

Ostomy

Home Skills Kit



Helping you with home care

Patient Education

Partners in Your Surgical Care[®]



AMERICAN COLLEGE
OF SURGEONS
DIVISION OF EDUCATION

Welcome

You and your family are important members of the surgical team. This skills booklet will help you understand and practice the skills you need to care for yourself after your ostomy. The more you know, the easier it will be for you to take care of yourself.



Follow These Steps:

- ▶ Talk to your surgeon or nurse about your operation.
- ▶ Watch the DVD to learn the skills you will need to care for yourself.
- ▶ Use the booklet for step-by-step instructions.
- ▶ Practice on the ostomy model provided.
 - Empty your pouch
 - Measure and cut the opening
 - Apply the pouch
 - Remove the pouch
- ▶ Complete the skills checklist. Bring the skills checklist with you to your operation.
- ▶ After your operation, use your skills kit to help you remember how to care for your ostomy.

▶ **Your kit contains:**

- DVD with demonstrations of each skill
- Ostomy skills instruction booklet with resources
- Stoma practice model
- Stoma supplies (measurement guide, marking pen, scissors)
- Sample ostomy pouch
- Ostomy skills self-assessment quiz
- Ostomy skills checklist

What Is an Ostomy?

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 urine or stool through a stoma.

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

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 or 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.



Stoma

Most stomas are similar and will:

- ▶ Stick out of your 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).
- ▶ Will have no feeling.
- ▶ Be slightly swollen for the first weeks after your operation and then shrink to its permanent size.

With a urostomy, you may have small temporary tubes called stents extending out of your stoma. Stents help keep the ureters open. They will be removed by your surgeon or nurse.



Urostomy Stents

Who Needs An Ostomy

Disease or injury such as cancer, trauma, inflammatory bowel disease, and certain birth defects can block the flow and drainage of urine or stool. If the segment of the intestine or urinary system cannot be repaired, then your surgeon will perform an ostomy to reroute the urine or stool to a new opening on the abdomen.

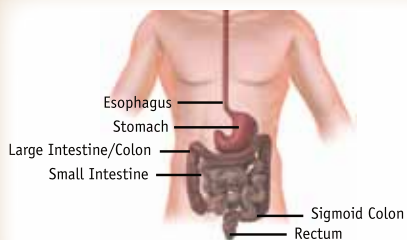
Your Operation

Your Operation—Ileostomy/Colostomy

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, also called the ileum.

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 solid 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.



Ileostomy

An ileostomy is the opening created by the surgeon to bring the small intestine 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 four kinds of colostomies, each named for the location in the colon where the ostomy is formed. They are: ascending, transverse, descending, or sigmoid colostomy.

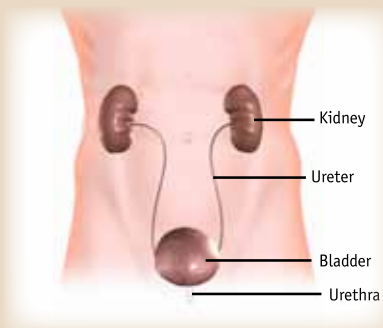
Ileostomy/Colostomy Output

The stool that comes out of your stoma will be liquid or pasty after the operation. It will be 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.

Your Operation—Urostomy

Understanding Your Urinary System

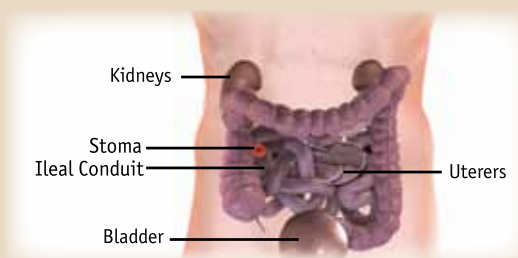
Your urinary system includes two kidneys, two ureters, a bladder, and a urethra. The kidneys make urine by filtering water and waste products from your blood stream. The urine drains from the kidneys, through the ureters and empties into the bladder. The bladder stores the urine. Urine is expelled or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



Urostomy

A urostomy is an operation that re-routes 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 the ileum that is removed to make a detour for urine, called an ileal conduit. One end of the piece is sewn together 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.

Pouch Systems

About your Pouch

Your stool or 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 or stool 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 stool or urine
- ▶ Contains the odor
- ▶ Protects the skin around the stoma

Urine or stool on the stoma will not cause any problems, but urine or 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 nurse certified in ostomy care, can help you choose which one is best for you. Most people try several types of pouches before they choose one permanently.

Pouching Systems

One-Piece System

A system can have one or two pieces. 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.



Drainable Pouch

A pouch can be drainable or closed-ended. A drainable or open pouch expels waste at the bottom of the pouch. You do not need to remove a drainable pouch to empty it. It 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 five to seven 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 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.



