

Life After Ileostomy





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Introduction

Coloplast started over 50 years ago when nurse Elise Sørensen came up with a simple idea with far-reaching consequences: the world's first disposable ostomy bag with an adhesive ring. Before disposable ostomy bags, people used metal or glass capsules, fabric belts or rubber bags. Elise's idea would give her sister, who had an ostomy, and thousands like her around the world the chance to live a normal life again.

Since then, Coloplast has expanded to include wound, skin, continence and urology divisions. While many changes have occurred over the years, we continue to conduct business in the same spirit as Elise and our founders: we listen, we learn and we respond. Our mission is to make life easier for people with intimate healthcare needs. This booklet was designed to do so by answering some of the most frequently asked questions you may have regarding your ostomy care.

Adjusting to life after ostomy surgery can be challenging. At Coloplast, we look forward to being a valuable resource for you, and will provide you with the support and educational materials to help along the way.

By now you have had a chance to meet with your surgeon and Wound, Ostomy, Continence (WOC) Nurse. Your WOC Nurse has received special education and training in all aspects of ostomy care, and will help you and your family learn about living with an ileostomy.

This booklet is a great starting point to help you through your surgery and maintain your current lifestyle. It is not meant to be a substitute for medical care, so always consult your physician or appropriate health care provider.

Sincerely,

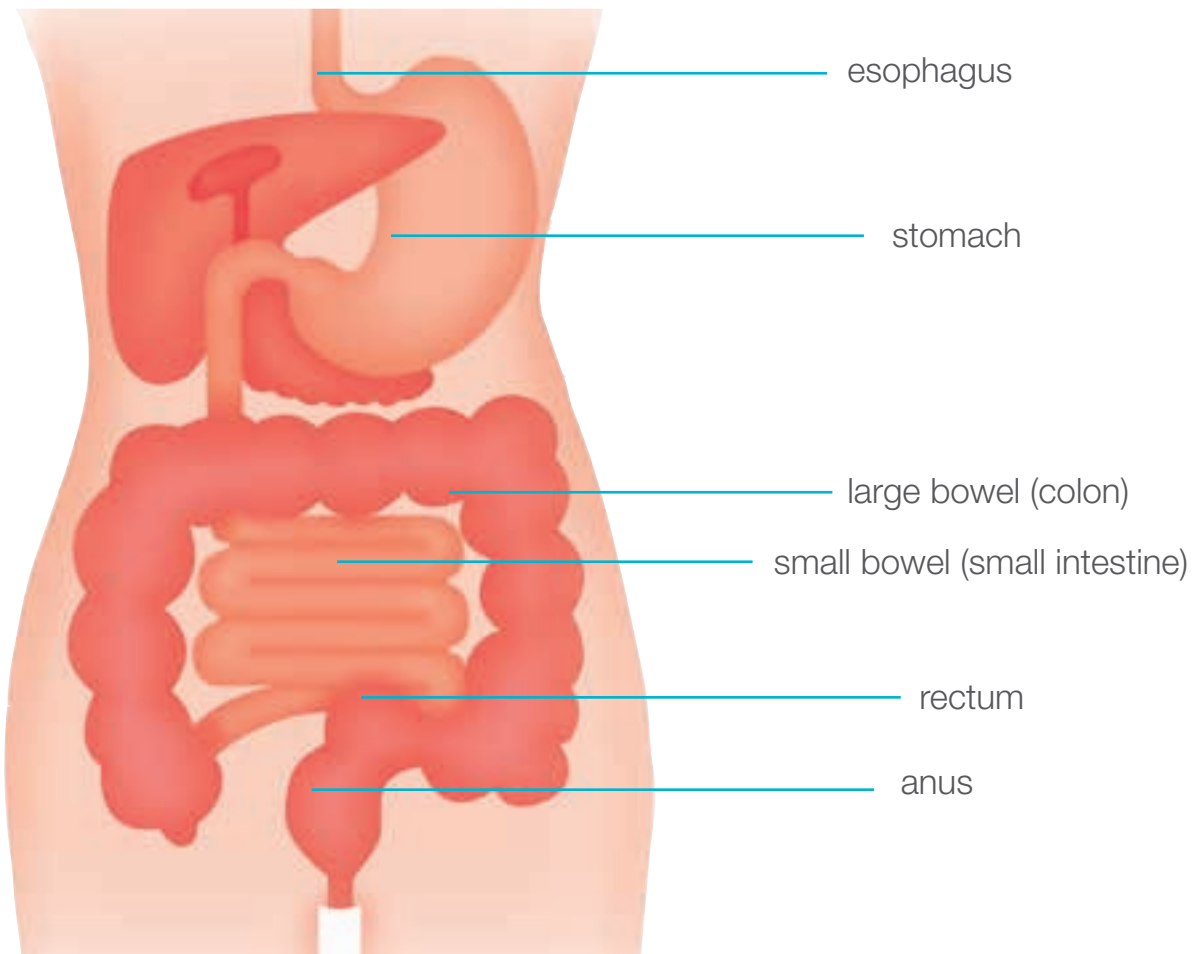
Coloplast Corp.

