

## A Patient's Guide to Colostomy Care

This information will help you understand your surgical procedure. It also will be a resource for your ostomy care after leaving the hospital. Write down any questions you may have for your physician and nurse.

During your hospital stay, a wound, ostomy and continence (WOC) nurse will visit you. A WOC nurse is trained and certified in the complete care of patients with an ostomy. This nurse will work with your physician and staff nurses to help you in your recovery. After you leave the hospital, the WOC nurse will continue to be a resource for you.

### The digestive system

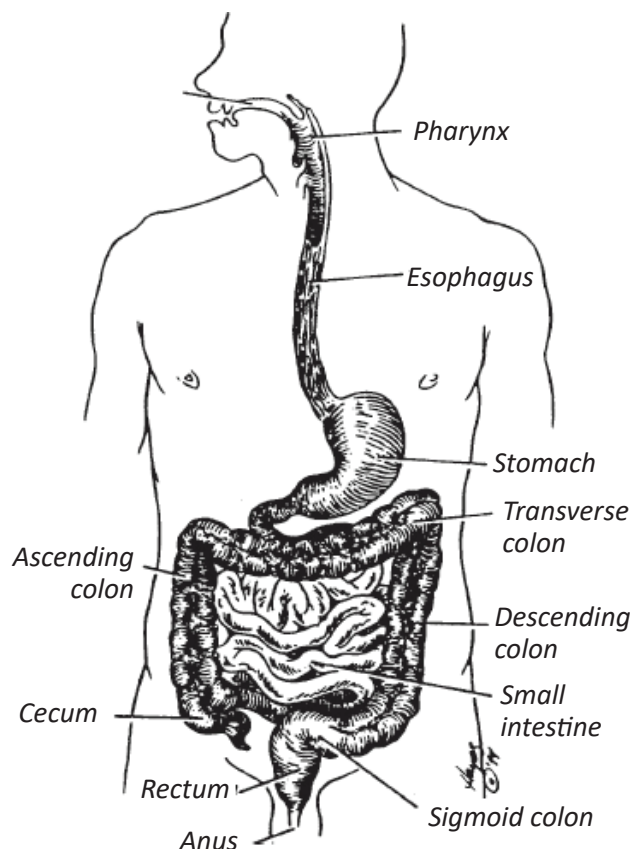
To understand how your ostomy works, get familiar with the digestive tract (Figure 1). When you eat, food travels from the mouth to the stomach. It then moves to the small intestine for further digestion. The small intestine absorbs the nutrients from the food for the body to use. The unused parts of the food will then pass into the colon. The colon collects the stool and absorbs water from the remaining material.

By the time this waste reaches the rectum, it is in a solid form. The waste leaves the body as a bowel movement (BM, stool, feces).

### Colostomy

A colostomy is a surgical opening in the abdomen. The surgeon brings the colon (large intestine) to the skin surface. This opening in the colon may happen anywhere along its length. The end of the colon brought to the skin surface is known as the stoma, a Greek word for "opening." The stoma becomes the exit for all bowel movements and gas. Having a colostomy should not affect your ability to eat and digest food.

**Figure 1. Digestive tract**



The rectum may be left intact. In this case, it is normal for some form of drainage to come from the rectum at times. You will have the urge to have a bowel movement and pass mucus-like drainage. If your rectum has been removed, this will not happen.

Since there is no muscle around the stoma, you are not able to control when stool passes out of your body. Therefore, you will apply an odor-proof pouch to your skin around the stoma. The pouch collects the stool and gas (see more information about pouches on page 6).

A person may need a colostomy when they have part of the colon or rectum removed or bypassed. Conditions that may lead to a colostomy include:

- Injury, accidents or birth defects to the colon
- Diverticulitis
- Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Tumor of the colon or rectum

### ***Temporary or permanent***

A colostomy may be temporary or permanent.

A **temporary** colostomy lets a part of the colon heal. The surgeon can rejoin the colon in a later surgery. This could be weeks, months or years later.

A **permanent** colostomy will not be rejoined in the future. The stoma stays open. It will be the permanent exit for the stool.

