What Is a Colostomy/Ileostomy?

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

- Ostomies that discharge stool are called ileostomies or colostomies.

Your 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 depends on your specific operation and the shape of your 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?

Disease or injury such as cancer, trauma, inflammatory bowel disease, or certain birth defects can block the flow and drainage of stool. If the segment of the intestine cannot be repaired, then your surgeon will perform ostomy operation. The ostomy will reroute the stool to a new opening on the abdomen.
Your Ileostomy/Colostomy Operation

Understanding Your Digestive System

Food passes from your mouth through your esophagus to your 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. Your stool passes from the colon into the rectum and is expelled through the anus. Your operation will bring either the small or large intestine to the surface of the abdomen.
**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.

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**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.

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**Ileostomy/Colostomy Output**

The stool that comes out of your 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 rectum and part of your colon have not been removed surgically, it is common to have mucous discharge from your anus. Sometimes the mucous becomes firm enough to look like stool. This type of anal discharge is not a cause for concern.
About the Pouch

Your stool will exit from a new opening called a stoma and will be collected in a pouch. You won’t be able to feel or control your stool as it leaves your body through the stoma, so you 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, but 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 a WOC nurse can help you choose which one is best for you. Most people try several types of pouches before they choose one permanently.
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 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 is full, you throw it away. Since you could 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. A closed-end pouch is generally not suitable for patients with an ileostomy because of the need to frequently empty the pouch. 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 intimate moments, because it is less bulky and has no clips or closures
- 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. 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, and tug on the clamp once while holding the bag to make sure it doesn’t slip off. Clamps usually last a month or longer.
Pouch Colors

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

Pouch Sizes

Pouches can be small or large. The size you need depends on the amount of output that you produce as well as your personal preference. An ileostomy produces watery output and needs to be emptied about 5 times a day, so a larger pouch may be needed. Colostomy output is more formed. A person with a colostomy may often produce 1 or 2 stools per day, so a shorter pouch may work. A mini pouch is also available. It is smaller and less visible under clothes. It has to be changed or emptied more often. The mini pouch is convenient during intimacy and exercise.

Pouch with Filter

Some pouches have small vents, called filters, that allow gas to escape. The vent deodorizes gas as it filters out. Filters typically do not work well once they get wet. So if you bathe or swim, you may have to cover the opening with a cover or waterproof tape.
Pouch Belts and Wraps

Some people wear an ostomy belt or wrap around their abdomen. The belt provides extra support. Some pouch belts/wraps are made specifically for water sports. If you choose to wear an ostomy belt or wrap:

▶ Attach a belt so that it lies evenly against your abdomen and lies level with the pouching system.

▶ The belt/wrap should not be so tight that it cuts into or leaves a deep groove in your skin.

▶ You should be able to place one finger between the belt and your 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 view the pouch. They may also reduce heat and moisture caused by the pouch resting against the skin.
What Is a Urostomy?

An ostomy is a surgically created opening in the abdomen for the discharge of body waste. An ostomy that discharges urine is a urostomy. After the ostomy is created, you will expel or release urine through a stoma.

Your 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 urine will leave the body and be collected in the ostomy pouch. The size and location of the stoma depends on your specific operation and the shape of your 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
Your Urostomy Operation

Understanding Your Urinary System

Your urinary system includes two kidneys, two ureters, a bladder, and a urethra. The kidneys make urine by filtering water and waste products from your bloodstream. The urine drains from the kidneys, through the ureters, and empties into the bladder. The bladder stores the urine. Urine is expelled or comes out when it passes from the bladder through the urethra. The creation of a urostomy changes how you expel your urine.

The Operation

A urostomy is an operation that reroutes urine to an opening on the surface of the abdomen. A conventional urostomy operation involves removing a small section of the ileum (small intestine). The intestine is reconnected so that it functions normally. The surgeon uses the small piece of that ileum that is removed to make a detour for urine, called an ileal conduit. One end of the piece is sewn closed and the other end is brought to the surface of the abdomen to form a stoma. The ureters are removed from the bladder and attached to the new ileal conduit. Urine now flows from the kidneys, through the ureters, out the ileal stoma, and into the collection pouch. Your surgeon can also perform the operation using a section of the colon (large intestine), which is called a colon conduit.
**Urostomy Output**

Urine will start flowing into your ostomy pouch right after your operation. It may be pink or red for a few days before returning to the normal yellow color. Because the urine is passing through a segment of the intestine and the intestine produces mucus, you may see some mucus in your urine.

