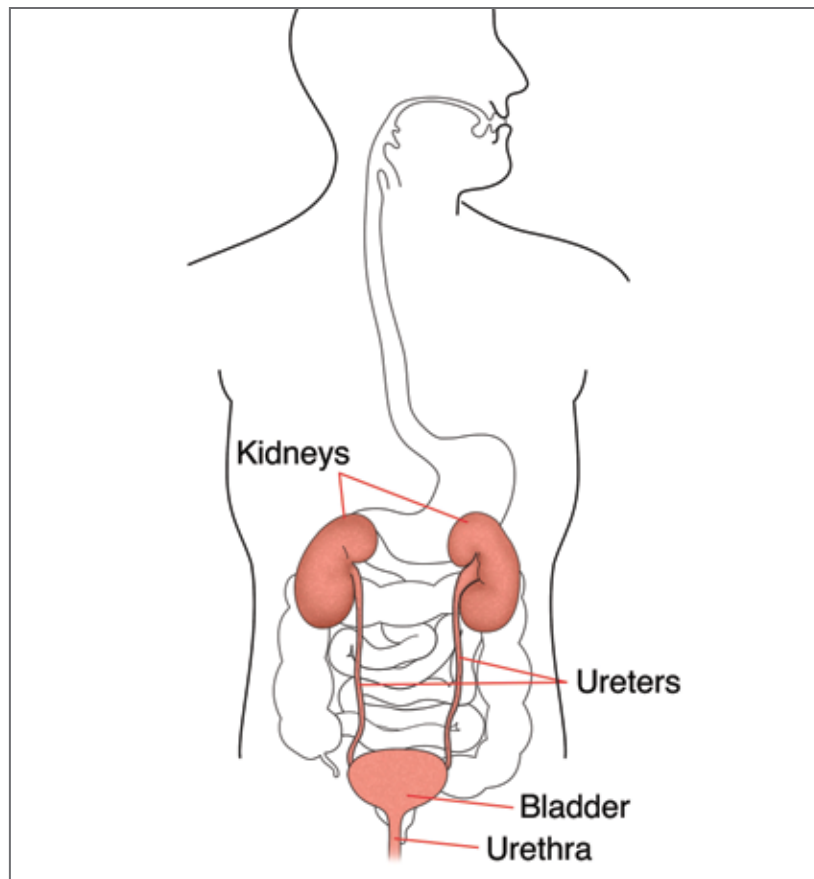
To construct an ileostomy, your surgeon brings part of the small intestine (ileum) through the abdominal wall. This new opening in your abdominal wall is called a stoma (or ostomy). An ileostomy is often located on the right side of the abdomen.

An ileostomy may be temporary or permanent, depending on the medical reason for the surgery. In some cases where the anal sphincter is intact but a portion of the bowel needs to rest and heal, a temporary ostomy is created.

The output from an ileostomy will be dark green liquid to mushy stool with gas. The pouch usually needs to be emptied several times per day.

The Urinary System and Ostomies for Urine: Urostomy

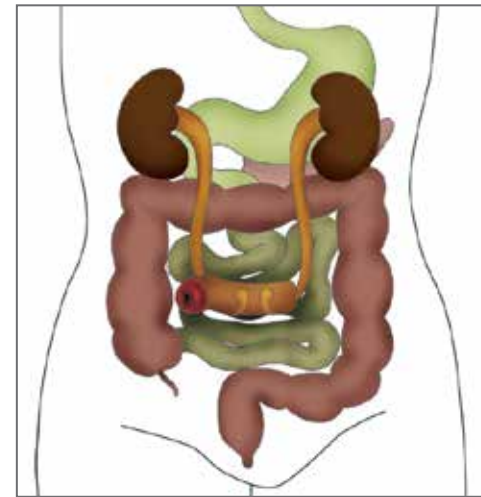
In order to better understand your urostomy, it is helpful to first understand more about the human urinary system.



It begins with the kidneys. Urine or liquid waste flows from the kidneys through two narrow tubes called ureters and collects in the bladder. The flow of urine is fairly constant. A sphincter muscle allows the bladder to store urine until it is convenient to empty the bladder, or urinate. When a person urinates, the sphincter muscle relaxes, allowing urine to flow out of the body through a narrow tube called the urethra.

How a Urostomy is Created

A urostomy — sometimes called a urinary diversion — is a surgically created opening (ostomy) to drain urine out of the body after the bladder has been removed or bypassed.



With a urostomy, urine is eliminated through the ostomy instead of through the urethra. Because there is no sphincter muscle to voluntarily control when to urinate, urine collects into an ostomy pouching system with a drain tap at the bottom. ***Ostomy pouching systems for urine are explained further on page 20.***

Your surgeon may select one of several methods to create the urostomy. The surgeon removes a short segment of intestine to use as a pipeline — or conduit — for urine to flow out of your body. The few inches that the surgeon removes for the conduit will not affect how the intestine works. The surgeon will reconnect the intestine, and it will continue to function just as it did before. The surgeon then closes one end of the conduit, inserts the ureters into the conduit, and brings the open end of the conduit through the abdominal wall. This new opening in your abdominal wall is called a stoma (or ostomy). A urostomy is often located on the right side of the abdomen, and will drain urine and mucus.

