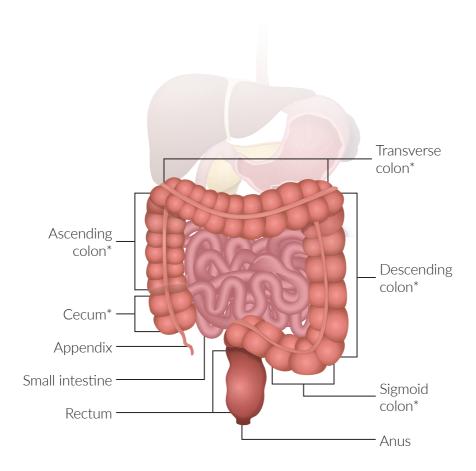


Caring for your colostomy



The digestive tract



^{*}Parts of the large intestine.

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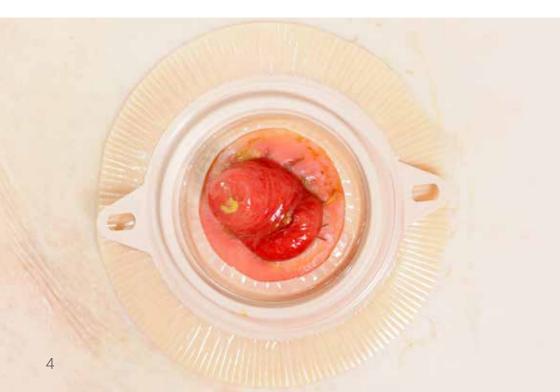
What is a stoma?

A stoma is created when a person undergoes a surgical procedure which results in a section of the bowel being brought out to the surface of the abdominal wall. It is opened and formed into a stoma, which discharges faecal matter. It has no nerve endings, therefore you do not have the control of the passing of faeces or wind.

The stoma is a red or pink colour that is moist when looking at it. It is usually round but can be oval. It will protrude from the surface of the skin about 2-3 centimetres.

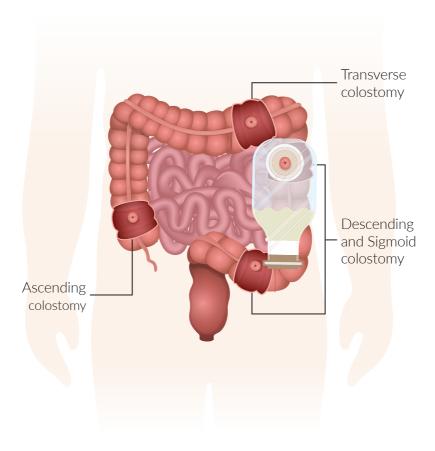
Your stoma nurse takes careful consideration in positioning the site of the stoma for you to be able to see it and not interfere with clothing and belt lines.

The stoma has a good blood supply that may bleed slightly when cleaned too vigorously.



Colostomy

A colostomy is made when a part of your large bowel is brought out to the surface of the abdomen to form a stoma. "Colo" being the colon and "ostomy" meaning opening. Output from a colostomy is usually that of a formed stool. Depending on the location, the further along the colon the thicker the stool.



Appliances

One piece

A one piece appliance has a wafer and pouch joined together. One piece appliances are emptied or removed when the pouch is a third full. A colostomy can use either a closed pouch or drainable pouch depending on the output consistency.



Two piece

A two piece appliance has a wafer and a separate pouching system. The wafer remains on the skin for 3 days and the pouch changed when it is about a third full. The two piece system has a coupling system and joins the wafer and pouch together with either a ring that connects like a Tupperware container or an adhesive system that lines up to join the pouch and wafer together.

Each system requires you to clean, dry and prepare the skin each time the wafer/pouch is changed.

Your stoma nurse and yourself will decide on a pouching system that is suitable to you.



Healthy eating with a colostomy

There are no special dietary restrictions with a colostomy. Your body will continue to digest and absorb nutrients normally in your small bowel.

Aim for at least 8-10 glasses of fluid a day to prevent constipation.

Eat more fruits and vegetables, wholegrain and wholemeal foods.

Introduce pear or prune juice into your diet and/or speak to your stoma nurse and doctor about laxatives and stool softening agents.



Useful information about foods

Foods that may cause gas/wind

Cucumbers, peas, beans, eggs, orange juice, onions, mushrooms, cabbage, brussel sprouts, broccoli, cauliflower, yeast, baked beans, garlic, chewing gum, fizzy drinks, carbonated beverages including beer, low calorie sweets and lollies, lactose (if intolerant).

