

Ostomy Care Instructions

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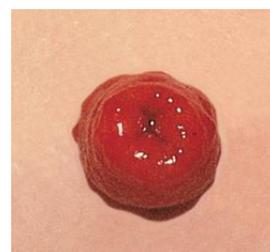
1. Your specific appliance information and videos

Patient _____

Manufacturer:	
Pouch Name:	Order No:
Wafer	Order No:
Barrier Ring/Paste:	Order No:
Other Supplies:	Order No:
Other Supplies:	Order No:
Other Supplies:	Order No:

2. Definitions

An **ostomy** or **stoma** is a surgical procedure that creates an opening in the abdominal wall to discharge bowel or bladder waste. The purpose is to allow stool or urine to bypass the diseased or damaged portion of the intestine or bladder. There are no sphincter muscles around an ostomy, so there will be no voluntary control over bowel movements or gas. Ostomies may be temporary or permanent.



Proximal – Upper end or upstream in the intestine.

Distal – Lower end or downstream in the intestine.

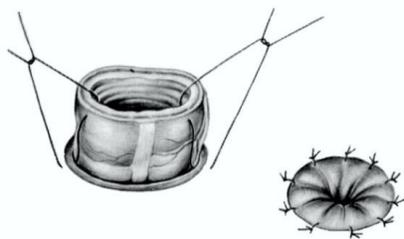
Peristomal skin - The skin surrounding the ostomy. The skin should remain intact. Please contact your surgeon or WOCN if the peristomal skin becomes irritated.

Colostomy - The colon exits through the abdominal wall. This new opening is where stool will be eliminated. Stool usually starts off liquid then may become more formed. A concern can be constipation.

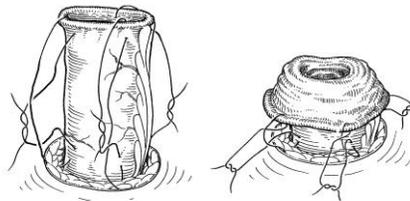
Ileostomy - The small intestine exits through the abdominal wall. Since the stool comes from the small intestine the stool is usually liquid and contains digestive enzymes that can irritate your skin. This is why it is important to have little to no skin showing around your ostomy when you apply your skin barrier. A concern is dehydration and electrolyte imbalances.

Urostomy - An ostomy created to divert urine away from the bladder. The urine exits through a short piece of intestine brought to the skin.

End ostomy - The cut end of the intestine is brought through the abdominal wall to create a ostomy. Some of the colon and rectum may remain but are sutured closed and left below the surface.



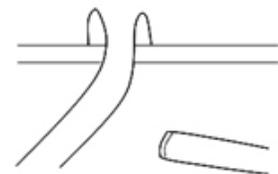
End Colostomy



End Ileostomy

Hartmann's Procedure -

The intestine is divided, usually with removal of a section. The upper or proximal end is brought through the abdominal wall. The lower or distal end closed off with staples or sutures and then left in the abdomen. This forms a non-functioning pouch which is open through the anus. Hartmann's procedures may often be reverse or closed by disconnecting the ostomy from the skin and connecting it to the closed lower end (Hartmann's reversal).



F. Hartmann's procedure:
Proximal end ostomy
with distal closure

3. Pouching Systems

A **pouching system** or **appliance** has two parts – a faceplate that attaches to the abdominal skin using adhesive, and a pouch to collect the waste. There are two types of pouching systems, a one piece and two piece system.

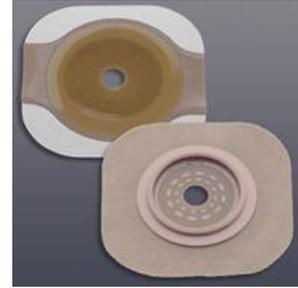
The **one piece system** has the faceplate and the pouch as a single unit. There are fewer steps in applying the system so it is generally easier to apply. These systems are also more flexible and will lay flatter against the body.