**Urostomy Stents**

Due to postoperative swelling, you may have small temporary tubes called stents extending out of your stoma. Stents are placed up the ureters and help keep them open. This allows urine to drain out through the stoma. They will be removed by your surgeon or nurse once the swelling decreases.

**About the Pouch**

Your urine will now exit from a new opening called a stoma and be collected in a pouch. You won’t be able to feel or control your urine as it leaves your body through the stoma, so you will need to wear an ostomy pouching system at all times.

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

- Collects urine
- Contains the odor
- Protects the skin around the stoma

Urine on the stoma will not cause any problems. Urine 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 a certified ostomy nurse, can help you choose which one is best for you. Many people try several types of pouches before they choose one permanently.
Pouching System/Types

Pouch systems are made 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.

UROSTOMY POUCH

All urostomy pouches are drainable and have a special valve inside the pouch that prevents the urine from backing up around the stoma. The drain expels urine at the bottom of the pouch. The drain can be a tap that turns to open or close, or a drainage nozzle that has a plug.

Many pouch taps have a colored marking to indicate when the pouch is open. The mark cannot be seen when the tap is closed. You do not need to remove the drainable pouch to empty it. It can remain in place for several days.
**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 you go home, you may prefer to switch to an opaque pouch.

**Pouch Sizes**

Pouches can be small or large. The size you need depends on the amount of output that you produce, as well as your personal preference. A urostomy produces liquid output and needs to be emptied about five times a day, so a larger pouch may be needed. Other types of pouches are also available for specific needs. If you use a wheelchair and have trouble emptying a pouch, or if you wake up frequently at night to empty your pouch, you may choose to wear a mini pouch connected to a drainage bag. During intimacy and exercise, a urinary stoma cap is an option—which is a mini pouch filled with absorbent material.
Pouch Belts and Wraps

Some people wear an ostomy belt or wrap around their abdomen. The belt/wrap provides extra support. Some pouch belts are made specifically for water sports. If you choose to wear an ostomy belt:

- Attach the belt so that it lies evenly against your abdomen and lies level with the pouching system.
- The belt/wrap should not be so tight that it cuts into or leaves a deep groove in your skin.
- You should be able to place one finger between the belt and your 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 view the pouch. They may also reduce heat and moisture caused by the pouch resting against the skin.
**Daily Care**

During the day, you will need to drain your urostomy pouch about every 2 to 4 hours or more if you drink a large amount of fluids. Unless your doctor or nurse tells you not to, you should drink 8 to 10 glasses of water each day.

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**Nighttime Drainage**

All urostomy pouches come with adapters that can be attached to a larger drainage bag. This keeps the pouch empty while you are sleeping.

**Connecting to the drainage bag:**
- Place the adapter on the nighttime drainage bag
- Connect the end of the pouch to the connector on the long tubing on the drainage bag
- Open the pouch tap
- Unravel and free the long tubing from any kinks
- Drainage bags can be freestanding or hooked to the side of your bed

**Disconnecting and emptying the drainage bag:**
- Remove the drainage bag tubing from the pouch
- Close the pouch
- Empty the urine from the drainage bag into the toilet
- You may be instructed to rinse the drainage bag with water or water and vinegar to decrease odor. Other bag-cleaning products may be suggested by your nurse or doctor
Empty the Pouch SKILL

Watch and Review

- Emptying your pouch is the first skill that you will need to learn after your operation and the one you will use most often.
- Watch the DVD, and then follow each of the steps.

SKILL: CHECK THE POUCH LEVEL

Empty or change your pouch when it is 1/3 to 1/2 full. A pouch that is too full may start to pull away from your skin. You will not feel urine or stool coming out of your stoma. You will need to check for fullness by placing your hand over your pouch and feeling it.