Pouch Closure

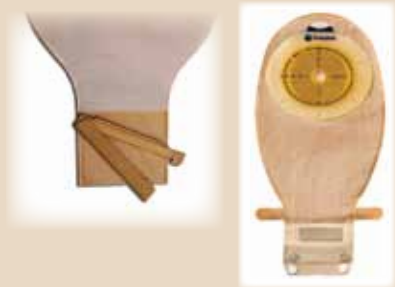
There are a variety of closure methods for drainable pouches.

Ileostomy and Colostomy

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

Clamp Method

When using a clamp, be sure to wrap the end or tail piece around the clamp one time only. After you close 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.



Integrated Closure

For the integrated closure, no separate clip is needed. The pouch is sealed by folding or rolling the opening usually three times in the same direction. You then either press across the opening or use Velcro® tabs that secure around the closure.



Urostomy

All urostomy pouches are drainable and have a valve that prevents the urine from backing up around the stoma. The drain can be a tap that turns to open or close or a drainage nozzle that has a plug that bends into its holder. Most pouch taps have a colored marking to indicate when the pouch is open. You will not see the mark when the tap is closed.

Color

Some pouches are clear and transparent, and others are opaque (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, as you can't see through that type.

Pouch Size

Pouches can be small or large. The size that you need depends on the amount of output that you produce as well as your personal preference. A urostomy or 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. A person with a colostomy may often produce one or two stools per day so a shorter 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 is convenient during intimacy and exercise.



Pouch Belts

Some people wear an ostomy belt around their abdomen. The belt is attached to the pouch for extra support. This is a personal choice. 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 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 with Vents

Some pouches have small vents, called filters, that allow gas to escape.

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.



Pastes and Powders

Pastes

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



How to Apply

Apply to the 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 pastes are alcohol-based and they can sting your skin if they are placed on an open wound. The stinging should stop within a few seconds as the paste dries.

Powder

Skin barrier powder is used to help protect the skin when the skin around the stoma becomes red or weepy. 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. Apply the barrier or pouching system directly over the powder.



Urostomy Care

Daily Care

All urostomy pouches are drainable and have a valve, which prevents urine from backing up around the stoma. During the day you will need to drain your urostomy pouch about every 2–4 hours, more if you drink a large amount of fluids. Unless your doctor or nurse tells you not to, you should drink 8–10 glasses of water each day.

Night-time Drainage

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

Connecting to the drainable bag:

- ▶ Place the adapter on the night-time 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.
- ▶ Rinse the drainage bag with water.

Skill—Empty the Pouch

Watch and review

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

SKILL: Check pouch level

Empty or change your pouch when it is one-third to one-half 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. So, you will need to check for fullness by placing your hand over your pouch and feeling it.



SKILL: Assume proper position

You will need to have a clear view of the water in your toilet to 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.

1. For the forward position, sit far back on the seat with legs spread wide.
2. For the backwards position sit or stand facing the toilet handle.
3. For the side position sit or stand alongside the toilet.



SKILL: To empty urine

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: To empty stool

1. Prepare your toilet paper.
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.



Changing Your Pouch

Watch and Review

- ▶ Your entire one-piece or two-piece pouch will need to be changed every three to five days. Moisture and sweat, a heavy, full pouch, and uneven skin around the stoma can decrease the length of time the system will keep a tight seal. If you see any output or leakage or if you feel any burning or itching under the barrier, change your pouch right away.
- ▶ For 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.
- ▶ For a urostomy, you will always be producing urine, so the pouch and barrier can be changed any time.
- ▶ Watch the DVD/CD, then just follow each of the steps.

SKILL: Gather Your Supplies

1. New pouch
2. Washcloth/wipes—to clean your skin
3. Sizing template to measure your stoma and size the opening
4. Pen to trace the size of your stoma
5. Scissors to cut the opening
6. A small plastic bag for the soiled pouch
7. Skin barrier paste (optional) to fill uneven areas in the skin
8. Skin barrier powder (optional) to absorb the moisture from weepy skin.
9. Pouch deodorant (optional) to decrease the smell 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 or a piece of wet gauze 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.
3. Clean the skin around the stoma with warm water. Do not use lubricating soaps, oils, or alcohol.
4. Gently pat the skin dry.
5. If the skin around the stoma is irritated or weepy, you can apply skin barrier powder. The powder will absorb the moisture. Remember that the new barrier will not stick well if your skin is moist.



SKILL: Measuring and Cutting 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 ostomy care 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 emit odor.

5. Center the new opening over the stoma to make sure it fits along the stoma edge.

Recut and adjust the opening as needed.



