New Patient Guide

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Dear New Ostomy Patient,

Welcome to your New Patient Guide, made possible by the United Ostomy Associations of America, UOAA’s official publication, The Phoenix magazine, and over 300 affiliated support groups of the UOAA.

We at UOAA believe that it is very important for both you and your support team to have as much information about your ostomy as possible. Undoubtedly, you have heard many stories about people with an ostomy or related procedure. Very often, we find that these stories are based on myth, ignorance, and “old wives’ tales”, rather on truth and real life experiences. We are here to dispel these tales and help all ostomates move beyond the stigma which is sometimes associated with having an ostomy.

In this guide, you will find answers by medical professionals to many of your basic questions, information and hints about living with your ostomy, and hear from an ostomy patient who has returned to a full and productive life after surgery – one of the 700,000+ people in the U.S. with an ostomy.

UOAA is a volunteer-managed non-profit organization whose vision is for the creation of a society where people with bowel and urinary diversions are universally accepted socially, in the work place, medically and psychologically. UOAA’s comprehensive website, www.ostomy.org, includes ostomy information, information on UOAA’s various programs and activities, support group locations, and discussion boards; all of which will enable you to connect, ask questions, and get advice from other ostomates – ostomates just like you!

UOAA staffs a toll-free helpline at 1-800-826-0826. Find out about making a donation, a support group in your area, our certified peer-visitor program or to talk to an ostomy nurse. If you experience some form of discrimination as a result of your surgery, you can call our help line and they will put you in touch with a specialist.

Membership in UOAA is through one of our affiliated support groups, or AGSs. Our local ASGs have support and educational meetings where you can get answers to the questions that so many ostomates have, and it is a place where fellow members can share their experiences. You will find that either upon attending a meeting, posting on one of our discussion boards or by joining a virtual group that you will be greeted warmly, and will be treated like a member of our extended family.

Be Well,

UOAA Management Board of Directors

P.S. To get more answers about living a full, secure and successful life with an ostomy, go to www.phoenixuoaa.org or call 800-750-9311 and subscribe to America’s leading ostomy publication. Subscriptions to The Phoenix account for a major source of revenue for UOAA, so please subscribe today!
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Common Occurrence
I had my rectum removed in last May and now have a colostomy. I am finding it uncomfortable when I sit for long periods. Is this a common occurrence and will it go away with time? Is the discomfort due to scar tissue?

S.T.

Dear S.T.,
The anatomy of the pelvis changes significantly when the rectum is removed. You may notice a change in how most things feel, including sitting! In addition, patients often lose a bit of weight around the time of surgery and with it some of the backside “padding.” This results in placing more pressure on the coccyx, or tip of the tailbone, in certain positions and can be quite uncomfortable. If you had your rectum removed because of cancer, visit your surgeon for a thorough evaluation to make sure there is no problem with the surgical site or evidence of recurrent disease.

Confused Plumbing
I had a colostomy in December of 2004 and manage it quite well. The problem is hardened fecal material in the rectum. I have gas pains and also some liquid drainage there. Why do I have it if my bowel elimination has been a colostomy since my surgery? Will it cause any harm if left there? Is there another method, besides enemas, to eliminate this problem? Could I become dependent upon enemas if I do them regularly?

T.M.

Dear T.M.,
If you had a colostomy constructed, but your rectum was left in place, you may accumulate mucus and shed rectal lining. Over time, this may harden and then feel and pass like a bowel movement. The occasional use of a stimulant suppository or low-volume enema should be harmless.

A rectum that does not pass stool for a prolonged period of time will become mildly inflamed that will increase the amount of material ultimately passed. Certain anti-inflammatory medications applied to the lining of the rectum may decrease drainage and lead to some relief. Ask your doctor if anti-inflammatory enemas, foams or suppositories are right for you.

Color Concern
I’ve had a colostomy since June of 2006. I’m concerned about the color of stool that passes. Sometimes, it is an auburn color which makes me think it may be blood. Should I be concerned?

C.B.

Dear C.B.,
You can certainly pass blood through a colostomy, much like you could when you had an anus. Oftentimes, the color of stool that is highly visible in a pouch is related to food that was eaten. Talk to your doctor to help decipher your risk factors and decide whether or not a colon exam is needed to address your concerns. Consider keeping a food diary to see if you can relate the color to a certain food eaten in the prior 24 hours.

Growing Problem
I have had my colostomy for about six months and about three months ago I had some sort of growth out of the bottom of the stoma: about the size of a jelly bean. It looks almost like intestine coming out, but it does not bother me. Then, about a month later, I had another growth. It is
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about the size of a piece of corn and looks almost like a wart and is hard.

I don’t know if this is normal or not. The nurse said if it doesn’t bother me then don’t worry about it, but I didn’t think something growing on me was normal.

G.S.

Dear G.S.,

These are most likely nodules of excess intestinal lining (hyperplasia or pseudoverrucous change), which grow in reaction to exposure. Remember, the lining of the intestine was “designed” to be inside! Exposure to the outside can irritate the tissue and make it “grow.” While these growths are benign, they can make pouching difficult.

In fact, sometimes they are a signal that your pouching routine is traumatizing the stoma itself. Talk to your ostomy nurse about the details of your routine; perhaps a slight modification will cause less irritation.

Finally, don’t leave your surgeon or gastroenterologist out of the loop. If you have a history of intestinal polyps, cancer, or Crohn’s disease, these nodules may need to be biopsied.

No Appetite

I’ve just come home from the hospital after ostomy surgery. I have no appetite and the smell of food makes me sick. Is this normal? Do I have to eat when it makes me sick?

L.T.

Dear L.T.,

It is completely normal to have decreased appetite and energy for a month or so after major abdominal surgery, so don’t despair. The most important thing to do is stay hydrated and move around the house. Try to drink juices, water, some sports drinks and milk products. Also, try to nibble on salty crackers, pretzels, chips, scrambled eggs, toast, peanut butter and bananas – things that will calm your stomach and provide some nutrients and protein at the same time. Be patient with your body as it heals and give it the building blocks to do a good job!

Phantom Rectum

Is it normal to have rectum pain with a permanent colostomy? It’s kind of like pressure, but painful. What would happen if you strained, like using the toilet, with a colostomy? I know that sounds silly, but when I feel like I’m going to have a bowel movement, I want to push like before, but I tell myself not to.

A.B.

Dear A.B.,

What you describe is very common after removal of the rectum. Since the surgeon closes the muscles of the pelvic floor after rectal removal, a pressure or sensation of tightness may result.

You should seek to insure that your discomfort is not due to malignancy, especially if your rectum was removed because of cancer. If you are male, this sensation can result from inflammation of the prostate. In men and women, a perineal hernia can also cause pelvic pressure reminiscent of an “old fashioned” bowel movement. Occasionally, a CT scan or MRI of the pelvis can help identify the cause of your sensation.

Mucus Drainage

What is the average amount of mucus drainage? Several times a day? Weekly? Monthly? I was having mucus about every six weeks, but now I’m having it several times a day. Is there a “normal” amount?

M.D.

Dear M.D.,

I assume you are referring to draining of mucus from a defunctionalized rectal stump. If this is the case, the amount of drainage you see will be related to the length of rectum that remains and the amount of inflammation in the lining.

A certain amount of inflammation will always be present in a segment of intestine that is unused. The amount of drainage can be decreased by using an anti-inflammatory suppository that contains 5-ASA.

Sitting Down

I had colostomy surgery and my rectum removed seven weeks ago. I can only sit in a chair for 5-10 minutes at a time. At what point does the butt start feeling better in order to drive a car and sit in a chair?

C.C.

Dear C.C.,

There is no single answer to this question that applies to all patients! After the rectum is removed, the surgeon closes the opening in the pelvic floor by pulling the muscles together – imagine the letter “U” as the opening and to close it the sides of that letter are brought together.

Then, the healing process in the pelvis and perineum begins. It starts with inflammation and ends with scarring. This process continues for about a year until complete. Patients who are thin can have discomfort from the tissues being rearranged and from sitting on
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Colostomy Nutrition

I am 50 years old with a colostomy. How can I control odor? What am I supposed to eat?

N.B.

Dear N.B.,

First of all, if fiber doesn't cause you any problems and is not contra-indicated by your physician, you should continue eating a diet rich in fiber. Having a colostomy does not restrict you from fiber as a general rule. If gas (flatus) or odor is a concern, you can voluntarily avoid foods such as cabbage, beans, broccoli, cauliflower, fish, some spices, carbonated beverages (soda and beer) and some dairy products. The primary cause of flatus is from swallowing air and eating the above foods. Drinking through a straw, chewing gum or smoking also increases flatus.

Odor control is achieved by wearing an appropriate, odor-proof appliance, good hygiene, using commercial deodorants as desired, a careful diet and even oral agents. Products to control odor taken by mouth or placed into the pouch must be discussed in advance with your physician. Parsley, orange juice and yogurt may reduce odor.

Ostomates should only notice odor when emptying or changing a pouch. Spraying air freshener before and after changing or emptying is beneficial. Odor from the pouch at other times indicates a poor seal, a hole in the pouch or the need for an appliance change. See your ostomy nurse to have your appliance evaluated if this is a recurrent problem. I have met people who experience odor problems because they were not wearing the appropriate wafer or pouching system. That was easy to fix!

Don't be afraid to eat. Try new foods one at a time. Record food intolerances. See your ostomy nurse, if indicated. Remember, there is no replacement for good hygiene and an effective odor-proof pouching system. Try some of my recommendations and get back to us on the results.

Proper Disposal

How should I properly dispose of used ostomy equipment?

J.C.

Dear J.C.,

Do not flush any ostomy equipment unless it is specifically designed for that. I do not have any personal experience with “flushable” pouches, but would love to hear from someone who has used them. The correct way (and safe for disposal) is to empty pouches, put them into one or two zip-lock style plastic bags and put them into your regular garbage. You can also tuck the discarded equipment into an opaque plastic bag or line clear ones with paper towel prior to disposal, if you desire. Appliances intended to be reused for longer periods of time should be cleansed as per the manufacturer. Washcloths and towels should be laundered in the usual fashion.

Fitting Flanges

What determines the flange size a person should use? I have been using the same size they gave me in the hospital and wonder if I can use something smaller that will not be so noticeable.

H.W.

Dear H.W.,

As stomal sizes change, flanges can also
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change. Most companies provide guidelines advising proper flange size based on the stomal measurement. You need an adequate barrier on the flange, but remember that too small can cause stomal injury. If you are unsure, contact the company who manufactures your flanges for advice or contact your local ostomy nurse.

Larger flanges can be used for small stomas as long as the stomal pattern is correct. Some people feel more secure with a little extra adhesive; however, wearing the smallest appropriate size flange is most desirable.

