

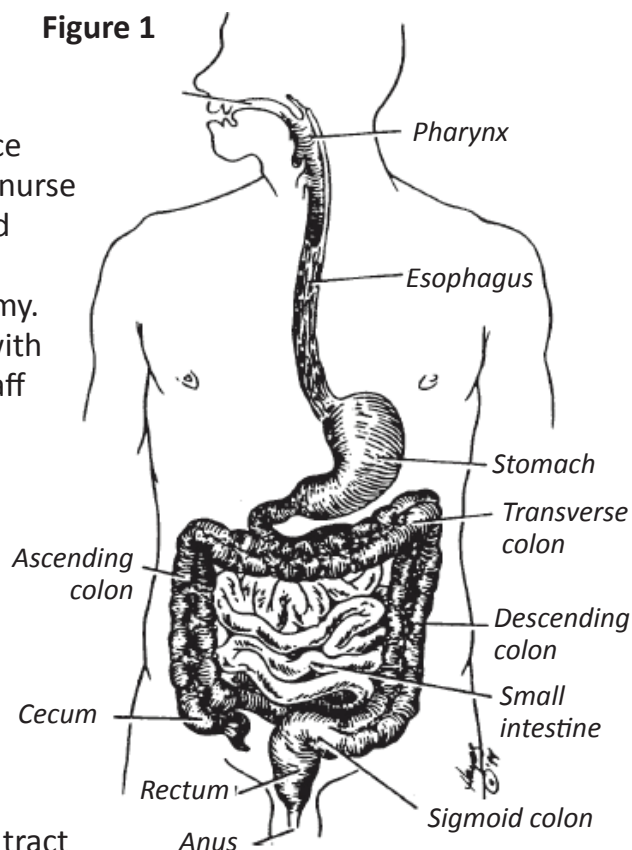
## A Patient's Guide to Colostomy Care

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

*To understand how your ostomy functions, you need to become familiar with the digestive tract.*

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

**Figure 1**



**Digestive Tract**

### The digestive system

To understand how your ostomy functions, you need to become familiar with the digestive tract (see Figure 1). When you eat, food travels from the mouth to the stomach. It then moves to the small intestine, where digestion is completed. Here, the nutrients from the food are absorbed for use by your body. The unused parts of the food will then pass into the colon, which collects the stool and absorbs water from the remaining material.

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

### Colostomy – what is it?

A colostomy is a surgical opening in the abdomen in which the colon (large intestine) is brought to the skin surface. This opening in the colon may occur anywhere along its length.

The end of the colon brought to the skin surface is called 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.

Since there is no muscle around the stoma, you are not able to control when stool passes out of your body. Therefore, an odor-proof pouch is applied to your skin, around the stoma, and collects the stool and gas. (Pouches are discussed on page 6.)

A colostomy is done when part of the colon or rectum needs to be removed or bypassed.

A colostomy may be temporary or permanent. 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***

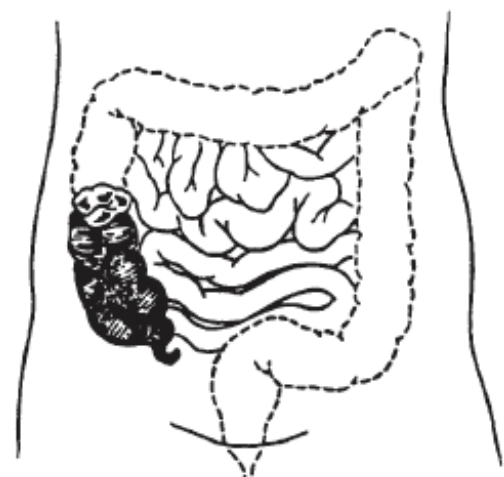
A **temporary** colostomy may be needed for a period of time to allow a portion of the colon to heal. The colon may be rejoined in a later surgery. This could be weeks, months or years later. A **permanent** colostomy may be needed for a variety of reasons. This type of colostomy will not be closed in the future. The stoma will be the permanent exit for the stool. Ask your surgeon if your colostomy will be temporary or permanent.

