

# Your Guide to Healthy Living With A Colostomy



 TMC HEALTH





## Introduction

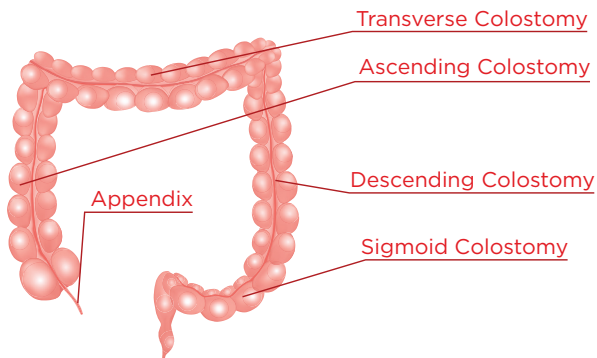
Having an ostomy is a life-changing procedure, and while it will change the way you do some things, it should not keep you from doing the things you love.

We created this booklet to help make this transition easier by providing answers to questions you may have. Learning how to care for your ostomy properly will help in your recovery and long-term well-being. Make sure to be patient with yourself and give yourself time to adjust.

**Note:** This information does not replace the support of your physician and ostomy nurse. Please continue to reach out to your care team with concerns or questions.

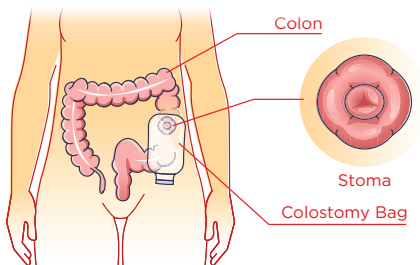
## What is a Colostomy?

The creation of an ostomy is a surgical procedure performed when a person has lost function of the bladder or the bowel and waste must be removed from the body another way. A surgeon creates an opening in the skin and then brings a portion of the intestine to the surface, creating a stoma. The stoma allows stool or urine to be diverted outside of the body. In the case of a colostomy, a section of the large intestine (most common the descending or sigmoid colon, less common the ascending or transverse colon), is brought to the surface of the body and a stoma is formed from that part of the intestine.



## Stomas

A stoma looks like a red bud on the skin. Your stoma will be swollen right after surgery and will shrink down to its final size about six weeks after surgery. An appliance or pouch is worn over the stoma to contain stool. A stoma can be permanent or temporary. This will be determined by you and your surgeon. Stomas created with a loop colostomy are often temporary. Stool will pass through one of the openings and the other may produce only mucus. Here are a few things to know:



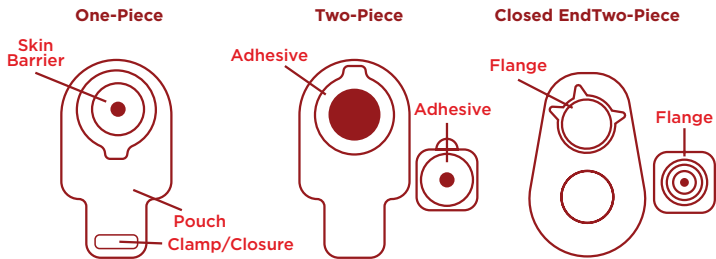
- Your stool will go into the pouching system attached to your stoma. If your colon and rectum are still intact, however, you may sometimes feel like you need to have a bowel movement from your rectum. This is completely normal. You can pass mucus and even leftover stool rectally into a toilet. Your stool may be liquid or watery after surgery. This is also normal. Over time it should thicken. Depending on where in the colon the stoma is located, the consistency will be different.

- Ascending colon - output usually remains loose because it mixes with the stool from the small intestine (ileum)
- Transverse colon - output should get to the consistency of pasty/soft to oatmeal thickness
- Sigmoid colon - output returns to that of an intact colon
- If your stool does not thicken, notify your doctor. Liquid stool makes you prone to dehydration, so your doctor may suggest medication to help thicken it.
  - You may have output from your stoma throughout the day and night. It will be important to empty the pouch when it is a third to half full so that it does not get too heavy on your abdomen. Depending on the location of the ostomy in your colon, you will empty it about 2-5 times a day.