Normal Digestive Function

Looking at what happens to the food you eat will help you understand what is involved in your operation.

When food is swallowed, it passes through a long, narrow tube (esophagus) into the stomach. In the stomach, digestive juices help break down the food before it is passed to the

small bowel. The small bowel is where the nutrients you need from the food are absorbed. Hours later, your “food” is passed into the large bowel (or colon), where water is absorbed and stool changes from liquid to solid, and is stored. Stool is then pushed through the colon into the rectum, and leaves the body through the anus.



What is an Ileostomy?

During ileostomy surgery, the end or a portion of the small bowel (ileum) is brought through an opening on the surface of the abdomen (belly). The part of the bowel you see on your abdomen is called the **stoma**. The stoma will probably stick out from your abdomen about 1 - 1½ inches. The stoma is where the stool will now pass from your body.

A healthy stoma is moist and red or pink in color. There are no nerve endings in the stoma, so it will not hurt when touched. It is normal for the stoma to be large and swollen after surgery, however it will shrink to a smaller size within a few months.

Your stoma will move slightly, which is a normal process that pushes stool through the small intestines.

Just like your gums sometimes bleed when you brush your teeth, your stoma may also bleed slightly. However, if your stool is bloody, or you have constant bleeding, you should contact your doctor. Since the ileostomy has no sphincter muscles, you will not be able to control your bowel movement (when stool comes out). You will need to wear a pouch to collect the stool.

The stool coming out of the stoma is a liquid to pasty consistency. This occurs because

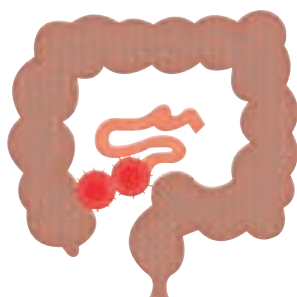
less water is being absorbed from the stool compared to when your large bowel was in place.

The nature and frequency of the output will be affected by food and fluid intake, as well as some medications and treatments prescribed by your doctor.

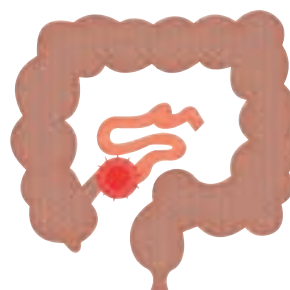
Ileostomy surgery is typically performed to cure or alleviate symptoms of a disease. The ileostomy may be permanent or temporary, depending on your disease process.

- **Temporary ileostomy** – the doctor can reconnect the small intestine and close the stoma.
- **Permanent ileostomy** – the small intestines cannot be reconnected and closed.

Some permanent ostomy surgeries include the removal of the colon and rectum, yet there may still be a feeling of the need to have a bowel movement. This is normal and should ease with time. If you still have your rectum, mucus may build up and pass from the rectum the same way as a bowel movement. Mucus is produced to help the stool pass through (even if no stool is being passed).



Loop Ileostomy



End Ileostomy

After the Operation

When you wake up from surgery, you will be wearing your first ostomy pouch. The pouch may be clear so the doctors and nurses can check on your new stoma.

You will have an intravenous line (IV) dripping fluid into your veins. You may also have a tube that goes through your nose and into your stomach to keep your stomach empty. Drain tubes around the incision site are also common.