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

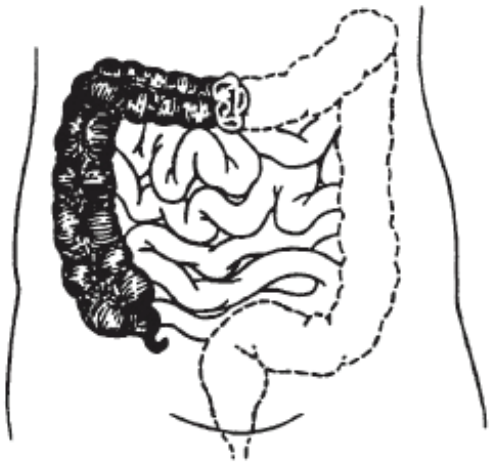
## **Types of colostomies**

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

When the **ascending** part of your colon is brought to the skin’s surface, your colostomy will be on the right side of your abdomen, anywhere from the appendix to just under your right rib. Your stool will be thick liquid.

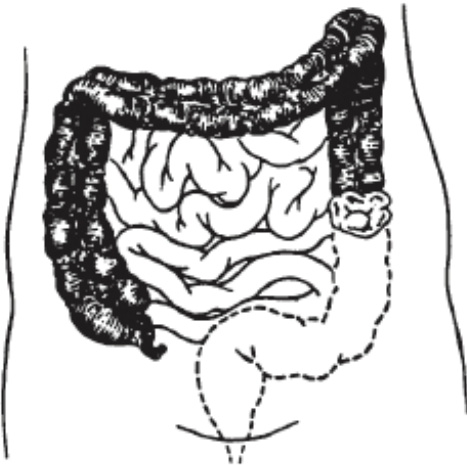


***Ascending Colostomy***

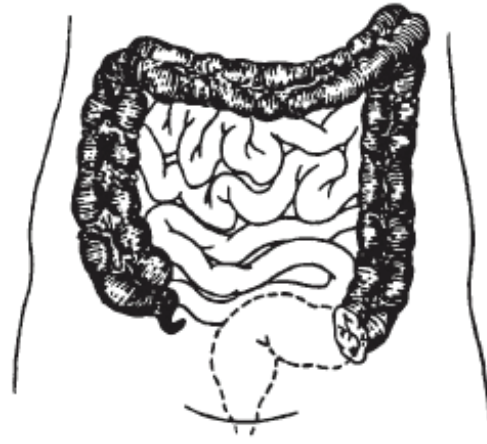


***Transverse Colostomy***

When a **transverse** colostomy is used, your stool will either be liquid or pastelike.



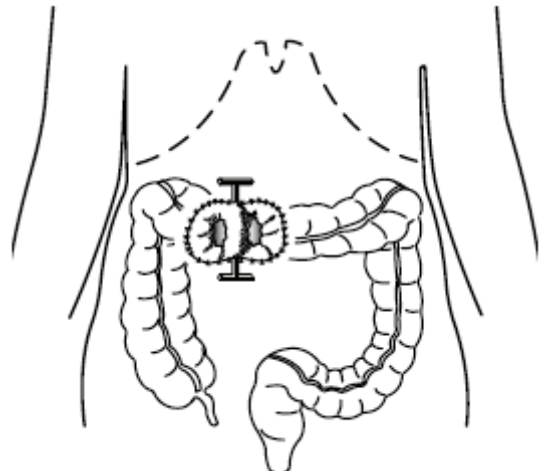
***Descending Colostomy***



***Sigmoid Colostomy***

Depending on which section of your colon is brought out, you may have either a **descending** or **sigmoid** 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. The look of your stool will depend on the part of the colon used for the colostomy.



***Loop Colostomy***

## About your stoma

**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 color. The stoma is warm and moist, like the inside of your cheek. The stoma can be an end (the end of the colon is brought out to the skin level) or a loop stoma (a loop of colon is brought out).

A loop stoma is made by bringing a segment of the colon to the skin surface, making an opening in the top. The opening is folded back like a turtleneck and sewn to the skin. A plastic rod remains under the stoma for 3 to 5 days.

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 large amount of bleeding when you are changing your pouch, contact your physician.

Your stoma will change in size throughout your life with weight gains or losses. A change will be most noticeable 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, such as seat belts and large belt buckles, which can cut into the stoma.

## Activities

### **Work**

Discuss with your physician when you can return to work. Most people are able to 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 gain confidence and security with the pouch remaining intact. You will be able to be independent in emptying and changing the pouch.

### **Clothing**

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

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

The pouches are waterproof. You can wear it in the shower. Your pouch will remain intact when underwater, bathing or swimming. 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***

There will be a short period of time when your activities will be restricted to allow your body to heal. These are some general guidelines to follow:

- No heavy lifting (over 10 pounds) is allowed 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 resuming it.

