

Ileostomy

Information Booklet



Queensway Carleton
Hospital

Your Health Care - Be Involved

- **Be involved in your health care. Speak up if you have questions or concerns about your care.**
- **Tell a member of your health care team about your past illnesses and your current health condition.**
- **Bring all of your medicines with you when you go to the hospital or to a medical appointment.**
- **Tell a member of your care team if you have ever had an allergic or bad reaction to any medicine or food.**
- **Make sure you know what to do when you go home from the hospital or from your medical appointment.**

Mission, Vision & Values

OUR VISION

We will be the community hospital of choice, recognized for our exemplary patient care, people and performance.

OUR MISSION

- We are a patient-and-family-centred community hospital providing a broad range of acute care services to the people of Ottawa and the Western Ottawa Valley.
- We provide care for all age groups – through inpatient, outpatient and outreach programs and services, in partnership with other healthcare and community service organizations.
- We strive to respond to the needs of our patients and their families through an interdisciplinary team approach. Our team is progressive, responsive and committed to exemplary performance and accountability.
- We actively promote a learning environment, in which our staff, physicians, students and volunteers are encouraged to be their best.

Our Cornerstone Programs are:

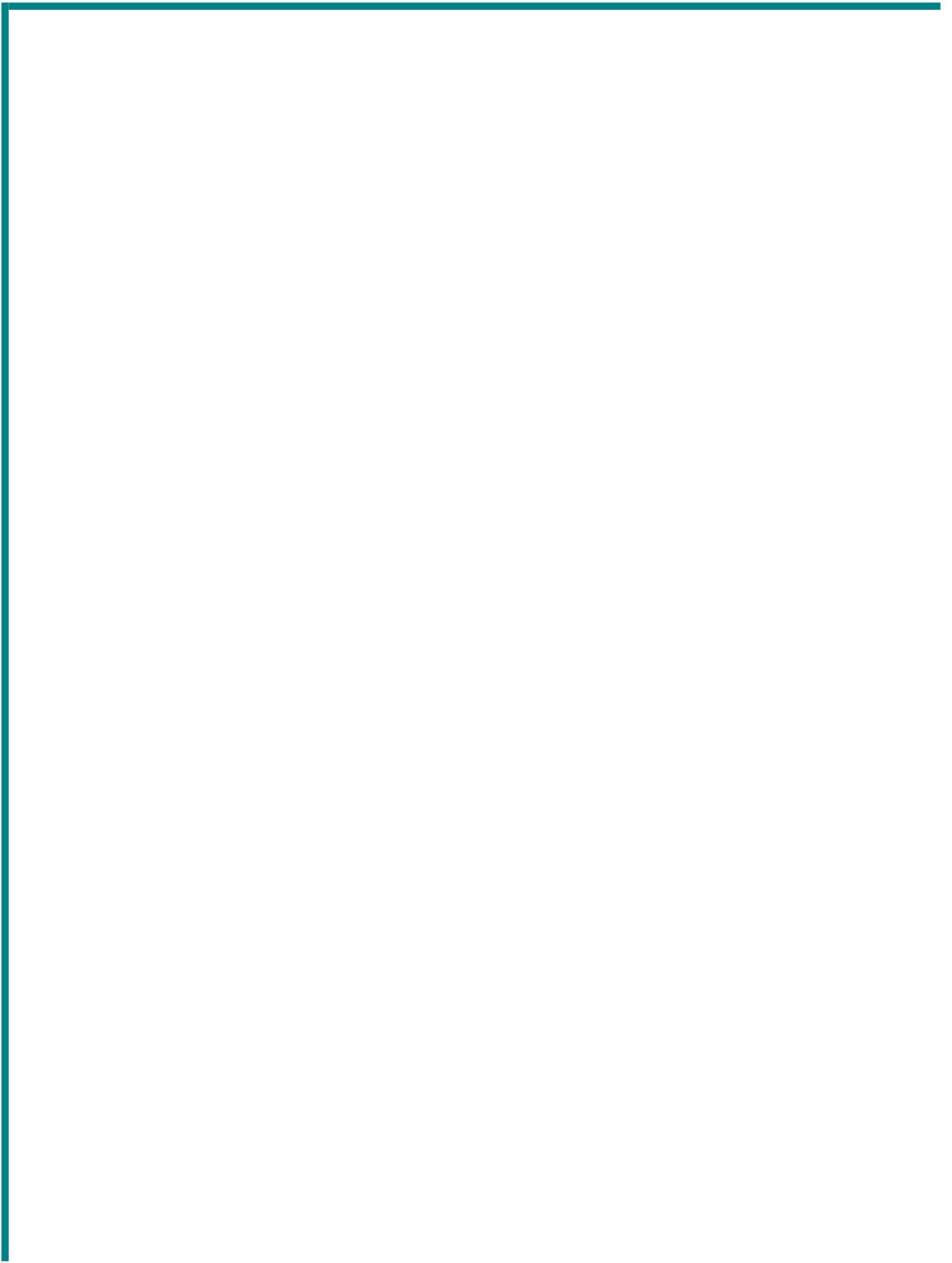
- Emergency Services
- Medical Services
- Surgical Services
- Geriatric Services
- Acute Rehabilitation Services
- Childbirth Services
- Mental Health Services

OUR VALUES

- Accountability
- Innovation
- Respect

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Introduction

Welcome to the Queensway-Carleton Hospital.