## Pouching Systems

Pouching supplies can be broken down into two main types: one-piece pouching systems and two-piece pouching systems.

- In one-piece system the skin barrier and pouch are attached together.
- Two-piece systems consist of a separate skin barrier and pouch. A round plastic device called a flange connects the two pieces by snapping together. There are also some that stick together with an adhesive flange.



The fundamental difference between the two is that you can remove the pouch from the skin barrier on the two-piece system, but you cannot do so on the one-piece system. Removing the pouch is convenient if you want to rinse it out, or if you use a closed-end pouch, throwing it out. Pouches themselves can also have variations:

- Some pouches have filters that allow gas to escape.
- There are different pouch sizes, from small to large.
- The closure at the bottom of a pouch can be a hook-and-loop closure (e.g., VELCRO® brand) or a clamp (also called a clip).
- Some people find a hook-and-loop closure easier to manage than a clamp.
- There are pouches that have a closed end and don't require a closure like a hook-and-loop or a clamp/clip. You may be able to use a closed-end pouch if your stools are thick or formed. This eliminates emptying, as the pouch is removed from the barrier and discarded.

## Types of Skin Barriers

Using a skin barrier (also referred to as a baseplate, faceplate or flange) that is the correct size for the stoma is just as important as using the right size and type of pouch. An opening that is too small can cut or injure the stoma and may cause it to swell. An opening that is too large exposes the skin to possible irritation. In either case, you should replace the skin barrier with one that fits properly with both the opening and the pouch. There are two types of barriers:

- **Convex barrier** (bowl type): May be helpful for a stoma that is closer to or lies flatter against the skin
- **Flat barrier**: Can be effective for budded stoma, which is a stoma that rises above the skin.

Both barriers can be used with a one-piece or a two-piece system, and both can be molded or cut to fit the stoma. Precut barriers are also available for use if your stoma maintains a stable size over time.





## Other Supplies and Accessories

It is best if you use only the skin barrier and nothing else against your skin. You may, however, need other supplies to care for your ostomy. Many are available on the market, but the most common are listed in the table below.

Equipment	Description
Paste	<ul style="list-style-type: none"><li>■ Used to fill in creases or to help achieve a better seal</li></ul>
Rings	<ul style="list-style-type: none"><li>■ Used to fill in creases or valleys</li><li>■ Helpful in making up for stoma irregularities and ensuring a good seal at the skin</li><li>■ Often easier to manage than paste</li></ul>
Powder	<ul style="list-style-type: none"><li>■ Used to absorb moisture if skin is irritated or weeping</li></ul>
Skin barrier wipes/spray	<ul style="list-style-type: none"><li>■ A clear sealant that goes over the skin after cleansing</li><li>■ Used to seal skin before placing a skin barrier; may provide a little tackiness to help with adhesion</li></ul>
Adhesive remove wipes/spray	<ul style="list-style-type: none"><li>■ Makes removal of skin barrier easier</li><li>■ Helps to remove any leftover adhesive</li></ul>
Belts	<ul style="list-style-type: none"><li>■ Can be used with pouching system that have belt loops</li><li>■ Adjustable elastic belts may enhance the adherence and support of the pouching system</li><li>■ Can make people feel more secure when wearing a pouch</li></ul>

## **Remember, the best equipment is what works best for you.**

Always keep a bag of supplies with you in case you need to change your appliance away from home. You will need:

- Paper towels
- Plastic bag to dispose of the old appliance
- New appliance
- Change of clothes and underwear
- Paste
- Skin-barrier wipes or spray
- Adhesive-remover wipes or spray
- Rings



## Potential Problems

- **Activity** - Intense physical activity causes sweating under the barrier and may contribute to shorter wear time.
- **Allergies** - Watch for sensitivity or an allergic reaction to adhesives, skin barriers, paste, tape or pouch material. Such reactions can develop after weeks, months or even years of use of a product, as the body can become gradually sensitized.
- **Barrier Issues** - It is important to address skin issues as soon as they occur. If you notice leakage or have itching or burning, remove the old barrier and follow the steps for putting on a new barrier. A barrier with a good seal, which can last 3 to 4 days, may be all that is needed to clear up the problem.
- **Diet** - Dietary influences may also contribute to shorter wear time. For example, some foods cause watery output, and watery output is generally more difficult to contain. For more information on diet and food selection, visit [www.ostomy.org/diet-nutrition/](http://www.ostomy.org/diet-nutrition/).
- **Hair** - Excessive hair around the stoma can interfere with the skin barrier and may cause pain when removing it.
  - Trim hair with scissors.
  - Avoid using a straight razor. An electric razor is the best choice.