FACT

The clinical name for your type of urostomy is based on which portion of your intestine is used to create the diversion. For an ileal conduit, the most common type, the surgeon uses a short segment of the small intestine (ileum).

The Stoma

While stomas come in a variety of sizes and shapes, a healthy stoma:



End Stoma

- Is pink or red in color and is slightly moist
- Is not painful
- Bleeds easily when rubbed or bumped (for example, when washing), but should resolve quickly

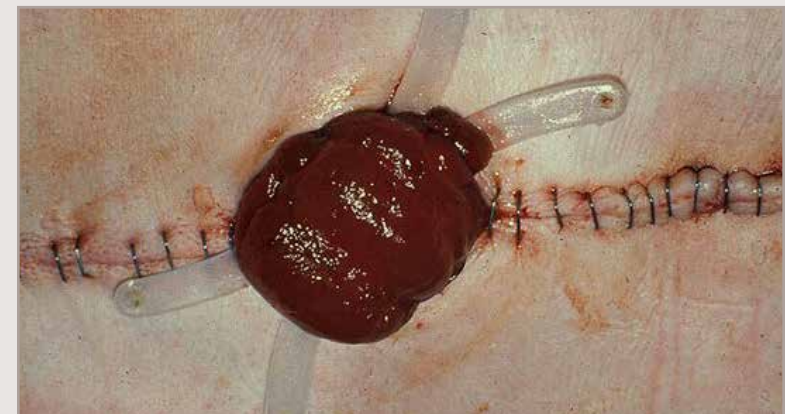
Whether your stoma is large or small, protrudes above the level of the skin, or is flush with the skin, drainage from the stoma (stool or urine) should empty into your pouch without leaking under the skin barrier. *See more about ostomy pouching systems on pages 15-18.*

Determining where the stoma will be placed on your abdomen can be an important part of preparing for surgery. Generally, the stoma is placed in an area just below your waist between your navel and hip.

Before your surgery, your ostomy care nurse and your surgeon may evaluate where your stoma may be placed. To do so, your stoma care nurse may look at your abdomen in multiple positions such as lying down, sitting, bending, and standing. Other considerations for placement may be the type of ostomy, the surface of the skin, your ability to see the area, and your lifestyle. This placement is a recommendation; the final placement will be determined by your surgeon during surgery.

Your Colostomy or Ileostomy Right After Surgery...

- Your stoma will probably be swollen. It may take several weeks or months for the swelling in your stoma to resolve.
- The stool from an ostomy can vary. It typically starts out as fairly liquid, and then may become thicker as you resume a regular diet.
- The digestive enzymes make the output from your stoma very corrosive, so protecting the skin around your stoma is extremely important. It is important to maintain healthy skin from the start.
- If you have a temporary stoma, it may be a loop stoma. A loop ileostomy may have a supporting device (called a rod, or bridge) that is normally removed about two weeks after surgery — sometimes sooner. Be sure to remind your healthcare professional about this if it has not been removed after this time.



Loop Stoma with Bridge

Your Urostomy Right After Surgery...

- Your stoma will probably be swollen. It may take several weeks or months for your stoma to shrink to its permanent size.
- You may have small tubes called stents inserted during surgery that extend out of your stoma and ensure the flow of urine into your pouch. The stents are typically left in place anywhere from 5 days to 2 weeks depending on the surgeon's preference. Do not cut or remove these stents on your own.
- Urine will begin flowing from your stoma immediately after surgery. At first, the urine may have a slight reddish color. After a few days, the urine should return to its normal color.
- You may see mucous in your urine as the urine collects in your pouch. The mucous comes from the segment of intestine that was used to form your conduit.



End Stoma with Stents

The Skin Around Your Stoma

The skin around your stoma (also called peristomal skin) should be intact without irritation, rashes, or redness. It should look similar to healthy skin anywhere else on your body. Itching with otherwise healthy-looking skin can also indicate a problem.

Problems with the skin around your stoma can create difficulty with keeping a pouching system in place, which may lead to higher product usage and higher costs. It could also mean less time spent doing things you enjoy with the people who are important to you.



Healthy peristomal skin should look like this.



Not like this.

If you discover red, broken, or moist skin around your stoma, seek the assistance of a healthcare professional. Check the skin around your stoma on a regular basis to ensure your skin is healthy and to help address any issues in a timely manner. You should never accept leakage and unhealthy skin as a normal part of living with a stoma.

For more information about maintaining healthy skin around your stoma, see page 23.



Ostomy Products Explained

There are many different types of ostomy pouching systems. The pouching system used by your healthcare team in the hospital will be best suited to help you recover from ostomy surgery.

After you are home from your surgery, you may want to try some different pouching systems that are right for you as your stoma changes, or as you start different activities. There are also different ostomy products that may be used together with a pouching system to help extend wear time, maintain peristomal skin health, or make ostomy care easier.