To practice

- ▶ Gather your supplies in the skill kit.
- ▶ Use the stoma practice model, measuring guide, and pouch to:
 - measure and cut an opening
 - apply a new pouch to the model

SKILL: Applying the New Pouch

1. Remove the paper from the back of the skin barrier. Remove the skin release paper followed by the outer.
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 to make sure it is firmly applied.
4. Raise the bottom of the pouch and close the opening if you are using a drainable pouch.

If you are using a clamp, always wrap the tail end around one time only. Tug on the clamp once while holding onto the bag to make sure that it is secured correctly and doesn't slip off.

For a urostomy with a tap, turn the tap to the closed position, or replace the plug.

5. Lower the pouch.
6. If you use a belt to secure your pouch, clip it in place.
7. Date and keep the paper from the 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 one-third full with water.
- ▶ Remove the paper backing, and place the pouch on your skin on your lower abdomen.
- ▶ Practice emptying the pouch.

Problem Solving

Problem	What You Can Do
Irritated and red skin	<p>The skin around the stoma can become irritated and red if it comes in contact with urine or stool from the ostomy. The best way to prevent this is to:</p> <ul style="list-style-type: none">▶ Cut the opening of the skin barrier as close to the edge of the stoma as possible.▶ Do not wear the skin barrier too long. Suggested wear time is 3-5 days.▶ Examine the barrier and check for any areas of exposed skin or liquid seeping under the barrier. If there is seepage, change your pouching system. You may need skin barrier paste to fill in any gaps.▶ Measure your stoma during each pouch change for the first three 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 three months after your ostomy operation.▶ If the skin is irritated or weepy (wet), apply skin barrier powder. Lightly apply the powder and brush off the excess. Then apply the pouching system.
Barrier not sticking	<p>If you are having trouble getting your barrier to stick to your skin, it may be because there is hair underneath or the area around the skin is not clean. If cleaning the skin with warm water and trimming the hair with scissors does not solve the problem, you may need to try another barrier. Contact a certified ostomy nurse for suggestions and assistance.</p>

Problem	What You Can Do
<p>Signs of infection</p>	<p>Redness around the edges of the stoma while it is healing is normal. If you have redness that extends beyond one-half inch around the incision or stoma, tenderness or pain, white/beige fluid draining in the area, or itchiness and tiny red bumps, you may have an infection. Call your surgeon or ostomy nurse if you think you have an infection.</p>
<p>Diarrhea</p>	<p>Diarrhea usually comes on suddenly and can be accompanied by abdominal cramps. The stool is watery because it passes through the intestine very quickly before the water and electrolytes are absorbed. Watch for signs of dehydration such as dry mouth, thirst, and decreased urine. Also drink at least 8-10 glasses of fluids such as Pedialyte or water. If diarrhea lasts more than 2 days, call your nurse or surgeon.</p>
<p>Bleeding</p>	<p>You may see a spot of blood on your stoma, especially when cleaning or changing the pouch. A spot of blood is normal and it's because the stoma has a good blood supply and no longer has the protection of your skin. The bleeding should stop within a few minutes. If you want, you can use a moist cloth and apply mild pressure for a minute. If you see blood in your pouch or the bleeding increases, call your nurse or surgeon.</p>
<p>Stoma prolapse</p>	<p>Stoma prolapse means the stoma becomes longer and sticks out or protrudes higher above the surrounding skin. As long as the stoma remains red and stays moist, this is not a medical emergency. However you should contact your nurse or surgeon and let him or her know this happened.</p>

Problem	What You Can Do
<p>Stoma retraction</p>	<p>Stoma retraction means the stoma is functioning at or below the skin level. It looks like it is shrinking and is lower than the surrounding skin. Stoma retraction may make it difficult to maintain a good seal on the pouching system. This is not considered a medical emergency, but you should let your doctor or nurse know that this has happened. Contact your ostomy nurse if you are having problems with your pouch seal.</p>
<p>No output from ostomy</p>	<p>Your ostomy is usually active. If you have a 4-6 hour period without stool from an ileostomy or urine from a urostomy, and you have cramps or nausea, you may have an obstruction. There may be a blockage or internal changes such as adhesions. Call your surgeon or nurse to discuss the situation.</p>

Medical Emergencies

Contact your surgeon or ostomy 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 bright red color to a dark purplish red color. This could mean that there's not enough blood being supplied to the stoma. It is unlikely that this will happen after discharge from the hospital.
- ▶ A large amount of continuous bleeding (over 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 four to six hours.

Overview

There's more to having an ostomy than changing pouches. You will have to make a few other adjustments. Let's go to the different areas of your home and find out how to manage 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 is one-third full will keep it from bulging. There is also specially designed underwear and support belts 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 pant's belt can cause pressure, so you may want to try suspenders.