SKILL: ASSUME THE PROPER POSITION

You will need to have a clear view of the water in your toilet and ensure you have enough space to empty your pouch and avoid soiling your clothes. There are several positions, depending on your size, the layout of the bathroom, and your comfort level.

- For the forward position, sit far back on the seat with legs spread wide.
- For the backwards position, sit or stand facing the toilet.
- For the side position, sit or stand alongside the toilet.
SKILL: EMPTY THE URINE (UROSTOMY ONLY)

Sit far back on the seat or stand over the toilet.

1. Raise the pouch opening.
2. Open the pouch by twisting the nozzle, removing the nozzle plug, or folding down the nozzle.
   - Before lowering, pinch together the nozzle.
   - Lower the nozzle toward the toilet.
   - Release your pinched fingers and let the urine drain.
   - When empty, tap the nozzle to remove any last drops.
3. Close the pouch by twisting the nozzle into the closed position, replacing the nozzle plug, or folding up the nozzle.
SKILL: EMPTY THE STOOL  
(COLOSTOMY/ILEOSTOMY ONLY)

Sit far back on the seat or stand over the toilet

1. Make sure to have a piece of toilet paper within reach.
2. Raise the pouch so the opening faces up.
3. Open the pouch. You will unclamp or unroll the integrated drainage outlet.
4. Lower the opening into the toilet. Slide your hands down the pouch to push out the stool.
5. If you stand while emptying the pouch, you may want to flush the toilet as you drain the pouch or place a few pieces of toilet paper into the toilet bowl. This prevents the stool and toilet water from splashing up when draining from a high distance.
6. Wipe the opening off inside and out with toilet paper or tissue.
7. If used, add pouch deodorant.
8. Reclamp or reseal the pouch.
Change the Pouch SKILL

Watch and Review

- Your entire one-piece pouch will need to be changed every 3 to 5 days. Moisture and sweat, a full and heavy pouch, and uneven skin around the stoma can decrease the length of time the system will stick to the skin. If you see any output or leakage, or if you feel any burning or itching under the barrier, change your pouch right away.

- If you have an ileostomy or colostomy, it is easier to change the pouch when the stoma is less active. Ideal times include first thing in the morning before eating or two hours after eating.

- If you have a urostomy, you will always be producing urine, so the pouch and barrier can be changed any time.

- Watch the DVD, and then follow each of the steps.

SKILL: GATHER YOUR SUPPLIES

- New pouch
- Washcloth/wipes/soft paper towels to clean your skin
- Sizing template to measure your stoma and size the opening
- Pen to trace the size of your stoma
- Scissors to cut the opening
- A small plastic bag for the soiled pouch
- Skin barrier paste (optional) to fill uneven areas in the skin
- Skin barrier powder (optional) to absorb the moisture from weepy skin
- Pouch deodorant (optional) to decrease the odor when emptying the pouch
**SKILL: REMOVE THE OLD POUCH**

1. Begin by peeling away one corner of the barrier.
2. Work around the rest of the barrier, pushing down on the skin at each point while at the same time pulling the barrier away from the skin. Some people use adhesive remover, a piece of wet paper towel, or a washcloth with warm water to help remove the pouch barrier from the skin.
3. Place the old pouch in a plastic waste bag.
4. If your pouch has a closure clip, do not throw it in the trash. The clamp can be reused.

**SKILL: CLEAN AND INSPECT**

1. Inspect your stoma for color. The stoma should be red and moist.
2. Inspect the skin for redness or irritation. The skin should look like the rest of the skin on your abdomen. You can use a mirror to check the skin around the stoma.
3. Clean the skin around the stoma with warm water. Oils may keep your skin barrier from sticking. Do not use:
   - Soaps/cleansers with oil or perfumes
   - Baby wipes that have oil, moisturizing cream, or alcohol
4. Gently pat the skin dry.
5. If the skin around the stoma is irritated or weepy, you can apply a small dusting of skin barrier powder. The powder will absorb the moisture. Remember that the new barrier will not stick well if your skin is moist. You may need to dab or spray the powder with skin sealant/skin prep.
SKILL: MEASURE AND CUT THE OPENING

It is important to measure the stoma and make sure the opening of the barrier fits right to the edge of the stoma. For the first three months after your surgery, your stoma will continue to shrink in size as your swelling goes down. In the beginning, you will have to measure your stoma with each pouch change to make sure you have the right size opening. After that, you will be able to pre-cut your pouch opening from your template, or order pre-cut pouches.