Ostomy Pouching Systems

Ostomy pouching systems consist of two main parts:

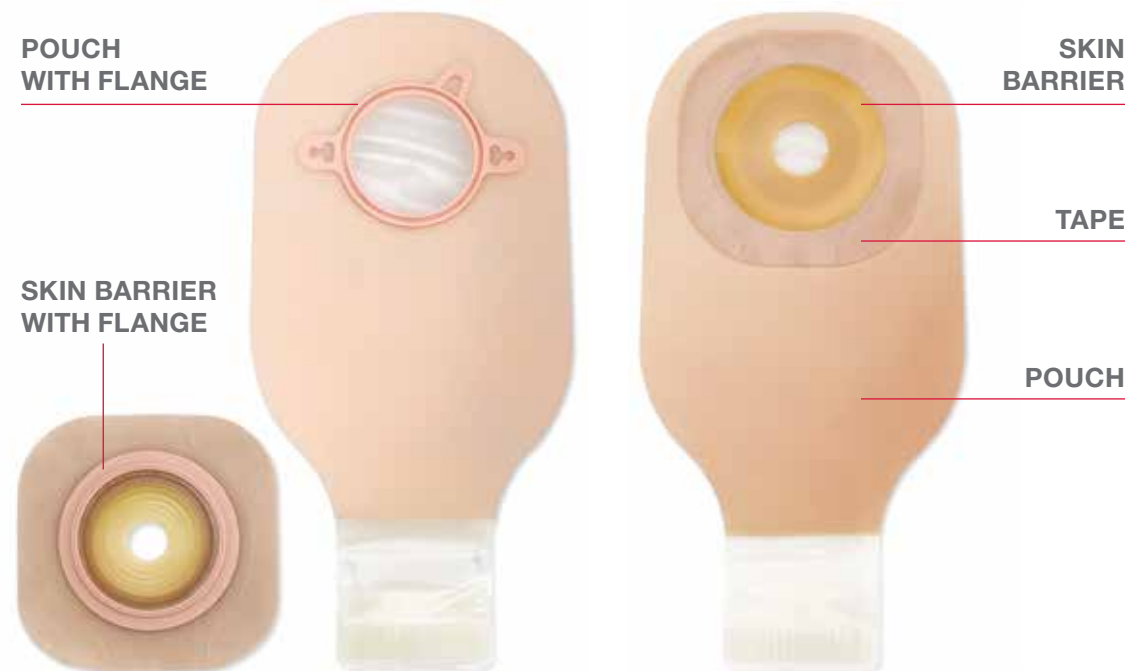
- The **skin barrier (or wafer)** should fit immediately around your stoma. It helps protect your skin and holds your pouching system in place.
- The **pouch** collects output from the stoma. Pouches come in a variety of options for different needs and ostomy types.

Two-Piece Pouching System

The skin barrier and the pouch are two separate pieces connected by a plastic ring called a flange. The pouch can be removed and changed without removing the skin barrier from your body.

One-Piece Pouching System

The skin barrier and the pouch are a single unit and must be removed together when changed.



The Role of the Skin Barrier

The skin barrier is the most important piece of your pouching system because of the role it plays in helping to maintain healthy skin around your stoma. It is important to have a skin barrier that provides both security with a good seal and maintains your skin health from the start or the skin around your stoma can be at risk for complications.

Security with an ostomy skin barrier

A secure pouching system will ensure there is a good seal around the stoma with the ostomy skin barrier to help prevent leakage under the skin barrier which may impact skin health.



Flat skin barrier

A skin barrier that has a level or even surface area that comes in contact with the skin. This type of barrier might be used if your stoma sticks out above the level of your skin and the area around your stoma is flat in all positions.



Convex skin barrier

A skin barrier that curves outward toward the peristomal skin. This outward curving is designed to come in contact with the skin directly around the stoma, which may help promote a good seal between the pouching system and the skin. This type of skin barrier might be used if the stoma is flush with or retracted from the skin, or to flatten the skin around the stoma. Convexity can be classified as firm or soft. With a firm peristomal region, soft convexity can be a better option than firm convexity. With a soft peristomal region, firm convexity can be a better option than soft convexity.

Ostomy skin barriers are available in both tape and tapeless options. Tape-bordered pouching systems offer some people an enhanced sense of security, while tapeless products remain an option for people with sensitive skin or allergies to adhesive products. Ostomy skin barriers are also available with openings that are pre-sized, cut-to-fit or shape-to-fit. It is important that whatever skin barrier chosen, the opening of the skin barrier fits where the skin and the stoma meet.

TIP

A secure seal is when the skin barrier opening is snug around the stoma where the skin and stoma meet, and you have filled in any gaps, creases, or folds. Measure your stoma size before every barrier application during the first 6-8 weeks after surgery to be sure of your stoma size as swelling reduces. After that, measure periodically to ensure the stoma size has not changed due to other factors like weight gain or loss.

Skin Health with an Ostomy Skin Barrier

The ostomy skin barrier is made of a combination of ingredients with different adhesive and fluid handling properties that have been blended together to give the skin barrier its performance expectations. The ingredients inside the skin barrier work together to provide the following:

1. **Adhesion** — to adhere (or stick) the barrier to the skin.
2. **Absorption** — to absorb moisture from the stoma or perspiration on the skin.
3. **Erosion Resistance** — to hold the skin barrier together in the presence of fluid and provide the right wear time.
4. **Skin Health** — maintaining peristomal skin health and providing protection where it matters most.