- **Hernia** - Hernias are caused when the intestine pushes against a weak area of the abdominal wall, creating a bulge, around the stoma. If you develop a bulging around your stoma, contact your surgeon.
- **Skin** - Scars, changes to weight or body shape near the stoma can affect the fit of your barrier around the stoma. If you have any scars or if your body shape or weight changes, you may need to change the type of skin barrier you use, and you may need to begin to use accessories such as paste or fillers. For more information on skin care visit [www.ostomy.org/ostomy-skin-care](http://www.ostomy.org/ostomy-skin-care).
- **Stoma prolapse or retraction** - If you experience either of these, contact your doctor.
  - Stoma prolapse is a complication in which the stoma becomes longer.
  - Stoma retraction is a complication in which the stoma can become flush with the skin or be drawn into the body.
- **Weather** - When the weather is hot and humid, perspiration under the skin barrier may contribute to a shorter wear time.



## Gas

Excessive gas from the stoma is normal immediately after surgery. There are many other things that may cause gas:

- Drinking from a straw
- Chewing gum
- Drinking soda
- Eating certain foods: eggs, cabbage, onions, fish, baked beans, milk products, cheese and alcohol

## Odor

Various factors can cause odors:

- Certain foods
- Normal bacterial action in your intestine
- Certain medications and vitamins
- Individual experimentation is the best way to determine what is causing the odor.

## Tips to help with odor:

- Ensure the skin barrier is securely sealed to the skin.
- Empty pouch frequently.
- Place specialized deodorants (liquid or tablet form) in the pouch.
- Use air deodorizers when emptying the pouch; these effectively control odor during this process.

## Constipation

People who have had problems with constipation prior to colostomy surgery often have the same problem post-surgery. It is not uncommon. If you develop constipation:

- Increase fluid intake
- Increase fiber intake
- Exercise

You may try whatever you have used in the past to manage your constipation. Those interventions should still work. If you have any concerns, talk to your doctor or ostomy nurse.

## When to call your doctor

You should call your doctor or ostomy nurse if you have any of the following issues:

- Severe cramps lasting more than 2 or 3 hours
- Unusual odor lasting more than one week
- Unusual change in stoma size and appearance
- Obstruction at the stoma
- Prolapse or retraction of the stoma
- Excessive bleeding from the stoma or a moderate amount of blood in the pouch after emptying it several times

- Severe injury or cut to the stoma
- Continuous bleeding at the junction between the stoma and the skin
- Watery discharge lasting more than 5 or 6 hours
- Vomiting with the inability to consume fluids orally
- Chronic skin irritation, itchy rash (might be a sign of a fungal or yeast infection), weeping skin
- Stenosis (narrowing) of the stoma
- Unable to wear your pouching system for 2 to 3 days without it leaking



## Life after a colostomy

As your strength returns and you heal after surgery, you may resume your regular activities with guidance from your doctor. Here are some things to consider.

- **Adjusting emotionally** - It can be hard for some people to adjust to the changes an intestinal-diversion surgery brings, and each person will adapt in his or her own way and own time. You don't have to do it alone, though. Peer support from UOAA-affiliated support groups can be helpful as you go through this adjustment. For more information on emotional/psychological adjustment after ostomy surgery visit [www.ostomy.org/emotional-issues](http://www.ostomy.org/emotional-issues)
- **Hospitalization after surgery** - After your colostomy, you may need to be hospitalized for an unrelated reason. Be sure to take your ostomy supplies with you, as the hospital may not have your brand. You may find that you are the ostomy expert, especially if you are in a hospital where patients with an ostomy are rare or are being treated for a condition not related to your ostomy. If you are in doubt about any procedure and how it may affect your colostomy, ask to talk to your doctor. Request that the following information be listed on your chart:
  - Type of ostomy
  - Whether your rectum or colon has been removed or is intact
  - Details of your management routine and the products you use



