

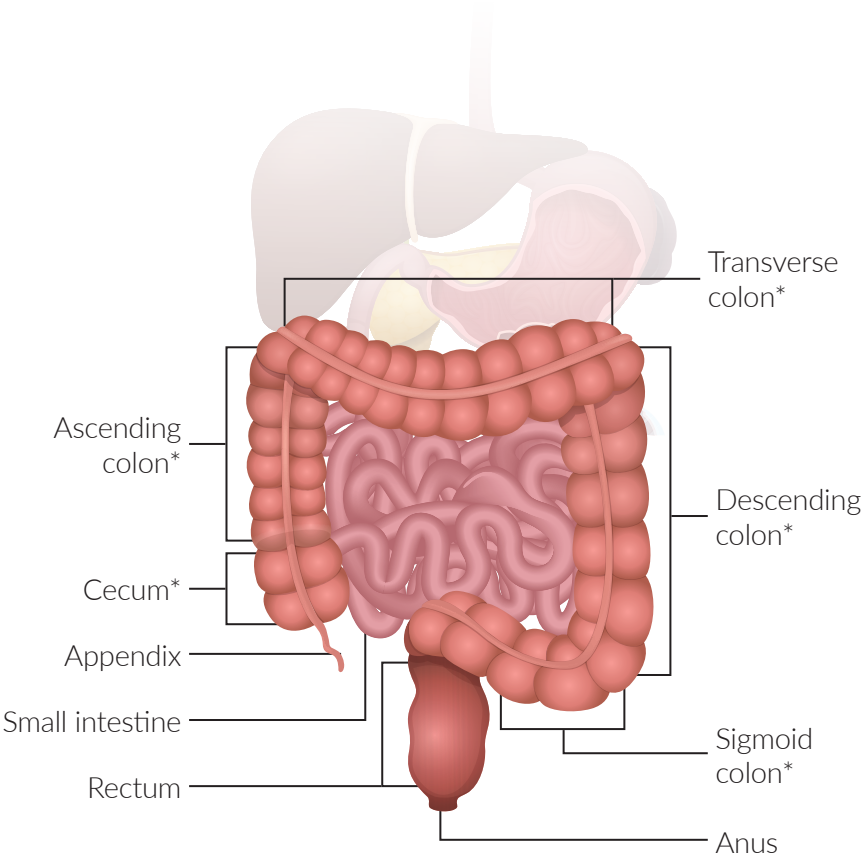
Caring for your ileostomy

PATIENT EDUCATION BOOKLET



Lingard
Private Hospital

The digestive tract



*Parts of the large intestine.

Contents

- 4 What is a stoma?
- 5 Ileostomy
- 6 Appliances
- 8 Healthy eating with an ileostomy
- 9 Useful information about foods
- 12 Lifestyle
- 14 Changing the appliance
- 18 Troubleshooting
- 19 Support will be here for you
- 20 Supplies
- 21 Your stoma nurse
- 22 Notes



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.

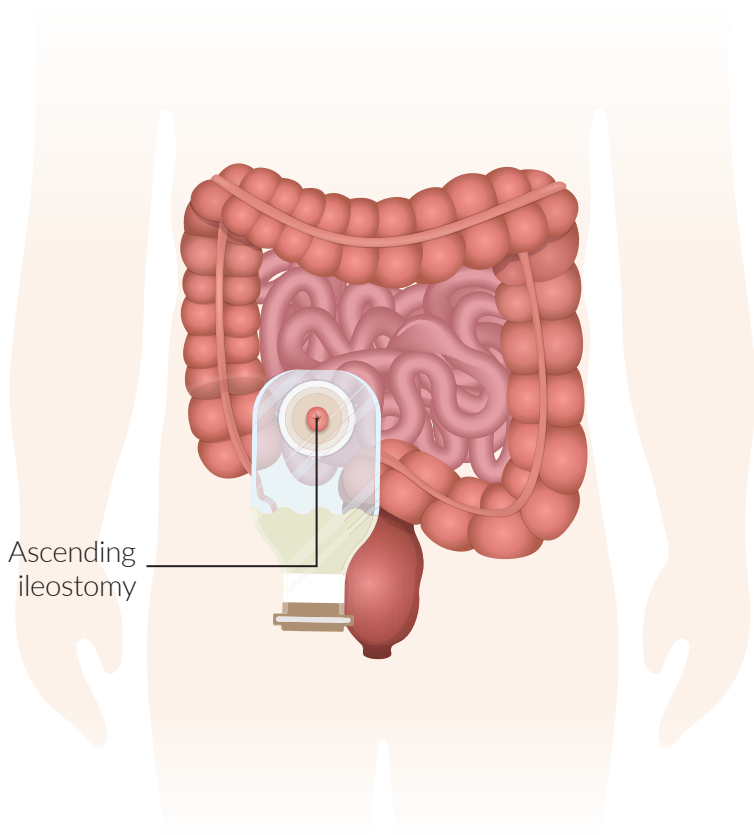
Your stoma nurse takes careful consideration in positioning the site of the stoma for you to be able to see it and not interfere with clothing and belt lines.