Standard Wear

A skin barrier that provides gentle adherence to the skin but may be less durable than an extended wear barrier. Sometimes called regular wear.

Extended Wear

A skin barrier that contains special additives that may achieve stronger adhesive attachment to the skin and may be more resistant to breakdown.

Infused Barrier

A skin barrier option that is infused with an additional ingredient to benefit skin. CeraPlus™ skin barrier with Remois Technology* is an ostomy skin barrier infused with ceramide. Ceramide is a component of skin and helps prevent excessive water loss and provide support as a barrier against entry of microorganisms.

TIP

Ceramides are found in cosmetics, lotions, and creams. As you may know, it is not recommended to use any lotions or creams on your peristomal skin, because it may interfere with the barrier's ability to adhere to the skin. A ceramide-infused skin barrier is different – the ceramide is part of the barrier, so it does not interfere with the ability of the skin barrier to adhere to your skin.

Colostomy and Ileostomy Pouch Options and Features

The type of pouch most commonly used with a colostomy is either a drainable pouch or a closed end pouch, whereas a drainable pouch is most commonly used with an ileostomy. A drainable pouch can be considered for use by a person who has stool that requires the pouch to be emptied more than twice a day. The pouch is emptied when it is 1/3-1/2 full. The pouch is kept closed with a closure at the tail of the pouch which can be either a clamp closure or an integrated closure (shown). A closed pouch is not drained and is removed and discarded when the pouch is more than 1/3-1/2 full.

Ostomy pouches come in different sizes and with different features available to suit your needs. Here are some of the most common features for colostomy and ileostomy pouches.



Filters

Some pouches include filters that help to minimize gas from building up, so the pouch does not inflate like a balloon. The filter slowly lets the gas out, but not the odor.



Closed Pouch with Filter and Transparent Front Panel



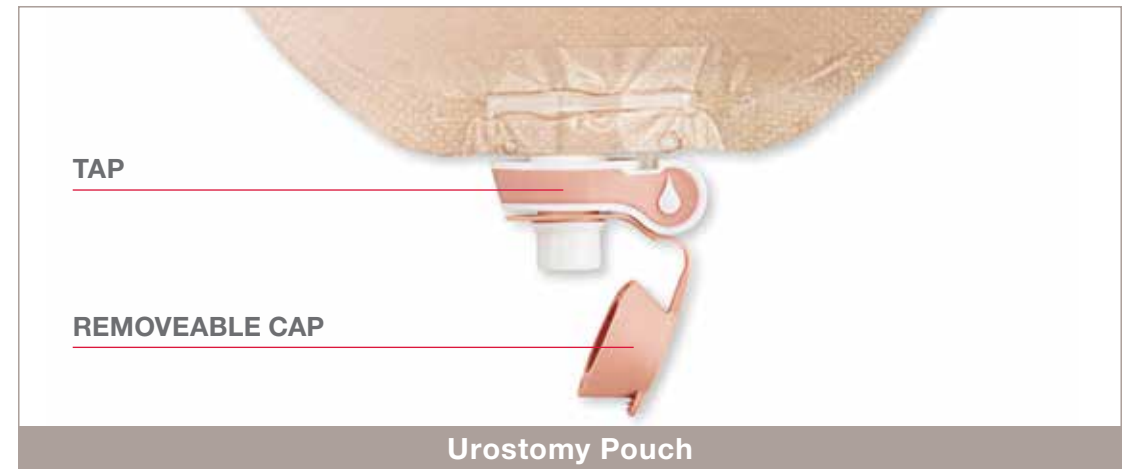
Drainable Pouch with Viewing Option and Integrated Closure

Visibility Options

- **Pouch panel (or film)** options are available in ultra-clear and opaque. You can also select pouches that have a soft cover, to help increase your comfort and provide added discretion.
- **Viewing option** (available on one-piece system) offers the discretion of an opaque panel and the confidence of a clear pouch all-in-one. When the opaque flap is lifted, the stoma and output can be observed clearly and privately.

Urostomy Pouch Options and Features

The type of pouch used with a urostomy is called a urinary drainage or urostomy pouch. Urostomy pouches have a tap that is twisted to open and close the pouch and allow for emptying. Some taps, on the bottom of the urostomy pouch, include a cap that can be removed, the pouch drained, and the cap replaced.



Urostomy Pouch

Visibility Options

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Opaque Panel with Viewing Option

Multi-Chamber Design

Multiple chambers are designed to more evenly distribute urine within the pouch, which helps keep the pouch from bulging between draining.



Urostomy Pouch with Transparent Front Panel, Multi-Chamber Design, and Anti-Reflux Valve

Anti-Reflux Valve

This appears as a curved line that runs across the center of the pouch. An anti-reflux valve in pouch helps minimize the backflow of urine. This also keeps urine from refluxing to the top of the pouch and eroding the skin barrier, which is a critical component that connects your pouch to the skin around your stoma.

Night Time Pouching with a Urostomy

Because urine flow is fairly constant, it can be surprising how a urostomy pouch may fill through the night — sometimes multiple times. Many people choose to use a bedside drainage collector, which allows the urine to flow into a bedside collector while they sleep rather than taking trips to the bathroom to empty their pouch. You can connect your urostomy pouch to a bedside drainage collector by using a urostomy drain tube adapter.