Your stoma will begin to function three to seven days after surgery. The first output will be mostly gas or liquid stool. The stool will

thicken and become more solid as you begin to eat more foods. There may be a lot of gas from your stoma at first, however, this should decrease over time.

During the first few days, you will only be given fluids to drink. Food will slowly be added to your diet as your bowel function returns to normal.

Ileostomy surgery is a major operation, so it is normal to feel weak for a while. You may experience pain from the surgery, and medication can be prescribed by the doctor to help you feel more comfortable.

Pouching Systems



EasiClose™ Drainable Pouch

No clips or clamps are required with integrated Velcro® closures



Drainable Pouch

Soft, moisture-absorbent backing, with twist-tie or clip closure



Closed Pouch

Includes charcoal filter for odor control and soft panels on both sides



Stoma Cap

Mini security pouch with flexible barrier; includes filter for odor control



High Output Pouch

Larger capacity pouches

All pouches are offered in one and two-piece systems



What Type of Pouch Should I Choose?

Ostomy pouches are available in many different styles. Your WOC Nurse will help you choose the one that suits you best. You may wish to replace the clear pouch (used after your surgery) with one that is not see-through, such as an opaque pouch.

Pouches are odor-proof, made of clear or beige plastic with cloth backing, and are held to the skin by an adhesive (sticky) barrier. They are lightweight and cannot be seen under clothing. Some pouches come with a filter that deodorizes the gas as it passes through the pouch.

The two main types of pouches are:

- one-piece system
- two-piece system

A **one-piece system** refers to a system where the pouch and barrier come together as a single unit.

A **two-piece system** has a separate pouch and barrier. These two pieces attach together. With a two-piece system, you have the option of changing the pouch without changing your barrier. You are also able to remove the pouch to empty and clean it.

Drainable and closed pouches are also available. A drainable pouch allows you to empty your stool periodically throughout the day. You may wish to change to a closed pouch, which can be thrown away as needed.

Both systems are gentle on your skin, lightweight, leak-proof and odor-proof, providing a comfortable and discreet pouching system.

Your WOC Nurse can assist you in choosing the right system and answer questions about taking care of your stoma. You can be sure your questions and concerns have been raised before.

Emptying the Pouch

You should empty your pouch when it is about one-third to one-half full (or when needed or desired). A full pouch can become heavy and break loose from the skin. Also, emptying is more difficult if the pouch is full.

Emptying the pouch can be easy if you follow these steps:

- Sit far back on the toilet and place the end of the pouch between your legs, or stand and lean over the toilet when emptying the pouch.
- Place tissue into the toilet, or empty while flushing, to prevent water from splashing on you.
- Hold the end of the pouch up before taking off the clamp, or opening the Velcro® closure.
- Drain the contents. If the stool is too thick, you can add tap water into the pouch to help loosen the stool.
- Wipe the end of the pouch with a tissue. Be sure to get all the stool off the end of the pouch so you won't have odor. Place the clamp onto the pouch, or close the Velcro® closure.
- It is not necessary to rinse the pouch after emptying. Once the pouch is closed, it is odor-proof again.



Learning to Care for Your Stoma

Your WOC Nurse will teach you how to care for your stoma and change your pouching system. It is important to take good care of the skin around your stoma (peristomal skin). If the barrier does not fit securely around the stoma, or if stool leaks beneath the barrier, the skin can become red and sore. The peristomal skin may also become red and sore if the pouch is removed too roughly, changed too often, or if harsh cleansers are used on the skin.



Changing the Pouching System

The length of time a pouch is worn depends on your body, activity level, stool output, and type of pouch used. Plan a regular time to change the pouch; do not wait for it to leak. If you ever feel burning or itching under the pouch or barrier, you should change the pouching system and check your skin.

During the first four to six weeks after surgery, you will need to remeasure your stoma once a week (since the stoma will decrease in size after the operation). Moving forward, measure your stoma at least once a month to make sure you have a secure fit – which prevents stool from irritating your skin.

The best time to change your pouch is when the ostomy is not active and draining. Therefore, the morning may be a good time (before eating or drinking) since the stoma is not as active. If the morning is not a good time for you to change the pouch, wait at least two hours after a meal. However, if the pouch is leaking, it should be changed as soon as possible.