**Convexity**

*What exactly is a convex wafer? Mine is flat.*

_S.B._

Dear S.B.,

A convex wafer has a back surface that curves in toward the abdomen; it appears slightly cup-shaped vs. flat. They are used to improve wearing time, reduce leakage problems and prevent irritated peristomal skin, when indicated. Examples of the need for a convex wafer would include retracted stomas, a soft abdomen, stomas in creases or folds or even a history of frequent leakage in some cases. Occasionally, a support belt is added to assist with the convexity.

**Prescription for Supplies?**

*Every time I try something new, my distributor of products has to contact my surgeon for a new prescription. Is this true for everyone?*_

_D.P._

Dear D.P.,

Yes, it is my experience that you need a prescription for new products to utilize insurance coverage. I recommend obtaining a prescription from your primary care physician, not your surgeon. Have the product name, re-order numbers and number generally needed available for your physician.

When trying new products, I recommend contacting the manufacturers for samples to be certain it works for you before ordering a large supply. Your local ostomy nurse can help resolve issues of product selection too.

**Low-Residue Diet**

*I am supposed to eat a low-residue diet after my surgery. What foods are OK?*_

_C.G._

Dear C.G.,

The following is a partial list of low-residue foods: milk, coffee, tea, white bread, plain crackers, cream of wheat cereal, grits, cream of rice, strained oatmeal, cooked, refined dry cereals such as corn flakes and rice crispies, macaroni noodles, puddings, ice cream, bananas, canned peaches, strained juices, tender beef, chicken, fish, cottage cheese, eggs (not fried), cooked vegetables such as potatoes, squash.

Avoid highly seasoned meats or meats with casings, fried foods, whole-grain breads and cereals, raw fruits and vegetables, popcorn, pineapple, corn, nuts and seeds, to name a few foods. Discuss your dietary plan with your physician or a registered dietician.

**Pouch Patching**

*If I notice leakage under the outside edge of my wafer. Is it okay to add paste or more tape to keep it in place?*_

_M.W._

Dear M.W.,

It is not advisable to “patch” wafers that are beginning to leak or undermine. The only exception might to buy a little time until the wafer can be fully changed. Patching the edges does not stop the leakage. It only traps the drainage under the wafer possibly resulting in irritated or damaged peristomal skin.

**Skin Prep vs. Skin Barrier?**

*Are skin prep and skin barriers the same thing?*_

_W.C._

Dear W.C.,

Skin prep is a type of sealant and contains a plastic agent and alcohol to help it to dry. Sealants add a protective, thin plastic film on the skin to protect it from excessive stripping when wafers or flanges are removed.

Sealants can interfere with the effectiveness of the wafer in some cases. They come in wipes, sprays, roll-on and liquid forms. Let them dry thoroughly before applying the pouching system. Skin barriers include powders, pastes, wafers, rings, washers or strips made from various ingredients. Barriers can help to prevent erosion from stoma output and fill in “low spots” such as creases or scars, thus providing a flat pouching surface. Barriers often improve appliance adherence and prevent irritated peristomal skin due to leakage.

If you eliminate the sealant and the wafer still lifts, call your ostomy nurse to clarify exactly what barrier you need.

**Showering**

*Should I shower with my pouch on or take it off? What will give me the longest wear time?*_

_W.V._

continued on page 46
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The Ostomy Book

The improved and updated edition of an ostomy classic

By Cliff Kalibjian


As in the second edition, McGinn has preserved the personal stories, including those of her mother, Barbara Dorr Mullen, who passed away peacefully between the time of the first and second edition. What’s new in this book is information on the latest treatments, surgical procedures, ostomy equipment and statistics. Kudos to McGinn for blending her updates so seamlessly with her mother’s original stories. For example, before Mullen describes her three roommates in her hospital room, McGinn slips in a line about how most patients today have either private rooms or just one roommate, thus eliminating potential fears about staying in the hospital that one might develop if they assumed multiple roommates were still the norm.

The Ostomy Book is filled with wonderful personal stories, mainly those of Mullen, but of others as well. In the first several chapters, Mullen describes her cancer diagnosis, surgery and hospitalization in detail. In addition to simply sharing her experiences, Mullen shares her feelings, to which most ostomates will be able to relate. When trying to make sense of it all, Mullen asks, “Why did this happen to me? I always ate my spinach.”

Mullen shares her wisdom on the grieving process, which most people with an ostomy experience when losing even the most diseased organ. She explains, very insightfully, how we really cannot see the “bright side” until we’ve allowed ourselves to feel all of our negative emotions, such as sorrow, anger, loss and fear.

Throughout the book, Mullen also touches on an extremely important topic: the strength and ingenuity of the human spirit. For instance, in places where people are either unaware of or without modern ostomy supplies, she shares how people have adapted to their ostomies in ways that many would consider the most unusual in order to fully live their lives: taping a tuna fish can, waterproofed cigar box or old-fashioned rubber glove to their belly.

She also relates a story of a woman who was told she had only six months to live, but then decided to simply get busy living in the present. Six years later, she was still alive, but her surgeon was not. And sixteen years later, she was still alive and well and celebrating her 92nd birthday.

Readers of The Ostomy Book will not be at a loss for up-to-date, factual information regarding various ostomy topics. The book includes chapters for people undergoing colostomies, ileostomies, urostomies as well as any continent and temporary procedure associated with them. Excellent illustrations are included as well to help readers fully understand the various surgeries. The latest on pouches, skin care and check-ups/tests following surgery is included as well.

What’s nice about the book is that you can read it all the way through from start to finish, or you can just as easily read an individual chapter on its own if you are looking for specific information on a topic, such as sex, work, travel, sports, pregnancy or children and teenagers. A glossary and resources section are included, as well as a patient’s bill of rights in one of the early chapters.

The Ostomy Book is so comprehensive that a reader, after finishing the book, would be hard pressed to think of a relevant topic it does not cover. It’s simply an excellent resource that every person with an ostomy, along with their closest friends and family members, should read. Ostomy nurses and physicians who perform ostomy surgeries would be wise to recommend it to their patients as well.

On behalf of people with ostomies around the world, special thanks to Kerry Ann McGinn for taking the time to update the book. Hopefully, she won’t wait so long when it comes time for the fourth edition!
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Quality of Life With An Ostomy

How to heal the body, mind and heart after ostomy surgery

By Anita Prinz, RN, MSN, CWOCN

Adjusting to life with a stoma varies from person to person. Aside from the fact that you have a changed body and elimination tasks, there are many factors that impact how you will adapt to having an ostomy. Factors include the reason for your stoma, social support, education level, coping skills and your level of resilience. This article will discuss how these factors can impact your transition to a positive or negative quality of life with a stoma.

Why the Stoma?

Coming to accept that you have cancer can be very difficult, especially if you were basically healthy before diagnosis. Cancer has many physical and emotional challenges. Chemotherapy and radiation treatments are hard on the human body. Then, having to go through surgery to create an ostomy can be overwhelming for many individuals.

Those with inflammatory bowel disease such as Crohn’s disease or ulcerative colitis have usually been dealing with their disease for years before opting for ostomy surgery. Most times, an ostomy is a welcome alternative to being a slave to the toilet and suffering severe abdominal cramping. This patient population has typically done quite a bit of research on living with an ostomy and is the most prepared.

An ostomy created from trauma inflicted from an accident or gun shot or any other emergency such as diverticulitis can be quite distressing. Those who enter the emergency department with a belly ache and wake up with an ostomy pouch are usually quite shocked and unprepared for life with a stoma. It would be shocking for anyone. Frequently, these stomas are temporary to allow the gut to heal.

Temporary or Permanent?

Those who endure a temporary stoma have been shown to have a poorer quality of life than those with permanent stomas. De Gouveia Santos et al., (2006) found that those with temporary stomas used an escape-avoidism coping manner which does not permit one to approach problems and work through their emotions. Temporary stomas that are neglected and ignored result in pouching and skin problems which decreases confidence and can lead to depression. Failure to deal with ostomy management and work through emotions leads to a low self-esteem and poor quality of life. A proactive behavior allows for greater autonomy and responsibility for the disease and stoma. Individuals with permanent ostomies can enjoy a good quality of life by accepting their stoma and using proactive problem solving and careful planning regarding stoma care.

Knowledge is Power

The saying, knowledge is power, is no joke. Being physically and emotionally prepared for ostomy surgery makes for better outcomes. Knowing that you will have an ostomy during surgery prepares a person psychologically. Your ostomy nurse will have educated you about your surgery and what a pouching system is. He or she may have even had you try on a pouch and wear it for a week to practice emptying and getting used to having a pouch attached to your skin.

Ostomy nurses teach patients how to apply a pouch, empty the pouch, clean the peristomal skin and treat minor skin breakdown. Diet, clothing and intimacy are also discussed either in the hospital setting or at home. Literature and videos are usually provided as well. The more knowledge an individual has of their ostomy, the better their psychological adjustment.

Stages of Grief

Without realizing it, many go through the Kübler Ross stages of death and dying: denial, anger, bargaining,
depression and acceptance. While a person has not died, the individual goes through the grieving process of the “loss of a body part” or the “intact body” as Aileen Gould writes in Welcome to Acceptance in the December 2013 issue.

Many ostomates must deal with anger issues related to their diagnosis or misdiagnosis. Each person goes through these stages in their own time. Regardless, an ostomy causes great psychological distress as it may seem that a part of them or their life has “died” while an altered body image and changes in elimination habits need to be confronted on a daily basis.

Having the physical and emotional support of an individual, whether it is a family member or close friend, is critical to a person’s positive recovery. A spouse, in particular, has the potential to have a positive effect on the patient’s emotional health by reducing feelings of hopelessness and uncertainty, anxiety and mood.

Unfortunately, having a partner doesn’t necessarily mean that they will be supportive through your recovery. If you were experiencing marital problems before surgery, chances are these will be compounded by having an ostomy. Withdrawal of support from a spouse can have a negative impact on an ostomate’s adjustment and recovery.

Getting Support

Becoming involved with a local United Ostomy Associations of America (UOAA) support group is very helpful to overcome feelings of isolation. Members and visitors help new ostomates feel they belong to a unique culture and find ways to enjoy life again. Support can be in person, from a local UOAA visitor or by attending group meetings or even online via social networking groups and forums.

There are many people who still live in very rural areas that do not have an ostomy chapter within 100 miles of their homes making the internet, blogging, or social networking a great means to vent feelings and relieve anxieties of isolation. Ralph R. blogged every day he had a temporary ostomy and says it was the only thing that kept him going. Attending a UOAA National Conference is a wonderful way of getting energized and connecting with others who share similar needs.