1. Cover the stoma opening. Place a piece of tissue or gauze pad over the stoma while you are measuring to catch any leakage.

2. Measure the stoma. Use your measuring grid and find the size that fits close to the edge of the stoma where the skin and stoma meet. If your stoma isn’t round, your WOC nurse or doctor can make you a custom template.

3. Place the measuring grid on the back of the pouch barrier and trace the correct size.

4. Use scissors to cut an opening in the skin barrier, closely following the traced shape. If you are using a one-piece system, place your finger into the small pre-cut opening and push away the pouch before you start to cut. Be careful not to cut through the front of the pouch. If you cut the pouch, do not tape it closed. It will leak and give off an odor.

5. Center the new opening over the stoma to make sure it fits along the stoma edge. Re-cut and adjust the opening as needed.

To practice:

- Gather your supplies in the skills kit.

- Use the stoma practice model, measuring guide, and pouch to:
  - Measure and cut an opening.
  - Apply a new pouch to the model.
SKILL: APPLY THE NEW POUCH

1. Remove the covering from the back of the skin barrier.
2. Center the cut opening in the pouch’s barrier over the stoma.
3. Place the barrier on the skin around the stoma. Press down on all sides for 30 to 60 seconds, starting at the area nearest to your stoma. Make sure it is firmly applied.
4. Close the opening if you are using a drainable pouch.
5. Lower the pouch.
6. If you use a belt to secure your pouch, clip it in place.
7. Date and keep the paper backing to use as your template for the next pouch change.

To practice:

- Take out your sample pouch.
- Close the drainage opening at the bottom of the pouch.
- At the top opening in the skin barrier, fill it 1/3 full with water.
- Remove the paper backing and place the pouch on your skin on your lower abdomen.
- Empty the pouch sitting on or standing by the toilet.
Stoma Supplies

Keep your stoma care simple. Only use paste, powder, prep, or seals if recommended by your doctor or WOC nurse.

SKIN BARRIER PASTE/RINGS

Skin barrier paste or rings are used to fill body folds or uneven areas around the stoma. It can help create a better seal between the skin and the skin barrier.

How to Apply

Apply the paste to skin folds in a single layer. If you have deep skin folds, you may have to apply the paste in layers, letting each layer dry slightly (about a minute) before applying the next layer. Pastes are sometimes placed directly onto the barrier.

Pastes should not irritate your skin. If you develop a reaction to any type of paste, then try another brand. Most tube pastes are alcohol-based, and they can sting your skin if they are placed on open skin. The stinging should stop within a few seconds as the paste dries. Alcohol-free paste is also available.

Skin Barrier Rings

A barrier ring may also be used to fill gaps where the pouch skin barrier may leak. Barrier rings are easy to work with and contain no alcohol. While they can be cut or molded into any shape, the more they are touched, the less sticky they become.

SKIN BARRIER POWDER

Skin barrier powder is used to help protect and dry raw, weepy areas on the skin. It is placed under the skin barrier on the skin around the stoma.

How to Apply

Clean your skin with water, then pat dry. Lightly dust the irritated skin with the powder and brush off the excess. You may have to use skin sealant after the powder in order for the pouching system to stick to the skin. Then apply the pouching system.
SKIN BARRIER/SEALANT

Skin barrier/sealant is a liquid skin barrier. It comes in a spray, wipe, or gel. It is used to put a protective plastic-like coating on the skin. Make sure the skin barrier dries completely before applying the pouching system to your skin.

POUCH DEODORANT

The ostomy pouch is odor proof. The only time an odor will be noticeable is when you empty the pouch. Pouch deodorant comes in drop and spray form. The deodorant is placed in the empty pouch after draining/emptying to decrease odor.

ADHESIVE REMOVER

Adhesive removers are used to remove the skin barrier, tape, and sticky residue. You will need to wash away any oily residue with soap and water before applying a new pouch.
Problem Solving

Irritated and Red Skin

The skin around the stoma can become irritated and red. This is the most common problem for new ostomy patients. It is most often due to stool or urine on the skin, or from tape and barriers pulling off the top layer of skin.