Follow these steps when changing your pouching system:

1. Make sure all supplies are within reach:

- soft paper towels or washcloth
- measuring guide
- scissors
- warm water
- garbage bag
- marking pen
- new pouch/barrier
- pouch deodorant (if recommended)

You can sit or stand while changing your pouch. If you wear a drainable pouch, remove the pouch clamp or unfasten the Velcro® closure to drain the contents into the toilet before taking off the pouch. Then place the pouch into the garbage. Do not flush the pouch in the toilet since this could cause a blocked toilet.

Changing the Pouching System (Cont.)

2. **Gently remove the old barrier, working slowly from top to bottom.** Push down on the skin as you lift off the barrier. Never rip or tear off the barrier, since the skin could become red or sore.
3. **Wash and rinse the stoma and the skin around it. Then dry thoroughly.** Some soaps, lotions, and creams tend to leave a film that may cause the skin to become red and sore, or the barrier may not adhere as well. Use a mild soap without glycerins, oils, or deodorants. Do not be alarmed if you see some bleeding on the stoma – this is normal. (It's similar to how your gums bleed when brushing or flossing your teeth.)
4. **Check the skin for any redness or sore spots.** If you see a rash or have skin problems, call your WOC Nurse or health care provider.
5. **Measure the stoma.** Cut the barrier to ensure the skin next to the stoma is covered.
6. **Apply the new barrier and pouch.** Make sure the appliance is secure around your stoma. Try to avoid wrinkles. If your stoma becomes active during the pouch change, wipe the stool with a tissue. Be sure your

skin is clean and dry before putting on the barrier and pouch. (Tip: Warm the barrier between your hands for one to two minutes, causing the barrier to warm up to your skin. This results in better wear time.)

7. **Secure pouch closure,** making sure clamp or Velcro® closure is securely fastened.

Key Points

- Plan on changing your pouch in the morning, before your ostomy becomes active.
- You may shower with your pouching system on or off.
- If you spend time in a hot tub or sauna, the heat may loosen the barrier. Always check your barrier to make sure you have a good seal.
- Make sure skin is clean and thoroughly dry before applying the pouching system.
- Warm the barrier between your hands before placing on your skin.
- Apply gentle pressure to the barrier after application.



Going Home

When you get home, you should be able to resume the life you led before the operation. Here is some helpful advice:

Obtaining Supplies: Upon leaving the hospital, your WOC Nurse will provide you with information on how and where to get your supplies. Your doctor will write a prescription for your ostomy product supplier, as well as a list of the supplies you will need.

Be careful not to store your pouches in direct sunlight or near heat. This may cause the barrier which attaches the pouching system to your skin to break down. If stored in cool temperatures, let the barrier return to room temperature before using.

Diet: Eating a well-balanced diet is important. Some foods may cause a food blockage. A food blockage means that the undigested part of food “clumps up” and blocks (clogs) the bowel. Chewing food well can sometimes prevent this from happening. A food blockage can cause cramping, pain and a watery output with a bad odor, or the blockage may cause you to have no output. Your abdomen and stoma may also become swollen and you may feel sick to your stomach or begin to vomit. If you think you have a food blockage, call your doctor or WOC Nurse (or go to an emergency room).

Foods that may cause blockage include:

- Peanuts
- Corn
- Popcorn
- Mushrooms
- Coconut
- Celery
- Dried Fruits (raisins, dates)
- Meats with casing (sausage)
- Chinese vegetables
- Skin on fresh fruits

Tips to Prevent Blockage:

- Do not eat high fiber-foods until your surgeon says it's okay (about four to six weeks after surgery).
- Add high-fiber foods in small amounts.
- Chew foods well and drink plenty of fluids.

The stool from an ileostomy is liquid since water is not being absorbed into the body. Replace the liquid being lost by drinking more fluids than you did before the surgery.

As experienced before surgery, you can become ill with a stomach virus which causes diarrhea. If this happens, drink plenty of fluids – you might try a “sports” drink to replace fluids and electrolytes. A ‘rule of thumb’ is to drink one glass of fluid each time you empty your pouch.



Going Home (Cont.)

If you are weak, unable to keep fluids down, short of breath, have a headache, and have dark, concentrated urine, call your doctor or WOC Nurse immediately (or visit an emergency room).