Self-Care is Key

If you are not accepting your ostomy for whatever reason, someone may be doing your ostomy care for you. The more dependent a person is for ostomy care, the lower their self-esteem and quality of life. Granted, some stomas are harder to care for than others in the beginning. Surgical complications, such as an open abdominal wound, can easily make stoma care much more challenging and complex.

Having a wound requiring daily dressing changes or vacuum assisted closure (VAC) therapy can be quite distressing and painful. At this time in your recovery, assistance by a nurse or family member will be warranted. When an individual can independently perform their own ostomy care, they feel much better about themselves and will enjoy a much better quality of life. Mastery of self-care skills is key to adjusting to life with an ostomy.

Older men (≥ 50 years of age) have been found to have increased depression and lower satisfaction with life after ostomy surgery compared to women their age in a study by Milhalopoulous et al. (1994). Impotence and a decrease in libido can occur after surgery and may contribute to depressive feelings. Women’s attitudes differ in that they are most often concerned with the security of their relationship, body image and economic support.

Unmarried women are shown to have a decreased quality of life compared to married people. Generally, older people have a more difficult time adjusting to life with an ostomy as they may also be experiencing poor health. The more time that has passed since surgery, the more likely the individual’s quality of life improves as they become more comfortable managing their ostomy.

The Right Path

The fact that you are reading this article implies that you probably have a good quality of life or are looking for ways to improve your life. You are educating yourself and learning how others are adapting to life with a stoma. Hopefully, you are supporting someone in your local UOAA support group or are working with someone to improve your lifestyle.

Learn as much as you can about your ostomy and make friends with your stoma. By accepting your condition and mastering pouching skills, you will be much happier and able to enjoy life to the fullest no matter what challenges you might face. If you are having trouble with leaks, seek out your ostomy nurse. If you are having trouble adapting to life with a stoma after a year and have tried everything else, counseling with a therapist may be warranted.
Ostomy A to Z

Getting to know the ostomy lingo

By Cliff Kalibjian
Reviewed by Leslie Washuta, RN, BSN, CWON

If you are new to the ostomy world, it’s easy to become quickly overwhelmed with new terminology when talking with your health care team or when reading about your condition. The good news is that by becoming familiar with some key terms, you will soon begin to feel much more comfortable – and fluent – with the ostomy lingo around you. This article will help you get started by briefly defining various ostomy-related terms in an easy-to-understand manner.

**Adhesions** Scar tissue from an abdominal surgery can generate adhesions, which are fibrous bands that may attach to the bowel. These can sometimes cause blockages in the intestine, though this is a rare occurrence.

**Appliance** the formal term for an ostomy pouch or ostomy bag.

**Colectomy** the surgical removal of the colon (also known as the large intestine), often due to cancer, or non-cancerous conditions such as severe inflammatory bowel disease or ruptured diverticulitis. Depending on what’s necessary, a colectomy can be a partial or a total removal of the colon.

**Colostomy** a type of ostomy in which part of the colon is brought to the surface of one’s abdomen, through a surgical procedure, to eliminate stool. Reasons for a colostomy include cancer of the rectum, ruptured diverticulitis, trauma to the bowel, or disease / damage to the spinal cord resulting in little or no bowel control.

**Convexity** a type of pouching system that is typically used for stomas that are recessed into or flush with the abdominal surface.

**Crohn’s Disease** one type of inflammatory bowel disease. It affects the gastrointestinal (GI) tract anywhere from mouth to anus (although the small and large intestines are the most common sites). Crohn’s affects all layers of the GI tract. Symptoms can include abdominal pain, diarrhea, fever, fatigue, and weight loss. Surgery for this condition may result in one having an ostomy.

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

**Enterostomal Therapy (ET) Nurse** a nurse specializing in ostomy care. Refer to WOCN for the updated version of “ET Nurse.”

**Faceplate** the part of the pouching system that adheres to the skin around the stoma. The faceplate can be separate from a pouch (two-piece system), or a pouch and faceplate can be one unit (one-piece system). See also “wafer.”

**Familial Adenomatous Polyposis (FAP)** a hereditary disorder that is characterized by the development of multiple polyps (growths) in the colon that generally begin during the teenage years. There is a high risk for developing colon cancer in any of these many polyps over time. Surgery to remove the large intestine is the typical treatment for this disorder.

**Folliculitis** an inflammation of the hair follicles. This condition sometimes occurs on one’s skin around his stoma due to the physical trauma involved with repeatedly removing ostomy appliances adhered to one’s skin. It may also occur as a result of frequent shaving of the skin around the stoma, resulting in a rash or eruptions of the skin.

**Flange** a plastic ring on the faceplate (wafer) that allows a pouch to snap onto the faceplate. Some manufacturers also refer to their wafer/faceplate as a “flange.”
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**Hernia** occurs when the intestine “bulges” through a weak area of the abdominal muscle. When this happens next to a stoma, it’s called a peristomal hernia. The presence of a hernia may result in a fullness or prominence around or behind the stoma. Repairing a hernia requires a surgical procedure.

**Ileostomy** an ostomy in which the end of the small intestine (ileum), through a surgical procedure, is brought to the surface of one’s abdomen to eliminate bodily waste. Reasons for having an ileostomy may include severe cases of inflammatory bowel disease (i.e., Crohn’s Disease of the colon or ulcerative colitis), or as a method to provide a temporary diversion of the bowel while it heals from a surgical procedure.

**Inflammatory Bowel Disease (IBD)** a general term used to describe chronic inflammation (consisting of redness, swelling, and ulceration) in the digestive tract. The two major forms of IBD are Crohn’s disease (inflammation anywhere in the digestive tract affecting all layers of the GI tract) and ulcerative colitis (inflammation only in the colon affecting the innermost layer of the GI tract).

**Obstruction** a blockage in the intestine. Obstructions can result from a variety of causes, including fibrous foods, cancerous growth, scar tissue / adhesions, or severely inflamed lining of the intestine. Symptoms typically include abdominal pain, nausea, vomiting, or inability to pass gas or stool. Hospitalization often ensues to address the cause of the obstruction.

**Irrigation** a procedure that people with colostomies undertake to regulate their bowel movements. Water is instilled through the stoma, which then triggers the colon to empty its contents. This process is much like taking an enema. It’s typically performed every day or every other day. After irrigating regularly for about two months, the person with a colostomy may not need to wear an appliance any longer, as the colon is “trained” to only eliminate during irrigation.

**J-Pouch** a surgical procedure that involves removal of the colon and creation of an internal reservoir (shaped like a “J”) made out of the end portion of the small intestine. People with a j-pouch eliminate their feces the regular way through the anus, though with much greater frequency. It’s most commonly an option for people with ulcerative colitis that is not responsive to medical therapy or those with familial polyposis.

**One-piece Pouching system** consists of a pouch that is already bound to a faceplate (i.e., the skin barrier or wafer that sticks to your skin).

**Ostomy** a surgical creation of an abdominal opening that allows the elimination of either feces or urine.

**Ostomate** a person who has an ostomy. Another term sometimes used is ostomist (mostly in the UK).

**Patch Test** a method of determining whether one is allergic or sensitive to an ostomy product, such as a tape or adhesive barrier. It’s done by placing a small amount of the product on the side of the abdomen opposite the stoma. If the skin becomes irritated within a day or two, then one likely has an allergy or a sensitivity to the product and should avoid using that product.

**Peristomal Skin** the skin around your stoma. Having healthy peristomal skin is important for quality of life for those with ostomies.

**Pouch** an ostomy appliance consists of a skin barrier or wafer, and a pouch, either as separate products used together, or manufactured as a one-piece system. The pouch collects the effluent from the stoma, serving as a reservoir until the pouch is emptied by the wearer.

**Pouchitis** the inflammation of an internal pouch made from the small intestine. Pouchitis it treated with either probiotics (beneficial bacteria) or antibiotics plus increased fluid intake and prompt emptying of the full internal pouch. Pouchitis is the most common long-term complication of ileal-anal reservoir surgery.

**Prolapse** occurs when the stoma no longer adheres correctly to where it comes out of the abdomen as the
bowel everts itself outward. This results in the stoma protruding significantly further out than the normal one-quarter to one-half inch. This complication is most commonly seen with transverse loop colostomies. Surgery may be necessary to correct this problem.

**Short Bowel Syndrome** a malabsorption disorder, which means that there is not enough small intestine or not enough functional small intestine to adequately absorb fluids and nutrients from the foods and beverages you eat and drink. Some define it as having more than 50 percent of your small bowel removed, while others point out that the functionality of the remaining small bowel is the key determinant.

**Skin Barriers** products, such as pastes and powders, that some people with ostomies use to protect the skin around their stoma before attaching their appliance. The faceplate or the wafer of an appliance is also considered to be a skin barrier as it protects the skin from contact effluent.

**Stoma** the part of an ostomy that is visible on the exterior of one’s abdomen where body waste exits the body. It is bright red and ideally protrudes approximately one-quarter to one-half inch above the skin surface, although some stomas are flat or “flush” with the skin surface. The size of a stoma will decrease after surgery as the swelling goes down.

**Tail Closure/Tail Clip/Tail Spout** seals the bottom of a drainable ostomy pouch used for a colostomy or an ileostomy. Sometimes a tail closure is a separate plastic clamp that is attached to the pouch. Other pouches have a folding/Velcro® system that keeps contents from coming out from the bottom of the pouch. A tail spout is the closure mechanism found on the bottom of urostomy pouches that can be opened for emptying and then closed to prevent leakage of urine.

**Two-Piece Pouching System** consists of a separate pouch and faceplate or wafer (i.e., the barrier that sticks to your skin) that comprise the ostomy appliance. Different styles of pouches can be attached to the faceplate without having to remove the faceplate adhered to your skin. Using a two-piece system also allows for more frequent pouch-only changes or alternate methods of cleaning out the pouch contents while the wafer stays in place.

**Ulcerative Colitis** one form of inflammatory bowel disease. It targets the colon (also known as the large intestine) 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.

**United Ostomy Associations of America (UOAA)** an association of affiliated, non-profit support groups committed to improving the quality of life of people who have, or will have, an intestinal or urinary diversion. The UOAA can be reached at 800-826-0826 or www.ostomy.org.

**Urostomy** the surgical creation of an opening in the abdomen that allows the elimination of urine through a stoma. It’s usually performed on people who have had their bladder removed because of cancer, or in people with spinal cord injuries who no longer can control their bladder function.

**Wafer** a barrier or faceplate. It has adhesive on one side to stick on your skin around your stoma. The other side is designed to have a pouch attached to it.

**Wound, Ostomy and Continence Nurses Society (WOCN)** a professional, international nursing society of more than 4,200 health care professionals who are experts in the care of patients with wound, ostomy, and continence issues. WOC nursing is the sole nursing specialty in the United States that focuses on nursing management of patients with an ostomy. The WOCN can be reached at 888-224-WOCN (9626) or by visiting www.wocn.org.