WHAT YOU CAN DO

- Check your skin with each pouch change. Use a mirror if needed to see all of the skin around your stoma.
- Measure the stoma and cut the barrier to fit the stoma.
- Do not wear the skin barrier too long. Suggested wear time is 3 to 5 days. Wear time can depend on how often you empty your pouch, how much you sweat, your level of activity, and your body shape.
- If the skin is irritated or weepy (wet), apply skin barrier powder. Lightly apply the powder and brush off the excess. You may have to use skin sealant/skin prep after the powder. Then apply the pouching system.
- If there is seepage of stool or urine under a specific area of your skin or by a skin fold, you may need skin barrier paste or a moldable ring to fill in any gaps.
- Measure your stoma during each pouch change for the first 3 months after your operation. Your stoma will change in shape and size as your body heals. It is best not to buy pre-cut barriers until at least 3 months after your ostomy operation.
- Don’t delay in asking for help. One visit with a WOC nurse could save you from going through extensive trial and error.

This image shows skin redness directly above the stoma site. This is possibly due to the barrier not being cut to the correct size. If the skin is weepy, apply stoma powder, resize the barrier, and apply. The site should look better with the next pouch change in 3 to 5 days.

This image shows irritated and red skin around the entire stoma site. This is possibly due to sensitivity or stripping the top layer of skin away when removing the barrier. You may need to be more gentle when removing tape, use an adhesive remover, or try a different barrier.
Barrier Not Sticking

WHAT YOU CAN DO

If the barrier is not sticking, you may want to try:

- Cleaning the skin with water. If you use soap or any adhesive removal wipes, rinse the area well with water to make sure there is no residue left on the skin.
- Make sure the skin is totally dry.
- Warm the barrier before putting it in place. Some patients find using a hair dryer on low for a few seconds may help.
- Remove any hair on the skin surface by trimming with scissors or using a safety razor.
- If you perspire a lot, it may help to use a light dusting of skin barrier powder to absorb perspiration.
- If you are having trouble getting your barrier to stick or you are using 2 to 3 barriers daily because of leakage, contact your doctor or WOC nurse for additional help.

Signs of Infection

Redness around the edges of the stoma while it is healing is normal.

- If you have redness, tenderness, and pain that extends a 1/2 inch around the incision or stoma, or white/beige fluid draining in the area, call your doctor or WOC nurse.
- If you have redness, itchiness, and small dots under your barrier without any signs of leakage, you may have a fungal infection. Contact your doctor or WOC nurse for medication to treat the infection.
Diarrhea

The stool is watery because it passes through the intestine very quickly, before the water and electrolytes are absorbed. This is a primary concern for ileostomy patients.

WHAT YOU CAN DO

- Drink at least 8 glasses of water as part of your regular routine.
- Drink replacement fluids such as broth or an oral electrolyte solution. Examples include Pedialyte, Gatorade, and Powerade.
- Keep track of how many times you have to empty your pouch. If you are emptying your pouch when it is 1/2 full more than 6 times per day, you are at a high risk of becoming dehydrated.
- Watch for signs of dehydration. These include dry mouth and tongue, feeling thirsty, low urine output (for example, only going small amounts or going less than twice per day), dizziness, or weight loss of more than 6 pounds over a few days.
- Call your doctor or nurse. They will guide you on what oral solution you should drink and how to adjust your diet. Medication may be prescribed that can slow down your intestines and decrease the amount of stool loss.
- Risk of dehydration and salt loss are especially concerning for the ileostomy patient.

Bleeding

You may see a spot of blood on your stoma, especially when cleaning or changing the pouch. The stoma has a good blood supply and no longer has the protection of your skin, so a spot of blood is normal.

WHAT YOU CAN DO

- Make sure the bleeding has stopped after your pouch change. The bleeding should stop within a few minutes.
- You can use a moist cloth and apply mild pressure for a minute.
Stoma Prolapse

Stoma prolapse means the stoma becomes longer and sticks out (protrudes) higher above the surrounding skin.

