

# What Is a Colostomy or Ileostomy?

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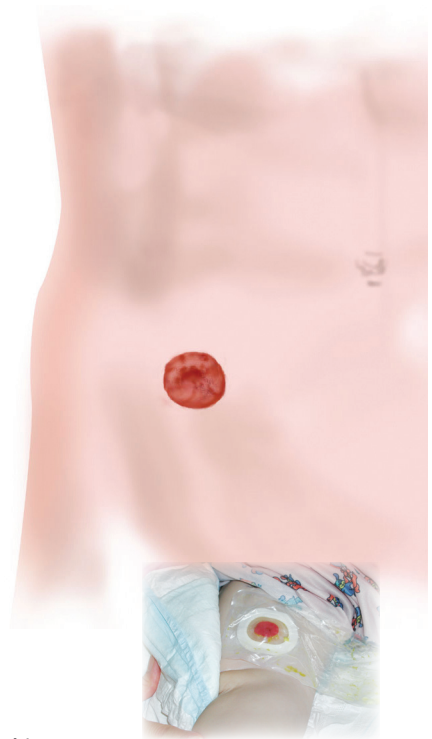
An ostomy is a surgically created opening in the abdomen for the discharge of body waste. After the ostomy is created, your child will expel or release stool through a stoma.

- ▶ Ostomies that discharge stool are called ileostomies or colostomies.

The stoma is the end of the small or large intestine that can be seen protruding or sticking out of the abdominal wall. It is the new site where stool will leave the body and be collected in the ostomy pouch. The size and location of the stoma depend on the specific operation and the shape of the abdomen.

## Most stomas are similar and will:

- ▶ Stick out of the body, usually an inch or less above the skin
- ▶ Vary in size
- ▶ Be round or oval in shape
- ▶ Be red and moist (similar to the inside of your mouth)
- ▶ Have no feeling
- ▶ Be slightly swollen for the first weeks after the operation and then shrink to their permanent size





## Who Needs an Ostomy?

In infants, birth conditions or disease may prevent the normal flow and drainage of stool. In children, diseases such as inflammatory bowel disease, cancer, injury, or trauma can block the flow of stool. If the segment of the intestine cannot be repaired, then the surgeon will perform an ostomy operation. The ostomy will reroute the stool to a new opening on the abdomen. Many ostomies in children are temporary until the problem can be repaired or treated.



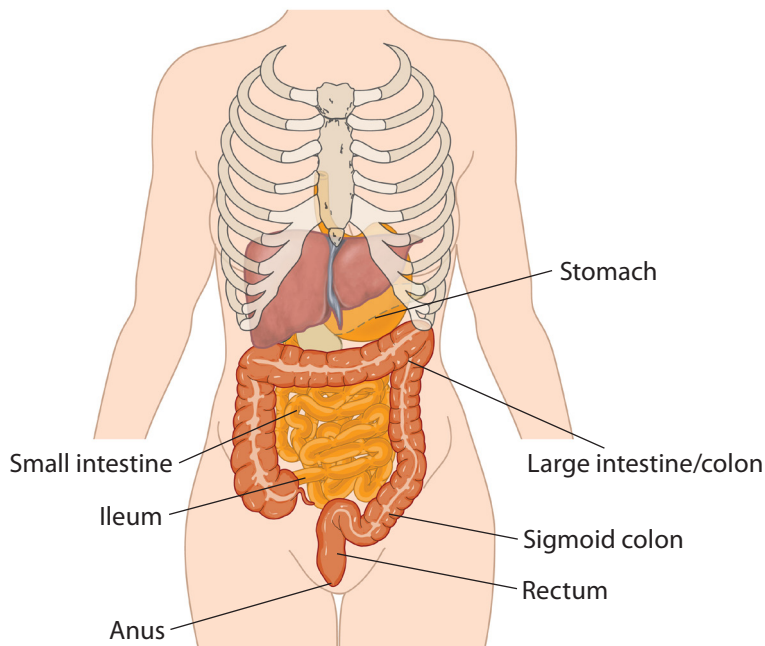
# Ileostomy/Colostomy

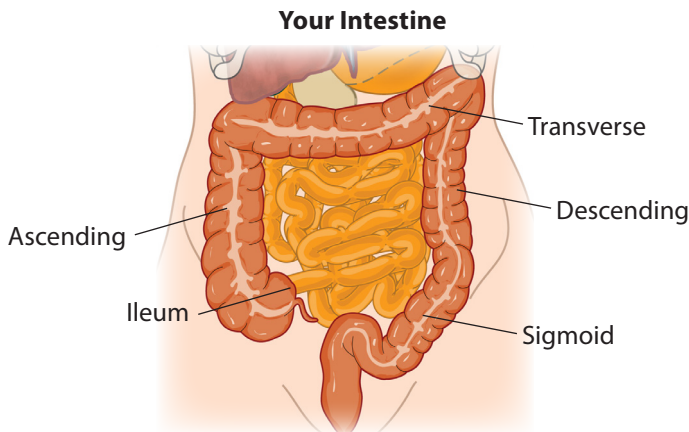
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## Understanding Your Child's Digestive System

Food passes from the mouth, through the esophagus, and to the stomach. The stomach breaks down food into small pieces that move into the small intestine.