Many ostomy-related terms are defined above, but there will always be more. Whether you are new to the ostomy world or have been involved with it for some time, you will always be on a path of continuous learning. By working with your health care team and arming yourself with the right knowledge, you will learn the best ways to take care of yourself and maintain your health. For more information, go to www.ostomy.org, call 800-826-0826 or see a qualified ostomy nurse.
Peristomal Skin Care

Tips and techniques for adhering a pouch over red and moist skin

By Joan Junkin, MSN, APRN-CNS, CWOCN

Crusts are good for more than keeping bread fresh! Making a “crust” around your stoma can provide a better seal, especially if your skin is red and a bit moist. The crust involves a special powder and liquid skin barrier. It is simple to do and a skill that is handy to have in case you ever have a rash, sore or red area near your stoma that makes it hard to get a pouch wafer to stick very well.

First Step
Consider consulting your ostomy nurse if you are not confident about stoma care yet. It is possible that the skin contours near the stoma have changed and you may need a different type of wafer. If you are experienced and know what changes to watch for and what to do about it, please read on.

However, even if you are experienced and you notice that your solutions are not working, please contact your ostomy nurse for a second opinion. Many nurses do not have a stoma, yet we have been taught what to watch for and how to deal with most situations. The best way we have learned is from people who do have a stoma! That’s the favorite part of an ostomy nurse’s job – to see your great problem solving techniques and then pass them on to others!

Moist Skin
When skin gets sore or red it often oozes a bit of moisture. That is what prevents the wafer from sealing well. If the wafer seal is not good, stool or urine causes more soreness and a vicious cycle can occur! In this situation, there are two techniques that can help. The first method costs more, so if your insurance will not pay for the product discussed, or you don’t mind trying the second method, you might consider that instead.

The first method involves using an ostomy ring or strip over the moist area. There are many to choose from including Coloplast, ConvaTec, Genairex, Hollister and Marlen. These are all a putty type material, a lot like clay. You can squish it and form it to whatever you need. It helps to take a piece of it, flatten it between your fingers and place it directly over the red area. This material is able to soak up the moisture so you can keep a better seal. You may also try adding a ring of the material all the way around the stoma. Think of caulking a window so wind doesn’t get in, only this time we’re trying to keep something from leaking out instead!

Crusting
The second method takes a bit more time, but is also quite effective and usually costs less. It is called ‘crusting.’ Crusting involves lightly covering the sore or red area with a powder, moistening the powder, letting it dry, then repeating the process a couple more times. Which powder you use depends on the type of rash or sore you have. If the rash is spotty (see photo #1) it may be a fungus, like heat rash.

This is especially likely if the rash area is also itchy. These rashes are quite common, especially when it is hot and humid or if your skin around the stoma tends to get sweaty often.

For a spotty rash suspected to be fungus you may want to speak with your ostomy nurse or doctor, especially if this is the first time you’ve gotten it or it’s not getting better within a week. Crusting for a spotty rash like fungus involves getting an antifungal powder – there are many non-prescription products available. It will say ‘anti-fungal’ on the package.

After discussing this with your ostomy nurse or doctor, gently cleanse the area by soaking it for a few minutes with warm water. It is not recommended to use.

continued on page 35
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Pretty Girl Blues

By Jearlean Taylor

At two years old, I was diagnosed with a rare form of vaginal cancer, rhabdomyosarcoma. Doctors thought I would not live to celebrate my third birthday. However, I survived for many more birthdays and achieved an unbelievable dream with a permanent colostomy and urostomy.

My care began at the University Maryland Hospital in Baltimore, Maryland, but my family was advised to seek a second opinion at Sloan Kettering Cancer Hospital in New York City. The majority of my childhood and adolescent years were spent in New York City. At Sloan Kettering, I would have chemotherapy and radiation treatments every two months. After one year, I was declared disease free.

At three years old, I was given a permanent colostomy and a permanent urostomy. Follow up visits, corrective surgeries with my stomas and routine cancer screening continued for almost ten years afterward, but the cancer has never returned.

The disease and treatments were not initially a problem for me; however, many difficulties and adversities followed as I got older. My life has had many unexpected outcomes, a dilemma I call “pretty girl blues.”

My heart’s desire was to be like other children. However, I was hiding a secret that I tried to cover up with my outer beauty. In hiding my secret, low self-esteem, depression, suicidal thoughts, emotional damage and insecurities became prevalent. I often questioned, “Why did I have to go through this sickness?”

I was teased and often felt set apart because I could not tell if it was time to change my pouches. My classmates would tease me and say, “Hey. What is that smell?” To be teased by my peers was heart breaking. I had accidents in school and when I did not know how to handle these situations, it caused low self-esteem.

During my preteen years, I hid behind my family, friends and pretty looks. I developed the craft of covering my secret.

“During my preteen years, I hid behind my family, friends and pretty looks. I developed the craft of covering my secret.”

I asked myself, “Why do I feel so sad and how can I change the way I am feeling.” I could not imagine it, but my faith in God would change my life. He is His miracle child. He protected and assured me everything was going to be all right. I went into remission a year after my chemotherapy and radiation treatments and it never returned.

As I was dealing with overcoming my insecurities, low self-esteem, and my pouches, I wanted to find a way to escape. I rarely shared my thoughts or feelings on being “sick.” Was it by accident or divine intervention I found something to help me? I was in the mall one day when someone was giving out brochures about a modeling open house. I thought, “Modeling. I had never done that before, so why not?”

As I was listening to the director at a modeling agency’s open house, my focus was how exactly I would explain my restrictions. What I heard sounded great: good opportunities, training and traveling. I could develop a talent, enhance my confidence, self-esteem, and bring out my inner beauty in a special way.

I started modeling and it went very well. As my skills advanced, my confidence and self-esteem increased. I felt it was important to let the director know certain things about my medical history. Just imagine modeling with urostomy and...
colostomy pouches! That was surely something I could not hide or keep a secret. I could not do swim wear, any outfits that were revealing, or display my mid drift (stomach area). What aspiring model comes into the industry and says, “I cannot wear this or that”? I talked to the director and he understood. He recognized my potential as a runway model.

My ostomy pouches are at the navel area and they need to be secured to stay in place. I learned a trick of my own as well – women wear them all the time: girdles. Yes, I wore girdles! They are designed to push everything in and give the illusion of a small waist or flat stomach. I only used them for keeping my pouches in place. Another problem occurred when a designer or stylist chose me to model for them, but they had no idea I was restricted to wearing certain garments. I learned from the United Ostomy Association that not everything has to be explained.

If they wanted me to wear an outfit that was not conducive to my body restrictions, I explained I was a cancer survivor and I have several surgical scars that do not allow me to wear the outfit or showcase it as they would like. If there was an outfit I could not wear, my runway skills, confidence and enthusiasm shined and I put on another outfit. When I became more comfortable with my body, I was able to explain about my ostomy pouches to designers.

As I developed into a top runway model, editorial was next. Surely taking still pictures would capture everything: your shape, imperfections and my ostomy pouches! My restrictions with certain garments did not change, but my “trick” of the girdles was necessary. When I first started doing photo shoots, I felt a little uncomfortable. What changed my mind is what I saw after the photographers developed my pictures. The results were awesome without retouches. What I saw looking back at me was a beautiful young woman who beat the odds and survived cancer.

Was runway and editorial modeling an outlet that pushed me out of my insecurities and low self-esteem? I believe it played a part in a positive way. The modeling industry has certain “standards,” but my standards were my talents and displaying my beauty from the inside out. I know my situation is unusual for the modeling industry, but I’ve walked the “catwalk.” Sometimes I cannot believe it.

In 2005, one of my proudest accomplishments was established. God gave me the vision to build J & Company Christian Modeling, a company that does not discriminate because of size, imperfections, skin color, ethnicity or lack of modeling skills. Our motto is we build, train and develop from the inside out.

I am very excited to have my first book published, “Pretty Girl Blues,” www.prettygirlblues.com. It details my life as a cancer survivor and having ostomy pouches all my life. Looks can be deceiving – people hide internal pain behind a myriad of things and mine was my outer beauty. I believe a maze of obstacles makes each of us strong in finding who we are. It is a blessing that I do not look like what I have been through.

I believe everything happens for a reason. One of the reasons I share my story is for people to witness and understand that all things are possible.

Today, at 45 years old with permanent urostomy and colostomy since age of three, I am blessed. I am very thankful for this journey. The daily routine of having two ostomies is tough at times, but it has made me who I am today, ostomy pouches included. I will pursue my goals, take one day at a time, and put my trust in God. I will live a full and vibrant life.
Modeling Accomplishments

2004
1st Place - Model of Year the Contest

2005
1st Place - Battle of Beauties Contest

2005
People’s Choice Award - Overall Runway Performance

2010
Certificate of Achievement - Betterment of Communities in Baltimore

2011
Baltimore Sun Paper – “Top Models to Watch” for Baltimore Fashion Week

Left: Designer: Syeko Couture by Brandi Lewis 2012 Photography: Unique Photo

Leather mini skirt (left) Designer: Stylishly Vintage by Adrienne Matthews-Leach 2012 Photography: KW Shots Photography
Learning the ins and outs of basic pouch management and equipment

By Leslie Washuta,
RN, BSN, CWON
Certified Wound/Ostomy Nurse

Learning to care for your new colostomy or ileostomy can seem like a very daunting task – odds are you have no experience in this very personal care. It’s definitely uncharted waters. Fear not! With the help of capable ostomy nurses and the support of family, friends, support groups and mentors, as well as your inner strengths, you'll learn the critical skills and will develop the confidence to provide your own ostomy care.

In the Hospital

There are, of course, many things to learn in a relatively short period of time. Considering that the average hospital stay following surgery is usually five days, you cannot begin to learn it all while in the hospital. If you do, you’ll surely qualify for the “new ostomate of the year” award! Realistically speaking, there are just too many topics to cover and you may not be clear mentally for several days following anesthesia.

Bowel surgery/ostomy patients are generally released from the hospital once all the tubes are out and a liquid or soft diet is tolerated. For a colostomy, it may be that your ostomy has not actually worked yet! An ileostomy can be expected to start “functioning” within the first few days and you will have at least passed that hurdle before going home. Talk to a discharge planner before leaving and ask to be referred to a home care nursing agency so you can continue the vital ostomy teaching that has been started by the nurses in the hospital.

Let’s consider some of the daily aspects of caring for your ostomy. These are critical to developing knowledge and confidence as you recuperate from your surgery and eventually get back into your daily routine.

Types of Ostomies

First, learn about your type of ostomy from your physician and/or ostomy nurse. Ask, “Is it a colostomy or an ileostomy?” Learn the particular reason the ostomy was done and whether it is permanent or temporary. It is essential information that will help explain your particular situation and how long you will have it in the event that it is considered to be reversible down the road.