The **two piece system** comes with the faceplate and the pouch as separate pieces. The two pieces snap together, similar to a Tupperware container and top. This requires some hand strength and dexterity. The faceplate is fairly easy to apply since the ostomy can be seen through the hole in the middle. However, the faceplate is somewhat rigid. With this pouching system you can easily exchange your pouch without having to change the faceplate.

The **faceplate** (also called a **skin barrier** or **wafer**) sticks to the skin. The faceplate is designed to protect the skin from the output of the ostomy. Karaya



is a gummy dark yellow colored material that is used in many faceplates. When it warms up to skin temperature, it gets softer and very sticky. Some faceplates also have tape around the edges for more protection. A hole must be cut in the center to the exact size of the stoma with very little skin showing between the inner edge of the faceplate and the ostomy. Many faceplates come with pre-cut round holes. Once your ostomy has healed and the size is stable, your WOC may recommend buying pre-cut faceplates of a specific size.



The **pouch** collects the stool or urine. It is odor proof. It should be emptied when it is 1/3 to 1/2 full.



An **Adapt Barrier Ring** can be used like a washer underneath the wafer to help create a good seal. **Adapt Paste** is used to fill in or caulk uneven skin to create a flatter surface for the wafer to adhere. These are not adhesives.



Stoma Powder is used to absorb moisture. It helps to protect raw and weeping skin. Use it sparingly as it may prevent your faceplate from developing a good seal.

4. Appliance Change Instructions

1. Gather equipment:
 - Appropriate Pouch
 - Adapt Ring or Stoma Paste
 - Stoma Powder/ 3M No Sting Skin Barrier Wipe
 - Washcloths (wet and dry)/Paper Towel
 - Optional: mild, no residue, water based soap
 - Scissors
 - Measuring Guide
 - Garbage bag
2. Empty the pouch.
3. Remove the skin barrier by using the “push-pull method” against your skin. Discard the pouch by placing it in a plastic bag. Remember to save the clamp if using this type of closure.
4. Use a dry cloth to remove the Adapt Ring or paste. Clean the skin well using warm water (You may use a washcloth or paper towels). Do not abrade or injure the skin. Be sure that skin around the stoma is completely dry before applying the faceplate.
5. Measure your ostomy by using the measuring guide provided in your pouch box.
6. Cut the pouch opening to the EXACT size and shape of your stoma. Making a pattern can be helpful. Your ostomy will be swollen for 6-8 weeks after surgery and will gradually get smaller, so the size of the opening in the faceplate will change. If using a 2 piece system you may snap the wafer and pouch together before applying.
7. *If the skin around the ostomy is red and irritated, place a dusting of Stoma Powder on the skin. Wipe off the excess powder and seal it with 3M No Sting Skin Barrier.*
8. Skin folds or wrinkles may require a filler or caulking agent.
 - Stoma Paste – Remove the protective paper from the adhesive side of the faceplate and apply an even bead of paste to the around the rim of the cut hole. Set aside.
 - Adapt Ring - Shape the ring to fit comfortably around the ostomy and apply directly to the skin around the stoma.

9. Apply the faceplate over the ostomy, centering the opening evenly. It may be placed right onto the Adapt Ring, if you are using one.
10. Massage the skin barrier using light pressure around the stoma. Start directly next to the ostomy and work out toward the edges. The warmth of your hands and the pressure will help to seal the paste or Adapt Ring.
11. Close the bottom of the appliance with a clamp or with the attached strip. Hold your palm over the appliance and against your body for a few minutes.
12. Attach the ostomy belt, if you use one.