WHAT YOU CAN DO

▶ As long as the stoma remains red and stays moist, this is not a medical emergency.
▶ Contact your surgeon or nurse and let them know this has happened. Let them know if you need help with applying your pouch.

Stoma Retraction

Stoma retraction means the stoma is at or below the skin level. It looks like it is shrinking.

WHAT YOU CAN DO

▶ As long as the stoma continues to put out urine or stool, this is not a medical emergency.
▶ Contact your surgeon or nurse to let them know this has happened. Stoma retraction may make it difficult to keep a good seal on the pouching system. Your medical team will help you adjust your pouch system so you have a good seal.

No Output from the Ostomy

Your ostomy is usually active. You may have an obstruction if you have cramps or nausea and no output for:

▶ Ileostomy: 4 to 6 hours
▶ Urostomy: 2 to 4 hours
▶ Colostomy: 12 to 24 hours

There may be blockage from food or adhesions (internal scar tissue).
WHAT YOU CAN DO

- Chew foods well, especially high-fiber foods such as whole corn, Chinese vegetables, celery, coleslaw, skins, and seeds. You may see these appear in the pouch undigested.

- If you think the blockage might be due to food, gently massage the abdomen right around the stoma site. This may help increase pressure and help the food blockage to come out.

- Call your surgeon or WOC nurse or go to your local emergency department if you continue to have blockage or start to vomit.

Medical Emergencies

Contact your surgeon or nurse immediately or go to the nearest emergency room if you have:

- A deep cut in your stoma

- A severe change in color in your stoma from a bright red color to a dark, purplish red color. A change in color could mean that there’s not enough blood being supplied to the stoma. It is not likely that this will happen after discharge from the hospital.

- A large amount of continuous bleeding (more than four tablespoons) into the pouch

- Continuous nausea and vomiting

- Repeatedly finding blood in the pouch, or bleeding between the edge of the stoma and skin

- Severe skin breakdown that is not improving

- Continuous diarrhea with signs of dehydration

- Severe cramping and no output from the stoma for a period of 4 to 6 hours
Home Management and Other Resources

Overview

There’s more to having an ostomy than changing pouches. You will have to make a few other adjustments. Let’s go over the different areas of your home management and find out how to accomplish some everyday activities.

BEDROOM

Dressing

- Modern pouches lie pretty flat against your body, so even though the pouch is very obvious to you, you usually cannot see it under most clothes. Emptying your pouch when it’s 1/3 full will keep it from bulging. There are also specially designed support belts and underwear to help secure the pouch; bicycle pants and stretch girdles may help during periods of increased activity. If your pouching system crosses your belt line, the pants can cause pressure, so you may want to try wearing suspenders.

Sleeping

- The pressure of your body on a full pouch may cause leakage and soiling of your bed linens.
  - This problem may be prevented by emptying the pouch right before you go to bed. You may also want to stop eating or drinking a few hours before bedtime. If you have a large amount of output, then you can use a larger pouch at night.

  Urostomy: Since urine continues to flow throughout the night, you will attach your urostomy pouch to the nighttime drainage bag.

Intimacy

- You can have sex when you feel ready, your wound site has healed and your surgeon/nurse has given you permission to resume all activities. Talk to your partner about any concerns you have about the changes in your body and intimacy. You can help each other adjust. Some steps that may help with your comfort are to empty the pouch, use a pouch cover, or use lingerie to conceal the pouch. Be aware that there will not be any odor. New positions may help to decrease any extra pressure on the pouch. For women who have had their colon and rectum removed, the sensations may feel different with vaginal penetration. Some men may have difficulty having an erection after the operation. If you have any questions, feel free to talk to your doctor or nurse. Pregnancy is possible following an ostomy.
BATHROOM

Your Medicine

- Some changes may need to be made to your regular medications. Let your primary care doctor and pharmacist know that you have an ostomy. With an ileostomy, coated tablets and extended-release medications may come out whole into the pouch or pass through too quickly to be fully absorbed. Medication may have to be changed to a liquid or gel.