Tips when using urostomy drain tube adapters:



Bedside Drainage Collection System and Drain Tube Adapter

- Leave a small amount of urine in the urostomy pouch before connecting to a bedside collector or leg bag to help minimize the suction effect and allow urine to drain better into the collection system.
- If the bottom of the pouch starts to twist, turn the adapter clockwise or counter clockwise until the pouch lays flat.
- Adapters are not interchangeable between different ostomy pouch manufacturer's products.



Common Ostomy








Accessories

Ostomy accessories are sometimes used together with your pouching system. Each serves a specific function and is used only when indicated. You may use one or more of these products.

Here are a few reasons why you might use an ostomy accessory:

- It may help enhance the performance of your pouching system. For example, an accessory might help increase wear time or protect your skin
- It may help solve a problem such as leakage or skin irritation
- It may help improve your quality of life by eliminating odor or avoiding night time trips to the restroom

This chart explains a few common ostomy accessories.

If	Then Use	Example	Comments for Use**
You want to help ensure a good seal around the stoma and skin barrier opening	Paste as caulk.		This accessory is not an adhesive or glue. Too much paste can interfere with a good skin barrier seal. Apply the paste to the inner edge of the skin barrier, next to the opening where the stoma will be.
You want to fill an uneven skin surface or there is a gap between the stoma and the skin barrier opening	Barrier rings to help protect the skin, fill in uneven skin areas, or as an alternative to paste.		Flat ring can be stretched and shaped, or used in pieces to fill in gaps, creases or folds. Round or oval convex ring helps provide uniform pressure around stoma for customized fit. Apply to clean dry skin or adhesive side of skin barrier on pouching system.
Your skin is slightly irritated* and moist	Stoma powder to help absorb moisture on the skin.		Dust on. Brush off excess powder. Stop using when your skin is no longer weeping. Do not use stoma powder for the prevention of skin irritation or on skin that is red but not moist.
You have an ostomy for stool and want to reduce odor when you empty or change your pouch, or you want to more easily empty the contents of your pouch	Lubricating deodorant to help reduce odor and make emptying easier.		Add approximately one teaspoon or one packet to your new pouch, then rub to coat the inside of the pouch. Avoid filter. Add after every time you empty your pouch. Do not use with urostomy pouch.
You want added sense of security	An ostomy belt to help secure an ostomy pouch. A healthcare professional may recommend a belt to enhance convexity.		Should be worn around the body in line with the stoma. Can only be used with a pouching system that has belt tabs.
An additional layer of adhesion security for your skin barrier that moves as you move	Barrier extenders to create a custom frame around your skin barrier.		Thin, flexible strips help conform to uneven body contours. May help increase wear time by reducing barrier edge lifting.
You have an ostomy for urine and want to connect to a bedside drainage collector or leg bag	Drain tube adapter.		Leave a small amount of urine in urostomy pouch before connecting to a bedside collector or leg bag to help minimize the suction effect and allow urine to drain better into the collection system.

To learn more about these and other ostomy accessories you may visit the website or catalog of your ostomy product manufacturer or supplier.

*Consult your healthcare professional if experiencing peristomal skin problems

**See product specific instructions for use



Practicing

Self Care

It is important to care for your body and mind after ostomy surgery.

Maintaining Skin Health

It is important to establish healthy skin cleaning habits to help maintain healthy skin around your stoma. Skin barriers adhere best to clean, dry skin. Get into the habit of cleaning and assessing your peristomal skin each time you change your barrier. Less product is better when caring for the skin around your stoma: for most people, water is sufficient for cleaning the skin. Soaps and cleansers are generally not recommended, as they may leave a residue on the skin that can interfere with the adherence of the skin barrier.

It is also important to keep an eye on the condition of your skin. Assess it regularly during pouching changes, looking for signs of rashes, redness, or irritation. Remember, skin irritation is not normal. If you discover red, broken or moist skin around your stoma, seek the assistance of a nurse who specializes in ostomy care.

Leakage is one of the main causes of skin irritation, and one way to help prevent this is to ensure the skin barrier of your pouching system fits securely around your stoma. Measure your stoma with a stoma measuring guide to ensure the opening in the skin barrier is the size and shape of the stoma. Be sure to fill in any gaps, creases, or folds with ostomy accessories if needed.

Bathing or Showering

With an ostomy, you can shower or bathe just as you did before. Soap and water will not flow into your stoma or hurt it in any way. You may shower or bathe with your pouching system on or off — the choice is yours. Soap residue can sometimes interfere with how well the skin barrier or adhesive sticks to your skin. So choose a soap or cleanser that is free from all moisturizers, oils, and residue.

If you use a two-piece pouching system, you may find it convenient to switch to a different pouch for the shower so that the pouch you wear stays dry. If you choose to remove the pouch while showering or bathing, it's suggested to also remove the skin barrier to prevent exposing it to too much moisture.

Maintaining Diet and Fluids


If you have a urostomy, it has very little effect on diet for most people. To keep your kidneys functioning properly and to help prevent urinary tract infections, you should drink plenty of water each day. Be aware that eating beets will turn your urine a reddish color — this is temporary, and is no cause for alarm. Also be prepared that asparagus, seafood, nutritional supplements, and some medications may affect the odor of your urine. If you have any questions about diet or fluids, check with your healthcare professional, ostomy care nurse, or a dietitian.