After your recovery, the colostomy should not interfere with exercise. Daily exercise is important for your body. Contact sports such as football, karate or wrestling are a concern, since injury to the stoma could occur. If you are interested in continuing any contact sports, check with your physician. Any non-contact sport should not be of concern.

### ***Travel***

You can continue to 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, avoiding the trunk and back window ledge. If you take long vacations, arrangements can be made to have supplies shipped along the way by your supply company. Contact your WOC nurse with 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.

Males having a colostomy may note some changes in sexual function. Talk to your physician and WOC nurse about expected changes and ways to maintain a satisfying sexual relationship.

Women of childbearing age who have a colostomy need to plan for birth control. The body needs time to heal after surgery before pregnancy occurs.

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).
- Select attractive sleep and intimate apparel.

Please feel free to ask questions. Your care team is available and want 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 liquid to a bland, low-fiber diet. You probably will find you can return to 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.

### ***Medicines***

Most medicines are absorbed in the small intestine. People with ascending or transverse colostomies may not have total absorption of time-released and time-sustained medicines. Therefore, these medicines may not be as effective. You need to tell any physician who treats you about your colostomy.

Carrying a MedicAlert® card in your wallet is suggested if your rectum has been removed. It should state that you have a colostomy and that rectal enemas, suppositories or temperatures should not be attempted.

## **Colostomy care**

### ***Pouches***

There are many pouches available. Several types may be tried 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 wish 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. Pouches can be purchased 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.

Your pouch will need to be changed routinely twice a week, and when any of the following occur:

- Leakage
- Itching under the pouch
- Burning under the pouch

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

If you routinely change your pouch twice 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 leaking occurs. 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. Assemble your supplies.**

- Scissors
- Measuring guide
- Wash cloths or soft paper towels
- Non-moisturizing soap (optional)
- Towel
- Paste or ring (optional)
- Paper towel rolled into a wick

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

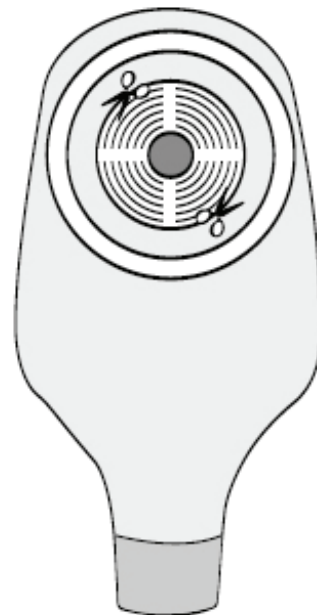
Remove pouch gently by lifting up on tape while pressing underneath on skin. Do not rip or tear the pouch off, as this can irritate the skin. If pouch is sticking too well, use a wet wash cloth to press on the skin behind the barrier.

#### **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 and rinse well with water. Allow skin to dry well. **Do not** use wipes that have lotion in them. Check your skin for any changes. Refer to skin irritation section if changes are seen.

#### **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.



***Colostomy Pouch***

**5. Prepare wafer/pouch.**

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

**6. Apply 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. Cleanse with a wet wash cloth.
3. Gently dry surrounding skin.
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 a protective barrier wipe over the powdered skin.
7. Recheck the size of the stoma opening used. 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 various reasons. It is important to have equipment that fits and works well for you and allows you to lead a normal, active life. Remember to bring an extra pouch when you visit the physician, hospital or WOC nurse. The appointments with the WOC nurse can be made to coincide with a visit to your physician whenever possible.

## Call your physician

Check with your physician if any of the following occur:

- Change in stoma color from pink-red to purple-black
- Excessive bleeding from stoma opening
- Continuous bleeding between stoma and skin
- Unusual bulging around your stoma
- You have not had a bowel movement for more than 2 days
- Any unusual problems with abdominal pain or continuous nausea and vomiting



## 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 leakage.
- For additional information or questions about activities of daily living.

## Where to buy supplies

Look in the Yellow Pages or on the internet under “medical/surgical supply companies.” Choose one close to you. Also, there are several mail-order and online companies available that have free delivery and may assist you with insurance forms. Contact your WOC nurse for information. Many pharmacies carry or will order supplies, but there may be added charges. Price comparison is strongly suggested. A prescription from your physician may be required to obtain 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 persons with ostomies and their spouses/significant others. 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 Association of America Inc.  
800.826.0826  
uoaa.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