5. Reminders and Tips

- Empty your pouch when it is 1/3 to 1/2 full. A full pouch can get heavy and cause the appliance to lose a good seal and leak.
- The best time to change your appliance is when your bowel is the least active. Some people find that this is in the morning before they have had anything to eat or drink. Others find that their bowel activity is minimal two to three hours after meals. Right after your operation, your bowel movements will be loose and watery. As your bowel movements thicken, it will be easier for you to determine the best time to change your pouch.
- Change your pouch every 4-7 days.
- You may shower 3 days after laparoscopic surgery and 5 days after open surgery. Water may run over your incision and ostomy but do not scrub. Pat dry.
- No tub baths, swimming or hot tub until released by your physician.
- Showering and bathing will not hurt your ostomy or the appliance. Some people prefer to shower without their appliance on the days they change their pouching system. You can decide what you prefer.
- If you use soap make sure it does not contain any oils or lotions as this can interfere with how securely your faceplate adheres to your skin. Be sure to rinse the skin well. The residue from the soap could prevent the faceplate from sticking as well. Dry your skin gently but well before applying the new faceplate.
- If you are using a 2 piece system you may apply the 2 pieces separately or together.

6. Caring For Your Ostomy

- Whenever possible, stand when applying your ostomy appliance. This will help keep the skin around your ostomy smooth and flat, and will improve the quality of the seal you get between your faceplate and the skin. If the skin around your ostomy wrinkles and creases even when you are standing, place one hand several inches above your ostomy. Pull up on the skin until the skin around your ostomy is smooth.
- After your operation, your ostomy will be swollen. During the first 6 to 8 weeks after your operation, your ostomy will become smaller. During this time, it is important for you to measure your ostomy weekly and adjust the size of the opening in the faceplate. You may change to a pre-cut appliance once your ostomy consistently remains the same size.
- Make sure you have enough appliances and ostomy supplies on hand to last you for three to four weeks. Carry an extra appliance with you at all times. **If you are admitted to a hospital, take your ostomy supplies with you.** The hospital may not stock the brand or size appliance you use.
- Carry an emergency kit in case you have to change your appliance. The kit should include all supplies that you use to change your appliance plus a change of clothes. Below is a list of supplies that can assist you in packing your emergency kit.
 - Skin Barrier
 - Pouch
 - Scissors

- Paper Towels
- Skin Prep and/or Adhesive Remover
- Adapt Rings and/or Paste
- Stoma Powder
- Mirror
- Bag to dispose of old pouch
- Waterproof tape

7. Questions?

Call the Wound Ostomy Continence (WOC) nurse if:

- You have questions regarding pouching your ostomy,
- There are unexpected changes in the output,
- You are experiencing skin problems that prevent your appliance from staying on or if you have persistent leaks,
- You would like assistance with product selection and pouching tips,
- Unexpected changes occur in your ostomy, i.e. separation from the skin, sticking out or sinking in,
- The skin surrounding the stoma is irritated or painful,
- You have any other concerns related to the management of your ostomy.

Call your doctor if:

- There is a substantial change in the color, size, or appearance of the ostomy,
- You have bleeding from the ostomy more than a few drops,
- You develop nausea, vomiting, cramping, or bloating that does not improve within an hour,
- You have little or no output from your ostomy for greater than 24 hours for a colostomy or 6 hours for an ileostomy,
- You need a prescription for ostomy supplies.

**You can contact a Rush University Medical Center Colorectal
Surgeon or the WOC Nurse at 312-942-7088.**

8. Dietary Instructions

Due to swelling of the ostomy after surgery, we recommend that you eat a low residue diet for 3 weeks. Avoid high fiber foods which can cause blockage where the ostomy comes through the abdominal wall muscles. The swelling should reduce in 3-4 weeks. After that time you may return to a regular diet.