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



Ileostomy

An ileostomy is made when a part of your small bowel called the ileum is brought out to the surface of the abdomen to form a stoma. "Ile" being the part of the bowel and "ostomy" meaning opening. Output from an ileostomy is of a baby food consistency because the body has not been able to absorb excess water.



Appliances

One piece

A one piece appliance has a wafer and pouch joined together. One piece appliances can remain on the skin for 1-2 days.

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



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.

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



Healthy eating with an ileostomy

By having an ileostomy, absorption can be reduced which results in loss of fluid from the stoma. The function of the colon is to absorb water and salt. You will need to drink more fluids or you will become dehydrated. Fluid losses from the stoma may be initially high but should settle within the first six weeks.

Aim for at least 2 litres of fluid a day. You will need extra fluid if you have higher stoma losses, during exercise and in hot weather. Rehydration solutions such as Hydrolyte, Gastrolyte can be useful.

Increasing your salt intake may be required if you are following a low salt diet and do strenuous exercise/work or have a high stoma output. Add salt to food during cooking. Include salty foods—cheese, vegemite, soup and soy sauce. Oral rehydration solutions eg. Powerade, Gatorade, Hydralite.

Eat food slowly and avoid gulping or eating too much at one time. Eat regular meals, skipping meals is likely to increase gas production. Chewing gum with your mouth open, drinking with a straw, smoking and snoring can increase the amount of air swallowed.

Try to have fluids 15-20 minutes prior and after your meals.

If you have been advised to have Metamucil or Benefiber try to have it at least 15-20 minutes prior unless this is causing fullness.

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.

Foods that can cause blockages

Mango, mushrooms, peas, pineapple, rhubarb, celery, coconut, popcorn, nuts, corn, coleslaw, dried fruits, sausage skins, bread rolls with seeds, figs.

Foods that thicken and decrease output

Rice, potato, pasta, peanut butter, banana, cheese, oats and marshmallows. Highly coloured foods e.g. Beetroot and red cordial may colour the bowel motion.



Common signs of dehydration

- Feeling thirsty with a dry mouth
- Feeling faint or light headed
- Feeling tired or lethargic
- Muscle weakness/cramps
- Headaches
- Dark urine (dark yellow or amber colour) with a strong smell
- Faster than normal heart rate
- Output of more than a litre from the stoma in 24 hour period.

What to do if a blockage occurs

- Stop solids but continue to drink fluids
- Have a warm bath
- Take a mild analgesic agent
- Rest with a hot water bottle on your abdomen
- Massage your abdomen in a clockwise motion
- Do not take laxative agents
- If function does not return contact your doctor or emergency department.

Food absorption

If you see undigested pills/medications come out into the appliance ensure you contact your doctor or pharmacist.



High output

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. If output is greater than 1 litre in a 24 hour period please seek medical assistance.

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 re-introducing 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.



Work

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.