If you have a colostomy or ileostomy, you may be on a restricted diet immediately after surgery. To promote optimal healing and help you regain weight you may have lost either before or after your operation, it is vital to re-establish a healthy diet. After you recover from surgery, you should be able to go back to your usual diet unless you are otherwise instructed. However, it is important to know that certain foods may impact the odor or consistency of your output. *Learn more on page 30.*


General Diet Guidelines

- Eat a balanced diet
- Eat slowly and chew your food well
- Drink plenty of water each day
- Add different foods to your diet gradually, to see how those foods agree with your system

Special Considerations by Stoma Type

- **If you have a colostomy, be aware of constipation**

Constipation may occur when you have a colostomy. Reasons for constipation include a diet lacking in fiber and inadequate fluid intake. Sometimes simply increasing your fluids, or increasing fiber intake will fix the problem. If constipation persists, consult your healthcare professional.
- **If you have a colostomy or ileostomy, be aware of diarrhea**

You can still get diarrhea for a variety of reasons. If your drainage changes to mostly fluid output and you experience a marked increase in the volume of drainage, you may have diarrhea. During this time, avoid foods and beverages that cause loose stools. If you have diarrhea, you need to drink more fluids to prevent dehydration. Signs of dehydration include dry mouth, dark urine, reduced urine, weakness, muscle cramps, and feeling faint. If the diarrhea persists, call your healthcare professional.
- **If you have an ileostomy, be aware of food blockage**

With an ileostomy, swelling may occur in the bowel, which may narrow it. This usually happens in the first four to six weeks after surgery, and can make some foods difficult to digest. Cramping and abdominal pain along with watery diarrhea or no stool output may indicate a food blockage or obstruction. If you suspect you might have an obstruction or blockage, contact your healthcare provider immediately.

Foods that may thicken your stool include:			
• applesauce	• creamy peanut butter <i>(not chunky)</i>	• noodles <i>(cooked)</i>	• white toast
• bananas	• marshmallows	• pretzels	• yogurt
• cheese		• white rice	

Managing Odor and Gas

Today’s ostomy pouches are made with odor-barrier film, designed to contain odor from output inside the pouch. You should notice it only when you are emptying or changing your pouch. If you notice odor at any other time, check the pouch seal for leakage.

Emptying your pouch regularly can help reduce the risk of leakage, and therefore odor. Empty your pouch when it is 1/3 to 1/2 full (typically, four to six times per day). The best time to change your pouching system is in the morning before you have had anything to eat or drink.

If you have a colostomy or ileostomy, you may notice gas in your pouch as your bowel begins to function after surgery. The amount of gas varies. If you had excessive gas before your surgery, you will likely have similar experiences after your surgery. It is normal to have gas, but drinking and eating some foods can certainly produce more gas. It can also be the result of swallowing air. Drinking carbonated beverages, smoking, chewing gum, and chewing with your mouth open can all increase the amount of air you swallow. Some foods such as asparagus and seafood, nutritional supplements, and some medications can cause your urine to have a strong odor.

Foods and beverages that may increase odor and gas:		
• asparagus	• carbonated beverages	• melon
• beans		• milk products
• beer	• eggs (<i>hard boiled</i>)	• onions
• cabbage family	• fish	• spiced foods

TIP

If you have a colostomy or ileostomy and are concerned about gas, you can use a pouch with a filter. The filter slowly lets the gas out of the pouch, but not the odor. It also prevents gas from building up, so the pouch does not inflate like a balloon. Filters work best with a more formed discharge, but can be used with other output consistencies.

Taking Medication

Some medications or nutritional supplements may change the color, odor, or consistency of your stool. Even non-prescription medications like antacids, can cause changes such as constipation or diarrhea.

Before taking any medication, it’s a good idea to ask your healthcare professional or pharmacist.

If you have an ileostomy, some medications may not be completely absorbed when you have had your colon removed. These types include:

- Enteric-coated
- Timed-release
- Extended or sustained release

Irrigation

Irrigation may be an option for a person who has a descending colostomy or a sigmoid colostomy. The purpose of colostomy irrigation is to allow you to control when to have a bowel movement. Irrigation trains the colon to empty at a regular time each day.

Irrigation is similar to an enema with the water being placed into your stoma. Routine irrigation is done on doctor's orders and is not appropriate for people with a urostomy or ileostomy. If you are interested in learning the technique of irrigation it is very important that you talk with your healthcare professional for more information.

Identifying Urinary Tract Infections

People with urinary diversions can develop urinary tract infections. This can lead to kidney problems. If you notice any of these symptoms, contact your healthcare professional or your ostomy care nurse.

Some warning signs of a urinary tract infection include:

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

Your healthcare professional may take a urine sample to help identify a possible urinary tract infection. Urine samples for laboratory testing should be obtained from a fresh pouch or a catheterized sample; never from an existing pouch or bedside bag.

Dealing with Emotions

People who have ostomy surgery react with different emotions and responses. Some people express their feelings by talking with friends, family or others who have had similar experiences. Some find reading and learning about their situation works best for them.