Foods that may produce odour

Cheese, beans, onions, lentils, cabbage, fish, asparagus, eggs, garlic.

Foods that may reduce odour

Fresh parsley, stewed or grated apple (no skin), yakult, buttermilk, cranberry juice.



Common signs of constipation

- Bloating and cramping in the stomach
- No passing of stools
- Watery stools
- Swelling of the stoma
- Nausea and vomiting.



Diarrhoea

Can be caused by a variety of reasons including stress, a stomach bug or medications such as antibiotics. If this occurs it is important to increase fluid intake to prevent dehydration.

Parastomal hernia

Having a stoma weakens your abdominal muscles causing them to pull away from the stoma. It is noticed as a bulge under the skin next to the stoma. It may be painful when lifting heavy objects, coughing or sneezing. Support belts, supportive underwear are available through the ostomy association. Talk to your stoma nurse.



Lifestyle

Exercise

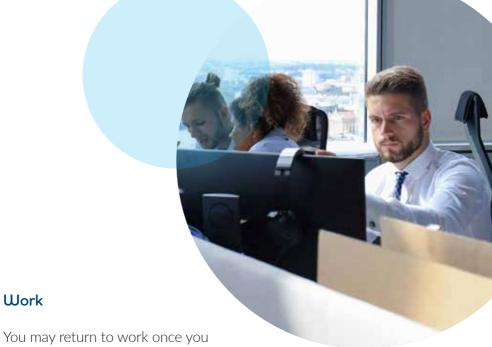
You can return to most sports and activities that you enjoyed before your surgery e.g. swimming, yoga, walking, running, tennis and golf. The only exceptions are contact sports due to injury risk to the stoma. Having a stoma is no barrier to staying fit. Start off slow and work your way up.

Sex

Returning to a normal healthy sex life is possible after your surgery and entirely up to yourself and your partner. It is quite normal to feel apprehensive about the change in body image therefore communication between yourself and your partner is key to reintroducing intimacy and sex back into your relationship after surgery. Sex will not harm the stoma. Some helpful tips include emptying the pouch beforehand. Smaller pouches and stoma caps, pouch covers and intimate apparel are also available.

Travel

There are no barriers to travel whether it be overseas or interstate. You should make sure you order enough supplies to take with you. The ostomy association allows you to order in advance. Travel certificates are available and must be signed by your doctor or stoma nurse. Scissors can not be carried on so a pre cut appliance should be ordered. Body scanners will detect stoma and ostomy pouches but guidelines have been introduced to ensure your privacy. If you are using a closed pouch it may be a good idea to order some drainable pouches in case of a tummy upset. If travelling by road, ensure there are plenty of service stations and public toilets along the way to your destination. If the seat belt rubs on the stoma a seat belt protector may be useful.



You may return to work once you have been given clearance from your doctor.

Medication

You should notify your GP and pharmacist when you leave hospital to discuss your current medications. The absorption of some of your current medications may be altered.

Hygiene

It is a personal choice whether you choose to shower with the appliance on or off. Just make sure the full force of the shower head is not hitting the stoma. Any long hairs on the surrounding skin of the stoma should be trimmed with scissors or an electric razor.

Odour

Regular emptying of the pouch and immediately changing the appliance if a leak occurs will prevent odour. The pouches have a built in charcoal filter that allows for wind to exit through and be odourless.

Changing the appliance

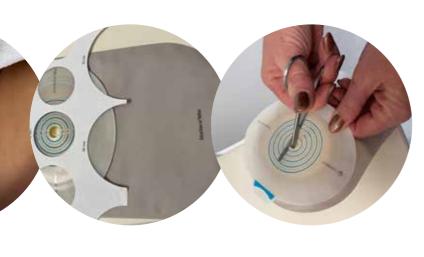
- 1. To start wash your hands.
- 2. Choose a time when output is at its lowest eg. First thing in the morning.
- 3. Set out all your equipment to prepare for changing. This includes cutting your appliance ready for the change.
- 4. Empty your appliance prior to removing. This can be done over the toilet by sitting or standing. You can place toilet paper in the toilet to prevent splashes. Hold the bag upwards while undoing the clip or velcro then point towards the toilet. After emptying wipe the opening with a tissue before doing back up.
- 5. Removing the appliance-While holding a corner of the tape that holds the appliance to the body, gently push your skin in towards your body to remove the appliance. Do this around all parts of the wafer to remove until it comes off.
- 6. If using adhesive remover spray or wipes allow the wafer to gently come away with no pulling to remove it quicker. Do above step to begin removing and apply spray or using wipes.
- 7. Dispose of the old pouch and wafer in either a paper bag or disposable bag eg. Nappy sacks or paper sandwich bags are great for this.
- 8. Start cleaning with tissues or non scented washcloths and warm water. Or by jumping in the shower. Start cleaning the skin around the stoma first and work your way into the stoma. This will prevent wastage out of the stoma being put on the skin.

