

## THE OSTOMATES OWNERS MANUAL

### *"Technique's You Should Know When Addressing Your Stoma"*

by Larry Pilarski

It's very common people coming home from ostomy surgery have a brief period of grief and mourning. Nevertheless, the feeling should last only a short time... it should be temporary. As you slowly return to an active lifestyle, you will be transformed to the person you were prior to your surgery. Should depression linger or is severe you should see your doctor. He/she can help you with these feelings. Your doctor has ways to help you so you may be back to yourself once again.

After having an ostomy, you should learn all you can about it, not only for your own sake, but also for the sake of setting a good example and being able to advise others with an ostomy.

Never, ever, be embarrassed about having an ostomy. Remember there are very few, if any, people who never have any medical problems during their lifetimes.

While you're learning about your new life, know how to change your ostomy system. New people, sometimes, have someone else change their pouch. This may be acceptable for a brief time, while one recuperates, and it's good for a family member to know how to change it in an emergency. Not doing it yourself is equivalent to a non-ostomate person not wanting to sit on the toilet and do his/her business by himself/herself. This habit needs to be changed in order to have a better quality-of-life and to adapt to changing circumstances. (ie., when no one is around).

Be proud of your ostomy. Don't act as if by owning an ostomy you are less of a person or somehow less a complete person. You're just one of the sporty new front-end exhaust models.

There are well over a half-million of us in the United States, you're far from alone. More importantly, we're very glad to be alive. For most of us, the alternatives for not choosing ostomy surgery would have resulted in our deaths.

The number one concern with people who have had ostomy surgery is odor. Know this; we have less of a problem with odor than non-ostomates do. Modern pouching systems are completely odor-proof when closed. Under clothing, people with ostomies absolutely have fewer parts exposed to make odors than normal people. Everybody creates some odors in the bathroom... just like you and me.

What can I do about odor? The modern odor proof bags, if kept clean and changed regularly, should free you from this worry. However, your own body chemistry and certain foods can affect stool odor. Try to stay away from fish, onions, cabbage, strong cheeses, and some multivitamins. Should you feel you may have some "aroma"... You can control odor with Tomato Juice, Orange Juice, Cranberry Juice, Parsley, Yogurt and Buttermilk.

The less an ostomate eats, the more gas he has, so don't skip meals before going out. In fact we would be better off with six small meals a day so we would never have an empty stomach. Empty stomachs growl.

How often should I empty my pouch? A good rule of thumb for the person with an ileostomy is to empty the pouch every time you go to empty your bladder or when the pouch is one-third to one-half full. The person with a urostomy may need to empty the pouch more frequently. With a colostomy, the pouch should be emptied as needed, usually once or twice a day.

Use a hand mirror to view your stoma. It's the only way you can see under it. Two-sided round (magnifying and regular) mirrors with wire or plastic stands are ideal for checking up on things around and under the stoma. Place the mirror on the sink counter for close viewing of the stoma or on the back of the toilet for general checking.

If your stoma bleeds after cleaning or shaving, don't panic. A healthy blood supply is what gives your 'rosebud' that bright red color. Tiny capillaries are easily damaged and just as easily repair themselves. If bleeding continues long after you've cleaned and changed your pouch/wafer, check with your doctor.

Spraying Pam or rubbing mineral oil on the inside of the pouch and rubbing the sides together will cause the feces to drop to the pouch bottom, and away from around the stoma.

Colostomates, when you feel the last of your discharge has not been eliminated after irrigating, blow your nose ten or twelve times after you think you

are through and before putting on your pouch. Usually you'll be better able to get rid of the last annoying matter.

Men seem to compete with themselves to wear their ostomy systems as long as possible. There is no prize given for the longest wear time. The best practice is changing ones ostomy system every three to five days. Having one accident is so much worse than changing it at regular times.

## **The Most Frequently Asked Questions**

*What is a colostomy?*

A colostomy is a surgically created opening in the abdomen through which a small portion of the colon is brought up to the surface of the skin. This new opening, called a stoma, allows stools to pass directly out of the body, bypassing a diseased or damaged section of the colon. In some patients, this section may be removed. After colostomy surgery, your stool will pass through your stoma, the opening on your abdomen, and empty into a pouch. [1]

*What does a stoma look like?*

A healthy stoma is red or pink in color, and moist. There are no nerve endings in the stoma, so it will not hurt when touched. It is normal for the stoma to be large and swollen after surgery; however. It will shrink to a smaller size within five to six weeks. Your stoma may move slightly which is a normal process that pushes stool through the colon. [2]

*Can I control bowel movements after colostomy surgery?*

Since you will no longer have voluntary control over bowel movements, it is important that you understand the consistency and frequency of discharge after your colostomy. These vary depending upon the location of the colostomy within the colon. An ascending colostomy is located within the ascending colon. Output will be liquid to semi liquid, rich in digestive enzymes and irritating to the skin around the stoma. A transverse colostomy is located within the transverse colon. Output is usually liquid to semifirmed. A descending colostomy is located within the descending colon. Output is semifirmed to formed. A

sigmoid colostomy is located within the sigmoid colon. Output has a normal, formed consistency. [1]