Foods allowed on low fiber diet

Refined grain products with little bran: Low-fiber cereals with 0-1 gram of fiber per serving, white breads, saltines crackers, Melba/milk toast, low fiber pastas

Potatoes: Boiled, baked, creamed, and mashed white potatoes without the skin

White rice

Vegetables: Tender, well-cooked vegetable – limited. Peeled cucumbers. Vegetable juices without seeds or pulp

Fruits: Canned, baked or stewed without skins or seeds. Fruit juices with no pulp

Meats: Hamburger, tender meat – limited and well chewed, poultry – chicken and turkey, not fried or breaded, fish, seafood

Dairy (if tolerated): Milk, ice cream, yogurt, puddings, butter and mayonnaise, mild cheeses without added nuts, fruit

Smooth salad dressings, margarine, oils

Broth-based soups and cream-based soups, strained

Eggs - Soft, baked, boiled, hard, scrambled, poached or soufflé

Sweets - White sugar, brown sugar, clear jelly, honey, molasses, hard candy, gum drop, chocolate syrup, maple syrup

Spices - salt and mild seasonings, cinnamon, paprika, lemon, vanilla

Foods to avoid on low fiber diet

Fried foods: Eggs, cheeses, fried potatoes, potato skins, potato chips, french fries.

Whole-grain breads, cereals, crackers and pasta, graham crackers, pretzels, pancakes, waffles, muffins, corn bread, quick-breads

Whole grain rice, barley, etc

Tough or coarse meats with gristle, luncheon meats or cheese with seeds

Peanut butter

Whole and raw vegetables, skins, seeds and vegetable sauces; Chinese vegetable, stir fries, fibrous vegetables including whole kernel corn, beans, peas, sweet potatoes, cauliflower, asparagus, mushrooms, broccoli, raw carrots, zucchini, and squash

Raw vegetables, vegetables with skins or seeds

Raw fruits, fruits with skins or seeds, raisins, dates, figs, canned plume, berries, fruit cocktail, pineapple, strawberries. Cooked whole fruits and canned fruits

Yogurt, pudding, ice cream or cream-based soups containing nuts, fruits or vegetables

Seeds and nuts

Candies containing fruit or nuts, jams, marmalade

Jams with fruit, marmalade

Coconut , popcorn

Dietary recommendations

Eat 5-6 small meals a day. Ensure your diet is well balanced including food from all food groups:

- 2-3 servings of dairy products
- 2-3 servings of protein (meats, fish, beans, eggs, and nuts)
- 6-11 servings of breads and cereal
- 2-4 servings of fruits
- 3-5 servings of vegetables

Avoid skipping meals since this may cause diarrhea and gas. Introduce one new food at a time to see the effect on your body. A food journal may be helpful. Chew all foods well. Cook foods well until they are tender. Be mindful of foods that may increase gas, odor, stoma obstruction, diarrhea, or constipation.

Colostomy output will become like a regular bowel movement and does not usually need any specific dietary or fluid adjustments other than the suggestions above.

9. Fluid and Electrolyte Problems

When the colon is removed to create an ileostomy there is a greater risk for dehydration and electrolyte imbalance. This is because the colon usually absorbs the majority of the fluids and electrolytes the body needs to function. Diarrhea, vomiting, or perspiration can increase the risk of dehydration and electrolyte imbalances. To prevent fluid and electrolyte imbalances drink 8-12 cups of fluid per day. Avoid using straws (will increase gas). Drink caffeinated beverages moderately as they can lead to dehydration.

Due to an increased risk of dehydration please track your ileostomy output once you are discharged from the hospital. The output should be less than 1,500ml daily. If the output is greater than 1,500ml please contact your surgeon. The stool should be mushy and not liquid. Please track your intake and output on the chart below until you follow up with your surgeon.

11. Signs of Concern

Signs of dehydration include:

If you develop signs of dehydration, increase the amount of fluids you are drinking and contact your physician. Limit the amount of caffeinated beverages as this can lead to further dehydration. You can rehydrate by drinking sports drinks (Gatorade or PowerAde), juice, milk, broths, and water. It may help to add salt to these to increase the absorption into your body.

Signs of low potassium:

If you develop signs of low potassium, eat foods high in potassium and contact your physician.

Foods high in potassium include: bananas, bouillon, sports drinks, chicken, fish, oranges, pinto beans, potatoes, raisins, tomato or vegetable soup, veal, watermelon and yogurt.