Because the ostomy will function unpredictably, at least initially, virtually every person with a new ostomy will be taught to wear an “appliance” or pouching system. The pouching system serves as a collection reservoir on the outside of your body where the discharge from the stoma is stored until you empty or change the pouch. It is usually attached with adhesive to the skin surrounding the stoma (peristomal skin). A non-adhesive system is available, but it is unlikely that you will be introduced to this system initially.

Another major function of an appliance is to provide protection for your skin, as the stool that is expelled can cause irritation or soreness if it has constant contact with your skin. Using an appliance that adheres properly generally prevents skin irritation.

Pouching Systems

Pouching systems are made of two primary components: a wafer (also called a skin barrier or faceplate) and a pouch. The back of the wafer is covered with adhesive to attach to your skin and has a hole in the center for the stoma to fit through. It is designed to protect your skin from stoma output and is an “anchor” for the pouch. The pouch can be transparent or opaque, drainable or a “closed end” and offered in different sizes and styles.

A “closed-end” pouch, available with both systems, is considered to be disposable. Ostomates who have fairly solid stools once or twice a day can simply remove and throw out the pouch when soiled. This would be in
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The opening of the skin barrier exactly with the stoma. This may be more difficult if your appliance is opaque and prevents you from seeing through the front of the pouch. However, this can be overcome with practice. With a one-piece system, you cannot remove the pouch without removing the skin barrier, which is possible with a two-piece appliance. Some people might consider this to be a disadvantage in the pouch-cleaning process; others aren’t bothered by this aspect.

Changing Systems

Your initial choice in an appliance style will be guided by the products available at the hospital where your surgery was performed and by the knowledge of the nurses that are teaching you. As you become more knowledgeable about living with your ostomy, chances are that you may want to change to an appliance that offers different features from your original product. Look to your ostomy nurse, product manufacturer or UOAA affiliated support group for help in fine-tuning your selections in order to determine what’s just right for you.

Accessories

In addition to the basic pouching system, ostomy accessories may be a part of the fine-tuning process to enhance wear-time, comfort or stoma management. These accessories include skin prep, stoma paste or strip paste, adhesive rings/sprays and convex rings.

These products are designed to improve skin barrier adherence if you have dimples, folds, a flat stoma or problems with leakage. Stoma powder is also available for use under the wafer for sore skin; see an ostomy nurse if you think you need any of these products.

Other accessories include items such as an ostomy belt, ostomy deodorant drops or spray and oral deodorant tablets. The belt, if needed, attaches to tabs on either side of the pouch, snugly but comfortably encircles the body, and helps lend support to the appliance. The deodorizing products help to cut down on the odor in the pouch or those formed in the gut.
Adjustments in your product choices may be needed based on the characteristics of your stoma and stoma site. One look at any ostomy product catalog will tell you that there is an overwhelming number of ostomy products and accessories to choose from! Making a choice or product change is best done with the advice of a professional, such as your ostomy nurse, who has experience in fine-tuning product selection to meet your specific needs and will be glad to offer you guidance in this area.

**Wear Time**

How often you change the appliance will depend on personal preference as well as your stoma characteristics. It’s best to set up a regular schedule. Think in terms of a four-to-five day wear-time and make notes on your calendar that will keep you on schedule. Your wear time may be reduced to perhaps three-to-four days if the stoma is flat or is located in a recessed or dimpled area or if your stool is watery as with a new ileostomy.

Build some flexibility into your schedule and err on the side of caution, changing earlier rather than later if at all in doubt. As you gain more experience with your stoma, you will develop a routine that suits you best.

When getting ready to change your ostomy appliance, prepare your new appliance and any accessories for quick and easy handling. Lay out all your products before the actual change to make certain you have everything you need and to expedite the process.

**Changing Your Pouch**

Your basic products will include a towel and washcloth, soap (optional), new appliance, scissors if cutting the wafer opening, any accessories you are using and a garbage bag for disposal of soiled products. Don’t forget your pouch clip if needed. Toilet tissue is also handy for wiping around the stoma should any fecal matter be expelled as you work. Gloves generally are not necessary for ostomy care, just good handwashing before and after are sufficient.

Then, prepare your new wafer. Wafers come either pre-cut or what we call “cut-to-fit,” which requires a little craftiness with the scissors on your part. Chances are you will be using a cut-to-fit wafer for the first four-to-six weeks after surgery while your stoma is shrinking or if your stoma is oval rather than relatively round. Most pre-cut wafers have round holes, although custom cut products can be ordered from several manufacturers. If you’re cutting your wafer opening, do so ahead of time.

Use the size markings on the wafer backing or trace the proper measuring guide circle or your own pattern onto your wafer, then cut with your scissors. Be sure to use a pattern no more than 1/8” larger than...
### Comparing Pouching Systems (adapted from Pouching Systems Patient Educational Sheet July 2009)

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<td>Minimal hand strength and dexterity needed</td>
<td>Some hand strength and dexterity is needed</td>
<td>Minimal hand strength and dexterity needed</td>
</tr>
<tr>
<td>Fewer steps are required as the pouch and barrier are already attached</td>
<td>May be easier to apply as you can see the stoma during application</td>
<td>May be easier to apply as you can see the stoma during application</td>
</tr>
<tr>
<td>Lower profile may be less noticeable under clothing and is flexible</td>
<td>The pouch can be changed more frequently than the barrier</td>
<td>The pouch can be changed more frequently than the barrier and is flexible and less noticeable</td>
</tr>
<tr>
<td>Unless you remove the entire system, you will be unable to: * Readjust your pouch * Interchange between various types of pouches</td>
<td>You can interchange the type and/or size of the pouch (drainable/closed-end, etc.) without removing the barrier</td>
<td>You can interchange the type and/or size of the pouch (drainable/closed-end, etc.) without removing the barrier</td>
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<tr>
<td>The barrier is flexible (no rigid plastic ring). Flexibility may be needed for uneven abdomens and more comfortable</td>
<td>The barrier is less flexible Less flexibility may help support loose skin around the stoma</td>
<td>The barrier is flexible (no rigid plastic ring). Flexibility may be needed for uneven abdomens and more comfortable</td>
</tr>
<tr>
<td>Offers a lower profile than the standard two-piece system A drainable pouch or closed-end pouch is available</td>
<td>The two-piece system can be “burped” to let the gas out from the pouch by briefly releasing a small section of the pouch from the barrier</td>
<td>Offers a lower profile than the standard two-piece system The two-piece adhesive coupling system can be “burped” to let the gas out from the pouch</td>
</tr>
<tr>
<td>This may be an option for the school age child or adolescent who is more aware of “body image” and visibility of their pouch under their clothingConsider for under a bathing suit or other tight fitting clothes where discretion is the main concern.</td>
<td>Consider in infants or children who experience a lot of gas</td>
<td>Consider in infants or children who experience a lot of gas This may be an option for the school age child or adolescent who is more aware of “body image” and visibility of their pouch under their clothing</td>
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*Product photos courtesy of Coloplast*
your measured stoma size. Remove the paper backing and then add any stoma paste, adhesive strip paste or adhesive rings used as a part of your routine care to the back of the wafer/skin barrier. Then set that wafer aside with the sticky side facing up.

Ready your new pouch now, too. Attach the clip or fold the tail end of your appliance if using a drainable product and insert deodorant drops into the opening of the pouch, if you use them. Then proceed with your appliance change, knowing that you are well-organized and well-prepared. If the phone or doorbell rings, ignore it! They’ll call or come back!

As you remove your old wafer or skin barrier, you may find that using an adhesive remover wipe will help break the adhesive seal and is a little gentler and kinder to your skin. Those fine hairs under your wafer may also thank you for it! This product also helps to remove any wafer or paste residue left behind on the skin. Be certain to wash all the remover solution off before proceeding with adhering your new wafer or appliance.

Skin Care

The next and very important step is proper skin cleansing of the ostomy site. You can do this either sitting or standing near the sink or in the shower with your appliance off, using a soft wash cloth. Soap and water are often recommended for routine care of the skin surrounding the stoma; however, a small percentage of people with ostomies use clear water only (without soap) for their skin care routine.

My preference is to use a non-creamy bar soap that will not leave any residue on the skin. Next, pat your skin dry using a soft cloth or paper towel. Exercise caution if opting to use disposable, pre-moistened wipes for your skin cleansing as many of these products contain lanolin that can interfere with the adherence of your new appliance – check the label. Please note that the stoma itself does not require cleaning; just wipe off any stool with toilet tissue and you’re all set.

Inspect your skin around the stoma, noting any redness or sore areas that will require extra attention or treatment. A hand mirror will help you look along the lower border of the stoma if unable to visualize it otherwise. The skin under your wafer/skin barrier should look like the skin elsewhere on your abdomen. If you notice increased redness or sore skin, examine the back of the appliance or wafer you just removed to look for signs of leakage.

Peristomal skin will most likely stay “healthy” if your appliance is sticking well and you change it on a routine
schedule before the adhesive gives way. Please don’t wait until it leaks to decide it’s time to change it – chances are you’ll have reddened or even sore skin if you procrastinate! Not fun!

**Solving Skin Irritation**

If skin irritation does occur, try to figure out why. Your stoma site may have irregularities as mentioned above and the stool undermines the adhesive seal. You may need to add accessories such as paste, barrier rings or strip paste or a convex wafer with a belt to compensate. It would be best to discuss this with your ostomy nurse or call the product hotline of the supplies you are using for advice if facing such a problem. Ignoring it won’t make it go away! Remember that old adage about an ounce of prevention...

Treat a skin irritation by dusting the irritated skin, once washed and dried, with a powder designed specifically for use around the stoma. Once you have created a dry surface with the powder, seal it to the skin by patting with a “no-sting” skin prep and allow to dry. Then proceed with your ostomy appliance products as usual. Plan to change the appliance a little sooner than usual to check the status of your skin.

In some cases, if a rash occurs around the stoma that is red, raised, and itchy, it may be a yeast infection that will require a special anti-fungal powder application, sealed by skin prep. Actual allergic reactions to ostomy products are rare, but should be suspected if other causes are not found. Seek advice from your ostomy nurse or your doctor regarding any ongoing skin redness, rash or irritation, particularly if it has not resolved after one or two appliance changes.

**Colostomy**

Pouch care and cleansing will vary with the type of ostomy you have. If you have a colostomy, the possibility exists that you may have fairly regular bowel movements each day depending on your surgery, how much colon was removed, eating habits, and your previous usual bowel habits before surgery. If your bowels move once or twice a day, you may choose either a closed-end or a drainable pouch. Closed-end pouches are usually discarded when changed after a bowel movement, whereas drainable pouches are almost always emptied, cleaned out and used again for several more days.