- Returning to work - For more information about returning to work after ostomy surgery, visit [www.ostomy.org/back-work-ostomy/](http://www.ostomy.org/back-work-ostomy/).
- **Intimacy and sexuality** - Sexual relationships and intimacy are important and fulfilling aspects of your life that should continue after ostomy surgery. A period of adjustment after surgery is to be expected. Sexual function may be affected and you should ask your surgeon how this relates to your surgery. Discuss any problems with your physician or ostomy nurse. For more information on intimacy and sexuality, visit [www.ostomy.org/sexuality/](http://www.ostomy.org/sexuality/).
- **Travel** - The good news is, you can still travel. If you are driving, make sure your seatbelt straps are not placed directly over your stoma and store supplies in the coolest part of the car, not in direct sun or the trunk. If you are flying, pack supplies in your carry-on bag. Find more information at [www.ostomy.org/ostomy-travel-and-tsa-communication-card/](http://www.ostomy.org/ostomy-travel-and-tsa-communication-card/)



## TMC Outpatient Ostomy Clinic

Located in the Vascular/Urodynamic Lab at Tucson Medical Center, 5301 E. Grant Road.

Please arrive 15 minutes early to allow for patient parking.

Please call Central Scheduling to schedule your appointment,  
**(520) 324-2075**

If unable to make your appointment, please call  
**(520) 324-2550**

Appointments must be pre scheduled and require a referral from a doctor. Referrals must say “ostomy eval and treat x 6 visits” and can be faxed to **(520) 324-2551**

Please bring your current supplies with you to your appointment and anticipate an ostomy appliance change during your visit.

Appointments are available Monday through Friday. We are closed on weekends and holidays.



## Glossary

It is a good idea to familiarize yourself with ostomy terms and lingo, so you can better understand and communicate with your care team. Here are some commonly used words pertaining to ostomies.

**Adhesions** – Bands of scar tissue that normally develop after surgery. It is the body's response to healing and repairing itself. On occasion, these can cause an intestinal (bowel) obstruction. Adhesions can be surgically or medically managed, if needed.

**Appliance** – A prosthetic medical device consisting of a barrier and a pouch that is worn over the stoma to contain body waste.

**Baseplate/faceplate** – This is non-drainable and is intended to be used by those with a colostomy. For successful use, the stool should be soft to well-formed and changed on average twice a day.

**Colectomy** – A surgical procedure in which part or all of the colon is removed.

**Colostomy irrigation** – The process of putting water into the colon through the stoma using specialized ostomy irrigation products. It is a way for a person living with a colostomy to manage and regulate their bowel movements and can result in predictable ostomy output at a scheduled time.

**Continent diversion (CD)** – A fecal (stool) or urinary diversion where control is made possible through the creation of an internal reservoir (a surgically made pouch inside your body). The reservoir is emptied by either manually inserting a catheter into a stoma or by going to the bathroom in the “normal” way through the anus for stool, or through the urethra for urine.

**Convexity (Convex pouching system)** – Designed for those with a flush or skin-level stoma or for those with large creases around the stoma. The convex shaped skin barrier (wafer) helps the output of stool or urine to go into the pouch instead of underneath the pouching system.

**Crohn's disease** – A chronic inflammatory bowel disease (IBD) that can affect any part of the GI tract from the mouth to the anus but is more commonly found at the end of the small intestine (ileum).

**Diverticulosis/diverticulitis** – A condition of the colon in which small sacks or pouches form in the wall of the colon. Diverticulitis occurs when these small pouches become inflamed. Ruptured or perforated diverticulitis often requires the creation of a temporary colostomy.

**Drainable/open pouches** – Have an opening at the bottom of a pouch through which the contents are drained. This opening is usually secured using a hook-and-loop closure (e.g., VELCRO® Brand) or plastic clip.

**Flange** – The plastic round device found on a two-piece pouching system that connects the ostomy pouch to the wafer/skin barrier; found on a mechanical coupling system. The flange on the pouch and the flange on the wafer/skin barrier must match and fit together to create a secure pouching system.