Strong and intense emotions should not be kept to yourself. Getting them out into the open, talking about them, and discussing them with your loved ones may help you work through your feelings. If you feel your emotions are affecting your quality of life, consider talking with your healthcare professional or a support group. Ostomy support groups can be in person or online. Your ostomy care nurse may be able to help provide you information about finding support.



General Care Guidelines

- Empty your pouch when it is 1/3 to 1/2 full of stool, gas, or urine
- If you have a urostomy, use a bedside drainage collection system at night (or get up regularly during the night to empty your pouch)
- Change your skin barrier on a routine basis. You will get more comfortable with this after you learn what works best for you
- Wear time is based on personal preference, stoma characteristics, and skin barrier type
- If you use soap, make sure it does not contain creams, lotions, or oils that may leave a residue. This can interfere with your skin barrier adhesion
- Make sure the peristomal skin is clean and dry before applying your skin barrier
- Verify that no skin is showing between the skin barrier opening and the stoma to help prevent leakage and skin irritation
- If you wear a two-piece pouching system, try placing the skin barrier on your body in a diamond shape for a smoother fit
- After you apply your skin barrier, apply gentle pressure for about a minute for best adhesion
- You can shower or bathe with your skin barrier and pouch in place, or you can remove them before bathing — water will not harm or flow into your stoma
- Removing a pouch from a two-piece system before showering may affect the skin barrier adhesion — it's best to leave the pouch on or remove both the pouch and skin barrier
- Be sure to assess your peristomal skin on a regular basis to ensure your skin is healthy and to help address any issues in a timely manner
- If you discover red, broken or moist skin around the stoma, or your pouching system is not staying in place, be sure to see your healthcare professional or ostomy care nurse



Living

Daily Life

When your healthcare professional says it is appropriate, you can resume your normal activities. You will get used to your pouching system and develop a schedule that fits your lifestyle.

Clothing

After ostomy surgery, many people worry that the pouch will be visible under their clothing. Some people think they will not be able to wear “normal” clothes, or that they will have to wear clothes that are too big for them. You should be able to wear the same type of clothes you wore before your surgery.

In fact, today's pouches are low profile and fit so close to the body, chances are no one will know you are wearing a pouch unless you tell them. Emptying your pouch regularly can also help to avoid a bulge from a pouch that is too full.

The pouch can be worn inside or outside of your underwear. Select the option that is most comfortable for you.

Activity, Exercise, and Sports

When your healthcare professional says it is appropriate, you may resume your normal activities. An ostomy should not prevent you from exercising or being physically active. Other than extremely rough contact sports or very heavy lifting, you should be able to enjoy the same type of physical activities you enjoyed before your surgery.

People with ostomies are able to swim, water ski or snow ski, play golf, tennis, volleyball, softball, hike, sail, or jog just as they did before their surgery. Please be aware that heat and moisture can reduce the wear time of the pouching system. During warm months, and after activity, you should watch how your skin barrier performs. For an extra sense of security you may consider adding barrier extenders to the edges of your skin barrier before swimming.

- Empty your pouch before swimming
- You may add barrier extenders to the edges of your skin barrier before swimming
- You may need to change your pouch more often if you wear it in a hot tub or sauna

Returning to Work and Traveling

As with any surgery, you will need some time to recover. Be sure to check with your healthcare professional before returning to work or starting any strenuous activity. Once you have recovered from

the surgery, your ostomy should not limit you. You should be able to return to work or travel just about anywhere. Your healthcare professional will guide and direct you accordingly.

When you travel, take your ostomy supplies with you. It's a good idea to pack more than you think you will need. If you need to buy supplies while traveling, you will find that ostomy products are available from select medical or surgical retailers throughout the world.

- When flying, pack ostomy supplies in your carry-on bag
- Check with your airline about restrictions on traveling with liquids, gels, scissors, and aerosols
- Explore carrying a travel card that has information about your ostomy — this can be helpful when communicating with airport security personnel
- Fasten the seat belt above or below your stoma
- Store your ostomy products in a cool, dry place
- Know where to contact a local ostomy care nurse when traveling
- If using a urostomy pouch, consider using a leg bag if you will be unable to empty your pouch when it is 1/3 to 1/2 full



Sex and Intimacy

Because ostomy surgery is a body-altering procedure, many people worry about how this procedure will affect their physical and emotional relationship with their partner or spouse. For people who are dating, a big concern is how and when to tell someone about their ostomy. Supportive personal relationships can be major sources of healing after any type of surgery.

Ostomy surgery affects both partners in a relationship and it is something to which both partners must adjust in their own way. Let your partner know that sexual activity will not hurt you or your stoma, though you never want to use the stoma for intercourse. If you have concerns about your emotional adjustment after surgery, be sure to talk with your healthcare professional or ostomy care nurse.

- Empty your pouch before having sexual relations
- Sexual activity will not hurt you or your stoma
- An opaque pouch or pouch cover can help hide the pouch contents
- Intimate apparel can hide the pouch and keep it close to your body

Parenthood

If you are considering having children, you will be happy to know that after a satisfactory recovery it is usually still possible for a person who has a stoma to have children. Many people have become parents after having ostomy surgery. If you have questions about getting pregnant with an ostomy, be sure to ask your healthcare professional or your ostomy care nurse.