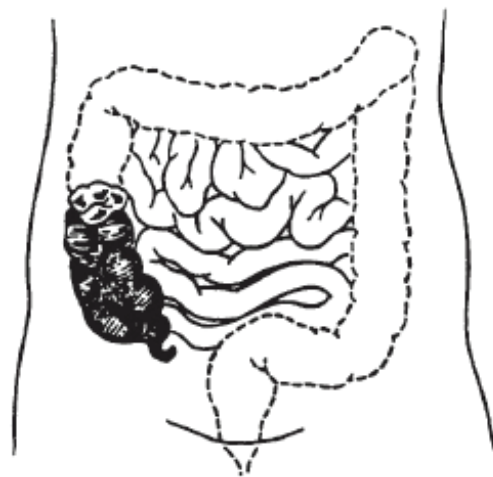
Ask your surgeon if your colostomy will be temporary or permanent.

## **Types of colostomies**

The type of colostomy varies with the portion of the colon brought to the skin's surface. The types include ascending, transverse, descending or sigmoid colostomy.

When the **ascending** part of your colon is at the skin's surface, your colostomy will be on the right side of your abdomen. This can be anywhere from the lower right abdomen (appendix) to just under your right rib (Figure 2). Your stool will be thick liquid.

**Figure 2. Ascending colostomy**

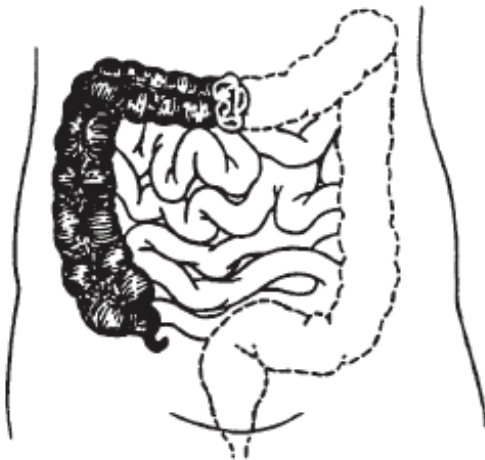


With a **transverse** colostomy (Figure 3), your stool will either be liquid or paste-like.

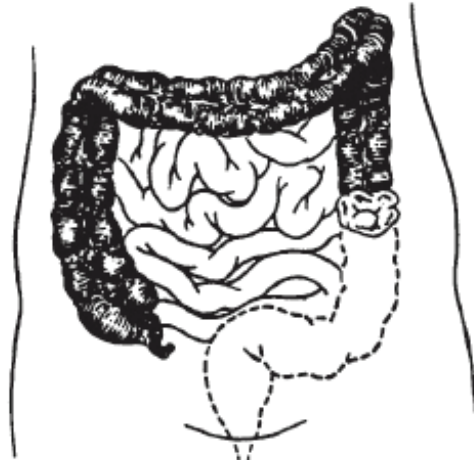
Depending on which section of your colon is at the skin surface, you may have either a **descending** (Figure 4) or **sigmoid** (Figure 5) colostomy. Because most of your colon is still intact and functioning, your stool will be formed.

A **loop** of your colon could also be brought out to the skin's surface (Figure 6). The surgeon will make a loop stoma by bringing a segment of the colon to the skin surface. They make an opening in the top, fold the opening back like a turtleneck and sew it to the skin. A plastic rod remains under the stoma for 3 to 5 days.

