

## Ostomy Care Instructions

### Definitions

An **ostomy** or **stoma** is a surgical procedure that creates an opening in the abdominal wall to discharge intestinal waste. The purpose is to allow stool to bypass the damaged/diseased portion of the intestines. 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

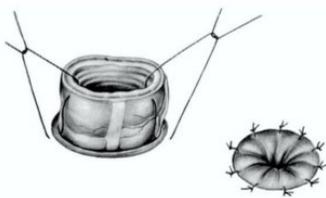
**Distal** – lower end or downstream in the intestine

**Peristomal skin** – the skin surrounding the ostomy. The skin should remain intact. Contact your surgeon or WOC (wound, ostomy continence) nurse if this skin becomes irritated.

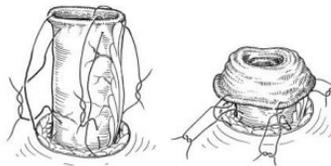
**Colostomy** – the colon exits through the abdominal wall. This new opening is where stool will be eliminated. Stool usually starts off liquid then may become more formed. A concern can be constipation.

**Ileostomy** – the small intestine exits through the abdominal wall. Since the stool comes from the small intestine, this is usually liquid, and contains digestive enzymes which can irritate the skin. This is why it is important to have little to no skin showing around your ostomy when applying your skin barrier. A concern is dehydration and electrolyte imbalances.

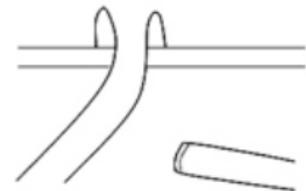
**End ostomy** – the cut end of the intestine is brought through the abdominal wall to create the ostomy. Some of the colon and rectum may remain, but are sutured closed and left below the surface.



End Colostomy



End Ileostomy



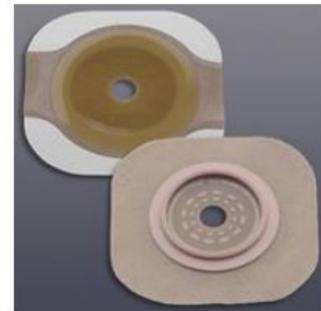
## Pouching systems

A **pouching system** or appliance has two parts – a **faceplate (aka wafer)** that attaches to the skin using adhesive, and a **pouch** to collect the waste.

- **One piece system** – the faceplate and pouch are connected. There are fewer steps in applying the system. These are more flexible and lay flatter against the skin.
- **Two piece system** – the faceplate and pouch are separate. The two pieces snap together like a Tupperware container. The faceplate is easy to apply since you can see the ostomy through the hole. The faceplate is more rigid. With this system you can easily exchange the pouch without needed to exchange the faceplate.



The **faceplate** (aka skin barrier or **wafer**) sticks to the skin. It is designed to stick to the skin to protect the skin from the ostomy output which can be irritating. This is why it is so important that all the skin is covered with a good seal. A hole must be cut in the middle 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 consistent, you may prefer to buy pre-cut faceplates of a specific size if this works well for you.



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

### Extras

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.



## Appliance Change Instructions

1. Gather equipment:
  - a. Appropriate Pouch
  - b. Adapt Ring or Stoma Paste
  - c. Stoma Powder/ 3M No Sting Skin Barrier Wipe
  - d. Washcloths (wet and dry)/Paper Towel
  - e. Optional: mild, no residue, water based soap
  - f. Scissors
  - g. Measuring Guide
  - h. 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.
  - a. 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.
  - b. 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.

## 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 2 days after surgery. Water may run over your incision and ostomy but do not scrub. Pat dry.
- No tub baths, swimming or hot tub for at least 2 weeks. Check with your physician first
- 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.

## 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

## Questions?

Call the 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
- 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.

## Dietary Instructions

Unless told otherwise by your surgeon, you may eat a general diet on discharge

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.

## 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 keep a log of the output and bring to your follow up appointment with your surgeon.

If your output is increased or you are dehydrated, 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.

## Blockages

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. If this occurs, 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.

## 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

## Food Reference Chart

### Stoma Obstructive

- Apple peels
- Cabbage, raw
- Celery
- Chinese vegetables
- Corn, whole kernel
- Coconuts
- Dried fruit
- Mushrooms
- Oranges
- Nuts
- Pineapple
- Popcorn
- Seeds

### Gas Producing

- Alcoholic beverages
- Beans
- Soy
- Cabbage
- Carbonated beverages
- Cauliflower
- Cucumbers
- Dairy products
- Chewing gum
- Milk
- Nuts
- Onions
- Radishes

### Constipation Relief

- Coffee, warm/hot
- Cooked fruits
- Cooked vegetables
- Fresh fruits
- Fruit juices
- Water
- Any warm or hot beverage

### Increased Stools

- Alcoholic bev.
- Whole grains
- Bran cereals
- Cooked cabbage
- Fresh fruits
- Spices
- Greens, leafy
- Milk
- Prunes
- Raisins
- Raw vegetables

### Odor Producing

- Asparagus
- Baked Beans

- Broccoli
- Cabbage
- Cod liver oil
- Eggs
- Fish

- Garlic
- Onions
- Peanut butter
- Some vitamins
- Strong cheese

#### **Odor Control**

- Buttermilk
- Cranberry juice
- Orange juice

- Parsley
- Tomato juice
- Yogurt

#### **Diarrhea Control**

- Applesauce
- Bananas
- Boiled rice
- Peanut butter

- fiber
- Tapioca
- Toast

#### **Color Changes**

- Asparagus
- Beets
- Food colors
- Iron pills
- Licorice
- Red Jello®
- Strawberries