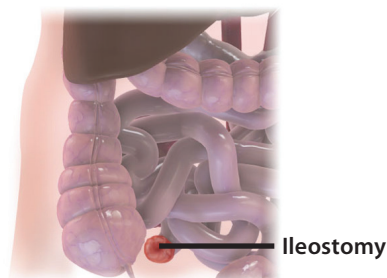
In the small intestine, enzymes break down food into a thick liquid. The body absorbs nutrients, vitamins, and water. The material moves into the large intestine, also called the colon. In the colon, water is absorbed from the stool. It becomes thicker as it moves through the parts of the colon. Stool passes from the colon into the rectum and is expelled through the anus. Your child's operation will bring a piece of either the small or large intestine to the surface of the abdomen.





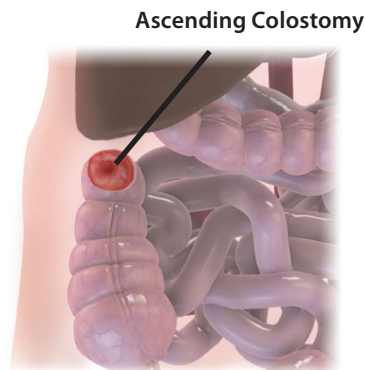
## Ileostomy

An ileostomy is the opening created by the surgeon to bring the small intestine (ileum) to the surface of the abdomen. An ileostomy may be temporary or permanent.



## Colostomy

A colostomy is the opening created by the surgeon to bring the colon (large intestine) to the surface of the abdomen. There are various kinds of colostomies, each named for the location in the colon where the ostomy is formed. They are: ascending, transverse, descending, or sigmoid colostomy. A colostomy may be temporary or permanent.



## Ileostomy/Colostomy Output

The stool that comes out of your child's stoma will be liquid after the operation. It will get thicker within several days. Stool that drains from an ileostomy is more liquid. Ileostomies are created higher in the intestine, and less water is absorbed from stool. The stool draining from a colostomy is more formed. If your child's rectum and part of his or her colon have not been removed surgically, it is common to have mucus discharge from the anus. Sometimes the mucus becomes firm enough to look like stool. This type of anal discharge is not a cause for concern.

# Pouching Systems

SAMPLE

## ABOUT THE POUCH

The stool will exit from a new opening called a stoma and be collected in a pouch. Your child will not be able to feel or control the stool as it leaves the body through the stoma. He or she will need to wear an ostomy pouching system.

The pouching system sticks or adheres to the skin around the stoma. The pouch:

- ▶ Collects stool
- ▶ Contains the odor
- ▶ Protects the skin around the stoma

Stool on the stoma will not cause any problems. Stool on the skin surrounding the stoma can cause the skin to get red or irritated.

Ostomy pouching systems are lightweight and lie flat against the body. Pouching systems come in different sizes and styles. Your doctor or nurse certified in ostomy care can help you choose which one is best for your child. You may try different pouches before finding the one that works best for your child.



## Pouching System Types

Pouch systems are made up of the skin barrier that holds the pouch to the skin and the pouch that collects the drainage. They are available as a one-piece or a two-piece system.

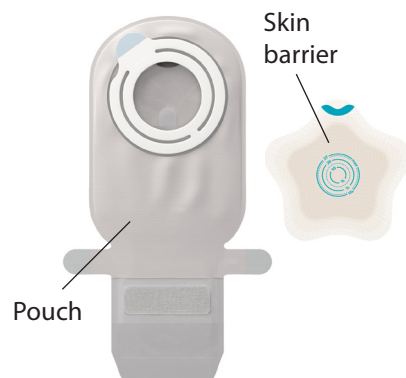
### ONE-PIECE SYSTEM

In a one-piece pouch, the pouch and skin barrier are attached together.