- 9. Do not use any soaps, body washes or shampoo to wash the area.
- Dry the surrounding skin with tissues or an old towel by 10. patting the skin and stoma dry.
- 11. Apply barrier skin spray or wipe to surrounding skin.
- 12. Remove the backing plate off the wafer of the appliance and fold the appliance in half to line up the bottom of the stoma. Use a mirror if you need.
- Place onto the skin and run your fingers all the way around 13. removing any wrinkles and to adhere the wafer to the skin.
- 14. If using a two piece, place pouch onto wafer and ensure it is clicked or clipped on.
- Once on, place a hand over entire appliance for about 15. 60 seconds to warm up the pouch. Heat will activate the adhesion to make sure the appliance stays on.



Visual steps for appliance change and emptying







Troubleshooting

Leakage

If you are having leakage issues check the following:

- Is the wafer hole too big?
- Is there a crease or skin fold on the stomach when sitting causing the appliance to have gapes?
- Is the output very watery?
- Do I need to re-measure the stoma?

- Have a look at the back of the wafer as this can tell you where the leak is.
- Is my skin stinging when the appliance is on?
- Is the pouch too full? You should empty when a third full.



Damaged skin

Immediately after your surgery your stoma will be larger due to swelling but will shrink over four to six weeks. During this time you will need to cut a wafer to fit the stoma and measure the stoma weekly. After this a pre cut appliance can be used. The stoma appliance you have on post operatively, will not be the one you leave hospital with.

Support will be here for you

As you recover from your surgery, you will learn to self care for your stoma with education and support from your stoma nurse. Your partner or significant other will be asked to join an education session also. This will ensure that by discharge from hospital you will be self sufficient.

There are many stoma companies that have websites with a lot of resources and educational materials for you to access. They will also be happy to send out sample products for you to try.

- www.coloplast.com.au
- www.hollister.com.au
- www.dansac.com.au
- www.omnigon.com.au
- www.salts.co.uk
- www.convatec.com

Newcastle and Districts Ostomates Support Group

A support group is held on the last Saturday of the month at 1:30 pm. Stomal therapists and company representatives attend and are happy to help with and questions and concerns you are having.

Hamilton Wesley Fellowship House

150A Beaumont Street Hamilton Contact Diane 0409 156 325

Cancer Connect

Offers one to one telephone contact, an opportunity to talk about any concerns, practical information gained from personal experience and peer support

Phone: 13 11 20

Supplies

Prior to leaving hospital you will be joined to the stoma appliance scheme through medicare and an association that supplies all of your equipment at a government subsidised price.

An initial annual membership fee is required. Postage for the first month is free, then it is up to you to make sure you pay postage each month.

Annual fee is \$70 full member or Concession \$60.

NSW Stoma Limited

PO Box 164, Camperdown NSW 1450

Email: info@nswstoma.or.au

Phone: 1300 678 669 or (02) 9565 4317

Fax: (02) 9565 4317

Hours of business:

Monday to Thursday 9:00 am to 4:00 pm

Friday 9:00 am to 2:00 pm

Orders for the month must be received by the 25th of each month.

Please be advised that stoma supplies and appliances cannot be purchased anywhere else e.g. chemists.

Your stoma nurse

Alison Lincoln CNS/Stomal Therapist

Lingard Private Hospital Surgical 2

Phone: (02) 4969 6799

Email: alison.lincoln@healthecare.com.au

If outside of hours and in the event of an emergency, please present to closest emergency department.

The appliance you are currently using is:

Your follow up appointment date is:	
Your postage is paid until:	

References

- Australian Association of Stomal Therapy Nurses www.stomaltherapy.com
- www.coloplast.com.au
- www.holister.com.au
- www.convatec.com.au

- www.health.qld.gov.au
- www.ostomy.org
- www.mayoclinic.org
- australianstoma.com.au

Notes		





If you have any questions that require an urgent response please contact the hospital directly on (02) 4969 6799.

In an emergency or life threatening situation you must go to your local Emergency Department for appropriate treatment.