**Pouching Tips**

Another option is using a filter. Many, though not all, pouches are designed with a small filter placed near the top. The filter will allow expelled gas to escape from the pouch through a small, pin-sized opening that is backed by an odor-absorbent product, such as charcoal. If your pouch does not have a filter, you will need to let gas out either by opening the tail (if a one-piece) or by “burping” your wafer and pouch where the two-pieces snap together. Be sure to do this in the bathroom where fecal odors are expected; use an air freshener out of consideration for the next user.

Adding a pouch deodorant is considered an optional step, but one practiced by many people with a colostomy and some with an ileostomy. Special liquid, droplet or spray deodorizing products can be added to the inside of the clean pouch that will help cut down or eliminate the odor. This makes it a little nicer for you, too, if you are queasy about certain smells. One side benefit of deodorant drops or sprays is that they often “lubricate” the inside of the pouch, making for easier cleaning if you opt to re-use your pouches. Orally-ingested products are also available to help deodorize the stool internally before it gets to the pouch. Your ostomy nurse can advise you further about using these products.

**Controlling Odor**

It’s important to know that nearly all ostomy pouches are now designed to be odor-proof, that is, they will not allow odor to escape when properly closed and adhered to your body. Of course, once you open the pouch, any odor present will escape. Fecal odor when you don’t expect it can be the first clue that a leak is imminent. You should examine your appliance for any signs of leakage and change it accordingly.

The United Ostomy Associations of America (www.ostomy.org/800-826-0826) is a wonderful resource with online discussion forums, local support group information, ostomy videos and much, much more.
Soap since most soaps are alkaline and fungus actually thrives on alkaline skin.

**Skin Barrier**

After cleaning the area around the stoma gently, let it dry well. A hair dryer on a cool setting may be useful. Then, lightly dust the rash area with the anti-fungal powder and moisten the powder with a liquid skin barrier. Most liquid skin barriers contain alcohol, although you can find “no sting” barriers without alcohol. It is preferred to use the non-alcohol type when you have a rash or sore because regular ‘skin prep’ with alcohol will sting and is harsh on the injured skin.

Apply the non-alcohol liquid skin barrier by either spraying it over the powder or gently pat the powder with the wipe or swab containing the liquid. After you have moistened the powder, allow it to dry. You will know it is dry when the color lightens. When dry, lightly dust the area again with more powder and moisten that layer of powder the same way. Many people add a third layer of powder moistened with liquid skin barrier.

For a red area or sore near the stoma that does not look like a fungal rash, you can use the same process as above, but use an ostomy powder instead of anti-fungal powder. There are many ostomy powders – they all can absorb a little bit of moisture and they all get sticky when moist.

You can also use pectin powder which is similar. The process is the same: lightly dust with the ostomy powder, moisten it with a non-alcohol liquid skin barrier, let it dry and repeat once or twice. This process takes just a few minutes after you become comfortable doing it. You might want to try it on easy-to-access skin first before trying it on the tender skin near your stoma.

This process, known as ‘crusting’, provides a layer of powder/dried barrier that can absorb a bit of moisture from the sore skin so you can maintain your seal. Remember, neither of these methods, crusting or using an ostomy ring or strip takes the place of a properly fitting appliance. It is always important to make sure the hole in the wafer is the right size and that the appliance is fitting into any contours of your belly. If the appliance doesn’t fit well there is no amount of crusting that will help. In that case, it is important to seek help from an expert such as a certified ostomy nurse.
Bowel management that lets you leave the pouch at home!

By Anita Prinz, RN, MSN, CWOCN

Imagine if you didn’t have to wear an ostomy pouch...that’s right, you can be pouch free if you have a sigmoid or end colostomy and are willing and able to learn a new process. Irrigation is a method of instilling water into your stoma to stimulate evacuation of your colon, similar to an enema. After irrigation, the individual is stool free or continent for 24-48 hours and has a significant decrease in flatus. Colostomates around the world irrigate as a safe and effective method to regulate bowel evacuation and enjoy the freedom of not having to wear an ostomy pouch.

Benefits of Irrigation

Research demonstrates that irrigators have higher self esteem and a better quality of life than non-irrigators. Several studies revealed that individuals who irrigated had less peristomal skin problems, better sleep and improved sexual relations compared to those who evacuated naturally with an ostomy.

Many people love not having to wear a large ostomy appliance or worry about leaks and flatus. A small stoma cap is usually all that is needed to protect the stoma and clothing. Another positive benefit is the need for less ostomy supplies. Decreased ostomy supplies leads to decreased expenses and waste for the environment. Irrigation could be the most environmentally correct choice a colostomate can make!

History

The first colostomy irrigation was introduced over 200 years ago to clean the colon of a child who underwent intestinal obstruction surgery. In the 1920s, colon perforations were occurring from irrigation, most likely due the use of metal cones and rudimentary equipment. By the 1950s, modern sanitation along with technological advances in the equipment such as soft stoma cones, made irrigation much safer and popular in the United States. But there still weren’t many choices in ostomy appliances and irrigation seemed to be the best option to keep a person’s skin intact. Over the next 20 years, enterostomal therapists (ET’s) urged everyone with a sigmoid colostomy to irrigate and were influential in making positive changes for the colostomized patient in collaboration with manufacturers.

Irrigation is a choice that an individual can make based on his/her lifestyle. Wound ostomy continence nurses (WOCN) or ostomy nurses are the champions in this area to explain and teach this procedure. Colorectal surgeons create the stoma, but it is the ostomy nurses that work with the patients to assist them in choosing the best way to manage their ostomy.

Physical Qualifications

Candidates for irrigation are those who have a left-sided end or sigmoid colostomy who had regular bowel habits before having an ostomy. Contra-indications to irrigation are individuals with stomal prolapse, stomal stenosis and peristomal hernia. Individuals undergoing chemotherapy, history of radiation treatments to abdominal/pelvic radiation and disease in existing colon such as Crohn’s also should not irrigate. Individuals who have a poor prognosis, or are taking diarrhea causing medications should not irrigate either. Children are not appropriate for this procedure except for prescribed diagnostic procedures.

Physical Ability

The ability to perform irrigation requires good manual dexterity and ability to maneuver around your bathroom safely and with ease. Time spent irrigating,
often considered a disadvantage, requires about one hour to perform at the same time of day every one to two days. Individuals who work varying schedules might not have the time to dedicate to this practice.

**Psychological Willingness**

The willingness to perform the hour-long ritual every day at the same time of day is important to training your bowels. The individual must also be very comfortable with their stoma, able to touch it along with the dexterity to insert the irrigation cone and then instill the water. Some people are quite squeamish about this procedure and can’t stomach it, others don’t mind. Colostomy irrigation is a personal choice that only you can make.

**The Equipment**

1. A two-liter irrigation bag with measurements. Some have a color-coded thermometer.
2. Tubing with flow regulator
3. One malleable, soft cone
4. Water-soluble lubricant
5. An irrigation drain sleeve
6. Ostomy pouch clamp or clips
7. Ostomy belt
8. Clean, warm tap water and working plumbing
9. A cloth’s hanger or wall hook that you can hang the irrigation bag from

Other amenities that may make you more comfortable during the procedure are a padded toilet seat, a washcloth or towel, a small table or chair, air freshener and a radio.

**Preparation**

First, you must have permission from your physician before attempting this procedure and to obtain the supplies. Secondly, it is highly recommended to have an ostomy nurse teach you how to perform irrigation. Occasionally, with the initial irrigation, some ostomates will experience a feeling of lightheadedness, sweating and even fainting – a vasovagal response. The sight of the irrigation cone being inserted into the stoma or simple nervousness can cause this, just like seeing blood or being squeamish. This reaction is usually harmless and does not require any treatment but to lie down and let the blood flow back to your brain. Thus said, it is a good idea to have your ostomy nurse present and do your first irrigation lying down until you see how your body reacts. Recommendations to initiate irrigation range from fifth day after surgery to five months. Individuals can learn to successfully
Irrigate anytime they are willing and have their doctor’s blessing.

**Procedure**

1. Gather and prepare your equipment.
2. Attach the irrigation cone to the irrigation tubing.
3. Fill the irrigation bag with 1000 ml of warm tap water (body temperature).
4. Hang the irrigation bag on a hook with the bottom of the bag at shoulder height when seated.
5. Open the regulator clamp on the tubing and let the water run through the tube to remove the air. Reclamp the tube.
6. Remove your colostomy pouch. If it’s a two-piece, leave the barrier in place.
7. Place the irrigation sleeve over your stoma or attach it to the barrier or secure it with an ostomy belt.
8. Sit on the toilet or on a chair next to the toilet, and let the narrow end of the sleeve hang into the toilet.
9. Lubricate the stoma cone with water-soluble lubricant and gently insert the stoma cone into the stoma until it fits snugly (from the top of the sleeve).
10. While holding the cone in place with one hand, open the clamp on the tubing to let 500 ml – 1,000 ml of water flow slowly into your colon over 5-10 minutes. The key is to use enough fluid to cause a return; most people start with 500 ml. Regulate the flow of water using the clamp, not too fast and not too slow.
11. Once the amount of water is instilled and you feel your colon distending, clamp the tube and hold the cone in place for about a minute, then remove the cone from your stoma.
12. Close the top of the irrigation sleeve and wait for the return to flow into the toilet. Most is expelled in the first 10-15 minutes, the rest can take another 15-30 minutes. During this time, you can fold up the irrigation sleeve and walk around and do other things.
13. Once the returns are completed, remove the irrigation sleeve, clean your skin or shower, and apply a stoma cap or a mini pouch if using a two-piece pouching system.
14. Wash equipment with mild dish soap or vinegar and warm water, hang to dry and store in a clean container between uses. It is not necessary to sterilize the equipment.
15. Repeat daily at the same time and your bowels should start to become regulated and you feel confident that there will be no activity between irrigations.
16. When you are confident in a 24-hour interval, you may want to try to increase the time between irrigations to 48 hours.


**Performing Irrigation on a Disabled Person**

Irrigation is particularly good for spinal cord injured individuals or any person with disabilities that has limited ability to empty or change their ostomy appliance independently. It’s easy for caretakers to do and can improve their quality of life too! If the individual is bedbound, position the head of the bed to at least 45 degrees and follow the above steps emptying the contents into a basin. If wheelchair-bound, pull up next to a toilet or other receptacle to empty contents. This is an excellent method of managing bowel continence in paraplegics and quadriplegics.