**Filter** – A device incorporated into or attached onto a pouching system. It allows gas to be filtered out of the pouch. Filters made with charcoal allow odor to be filtered out of the pouch along with gas.

**Folliculitis** – An inflammation of the hair follicle(s). This can occur on the skin around the stoma due to the physical trauma involved with repeatedly removing an ostomy appliance.

**Hernia** – Occurs when the intestine bulges through a weak area of the abdominal wall. When this happens next to an ostomy, it is called a parastomal hernia.

**Ileostomy** – The entire colon, rectum and anus are removed or bypassed. A part of the small intestine (ileum) is brought through the abdominal wall, creating a stoma.

**Jejunostomy** – An opening created through the skin into the jejunum (part of the small intestine) that can be used for a feeding tube or as a bypass during bowel resection.

**Obstruction** – A partial or full blockage in the intestine resulting from a variety of causes including fibrous foods, cancerous growth, scar tissue or when the lining of the intestine is severely inflamed. A blockage can be partial with some output or complete with no output. This is a serious medical condition and may require hospitalization to address the cause.

**One-piece pouch** – The pouch and wafer/skin barrier are combined as one item and cannot be separated.

**Ostomate** – A person who has undergone surgery for a fecal or urinary diversion, or a continent diversion (i.e., colostomate, ileostomate, urostomate).

**Ostomy** – Surgery in which an opening is created (called a stoma) where urine or stool exits the body. Bodily waste is rerouted from its usual path because of malfunctioning or diseased parts of the urinary or digestive system. An ostomy can

be temporary or permanent. Ileostomy, colostomy and urostomy are different types of ostomies.

**Pancaking** – When stool output collects under the wafer/barrier of a pouching system instead of going into the pouch causing leakage.

**Peristomal skin** – The external skin that is around the stoma. Having healthy peristomal skin is important for quality of life for those with ostomies. Ongoing pouch leakage can damage peristomal skin.

**Pouch closures** – Ways to seal the bottom of a drainable ostomy pouch. For those with a colostomy or ileostomy, they include hook-and-loop closures (e.g., VELCRO® brand) that are incorporated into the pouching system or separate plastic clamps/clips that are separate from the pouching system.

**Skin barrier** – Also called a wafer, baseplate or faceplate, this is the part of the pouching system that goes against your skin and has a hole that fits around your stoma. It holds your pouch in place and should help protect the skin around your stoma from stool or urine.

**Skin protectants** – No-sting barrier sprays or barrier wipes that can be applied to the skin around the stoma to protect the skin from the adhesives used in pouching systems. They are also used to help skin irritations to heal.

**Stoma** – A portion of the large or small intestine that has been brought through the surface of the abdomen (belly) and then folded back like a sock cuff. A stoma provides an alternative path for stool to leave the body.

**Stoma blockage** – When something obstructs the stoma preventing stool from coming out.

**Stoma measuring guide** – A card with special holes used to measure the stoma. This is useful when selecting the correct wafer/skin barrier size for your pouching system, when ordering samples, or when using it as a template to cut out the stoma opening on your wafer/skin barrier.

**Stoma retraction** – A stoma that has receded to the level below the surface of the skin. This may result in pouch leakage and skin irritation.

**Flush stoma** – A stoma that is at the same level with the surface of the skin. This may result in pouch leakage and skin irritation.

**Stoma prolapse** – The protrusion of the intestine through the stoma which makes the stoma appear much longer than normal. Your surgeon should be notified if this happens.

**Two-piece pouching system** – The pouch and wafer/skin barrier are separate from each other and must be attached through either a mechanical, adhesive or interlocking coupling system. The pouch can be removed to be changed or emptied without removing the wafer/skin barrier.

**Ulcerative colitis** – A form of inflammatory bowel disease that targets the colon and affects its innermost lining. Symptoms can include abdominal pain, fatigue, weight loss and bloody diarrhea. Surgery for this condition may result in one having an ostomy.

## Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



# Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---





5301 E. Grant Road, Tucson, AZ 85712

[www.tmcaz.com](http://www.tmcaz.com)