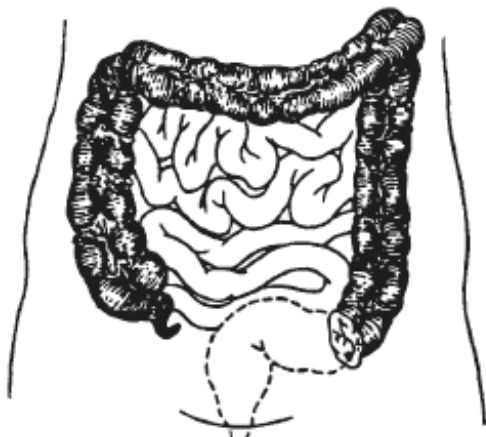
**Figure 3. Transverse colostomy**



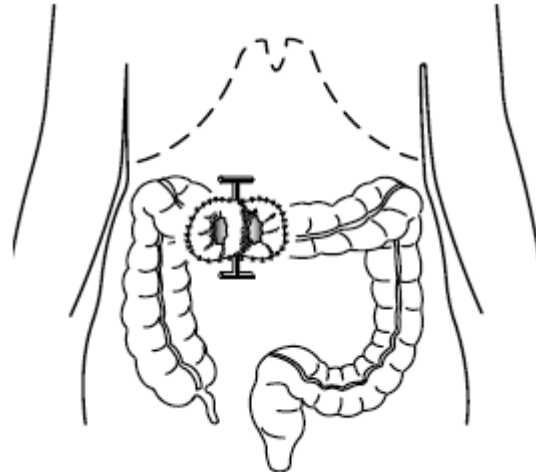
**Figure 4. Descending colostomy**



**Figure 5. Sigmoid colostomy**



**Figure 6. Loop colostomy**



## About your stoma

The look of your stool will depend on the part of the colon with the colostomy. Stomas come in all shapes and sizes. Some are round and others are oval. It may stick out (a budded stoma) or be flat (a flush stoma). The color should be a deep red or pink. The stoma is warm and moist, like the inside of your cheek. The stoma can be an end (the end of the colon is at the skin level) or a loop stoma (a loop of colon is brought out).

Your stoma will change in size throughout your life with weight gains or losses. You will see a big change in the first 6 to 8 weeks after surgery. Surgery causes swelling. As the swelling decreases, your stoma size will become smaller. Once a week, it is important for you to measure your stoma and fit the pouch opening according to size. Your WOC nurse will show you how to do this.

Your stoma has no nerve endings so it is not painful when touched. You do not have to be afraid to touch it. However, you should protect it from sharp objects, seat belts and large belt buckles, which can cut into the stoma.

When you clean around your stoma, you may see a drop of blood on the washcloth. This is normal. The stoma has many small blood vessels, just like the inside of your mouth. (You may have noticed that your gums sometimes bleed slightly when you brush your teeth. That also is normal.) Do not be afraid of your stoma, but if you notice a lot of bleeding when you are changing your pouch, contact your physician.

## **Activities**

### ***Work***

Talk with your physician about when you can go back to work. Most people can return to the work they were doing before surgery. If your job requires heavy lifting, you need to talk with your physician about your options.

It will take time to adjust to your colostomy. This is normal. Some people are afraid to face their co-workers and friends and tell them about having a colostomy. Decide whom you want to tell. Do and say what makes you feel comfortable. It is your choice. Not everyone needs to know. You do not need to be embarrassed about your colostomy; it is a part of you. Discuss your concerns with the WOC nurse.

### ***Social life***

You will be able to resume your social activities. Your colostomy should not interfere. You will feel more confident and secure when the pouch stays intact. You will be able to empty and change the pouch yourself.

### ***Clothing***

You will not need special clothing. If you feel your pouch shows, talk with your WOC nurse about other types of pouches. Tight clothes will not hurt the stoma. Tucking your pouch inside your underwear and wearing snug underwear will help hide the pouch.

### ***Showering and bathing***

The pouches are waterproof. You can wear it in the shower. Your pouch will stay intact when it is underwater when you bath or swim. Remember to empty your pouch before swimming.

On the day you change the pouch, you can take the pouch/wafer off and shower. Water from the shower will not hurt your stoma. Dry your skin well with a towel and air dry.

### ***Exercise and sports***

You will need to restrict your activities for a short time after surgery to let your body heal. These are some general guidelines to follow:

- Do not lift anything more than 10 pounds (about the weight of a gallon of milk) for 6 weeks.
- Ask your physician when you may drive after surgery.
- If you had an exercise routine before surgery, please check with your physician before going back to it.

After your recovery, the colostomy should not interfere with exercise. Daily exercise is important for your body. Do not do contact sports such as football, karate or wrestling. Doing these activities could injure your stoma. If you want to continue any contact sports, check with your physician. Non-contact sport should be OK.

### ***Travel***

You can travel. Just remember to bring extra ostomy supplies with you. Always carry your supplies with you when traveling. If you are flying, put supplies in carry-on luggage and not with checked luggage. In a car, store supplies in a cool spot. Do not put supplies in the trunk or on the back window ledge. If you take long vacations, ask your supply company to ship supplies to you along the way. Contact your WOC nurse if you have any questions.