Relationships and Finding Support

Today's ostomy pouching systems are designed to be discreet. No one ever needs to know that you are wearing one.

It is up to you to decide who you will tell and how you will go about it. Be open and honest with those people you think need to know, and say nothing to others unless you think it is important. Remember that those around you will take cues from you. If you are comfortable, confident and straightforward about your health, people are generally accepting and unaffected.

Talking with Others

Your stoma is part of your life. It is also part of your family's and your partner's life. Some people find it useful if their partner or a family member knows how to change and empty your pouch in an emergency. Bringing those close to you into the details of your stoma care can be great for your relationship and your peace of mind.

Your friends, relatives, and co-workers may also be concerned about you, especially if you have been ill over a period of time. When they see you looking better, they will not only be pleased, but they may want to know what type of treatment you had. It is, of course, for you to determine what details you reveal to others.

Here are some tips that might help if you are thinking about speaking with others about your ostomy.

- If you are speaking to children or grandchildren about your ostomy or your ostomy surgery, there are age appropriate books and dolls available from ostomy manufacturers to help with these questions. Honest and simple explanations are important, and they help form the basis of good relationships with younger family members. How much or little you decide to tell them, and whether you decide to show your stoma to them, depends on the nature of your family as well as their age.
- If you are speaking to people who are not as close to you, one way to satisfy their curiosity is to explain you had a serious illness that became a threat to your life. Because of that, you had major surgery and now wear a pouch. With an explanation like that, there are very few other questions that can be asked unless you want to offer more information.

- If you are in a new romantic relationship, it is worth discussing your situation before the relationship gets physical. Plan ahead by rehearsing a short explanation to yourself. Start with the fact that you had a serious illness, which had to be treated surgically. The result is that you wear a pouch. Once you practice how to talk about your situation, it will be easier to find a comfortable time to explain it to a potential new partner.



When to Call Your Ostomy Care Nurse

If you have a colostomy or ileostomy, call your ostomy care nurse if you notice any of the following problems listed below:

- Skin irritation
- Recurrent leaks under your pouching system or skin barrier
- Excessive bleeding of your stoma
- Blood in your stool
- A bulge in the skin around your stoma
- Persistent diarrhea
- Diarrhea with pain and/or vomiting
- A stoma that appears to be getting longer

If you have a urostomy, call your ostomy care nurse if you notice any of the following problems listed below:

- Any sign of urinary tract infection (see page 32)
- Skin irritation
- Urine crystals on or around your stoma
- Recurrent leaks under your pouching system or skin barrier
- Warty, discolored skin around your stoma
- Excessive bleeding of your stoma
- Blood in your urine
- A bulge in the skin around your stoma
- A stoma that appears to be getting longer

Notes

Glossary

Closed pouch

A pouch without a spout or clamp. It must be removed to be emptied.

Colostomy

A surgically created opening in the large intestine (or colon).

Convex skin barrier

A skin barrier that is not flat but curves outward toward the peristomal skin. Convexity can be classified as soft or firm.

Cut-to-fit skin barrier

A skin barrier that can be cut to the right size and shape for the stoma.

Drainable pouch

A colostomy or ileostomy pouch with an opening at the bottom. An integrated closure or clamp is used to keep the pouch closed until it is time to empty it.

Extended wear skin barrier

A skin barrier that contains special additives that may achieve a stronger adherence to the skin and may be more resistant to breakdown.

Filter

Releases gas but not odor from a colostomy or ileostomy pouch.

Flange

The plastic ring that is used to connect the two pieces of a two-piece pouching system together.

Flat skin barrier

A skin barrier that has a level or even surface area that adheres to the skin.

Ileostomy

A surgically created opening in the small intestine (or colon).

Infused skin barrier

A skin barrier option that is infused with an additional ingredient, such as ceramide, to maintain healthy peristomal skin from the start.

One-piece pouching system

A skin barrier and pouch that are a single unit.

Ostomy

A surgically created opening in the gastrointestinal or urinary tract. Also known as a stoma.

Peristomal skin

The area around the stoma starting where the skin/stoma meet and extending outward to the area covered by the skin barrier.

Pouch

The bag that collects output from the stoma.

Pouching system

Includes the skin barrier and the pouch. Options are a one-piece or two-piece pouching system.

Pre-sized skin barrier

A barrier opening that is already cut to the proper size of the stoma.

Skin barrier

The portion of the pouching system that fits immediately around the stoma. It protects the skin around the stoma and holds the pouching system in place. Sometimes called a wafer.

Standard wear skin barrier

A skin barrier that provides a gentle adhesion to the skin but may be less durable than an extended wear barrier. Sometimes called regular wear.

Stoma

A surgically created opening in the gastrointestinal or urinary tract. Also known as an ostomy.

Two-piece pouching system

A skin barrier and pouch that are two separate pieces.

Urostomy

An ostomy created to drain urine.

Urostomy pouch

Pouch with a drain tap at the bottom so urine can be emptied.

Wear time

The length of time a pouching system can be worn before it fails. Wear times can vary but should be fairly consistent for each person.

WOC (wound ostomy continence) nurse

A nurse with additional education who specializes in ostomy care.

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