Bathing

- You may shower with or without the pouch on. Many people find it easiest to change the pouch system during shower time. Remove the entire pouch and barrier prior to the bath or shower. Clean and inspect the skin, then apply the new barrier and pouch. Since a urostomy and ileostomy drain often, it may work best to remove the pouch at the end of the bath or shower, which keeps stool or urine from ending up in the tub water or on the floor of the shower. When you shower without the pouch, remember that soap and water do not hurt the stoma. Avoid lotions and oils on the peristomal skin.

Toilet

- A drainable pouch should be emptied when it is 1/3 to 1/2 full. Pouch deodorant can help to decrease stool odor.
- If you have a disposable pouch, you will need to have a supply of disposable waste bags in your bathroom. The soiled pouch will need to be placed in a sealed bag and then thrown in the trash.

KITCHEN/DIET

Ileostomy/Colostomy

- Once you have been given the OK by your surgeon, you can return to eating a well-balanced diet. You may want to start on a low-fiber, low-residue diet and then advance to a regular diet. As you add new foods, you will see the effect they have on your ostomy management. A dietician can work with you to help with food adjustments.
- Chewing your food thoroughly and eating 3 or more small meals daily may be helpful.
- Foods that can cause gas:
  - Beer, carbonated beverages, broccoli, cabbage, beans, onions, Brussels sprouts, cucumbers
  - You may also have an increase in gas from swallowing air while you eat or from chewing gum, smoking, drinking from a straw, or sucking on candy.
- Foods that can cause an odor:
  - Fish, eggs, garlic, beans, turnips, cheese, cabbage
  - Your ostomy pouch is odor proof, so the only time you will notice an odor is when you empty the pouch.
- Foods that thicken stool:
  - Pudding, creamy peanut butter, baked apples/applesauce, pasta, rice, cheese, bread, potatoes
Foods that can cause blockage if not chewed well:
- Nuts, celery, coconut, mushrooms, raw crunchy vegetables, dried fruits, popcorn

High-fiber foods that can decrease constipation and keep stools soft:
- Beans (brown, black, kidney, pinto, lentils, lima, soybeans), avocados, fiber-rich cereal, oats, brown rice, turnip greens, wheat pasta, fruit (raspberries, grapefruit, pears, papaya, apples with skin), potatoes with skin, sweet potatoes, yams

**Urostomy**

Following a urostomy, there are usually no restrictions on what you can eat or drink. Your ostomy pouch is odor proof, so the only time you will notice an odor is when you empty your pouch.

- Foods that increase odor
  - Asparagus, onions, garlic

- Drinks that decrease odor
  - Cranberry juice, noncaffeinated drinks
  - Drinking 8 to 10 glasses of fluid a day can help decrease urine odor.

**DINING ROOM/CAFETERIA**

- In general, you should be able to entertain as before. You may hear noise coming from your ileostomy/colostomy during digestion. Usually the noise is barely heard by anyone else. Eating slowly and eating small meals throughout the day may decrease the digestive sounds.

**OUTDOORS**

**Returning to Work and School**

- You should be able to return to work or school as soon as you heal, usually 3 to 6 weeks after the operation. Let your surgeon know the type of work that you do, especially if it involves heavy lifting.

- Usually, students will not return to gym class or play strenuous sports for 6 weeks after the operation.

- You will need to have extra supplies and possibly a change of clothes.

- Be prepared for what you will tell the people you meet about your operation. Tell them as much as you want them to know. You can also tell them very little and still say simply that you had abdominal surgery or had part of your colon removed.
Traveling

- You may travel as normal with a little extra planning:
  - You should not drive a car for the first week after your operation or while you are taking pain medications.
  - Be sure you take extra supplies, since they may not be available while traveling. Take the phone number of where you can get your products just in case you have to order more in an emergency.
  - For airline travel, pack supplies in your carry-on luggage. Precut the pouches at home because scissors won’t be allowed in a carry-on. You should also have a note from your doctor identifying that you need the pouching system and also that you would need a private area in case airport security does an extended search. If you use pouch deodorants, cream, or powder, they will need to be in a sealed plastic bag for carry-on luggage.
  - For road trips, check the location of your seat belt to avoid pressure on the pouch. If the seat belt rests on the pouch, put the seat belt below or above the pouch. Do not keep your pouches in areas of extreme heat, such as the back rear window or trunk of your car. If you use disposable pouches, remember that you will need zip-top bags to dispose of the pouches.