### ***Sexual activity***

Many people have concerns about having intimate relationships after surgery. Your ability to love, care and be intimate with another person does not change. Expressing your feelings and talking with your partner is important. Sexual activity, hugging and affection will not hurt your stoma. Your partner may be concerned about hurting you and will need to know that these activities will not harm you. After surgery, you will need time for your body to heal and adjust to this change.

Cisgender men, transgender women and some nonbinary people who have a colostomy may have some changes in sexual function. Talk with your physician and WOC nurse about what to expect and ways to have a satisfying sexual relationship.

Cisgender women, transgender men and some nonbinary people of childbearing age who have a colostomy need to plan for birth control. The body needs time to heal after surgery before getting pregnant.

Here are some helpful tips when engaging in sexual activities:

- Always empty the pouch first.
- Roll up and secure the end of the pouch with tape, a cummerbund or scarf.
- Use smaller pouches (drainable or closed-ended).
- Wear attractive sleep and intimate apparel.

Please ask questions. Your care team is here for you and wants to help you return to your normal lifestyle.

## General dietary guidelines

If your medical condition required a special diet before surgery, you will need to continue on that diet. After surgery, your diet will progress from clear liquids to a bland, low-fiber diet. You most likely will be able to eat your regular diet within 6 to 8 weeks after surgery. Please refer to the Colostomy Diet Guidelines patient education brochure for more detailed information.

Some foods are never completely digested by your body such as peanuts, corn and mushrooms. These same foods were not completely digested before your surgery. You may now notice them in your pouch. This is normal.

Eat a well-balanced diet and avoid skipping meals. Skipping meals will cause an increase in gas and watery output. Drinking water helps prevent constipation.

## Medications

The small intestine absorbs most medications. People with ascending or transverse colostomies may not have total absorption of time-released and time-sustained medications. Therefore, these medications may not be as effective. You need to tell any physician who treats you about your colostomy.

Carry a MedicAlert® card in your wallet if your rectum has been removed. It should state that you have a colostomy and that you should not have rectal enemas, suppositories or rectal temperature checks.

## Colostomy care

### *Pouches*

There are many types of ostomy pouches. You may need to try several types to find the best pouch for you. You will leave the hospital with a cut-to-fit pouch (you cut it to fit your stoma size). Later, when your stoma size stabilizes, you may want to change to a pre-cut pouch system (already cut to fit your stoma size). Your WOC nurse will show you how to size your pouch for a correct fitting. You can buy pouches from local medical/surgical suppliers, mail order or online companies. If you are interested in trying a company's product, contact them for free trial packets.

It is best to empty your pouch when it is about half full of either air or stool. This will prevent the pouch from getting too full and pulling off. Before you empty your pouch, place toilet paper in the toilet to prevent splashing. Then, sit down and empty the pouch between your legs. You may also stand facing the toilet to empty the pouch. Clean the end of the pouch with toilet paper, then fold up the closure at the bottom of the pouch.

You will need to change your pouch routinely 2 times a week, and when any of the following happens:

- Leaks
- Itching under the pouch
- Burning under the pouch



Your pouch system prevents stool from getting on your skin. Stool is irritating to your skin. If any of the above conditions happen, remove the pouch and check your skin.

If you routinely change your pouch 2 times a week, you can feel comfortable that it will not leak. Whenever you leave home, carry an extra pouch already cut to fit. This will make you feel more secure if it leaks. It also is important to bring an extra pouch any time you visit the physician, hospital or WOC nurse.

### ***How to change your pouch***

#### **1. Gather your supplies.**

- Scissors
- Measuring guide
- Wash cloths or soft paper towels
- Non-moisturizing soap (optional)
- New pouch (Figure 7)
- Towel
- Paste or ring (optional)

#### **2. Remove the old pouch.**

Remove the pouch gently by lifting up on the tape while pressing underneath on skin. Do not rip or tear the pouch off. This can irritate the skin. If the pouch is sticking too well, use a wet wash cloth to press on the skin behind the barrier.

#### **3. Clean the skin.**

Wet a washcloth or soft paper towel with tap water and clean the skin around the stoma. You may use a non-moisturizing mild soap. Rinse well with water. Allow skin to dry well. Do not use wipes that have lotion in them. Check your skin for any changes. If you see changes, read the , “How to treat irritated skin” on page 8.