### TWO-PIECE SYSTEM

In a two-piece system, there is a skin barrier and a separate attachable pouch. The skin barrier adheres to the skin around the stoma and protects the skin, giving you a place to attach the pouch. The skin barrier usually includes a flange or rim that is used to seal the pouch to the skin barrier. Flange sizes are made to fit exactly to a specific pouch. The flange may make the system less flexible. However, you may find it convenient to be able to change your child's pouch more frequently without having to remove the skin barrier each time.



### DRAINABLE POUCH

A drainable or open pouch can be opened at the bottom to expel waste. You do not need to remove a drainable pouch to empty. The pouch can remain in place for several days. Drainable pouches are easy to empty and are an option for people with ostomies that need to be emptied several times a day.



## CLOSED-END POUCH

A closed-end pouch has no opening and can't be emptied. When the pouch needs to be emptied, remove it and throw it away. Since your child can use several pouches a day, you will need to carry extras. You will also need plastic bags to place the full pouch in before throwing it in the trash. Closed-end pouches are available in one- or two-piece systems.

A closed-end pouch is often used:

- ▶ When the pouch does not have to be emptied often
- ▶ For convenience while traveling
- ▶ During school or after-school activities
- ▶ While swimming



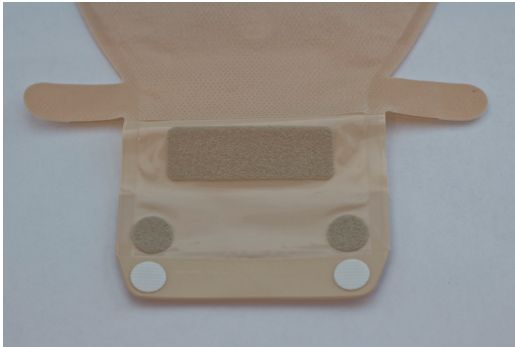
## Pouch Closure

### ILEOSTOMY AND COLOSTOMY

A clip or roll-up-and-seal method is used to close a pouch for a colostomy or ileostomy.

#### Integrated Closure

The pouch is sealed by folding or rolling the opening, usually three times in the same direction. Then, either press across the opening or use Velcro® tabs that secure around the closure.



### CLAMP METHOD

When using a clamp, be sure to wrap the end or tail piece around the clamp; tug on the clamp once while holding the bag to make sure it doesn't slip off. Clamps usually last a month or longer.



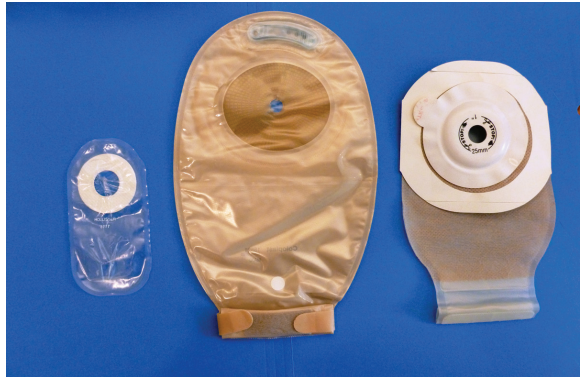


## Color

Some pouches are clear or transparent, and others are opaque (you can't see through them). While in the hospital, the pouch will most likely be clear or transparent. When your child goes home, you may prefer to switch to an opaque pouch.

## Pouch Size

Pouches can be small or large. The size needed depends on the size of your child and the amount of output that your child produces as well as personal preference. An ileostomy produces watery output and needs to be emptied about five times a day, so a larger pouch may be needed. Colostomy output is more formed, so a smaller pouch may work. A mini pouch is also available. It is smaller and less visible under clothes, but it has to be changed or emptied more often. The mini pouch may be convenient during exercise and swimming.



## Pouch with Filter

Some pouches have small vents, called filters, which allow gas to escape. Vents deodorize gas as it filters out. It may be helpful to use vented pouches for infants, since babies release air that has been swallowed when crying and sucking. Filters typically do not work well once they get wet. So if your child bathes or swims, you may have to cover the opening with a cover or waterproof tape.



## Pouch Belts and Wraps

Some children wear an ostomy belt or wrap around their abdomen for added security or to help keep the pouch on during activity. Wearing a belt or wrap may be a personal choice, or the ostomy nurse may recommend using one if your child is having difficulty keeping the pouch in place. If your child wears an ostomy belt:

- ▶ Attach the belt so that it lies evenly against your child's abdomen and lies level with the pouching system.
- ▶ The belt should not be so tight that it cuts into or leaves a deep groove in your child's skin.
- ▶ You should be able to place one finger between the belt and your child's abdomen.



## Pouch Covers

Pouch covers are lightweight, soft coverings that go over the pouch. They come in a variety of colors and prints. The coverings may decrease any uneasiness associated with having someone see the pouch.

