Ostomy Answers You Need!

A MESSAGE FROM UOAA:

United Ostomy Associations of America (UOAA) is a national 501 (c)(3) nonprofit organization that is a significant and extensive resource. UOAA offers local support group information, educational materials, advocacy information, ways to find an ostomy nurse, and an online discussion group. UOAA can also connect you with a fellow ostomate for first-hand knowledge and advice. Visit UOAA's website at www.ostomy.org. Contact them at info@ostomy.org or 800-826-0826 or follow UOAA on social media. You can also subscribe to The Phoenix magazine, the official quarterly publication of UOAA.

Information on this handout is for educational purposes only and is not intended to serve as medical advice specific to any individual patient. Please consult with your physician or ostomy nurse for medical advice specific to your case.

For many people an ostomy is a lifesaving procedure. Adjusting to living with an ostomy is a process and everyone adapts to this change in life differently and at their own pace. In the beginning, you may feel overwhelmed with all the things you need to learn to care for your ostomy. What will help is meeting and talking with other people living with an ostomy. There are ostomy support groups across the United States, you never have to feel alone.

FREQUENTLY ASKED QUESTIONS:

WHEN SHOULD I EMPTY MY OSTOMY POUCH?

Empty the pouch directly into the toilet, when it is 1/3-1/2 full.

HOW OFTEN SHOULD I CHANGE MY OSTOMY POUCH?

Most ostomates change their pouch every 3-4 days.

WHAT CAN I EAT?

During the surgical recovery period (6-8 weeks) you should avoid high fiber foods (vegetables especially raw, popcorn, beans, nuts). Chew your food well or cut into smaller pieces. You want to avoid dehydration and electrolyte imbalance, by replacing your output accordingly (match the amount in with the amount out). This means always have drinks easily available (carry a water bottle and have extras in the car). Refer to UOAA's Eating with an Ostomy guide for additional information.

HOW CAN I MANAGE ODOR FOR MY OSTOMY WITH URINE OUTPUT?

Concentrated urine will have a stronger odor than dilute urine, so maintain pale yellow urine by staying well hydrated. Be aware that undetected spillage on clothes generates an odor, also medications and food affect the odor of urine.



HOW CAN I MANAGE ODOR AND GAS FOR MY OSTOMY WITH STOOL OUTPUT?

Today's pouches have been manufactured to be odor-resistant and there are deodorizers you can add to the pouch. The only time there should be odor is when you empty the pouch. If you have odor at other times you should check the pouch drainage end for soiling and check for leaks in the seal between the wafer and your abdomen.

Pouches with filters are very effective for gas management but can become clogged by liquid stool. Adding more filters or a vent is helpful, also releasing gas carefully from the top of a two piece pouch (called "burping") or releasing gas from the bottom of a drainable pouch. To decrease gas, avoid known gas/or odor producing food and liquids (carbonated drinks). Avoid air swallowing activity (such as using straws and chewing gum). UOAA has a food reference chart to help with food choices.

HOW DO I CARE FOR THE SKIN AROUND MY STOMA?

Use skin protective wipes before applying the pouch and adhesive removers when carefully removing the pouch. Always observe the skin around the stoma, checking for red irritated areas. Observe the back of the used pouch wafer, the wear pattern will show you where you have small leaks and the stool sits on your skin. After removing the pouch, clean the skin around your stoma with water and dry. If you have an irritated area, dust with ostomy powder (remove any excess and pat to seal with a skin barrier wipe, repeat 2X (called "crusting"). Once the irritation has healed discontinue crusting. Skin barrier rings or convex wafers may also help to prevent leaks.

WHAT IF MY POUCH IS LEAKING?

If you are getting ongoing leakage with your current system then that is not the right product or product combination for you. Your stoma size and abdomen often change shape in the weeks after surgery, or with weight gain or loss. To troubleshoot pouch leaks look at your stoma, and the area around your stoma with the pouch off. Does your stoma stick out past the level of your skin, does it lie flat with your skin, or is it below skin level? Do new creases or skin folds appear when you sit or stand? Does your abdomen now stick out around your stoma? All these things will affect the seal of your pouch. Seek assistance from a medical professional to look at different pouch options and use of accessory products. Your goal is to achieve a pouching system with a predictable 2-5 day leak proof wear time and is suitable for the performance of your personal and professional activities. Manufacturers have sampling programs where you can work with a medical professional or product specialist to help you try a variety of different products to find which ones work best for you.

WHEN SHOULD I SEEK MEDICAL HELP?

When seeking assistance look for outpatient ostomy services in your area, or online virtual services with certified ostomy nurse/specialists. Seek help, if you experience any of the following: severe cramps lasting more than two or three hours; a deep cut in the stoma; excessive bleeding from the stoma opening (or a moderate amount in the pouch each time you empty); continuous bleeding at the junction between the stoma and skin; severe skin irritation or deep ulcers; unusual change in stoma size and appearance; severe watery discharge lasting more than five or six hours; continuous nausea and vomiting; or for ileostomates if the ostomy does not have any output for four to six hours and is accompanied by cramping and nausea. The stoma of ileostomies is formed from the small intestine which is narrow, so ileostomies could possibly have partial or full obstructions. UOAA has a blockage card on their website which has instructions for you to resolve blockages at home and another to take to medical professionals if you need additional intervention.