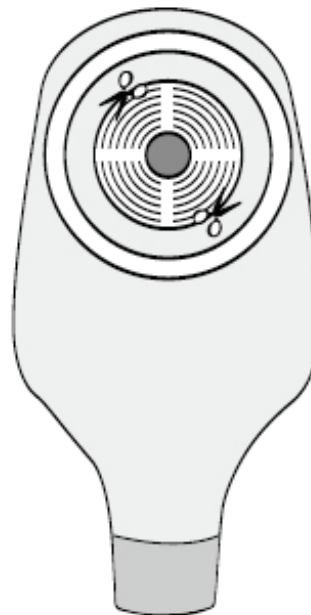
#### **4. Measure the stoma.**

Before applying pouch, remeasure the stoma with a guide. Make a note of the new size opening. Trace the new opening on the back of the wafer and cut it out. For the first 2 months after surgery, measure the stoma whenever you change your pouch. Adjust the size as needed.

#### **5. Prepare the wafer/pouch.**

Remove the paper backing from the barrier wafer. (If you use a 2-piece system, remove the backing from the wafer.) You can use paste, a paste ring or strip paste on the sticky side of your wafer/barrier around the opening edge to fill in minor creases. This will make a flat surface and improve the fit and seal of your pouch. Your WOC nurse will show you how to do this.

**Figure 7. Colostomy pouch**



## 6. **Apply the pouch.**

Center the opening in the wafer/barrier around the stoma and apply the sticky side to the skin. Press down to make sure all edges are sealed. To close the bottom of the pouch, fold up the lower edge 3 times and pinch to close.

## **How to treat irritated skin**

1. Remove the pouch gently.
2. Clean the skin with a wet wash cloth.
3. Gently pat your skin dry.
4. Sprinkle ostomy protective powder on reddened skin.
5. Dust off excess powder with a dry cloth. The powder will stick only to where the skin is irritated. The powder provides a dry surface so the wafer is able to stick.
6. Dab the powdered skin with a protective barrier wipe.
7. Recheck the size of the stoma. Be sure the opening in the wafer is the same size as your stoma.
8. Prepare and apply your wafer and pouch as usual.

## **Follow-up visits**

Your physician will tell you when to schedule a follow-up visit. Stomas change for many reasons. It is important to have equipment that fits and works well for you and lets you to lead a normal, active life. Remember to bring an extra pouch when you visit the physician, hospital or WOC nurse.

## **Call your physician**

Contact your physician if you have these symptoms:

- Change in the stoma color from pink-red to purple-black
- Bleeding from the stoma
- Bleeding between stoma and skin that does not stop
- Unusual bulging around the stoma
- You have not had a bowel movement for more than 2 days
- Any unusual problems with abdominal pain or nausea and vomiting that does not go away



## Call your WOC nurse

Contact your nurse:

- If you have skin irritation lasting for more than a few days (redness, itching or burning).
- If you have any questions or problems with pouching or leaks.
- For more information or questions about activities of daily living.

## Where to buy supplies

Search the internet under “medical/surgical supply companies.” Choose one close to you. Also, there are several mail-order and online companies that have free delivery and may help you with insurance forms. Contact your WOC nurse for information. Many pharmacies carry or will order supplies, but there may be added charges. You should compare prices. Sometimes you may need a prescription from your physician to get supplies. Talk with your physician about this.

## Insurance coverage

Most ostomy supplies are covered partially under Part B of Medicare and may be covered under Medicaid. Social Security disability benefits are available to those who qualify. Insurance coverage is different for each policy. We suggest saving receipts and asking your insurance company or third-party payor if coverage is available.

## Organizations

There are ostomy groups that provide support and information for people with ostomies and their spouses/partners. For example, the United Ostomy Association of America has programs that have educational, business and social components. Contact the following organizations for more information.

United Ostomy Associations of America, Inc.  
800.826.0826  
**ostomy.org**

Wound Ostomy and Continence Nurses Society  
888.224.9626  
**wocn.org**

American Cancer Society  
312.372.0471  
**cancer.org**

Crohn’s and Colitis Foundation of America (CCFA)  
800.932.2423  
**crohnscolitisfoundation.org**