Odor: Some foods can cause odors in your stool. Experiment with foods to see how they affect you. Liquid deodorizers, such as Coloplast® O.A.D.®, can be put in your pouch; taking certain oral medications can also help prevent odor. Your WOC Nurse can advise you of specific products available.

Medication: Medicine is often absorbed in the small bowel. If you notice pills in your stool or pouch, let your doctor, pharmacist, or WOC Nurse know. To prevent this from occurring, follow these simple rules when taking medication:

- Make sure your doctors and pharmacists know you have an ileostomy.
- Do not take “time-release” or “enteric coated” tablets.
- NEVER take a laxative.
- Do not crush pills or open “time-release” pills until you talk to your pharmacist.

Bathing and Showering: You may choose to bathe or shower with your pouch on or off. If you shower with your pouch off, choose a soap that is oil- and residue-free. These types of soaps will not interfere with the adhesion of the barrier.

Exercise and Sports: Exercise is good for everyone, and this includes people with an ileostomy. Once your strength returns, you can enjoy exercise and activities as you did before the operation. Check with your doctor before exercising or playing contact sports. Special small pouches can be used

when swimming and playing sports if desired.

Intimacy: You should speak with your surgeon regarding any effects your surgery may have on sexual function. Your ostomy does not limit or prohibit sexual activity. Intimacy can play an important role as you take steps to resume the life you had before surgery. Note: there are special products and accessory choices available for intimate moments.

Travel: Travel should not be restricted due to your ileostomy. Remember to pack all of your supplies for the journey, and make sure you have more than enough supplies for the duration of your trip. Keep your supplies where you can easily get to them. If you are flying, take supplies in a “carry-on” bag in case you become separated from your checked luggage.

Supply Checklist

- pouches
- barriers - if using a two-piece system
- soft paper towels
- wipes, strip paste, powder or other accessories
- scissors (if using a cut-to-fit system)
- stoma guide
- plastic bag (to discard pouch, if necessary)



Continuing Care

After surgery, it's important that you begin enjoying life as quickly as possible. Your doctor or WOC Nurse is available to help with any problems or questions. Organizations are also in place to provide information and support for you and your family. Ask your WOC Nurse for information about local groups and chapters.

To be completed by WOC Nurse

Nurse: _____ Phone: _____

Surgeon: _____

Patient Name: _____ Type of Stoma: _____

Date of Surgery: _____ Stoma Size: _____

Physician Signature (if needed): _____

Coloplast ostomy products given upon discharge:

Product Code	Description

This information should be used when obtaining product from your ostomy supplier; you may need a prescription at your pharmacy:

Ostomy product supplier: _____

Phone: _____

Address: _____

Coloplast Consumer Care Advisor 1-888-726-7872

Notes:

Resources

The United Ostomy Associations of America (UOAA) is a nationwide organization whose aim is to give information, advice, and support to anyone who has, or is about to have an intestinal or urinary diversion and their caretakers. Members of the UOAA can visit you at home and in the hospital. Numerous groups operate throughout the country, where meetings are held to share news and views with other members. A quarterly magazine is also available to members. Use the contact information below to find the support group most suitable for you:

[United Ostomy Associations of America, Inc. \(UOAA\)](#)

PO Box 512
Northfield, MN 55057
1-800-826-0826
www.ostomy.org

[Other Resources](#)

[Crohn's and Colitis Foundation of America, Inc. \(CCFA\)](#)

386 Park Ave. S.
17th Floor
New York, NY 10016
1-800-932-2423
www.ccfa.org

[Wound, Ostomy and Continence Nurses Society \(WOCN\)](#)

15000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054
1-888-224-WOCN (9626)
www.wocn.org

[Canadian Association for Enterostomal Therapy \(CAET\)](#)

1720 ch Norway
Town of Mount Royal, Quebec
H4P 1Y2
CANADA
www.caet.ca

[Coloplast Consumer Care Team](#)

A team of dedicated, trained individuals are prepared to answer a broad range of questions on ostomy care. From specific questions about Coloplast® products, to assistance with insurance questions, to locating an ostomy product supplier... Coloplast can help you make life a little easier.

For further assistance, call 1-888-726-7872 or visit www.us.coloplast.com.

Notes

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare.

Our business includes ostomy care, urology and continence care and wound and skin care. We operate globally and employ more than 8,000 people.