Sleeping

The pressure of your body on a full pouch may cause leakage and soiling of your bed linens.

Ways to help prevent this from happening include emptying your pouch right before you go to bed. You may also want to stop eating or drinking a few hours before bed time. If you have a large amount of output, then you can use a larger pouch at night. Since urine continues to flow throughout the night, you will attach your urostomy pouch to the night-time drainage bag.

Intimacy

You can have sex when you feel ready, your wound site has healed (usually one to two weeks post-operatively) and your surgeon/ostomy nurse has given you permission. 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 before intimacy, use a mini-pouch, use an opaque pouch, use a pouch cover, or use lingerie to cover 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 surgeon or nurse. Pregnancy is possible following an ostomy.

Bathroom

Your Medicine

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

Bathing

You may shower with or without the pouch on. Many people find it is easiest to change the pouch system during the shower, removing their entire pouch and barrier prior to showering, cleaning and inspecting the skin while in the shower and then applying the new barrier and pouch after 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. Drinking 8–10 glasses of fluid each day can help decrease urine 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.

Changing your Pouch

Keep supplies that you will need to change the entire pouching system together in one location. You will need: wash cloths or gauze pads, mild soap, a measuring guide, scissors, a new pouch, and a pen. If desired, you may also need skin barrier paste, skin barrier powder, and pouch deodorant.

Kitchen/Diet

Ileostomy/Colostomy

Once you have been given the OK by your surgeon, you can eat whatever you want following your operation. The same foods that gave you gas before your operation will still do the same after it. Besides foods, you may also have an increase in gas from swallowing air while you eat or from chewing gum, smoking, drinking from a straw and sucking on candy.

Certain foods can also affect the stool in other ways. It can be different for each person.

Your ostomy is odor proof, so the only time you will notice an odor is when you empty your pouch.

Common reactions to certain foods	
Foods that can cause gas	beer, carbonated beverages, broccoli, cabbage, beans, onions, brussels sprouts, cucumbers
Odor-producing foods	fish, eggs, garlic, beans, turnips, cheese, cabbage
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 loose	beans—brown, black, kidney, pinto, lentils, lima, soybeans avocados, fiber-rich cereal, oats, brown rice, turnip greens, wheat pasta fruit—rasberries, 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
Foods/drink that decrease odor	drinking 8–10 large glasses of water, cranberry juice, noncaffeinated drinks

Dining Room

Entertaining

In general, you should be able to entertain as before. Your stoma may make noise when digesting food, but usually the noise that you notice, is barely heard by anyone else. Eating slowly and eating less may decrease the digestive sounds.

Family Discussion

Your family and dear friends will want to understand more about your surgery and care. Initially, just like any other person after an operation, you may feel tired and need help with daily routines. Soon, changing and emptying your ostomy 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).

Outdoors

Returning to Work/School

You should be able to return to work as soon as you heal. Let your surgeon know the type of work that you do, especially if it involves heavy lifting. There may be some restrictions and you may not be able to lift heavy objects for six to eight weeks.

You should have no difficulty with your pouch while at work. You will need to have extra supplies and possibly a change of clothes.

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

Traveling

You may travel as normal with a little extra planning:

- ▶ You will need to be sure you take all supplies. This is important because supplies may not be readily available. Take extra supplies, and the phone number of where you get your products, just in case you have to order more in an emergency.
- ▶ For airline travel, pack a supply 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 surgeon 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 deodorant, 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 is 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-lock bags to dispose of the pouches.

Exercise

You can return to all exercise except contact sports like wrestling and football. Heat and sweat may decrease the barrier adhesive, so you may need to check your pouch more often. If you are worried that your pouch may loosen, special belts or binders are available to keep your pouch in place. You may swim and get in hot tubs with your ostomy. You will just need to do a few things 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.

Ostomy Resources

**American College of Surgeons
Surgical Patient Education Program**

*<http://surgicalpatienteducation.org>
1-800-621-4111*

Wound Ostomy Continence Nurses Society (WOCN)

*<http://www.wocn.org/>
1-888-224-9626*

United Ostomy Associations of America (UOAA)

<http://www.uoaa.org>

Ostomy Support Group Page

*<http://www.uoaa.org/links.shtml>
Patient Assistance
1-800-826-0826*

American Society of Colon and Rectal Surgeons

<http://ascrs.affiniscape.com/>

American Urological Association

<http://www.urologyhealth.org/auafhome.asp>

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Check Your Knowledge

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 one-half full
- C. Once a day
- D. Every 3–5 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 and irritation
- 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 3 – A, B, and C

Question 2 – B

Question 4 – A, B, C and D