Exercise and Activity

- Heavy lifting may cause a hernia near the stoma site. Do not lift anything heavier than 10 lbs. (a gallon of milk) for the first 2 to 6 weeks after your operation. Lifting limitations may last longer; consult your surgeon.
- You can return to all exercise when you feel ready. Heat and sweat may decrease a pouch’s barrier adhesive, so you may need to check your pouch more often. Special belts or binders are available to keep your pouch in place. Talk to your doctor about contact sports and a stoma guard for contact activities.
- You may swim and get in hot tubs with your ostomy. You will just need to make sure that the pouch is supported and that you keep a good seal. Suggestions include wearing a swimsuit with a high waistline and one with extra support; using a closed-end mini pouch; and checking the skin barrier to make sure you have a good seal. Support belts especially made for added security during swimming are available. Some people tape the edges of the barrier.

Family Discussion

- Your family and dear friends will want to understand more about your operation and care. Initially, you may feel tired and need help with daily routines. Soon, changing and emptying your pouch will be managed quickly and require little extra attention. Some things you might want to talk about include: who should know about the ostomy, how each person feels about the operation, and what to do if someone notices a pouch leak (for example, signal system).
Your Discharge

Medical Professionals’ Contact Information

My surgeon’s name and number:

My ostomy/WOC nurse’s name and number:

Other contacts:

Your Ostomy Care Supplies

Your current pouching system is (company and product number):

Other supplies include (company name and product number):

Have your supplies ordered for you before you leave the hospital. It may take 1 to 2 days for them to arrive. Leave the hospital with several days of supplies in case there is a delay.

Supplies can be ordered through a local medical equipment store or pharmacy or a national Internet order company. Check with your insurance company to see if they have preferred providers. You can also contact the United Ostomy Associations of America (www.ostomy.org) for suggestions. You may need a prescription for ostomy supplies. If you have home health, they may be assigned to order your supplies. Check with your hospital discharge planner for your specific details for the coverage of the supplies you need.

Notes:
Additional Ostomy Resources

American College of Surgeons
Surgical Patient Education Program
http://surgicalpatienteducation.org
1-800-621-4111

Wound, Ostomy and Continence Nurses Society (WOCN®)
www.wocn.org
1-888-224-9626

United Ostomy Associations of America (UOAA)
www.ostomy.org
1-800-826-0826

American Society of Colon and Rectal Surgeons (ASCRS)
www.fascrs.org

American Urological Association (AUA)
www.auanet.org

American Pediatric Surgical Association (APSA)
www.eapsa.org

American Pediatric Surgical Nurses Association (APSNA)
www.apsna.org
Check Your Knowledge

Each question can have more than one correct answer.

QUESTION 1
Which statements about your new stoma are true?
A. The stoma will stick out of your body  
B. The stoma can vary in size  
C. The stoma will be dry  
D. You can control when urine and stool leave through your stoma

QUESTION 2
When should you empty your pouch?
A. When it is totally filled  
B. When it is one-third to half full  
C. Once a day  
D. Every 3 to 5 days

QUESTION 3
Which steps are important when cleaning and inspecting your skin?
A. Check the stoma color  
B. Check the stoma for bleeding  
C. Check the skin surrounding the stoma for redness  
D. Clean the skin around the stoma with alcohol

QUESTION 4
What are some of the ways you can treat skin irritation?
A. Keep the skin barrier opening close to the edge of the stoma  
B. Don’t wear the skin barrier too long  
C. Use skin barrier powder if the skin around the stoma is red and weepy  
D. Change the pouch if liquid seeps under the barrier

Answers:  
Question 1 – A and B  
Question 2 – B  
Question 3 – A, B, and C  
Question 4 – A, B, C, and D

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ACS SURGICAL PATIENT EDUCATION PROGRAM

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Ostomy
HOME SKILLS KIT

This program was created by the American College of Surgeons in collaboration with the following:

- American Urological Association (AUA)
- American Society of Colon and Rectal Surgeons (ASCRS)
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- American Pediatric Surgical Nurses Association (APSNA)

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