**Evaluation**

Success occurs when an individual can irrigate and maintain bowel continence for a period of time, usually 24-48 hours. The time required for bowels to regulate ranges from 3-6 weeks. Irrigation doesn’t work for everyone, some people’s bowels do not completely empty with irrigation and continue to have leakage throughout the day, making it necessary to wear a regular pouch. Others find it extremely inconvenient and prefer to let their bowels empty naturally. Many love the control that they have over emptying their bowels when they want, rather than at the will of their stoma. If you have the time and patience, it is a worthwhile technique for ostomates to pursue.

**Other Tips**

- Wear as little clothing as possible until you get the hang of things
- If you are sitting in a chair next to the toilet, clamp the bottom of the bag, as the weight of the return will pull the bag right out of the toilet bowl and make a mess.
- When starting out, it is recommended to wear a regular ostomy appliance for the first few days in case you have some breakthrough leakage and until you determine that you will remain continent between irrigations.
- Once a routine has been established with confidence of no breakthrough, then you can switch to wearing a stoma cap.
- If cramping or discomfort develops while instilling the water, stop the flow of water for a minute or so and take a deep breath, resume when cramping stops.
- Cramping may occur if water temperature is too hot or cold, or instilled too fast.
- If water leaks around the stoma during instillation, clamp the water until leakage stops, readjust the cone,
and resume.

- If water does not seem to go in, try turning the cone tip or pointing it in a different direction it may be up against the colon wall or blocked by stool.
- If it appears that you did not have an equal amount of water returned as you put in, it usually means that you were dehydrated and your body absorbed some of the water. Increase fluids and resume the next day.
- There is no research that is conclusive of the amount of fluid to instil, 1,000 ml of water per irrigation is generally recommended, but some individuals need more and others do fine with 500 ml.
- Irrigation is most successful when done at the same time of day, every one to two days.
- In the event you were on a camping trip or travelling to a third-world country, you may have to return to wearing a regular ostomy appliance if the water is contaminated. A good rule of thumb: if you wouldn’t drink it, don’t instill it.

Bowel continence is so important to our self-esteem and social life. If an ostomate can regain control over their bowels, it can have a major impact on quality of life. “Colostomy irrigation may not be easy at first” says ostomate Brian McKeown of New Zealand, “but you get so much freedom in your life when you do, no more leaky pouches or accidents and far less passing wind.”

Much of the success will depend upon your dedication to learn and practice this ritual.

This article is not intended to provide medical guidance or replace the education of your ostomy nurse.

References
5 Turnbull, G.B. A look at the purpose and outcomes of colostomy irrigation. Ostomy Wound Management. 2003; (49)2.
8 Cessaratti, I., Santos, V., Schifman, S., Vianna, L. Colostomy irrigation:
Who, what and when to let others know about your ostomy

Patti Haberer RN, BSN, MA, CWOCN
employed by Coloplast. Corp.

Now that you’ve had ostomy surgery you may begin to wonder, who should I tell and exactly what should I say? And, in the case of a new partner, when is the right time to tell them about your stoma? Understand that feeling fatigued is usual the first few days and even weeks after any major operation. Socializing with family and friends can be physically and mentally exhausting. Once your strength returns, you will start to feel more sociable.

Whether your surgery is temporary or permanent, deciding to tell others about your ostomy surgery is entirely up to you. Some choose to keep their ostomy surgery private, not mentioning it to anyone. That’s okay. Chances are you’ve met someone with an ostomy and you didn’t even know it.

You may find that talking about your surgery becomes much easier once you become more comfortable taking caring of your stoma. Tailoring your conversation to the type of relationship you have with that person is helpful. For example, some conversations will be more serious while others may be more light-natured. Whether you elect to tell others or not, it is always a good idea to tell all health care providers including your pharmacist that you’ve had ostomy surgery.

Family and Close Friends

Talking to family and close friends about your surgery can be important for both you and your loved ones. Your family and close friends are often concerned about your health and recovery. Sharing details of your operation may help to alleviate their fears and clear up any of their misconceptions. Besides comforting your family and close friends, it’s also a healthy way for you to cope with your emotions. Remember, it’s up to you, when choosing who and what to tell about your surgery, even when it comes to loved ones.

Co-workers

The thought of returning to work can be very stressful. Some find it helpful to speak to their employer about their ostomy surgery as soon as possible. Upon returning to work, if you haven’t done so already, it may be necessary to share details of your surgery with your employer. For example, you may need your employer’s assistance in locating an appropriate place to store supplies. When it comes to talking with your co-workers, it’s just like with family and close friends, you decide who to tell about your surgery.

An owner of a small company who had a temporary colostomy for colon cancer told all of his employees about his stoma. He understood the importance in educating his employees about colon cancer and that by telling his story he might help save another’s life. Another manager shared only that he had abdominal surgery.

If you choose to be more open with your co-workers, a way to begin your conversation is to explain the reason for your surgery. Then, describe that you now have an alternate route for emptying your bowels or bladder. It is your decision who to tell at work, however it is usually wise to tell at least one co-worker in case of any problems or issues.

Children

When it comes to talking to your children, it often helps to talk openly about your ostomy surgery. When information is given openly, most children have little trouble accepting it. In fact, secrecy and a lack of openness may make them think the situation is worse than it actually is. Allow your children time to ask questions, then answers their questions simply and truthfully. Often, a simple explanation is all that is needed. A mother with ulcerative colitis told her two daughters, ages 6 and 8, about her surgery in this way; “Before surgery mommy was sick. Now that mommy’s had surgery things are different but much, much better.”

She went on to tell them how excited she was that now she could attend their school activities. Interestingly enough, the girls were more concerned with “does the stoma hurt?” and “does it hurt you when we give you hugs?” Talking about your surgery in a natural way will help lessen any wrong ideas your children may
have. Unlike school age children, teenagers will often withdraw and not want to talk about your surgery. Some parents choose to tell their teenagers only key points about their surgery.

One father who has a colostomy for colon cancer wanted his son to know that everyone, including his father, makes mistakes. He went on to share this with his son, “My colostomy could have likely been avoided, had I heeded the early warning signs of colon cancer and gone to see my doctor sooner.”

**Dating**

Many people with ostomies enjoy dating. Like you, they too were apprehensive about what to say and when. As your relationship moves forward with that special someone, you will undoubtedly have a conversation about your ostomy surgery. Deciding when to tell your new partner is completely up to you. However, waiting until the last minute is probably not a good idea as your new partner is bound to find out.

Some think it is better to tell their new partner early on, this way they can move forward in their relationship knowing they’re not hiding any secrets. If they are then rejected because of their stoma, they’re not as heartbroken since the relationship was still relatively new. When it’s time to tell that special someone about your surgery, speak clearly and with self-confidence. It may help to start your conversation with a simple explanation, one that’s not too technical.

Your new partner needs to understand that having an ostomy has not affected your quality of life, you can still travel, go out to eat and even go swimming at the beach. If you’re negative and have little self-confidence your partner may view your ostomy in the same manner. There are others who prefer to keep their ostomy surgery private until the relationship has moved forward. Their rationale is that it’s better to have their new partner get to know them as a person and see that having an ostomy hasn’t changed their life.

It’s never easy when a relationship ends, even if you wanted it to end. When a committed relationship fails, you may feel your ostomy was the sole reason for the breakup; odds are it was only an easy excuse for your ex-partner to use. Understand that nearly every would-be lover has had their fair share of romantic rejection and having an ostomy makes you no different. Never blame yourself and most of all remember there is life after a breakup.

**Acquaintances**

Acquaintances may be curious about why you were in the hospital. Think ahead about what to say when questions arise. Shortly after surgery, you may feel nervous when talking about your surgery. This is normal. If you are uncomfortable discussing details of your ostomy surgery with people you don’t know well, you could say you’ve had abdominal surgery.

Another option would be to say that you had part or all of your colon or bladder removed. Never feel you need to explain your full surgery details to everyone who asks. It’s your choice to tell acquaintances only as much as you want them to know. If you are worried how others will accept you after surgery, remember you haven’t changed. There is no need to feel embarrassed or self-conscious when you excuse yourself to use the bathroom to empty your pouch. It is normal for all people to use the bathroom.

**Summary**

It’s really important to get back to living and enjoying all the things that you were doing before your operation – and that includes socializing. If you are meeting new people, you don’t have to tell them unless you want to. Just do whatever makes you feel comfortable. Remember, your ostomy is only a body alteration. You are the still same person, and there is no reason why your relationships with family, friends and co-workers should change.
Intimacy with an Ostomy

By Laura Herbe BSN, RN, CWOCN

‘So now I have a stoma. I look different, I go to the bathroom different, and I feel different. Will I still be attractive?’

It is normal to have concerns about your quality of life following ostomy surgery. High on this list of concerns may be questions about sex, intimacy and will it be possible to enjoy a fulfilling sex-life after your operation.

Many factors and concerns can impact sexual function following ostomy surgery. The type of disease, reasons for the operation, surgical procedure and recovery all play an important part in sexual function and fulfillment, but equally important is personal adjustment, acceptance, support and discovering what aspects of sex and intimacy are most important to you and your partner. Your sexuality cannot be taken away from you. It is a part of your being and intimacy and sex are a natural part of life.

Can I still have a satisfying sex life after ostomy surgery? Yes, but it is critical to pay attention to ALL aspects of your well-being in relation to your sexuality.

Adjusting after surgery

Even the most prepared person can feel overwhelmed and have difficulty adjusting to a stoma. You need to take the time to heal, both physically and emotionally. The usual discomfort, exhaustion and fatigue and sometimes even depression after surgery can all have a direct effect on desire and libido. Doubt and anxiety also prevent you from focusing on your partner. So before resuming sexual activity it’s important to have a healthy perspective physically, psychologically and emotionally. Accepting yourself, feeling comfortable and confident with the way you, your stoma and pouch look not only helps you to feel better, but it also makes it easier for your partner to get comfortable and accept the changes as well. Together, the two of you can rediscover intimacy that you enjoyed before.

Getting comfortable

Once you are both feeling more comfortable with the changes to your body, think about how you can approach sexual activity in a relaxed, non-pressured way. Open, honest communication is key, even if talking about this topic is uncomfortable or even embarrassing for you. It might be helpful when starting this conversation to begin by reminding each other how much you still love each other. This can definitely help relieve some of the doubt and anxiety you both may be feeling. Share your fears of potential rejection. And don’t let your partner misinterpret your own fears as an initial reluctance to have intercourse. You also need to listen well to his or her concerns. Maybe they are afraid they will hurt you or your stoma during intercourse. Honesty in talking about this topic will only help build mutual trust and respect between the two of you. Be patient and allow both yourself and your partner the time you need.

Don’t underestimate the power of intimacy without intercourse. Make time for holding each other, talking, kissing and cuddling. These are all important for a healthy, active sex life and a fun way to get both of you comfortable and ready for intimacy.