Signs of low sodium:

If you develop signs of low sodium, eat foods high in sodium and contact your physician

Foods high in sodium are: regular soup, bouillon, sports drinks, rice water, pretzels, or crackers.

Foods to avoid

Prior to surgery large pieces of food were able to pass through your intestine. Now, large pieces of food can easily get caught in the intestine as it comes through the abdominal wall. This can cause a blockage. To decrease this risk it is important to follow a low residue diet, chewing foods well, and increasing your fluid intake.

Signs and symptoms of a food blockage are edematous stoma, high-pitched bowel sounds, distention, abdominal cramping and pain along with watery diarrhea.

Foods that may cause a food blockage include:

If you are vomiting and have no output from your ostomy for 6 hours it is a serious medical condition. Do not drink or any eat food. **Contact your physician immediately.**

12. Medications and Your Ileostomy

Some time-released, enteric-coated, or long acting medications may not be absorbed effectively. Let your physician and pharmacist know that you have an ileostomy prior to starting new medications. Do not crush medications without approval of a pharmacist.

- Antacids: Magnesium can cause diarrhea.
- Antibiotics: May cause diarrhea and dehydration.
- Antidiabetics: Glucophage (Metformin) may not be absorbed properly.
- Birth control pills: May not be completely absorbed making them unreliable.
- Corticosteroids: Can cause sodium retention and fungal infection under appliance.
- Diuretics: May cause electrolyte imbalance.
- Laxatives: Should NOT be taken. They can cause electrolyte imbalance.
- NSAIDS—non-steroidal anti-inflammatory drugs: May cause stomach bleeding or irritation. Take with food.
- Vitamins: Liquid form is absorbed best. Vitamin B-12 should be given by injection or nasal spray.

13. Ostomates Food Reference Chart

<p>Stoma Obstructive</p> <p>Apple peels Cabbage, raw Celery Chinese vegetables Corn, whole kernel Coconuts Dried fruit Mushrooms Oranges Nuts Pineapple Popcorn Seeds</p>	<p>Gas Producing</p> <p>Alcoholic beverages Beans Soy Cabbage Carbonated beverages Cauliflower Cucumbers Dairy products Chewing gum Milk Nuts Onions Radishes</p>	<p>Constipation Relief</p> <p>Coffee, warm/hot Cooked fruits Cooked vegetables Fresh fruits Fruit juices Water Any warm or hot beverage</p>
<p>Odor Producing</p> <p>Asparagus Baked Beans Broccoli Cabbage Cod liver oil Eggs Fish Garlic Onions Peanut butter Some vitamins Strong cheese</p>	<p>Odor Control</p> <p>Buttermilk Cranberry juice Orange juice Parsley Tomato juice Yogurt</p>	<p>Increased Stools</p> <p>Alcoholic bev. Whole grains Bran cereals Cooked cabbage Fresh fruits Spices Greens, leafy Milk Prunes Raisins Raw vegetables</p>
<p>Reprinted with permission from the UOAA—United Ostomy Associations of America</p>	<p>Diarrhea Control</p> <p>Applesauce Bananas Boiled rice Peanut butter Pectin supplement (fiber) Tapioca Toast</p>	<p>Color Changes</p> <p>Asparagus Beets Food colors Iron pills Licorice Red Jello® Strawberries Tomato sauces</p>

14. Ostomate Resources

Organizations

UOAA—United Ostomy Association of America

www.ostomy.org
1-800-826-0826

Association benefits:

- Contact information of local and online resources
- Ostomy Phoenix magazine subscription
- Discussion boards
- Annual Meeting

United Ostomy Association of Chicago

www.uoachicago.org

Provides:

- Visitor program
- Newsletters
- A variety of meetings

Appliance Manufacturers

Coloplast

1-800-533-0464 www.us.coloplast.com

ConvaTec

1-800-422-8811 www.convatec.com

Cymed

1-800-582-0707 www.cymed-ostomy.com

Hollister

1-800-323-4060 www.hollister.com

Marlen

216-292-7060 www.marlenmfg.com

Nu-Hope

1-800-899-5017 www.nu-hope.com

Perma-Type

1-800-243-4234 www.perma-type.com

Hollister Secure Start Program

This is a free program that will provide:

- An introductory kit that contains samples, curved scissors, educational materials, and a carry bag for ostomy supplies. These should arrive within 48 hours of being enrolled.
- Lifetime Service Coordinator will call within the first 72 hours after leaving the hospital. They are available Monday through Friday 8 am until 5 pm CST.
- Lifetime Service Coordinator also has access to
 - WOC nurse
 - Consultative product support and ostomy-specific education
 - **Find a supplier of your choice that works with your insurance**
- Complimentary subscription to Secure Start Communications.
- Contact 1-888-808-7456

American Cancer Society

www.cancer.org
1-800-ACS-2345

CCFA—Crohn's and Colitis Foundation of America

www.cdfa.org
1-800-932-2423

WOCN—Wound Ostomy and Continence Nurses Society

www.wocn.org

Information and location of nearest WOCN

Torbot

1-800-5454254 www.torbot.com

Clothing and Specialty Options

Intimate Moments Apparel

210-825-9486
www.intimatemomentsapparel.com

The Celebration Ostomy Support Belt

1-413-539-7704
www.celebrationostomysupportbelt.com

OPTIONS Ostomy Support Barrier Inc.

1-800-736-6555 www.options-ostomy.com

Osto My Secrets

1-877-613-6246 www.ostomysecrets.com

Weir Comfees

1-866-856-5088 Weir Comfees.com

15. Local Ostomy Support Groups

United Ostomy Association of Chicago

Contact: Judy Svoboda 847-942-3809 www.uoachicago.org

Lutheran General Hospital

1775 Dempster St., Park Ridge, IL

Contact: Marina Makovetskaia 847-723-8815.

Northwest Community Hospital

800 W. Central Road, Arlington Heights, IL

Contact: Carol Stanley at 847-618-3215, cstanley@nch.org

Southwest Suburban Chicago

Meetings are at Little Company of Mary Hospital 2850 W. 95th St., Evergreen Park, IL

Contact: Edna Wooding 773-253-3726, swscost@gmail.com

Sherman Hospital, Elgin

1425 N Randall Rd, Elgin, IL 60123

Contact: Heather LaCoco 224-783-2458 Heather.Lacoco@advocatehealth.com
Tom Wright tomwright122@att.com

Ostomy Support Group of DuPage County

Meeting are at Good Samaritan Hospital, 3815 Highland Avenue, Downers Grove, IL

Contact: Bret Cromer 630-479-3101, bret.cromer@sbcglobal.net

Aurora Illinois Ostomy Support Group

Meetings are at Presence Mercy Medical Center 1325 N. Highland Ave., Aurora, IL

Contact: John Balint 630-898-4049 or balint.john@yahoo.com

Lake County Illinois Ostomy Association

Meetings are at Hollister, Inc., 2000 Hollister Drive, in Libertyville

Contact: Barb Canter, 847-394-1586 or barb1234@sbcglobal.net

Kankakee

Meetings are at Riverside Medical Center, 350 N. Wall St., Kankakee, IL

Contact: Charlie Grotevant 815-842-3710 or 815-949-1551
charliegrtvnt@gmail.com kankakeeostomy@gmail.com

Valparaiso Ostomy Support Group

Meetings are at Porter Regional Hospital, 85 E US Hwy 6 Valparaiso, IN

Contact: Sarah Grcich 219-309-5939 or 219-983-8780
sarah.grcich@porterhealth.com
Michele Kaplan-Jones 219-406-0019

Colon and Rectal Surgery Service Ostomy Care Instructions

Patient information materials developed in the Section of Colon and Rectal Surgery at Rush University Medical Center. The information contained in this brochure is believed to be accurate; however, questions about your individual health should be referred to your physician.

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