*Do I need to follow a special diet after colostomy surgery?  
What about diarrhea and constipation?*

Unless your doctor has prescribed a special diet, you should not have to change your diet. You may become constipated or have diarrhea just as you did before surgery. If you become constipated, try eating more fiber (vegetables, fruits, and brans) and drinking more water. If constipation becomes a problem, talk to your doctor or ET nurse. If you become ill with a stomach virus, this can give you diarrhea. Treat it the same as before you had surgery, and remember to drink plenty of fluids-you might try one of the 'sport' drinks to replace fluids and electrolytes. [2]

*What is an ileostomy?*

An ileostomy is a surgically created opening in the abdomen through which the end of the ileum is brought up to the surface of the skin. This new opening, called a stoma, allows waste to pass directly out of the body, bypassing a diseased or damaged section of the colon. In many cases, the colon is removed. Its function, reabsorbing water and electrolytes, will be carried out to some degree by the small intestine. [3]

*Can I control bowel movements after ileostomy surgery?*

After ileostomy surgery, body waste will pass through your stoma, the opening on your abdomen, and empty into a pouch. Since you will no longer have voluntary control over bowel movements, it is important to know that the discharge of body waste will be fairly constant. Liquid or pasty in consistency, it will occur several times a day, usually after a meal. [3]

*What about my diet after ileostomy surgery?*

Eating a well balanced diet is important. Some foods may cause food blockage. A food blockage means that the undigested part of food "clumps up" and blocks (clogs) the bowel. Chewing food well can sometimes prevent this from happening. A food blockage can cause cramping, pain and a watery

output with a bad odor, or the blockage may cause you to have no output. Your abdomen and stoma may also become swollen and you may feel sick to your stomach, or begin to vomit.

If you think you have a food blockage, call your doctor or ET Nurse (or go to an emergency room). Foods that may cause blockage include: peanuts, popcorn, coconut, acorn, celery, mushrooms, Chinese vegetables, dried fruits (raisins, dates) and meats with casing (sausage).

Tips to prevent blockage: do not eat high fiber foods until your doctor says it's okay (about four to six weeks after surgery); add high fiber foods in small amounts; chew foods well and drink plenty of fluids. [4]

### *What about gas?*

The amount of gas that a person's system generates depends on the individual. If you had problems with excessive gas before your surgery, you will likely have the same problems after your surgery. Intestinal gas can sometimes be the result of swallowing air. Drinking carbonated beverages, smoking, chewing gum, and chewing with your mouth open can all increase the amount of gas you swallow. Sometimes gas can be caused by the foods you eat. Foods and beverages that may increase gas are: asparagus, broccoli, Brussels sprouts, cabbage, spinach, cauliflower, carbonated beverages, corn, cucumbers, mushrooms, and peas. [5]

### *Will some foods cause odor in the stool?*

Foods that can produce odor include asparagus; cabbage family vegetables: broccoli, brussels sprouts, cabbage, cauliflower, onions; cheese; eggs; fish and some spices. [1]

### *What is a urostomy?*

A urostomy is a surgically created opening-on the abdomen- that allows urine to flow out of the body. A urostomy may also be called a urinary diversion. Many times, the person's bladder and urethra are surgically removed. When a person has a urostomy, urine is no longer eliminated through the urethra. Instead, urine is eliminated through the urostomy.

A urostomy does not have a sphincter muscle, so a person who has a urostomy has no voluntary control over when to urinate. Instead, the person wears a pouch to collect the urine.

Your surgeon may select one of several methods to create the urostomy, or urinary diversion. The most common method is called an ileal conduit. To create an ileal conduit, the surgeon removes a short segment of the small intestine (ileum). This short segment of intestine will be used as a pipeline-or conduit-for urine to flow out of the body.

The surgeon closes one end of the conduit, inserts the ureters into the conduit, and brings the open end of the conduit through the abdominal wall. This new opening on the person's abdomen is called a stoma. [6]

### *How can I tell if I have a urinary tract infection (UTI)?*

People who have urinary diversions can develop urinary tract infections-which can lead to kidney problems. Some warning signs of a urinary tract infection include: dark, cloudy urine; strong-smelling urine; back pain (where your kidneys are located); fever; loss of appetite; nausea and vomiting. If you notice any of these symptoms, contact your doctor or ET nurse. [6]

### *What about diet after urostomy surgery?*

Eating a well-balanced diet, that can include your favorite foods, is important to your health. Be aware that some foods cause an odor to urine including: asparagus, onions, fish and garlic. These foods can still be eaten; however, you may become aware of an unusual odor. You should drink at least 8 glasses of fluid each day, unless you have to limit your fluids due to a medical problem. Be sure to drink extra fluids when exercising or sweating. [7]

### *How should I care for the skin around my stoma?*

It is very important for the skin around the stoma (the peristomal skin) to remain healthy and free of irritation. The peristomal skin should look just like the skin elsewhere on your abdomen.