Sexual positions

Intercourse will not injure your stoma and most positions will not disturb the pouch. Close body contact and sexual movement will not injure the stoma either.
For some, choosing a position that keeps the weight off the stoma is most comfortable. Some options include side-lying, front to back or putting a pillow under your abdomen to support hips and stoma. Placing a pillow under the hips for missionary position also helps support the pelvis or ‘woman on top’ works well too. If you are in a wheelchair, be sure to lock the brakes to prevent movement and support the back of the chair against the wall.

You should never have intercourse through the stoma nor should you have anal intercourse if you have a pelvic pouch (IPAA, J-pouch, S-pouch). If a woman has had vaginal reconstruction or recto-vaginal fistula, she will need her doctor’s OK to resume vaginal intercourse. Talk with your doctor or Wound, Ostomy, Continence (WOC) Nurse about any types of sexual activity that you should avoid.

Mind that pouch
How someone looks, feels and smells all have the ability to heighten sexual pleasure. Keeping the pouch clean and empty is a good idea and make sure your pouch has an odor-proof secure seal. It also helps to avoid gassy foods like cabbage, onions, eggs and spices prior to sex. If the mood is spontaneous, make sure to empty your pouch in advance, otherwise, you may want to put a new pouch on beforehand.

There are several good options if you’d like to use a smaller pouch. Some people switch to a stoma cap. Other people may switch to a smaller mini-pouch or a closed-end pouch. All of these choices are smaller, less bulky and more discreet and are often referred to as a “passion pouch.” Switching to one of these smaller pouches, as well as keeping your pouch clean and deodorized, should allow you to be worry-free. Make sure that you return to your regular-sized pouch afterwards.

Feel and look sexy
Intimate apparel not only helps you feel more confident and sexy, but it can also decrease the annoying pouch swing-motion that occurs during body movement. There are a variety of intimate apparel options to help conceal a pouch. Women might want to consider teddies, camisoles, wraps or silky robes, and panties with pouch pockets or peek-a-boo thongs.

Men might want to consider tank tops, a cummerbund-type garment or boxers with a waistline that helps secure the pouch. Another product is an array of colorful pouch covers, which can allow you to feel more discreet.

Potential concerns
Sometimes ostomy surgery involves removing the rectum. In men, the nerves that regulate erection and ejaculation are close to the rectum. Some men will have problems with erection and ejaculate into the bladder ( retrograde ejaculation). However, the ability to achieve orgasm is not affected. Erectile dysfunction may be temporary for up to one year. If problems persist, medications or surgical implants may help.

Many women experience vaginal dryness. There are many lubricants available or you can ask your doctor about hormone cream or vaginal suppositories and rings. For some women, surgery might involve removing the rectum and part of the vagina which can cause the vagina to feel too small or tight. This can cause pain during intercourse. Different sexual positions may be a solution as well as the use of vaginal lubricants.

If you’re unable to resume having intercourse, or if you’re unable to find the same level of enjoyment as before, talk to others. Your doctor and WOC Nurse are an excellent source of information.

Going for it
It takes time, patience and a good support network in the short and long term to navigate sexual intimacy with an ostomy. In addition to talking to your doctor or WOC Nurse (www.wocn.org), there may be support groups in your area. Couples can consider attending groups like United Ostomy Associations of America (www.uoaa.org). You’ll find that it can be very helpful to get suggestions for both you and your partner from others who have faced and overcome the same challenges. Or you and your partner might want to talk with a therapist or counselor. A counselor is a good resource to help with both body image and intimacy issues.

Resuming or developing an intimate relationship is a good sign that you’ve resumed living a full life after your surgery. Remember, an ostomy is a change to your body only. You are still the same person. And there is no reason why your intimate relationship with your partner should change. After all, the most important sexual organ is the brain.

Laura Herbe BSN, RN, CWOCN is a clinical consultant for Coloplast Corp.
The surgery was a success! You have been home from the hospital for about 6-8 weeks, you are gaining strength and you are feeling more comfortable with your ostomy – it’s easier to manage day after day. Before you realize it, it’s time to return to work. Now what?

While some of your co-workers may be aware of your surgery, others may not know you have a stoma. Whether or not you share your surgery details with co-workers is entirely up to you – share only what you feel comfortable discussing.

It is a good idea, however, to let your immediate supervisor know about your ostomy. She may not be familiar with an ostomy, so a little “education” may be in order. While talking privately, re-assure your supervisor that your ostomy will not interfere with your ability to perform your job duties, but you might need to take bathroom breaks unexpectedly.

Terry, from Nottingham, England, openly shared his ostomy surgery experience with his pupils at the school where he taught, “When I got back to school after surgery and receiving a temporary colostomy, my colleagues counseled me not to discuss it with my pupils. I didn’t heed the advice and explained to each class what had been done to me during the operation. One day in class when my stoma let off wind in a distinctly audible way, there was not a snicker, a giggle or a comment from my pupils. I had trusted them with a personal confidence and they in turn respected that.”

Most employers will be accepting of your ostomy, but there are instances of people with stomas being re-assigned to different positions or attempts to force them into medical retirement for no reason other than they have an ostomy. This does not happen often, but be aware. In these situations, it is important for you to familiarize yourself with the provisions of the American with Disabilities Act (ADA), which you can learn about at www.usdoj.gov/crt/ada/adahom1.htm.

A good resource is Advocacy for Patients with Chronic Illness, Inc., www.advocacyforpatients.org which is a Connecticut-based organization where you can get free information and advice on advocacy services. This organization publishes Know Your Rights: A Handbook for Patients with Chronic Illness, which provides advice including how to assert your rights under the ADA as well as the Family and Medical Leave Act (FMLA) and information on services in many areas.

So, now that you are back to work successfully and resuming your duties, you need to be prepared for any leaks or the need for quick pouch changes. For this reason, you should have an “emergency kit” of some sort with you or available at your workplace. This kit will include a complete pouch change (pouch, flange, clip, wipes, disposal bag) and a change of clothes.

An executive with a urostomy keeps spare ostomy supplies in her purse, in her gym bag and in a locker at work. “My employer put personal lockers in the ladies restrooms, so that has been a convenient place for me to store my supplies. I also keep some aluminum foil with my supplies, which I use to tightly wrap around my used pouch and wafer when discarding them.”

“My two-year-old urostomy is pretty much a non-event at work. Only one time did I have an ‘oops’ in the bathroom due to being inattentive and I cleaned up without anyone noticing.” This ostomate keeps spare...
BJ from Oregon works as a retail store assistant manager – a job requiring much physical labor. As BJ said, “All the bending from unloading freight, stocking shelves, etc. can loosen the seal on my pouch. I have to check on it several times throughout the day and on several occasions my pouch has ‘blown off.’ I keep a backpack and I can fix myself in under two minutes when it happens.”

Another ostomate who has a transverse colostomy shared that he typically needs to change his pouch once during the work day, often in the mid to late morning. He said, “The biggest challenge is that I work in an office building with multi-stall restrooms, so having someone else in the room is a real possibility. I try to avoid lunch hour and the morning/afternoon break times. I’ve never had a serious leak that made it to my outer clothing. I’ve gotten a t-shirt soiled a couple of times, but that’s about it. I’ve made a wafer change a few times to head off a potential leak situation, but that was early on, now I’m better at reading my wafer’s condition.”

One important thing to remember: when making a pouch change, or even just emptying your pouch at work, take your time and pay close attention to what you are doing. Accidents can happen when we are in a hurry. Zippers can get caught on the pouch and tear a hole, the pouch can be yanked off when pulling up your pants or panty hose too quickly, or the pouch clip can drop in the toilet. Take your time and be careful.

The discussion board at www.ostomy.org is a great resource when looking for specific advice about taking your ostomy to work. You will find many people there willing to share what has and has not worked for them in all aspects of work including dealing with questioning co-workers, clothing choices, noise/odor reduction tips and the like.

Nowadays, with the advances in ostomy supplies, people with ostomies are involved in every imaginable occupation. Whether firefighters or teachers, mechanics or office workers, there are people with ostomies performing all kinds of work and enjoying fulfilling careers.

An ostomate was once asked when taking a trip, “Are you really going overseas with your ostomy?” to which she replied, “Well, I can’t exactly leave it at home!” Just as she successfully took her ostomy with her halfway around the world, you too can take your ostomy to work. Be brave, be inventive, be flexible and most of all be thankful for the health you now have that allows you to take your ostomy to work!
the tip of their tailbone. Most patients have enough fatty tissue to pad the area, but occasionally, some of the fat padding around the tailbone must be removed.

If you have a job that requires prolonged sitting, consider padding the seat with a firm cushion and try to take frequent breaks to stretch. Look into “chairs” take the pressure off your backside and shift it to your knees.

Sleep Tight

I have been told that you should never lay on your colostomy or that side. Is that true? Lately, I have been waking up on my colostomy side. Am I hurting my stoma or doing any other harm?

L.M.

Dear L.M.,

It is OK to sleep on the side where your stoma is located. You will not harm it in any way. Most important is that you are comfortable, have no pain, and sleep well. If your stoma appliance fills with stool while you sleep, you may be a bit more prone to have a leak, but you will not harm the stoma itself.

Dear W.V.,

Either will work. This is a personal preference. If you shower with your pouch off, do not use excessively hot water and avoid direct contact of the water stream onto the stoma. Also, you will not have any voluntary control over the function, so shower before meals or a few hours after meals when the stoma is less active.

Do not shower with your pouch off if traveling in areas where the drinking water is not safe. This may apply to well water or stream water in rural areas. This is also true in foreign countries. Contamination of the stoma with unsafe water may cause the same infection as if you drank it.

There are products designed to be worn when showering. One is an “apron” and the other is a “cap.” See advertisers in this issue or contact your ostomy product supplier.

Showering with your pouch on or off is a personal preference, unless not allowed by your physician or when the water is not safe to drink. I do not recommend tub bathing with the pouch off. Also, be certain to dry the pouch well after bathing to reduce moisture that can cause fungal skin rashes.
UOAA is made up of over 350+ Affiliated Support Groups, all of which are organized to promote the health and well being of ostomates, their families, and members of their support teams. ASGs assist their members with post-op rehabilitation, management of their ostomy, and help the ostomate regain and maintain their overall potential by promoting their quality of life.

Your ASG can provide an atmosphere of support and understanding through its visitation program, newsletters and meetings. If you are looking for answers or information, or think you can help others, please contact your local ASG!

For a complete listing of Affiliated Support Groups (ASG’s), or to contact one of the Affiliated Support Group Advisory Board members, please visit www.ostomy.org or contact UOAA at 1-800-826-0826.

Already belong to an ASG?

The UOAA Affiliated Support Group Advisory Board provides assistance and guidance to local Affiliated Support Groups.

If you belong to an ASG and would like to speak with a member of the advisory board for any reason, please do not hesitate to contact us!
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