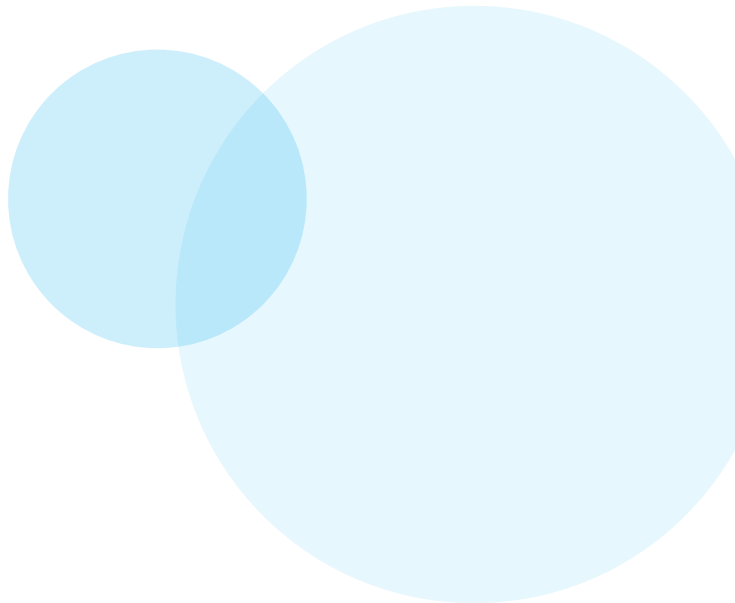
Odour

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

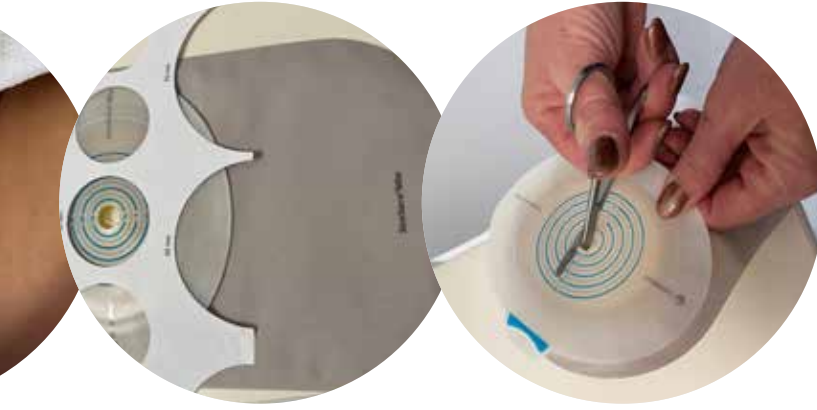
1. To start wash your hands.
2. Choose a time when output is at its lowest eg. First thing in the morning.
3. Set out all your equipment to prepare for changing. This includes cutting your appliance ready for the change.
4. Empty your appliance prior to removing. This can be done over the toilet by sitting 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.
10. Dry the surrounding skin with tissues or an old towel by 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.
13. Place onto the skin and run your fingers all the way around 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.
15. Once on, place a hand over entire appliance for about 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

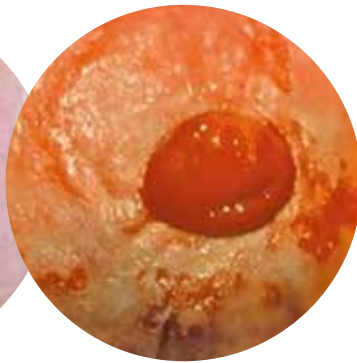
Leakage

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.**



Normal skin



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@healthcare.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:

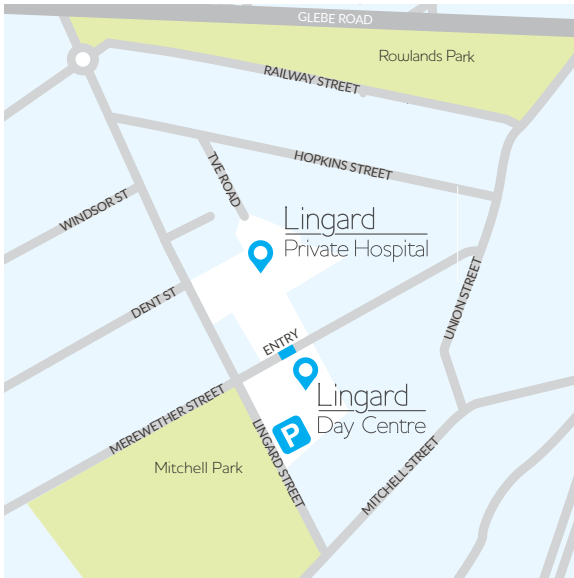
References

- Australian Association of Stomal Therapy Nurses
www.stomalthrapy.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



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.



23 Merewether Street Merewether NSW 2291
Parking available at Lingard Day Centre.
TOP RIGHT: Dr Anil Koshy, Colorectal surgeon.