To prevent skin irritation or other skin problems, you must have a skin barrier and pouch that fits properly. Each time you remove your skin barrier and

pouch, look carefully at the peristomal skin. If you notice any swelling, redness or rash, you could have irritated skin.

Sometimes-but not always-irritated skin is painful. If the problem persists for more than two pouch changes, contact your ET Nurse or doctor. [5]

### *What types of pouches are available?*

Pouches are odor-proof, made of clear or beige plastic, and are held to the skin by an adhesive (sticky) wafer. They are lightweight and cannot be seen under clothing. Some pouches come with a filter that deodorizes gas as it passes through the pouch.

The two main types of pouches are: one piece system and two-piece system. A one-piece system refers to a system where the pouch and wafer (adhesive baseplate) come together as a single unit. A two-piece system has a separate pouch and wafer. These two pieces attach together.

With a two-piece system you have the option of changing the pouch without changing the wafer. [2]

### *What about medications?*

After ostomy surgery, digestion and absorption of medications, either alone or in combination, may be affected. It is very important to review your medications, both over-the-counter and prescription drugs, with your ET nurse or health care provider and your pharmacist.

Over-the-counter treatments can include antacids, laxatives, antidiarrheal, anti-inflammatory agents, aspirin, vitamins, salt substitutes, and sugar substitutes. [1]

### *How about bathing and showering?*

You may choose to bathe or shower with your pouch on or off. If you shower with your pouch off, choose a soap that is oil-and residue-free. These types of soaps will not interfere with the adhesion of the wafer. [2]

### *Will I need special clothing?*

Don't worry, you will not need a new wardrobe. Modern ostomy pouches are inconspicuous under almost any kind of clothing because they're designed to lie flat against the body.

Ostomy pouches for both men and women can be worn inside or outside underwear; whatever feels most comfortable.

For men if your stoma is at or near the waistline, be sure to avoid pressure from tight-waisted pants or belts. If you wear an athletic supporter, it is helpful to wear it one size larger.

Ladies, girdles or panty girdles can be worn, as long as they are soft and stretchy, without a front panel. [3]

### *Can I exercise and play sports?*

An ostomy should not prevent you from exercising or being physically active. Other than extremely rough contact sports or very heavy lifting, you should be able to enjoy the same type of physical activities you enjoyed before your surgery.

People who have ostomies are able to swim, water ski or snow ski, play golf, tennis, volleyball or softball, hike, sail or jog just as well after their surgery as they did before. [5]

### *When can I return to work? What about travel?*

As with any surgery, you will need to allow some recovery time. Recovery from this type of surgery can take from six to eight weeks. You should check with your doctor before returning to work. After your recovery, you should be able to return to work, or travel just about anywhere. Your ostomy should not limit you.

Ostomy products are available through medical or surgical retailers in nearly every country in the world. Of course, it is always a good idea to take your own supplies with you when you travel-and always take more than you think you will need. [5]

### *Will other people know?*

Very few people, even those you see on a daily basis, will know that you have had ostomy surgery, unless you choose to tell them. Whether you tell others is entirely up to you.

Most likely your relatives and friends already know you've had a health problem that required surgery. But you may feel uncomfortable about revealing more, fearing they might have negative attitudes about ostomies.

It's true that some people have uninformed ideas, but if these people are important to you, you can either help to educate them or simply not mention your surgery. [1]

### *What about intimate relationships? Can I have children?*

Because ostomy surgery is a body-altering procedure, many people worry about sex and intimacy, and about acceptance by their spouse or loved one. For people who are dating, a big concern is how to tell someone about the ostomy. It's important to remember that supportive personal relationships can be major sources of healing after any type of surgery.

It's also important to let your partner know that sexual activity will not hurt your stoma. Ostomy surgery affects both partners in a relationship, and it's something to which both partners must adjust—each in his or her own way. The key, of course, is understanding and communication.

If having children is a concern, you'll be happy to know that after a satisfactory recovery it is still possible for a woman who has a stoma to have children. Also many men have become fathers after having colostomy or ileostomy surgery.

For men, urostomy surgery can sometimes cause a change in sexual function; however, there are men who have become fathers after having urostomy surgery. If you have questions about pregnancy, don't hesitate to ask your doctor or ET nurse.

For both men and women, it is very important to discuss the surgery openly with your spouse or loved one. Also, don't hesitate to discuss this aspect of the surgery with your doctor and

your ET nurse. [5],[6]

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References:

1. Living with Confidence After Colostomy Surgery ©ConvaTec Division of Bristol-Myers Squibb
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