This booklet has been prepared by Nursing and Medical Staff at the Queensway-Carleton Hospital to give you a better understanding of your ostomy, how it functions and how you should care for it.

You may be experiencing a variety of feelings regarding your ostomy. Learning to live with an ostomy may seem like a great undertaking for now, but with time, patience and teaching you should be able to resume your normal life style.

There are many resource people available to assist you and your family in the hospital. When you are discharged from the hospital follow-up care is available from community services. Further support and assistance is available through the United Ostomy Association.

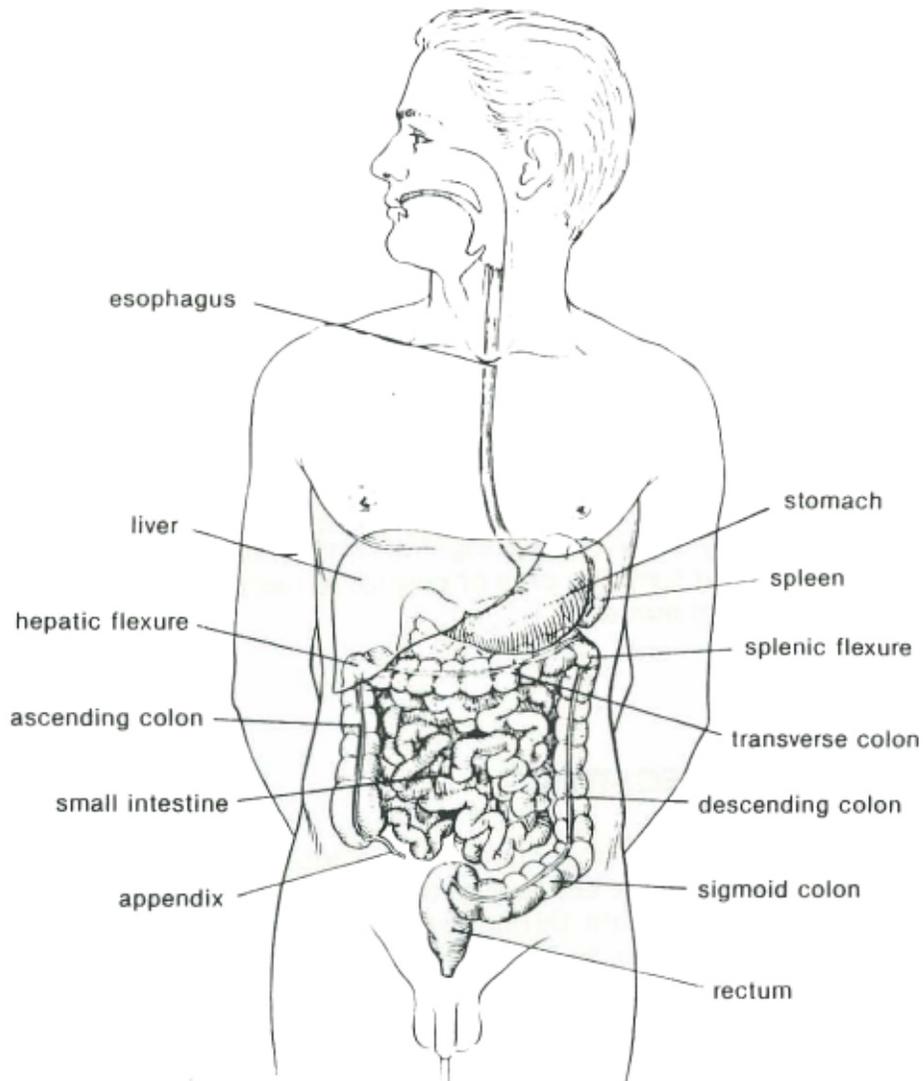
As you read through this booklet you will probably have questions and concerns. Please make a note of these and they can be discussed with your Doctor and nurses.

Your bowel & how it works ..

The main function of the digestive system is to prepare and process food to be absorbed and used by the body. The mouth provides a mechanical breakdown of foods eaten. From here, the food passes through the esophagus into the stomach.

The food is stored in the stomach for a short while and eventually enters the bowel, also called the intestine or gut. The bowel or intestine is a tube like structure that is divided into two major parts. The parts are called the small bowel and the large bowel. The small bowel starts below the stomach. This part is called the duodenum. The bowel continues on, loosely coiled in your abdomen. This section of the small bowel is called the jejunum. The last part of the small bowel, just before it becomes the large bowel is called the ileum. The entire small bowel is approximately 20 feet long. The small bowel does all the work to digest and absorb the food you have eaten.

The next part of the bowel is the large bowel or colon. This part is about six feet long and it frames the small bowel. It is divided into 6 sections: cecum, ascending, transverse descending, sigmoid and rectum. The large bowel's function is to remove the water from your waste products (Stool) and to store these products until you are ready to eliminate them.



THE GASTRO-INTESTINAL TRACT

What is an Ostomy?

An ostomy is a surgically created opening in the bowel. At the time of your surgery a portion of the bowel is brought out through an incision made on the abdomen. This opening will form a stoma which is the mouth or opening of the ostomy. The surgeon brings a piece of the intestine through the abdominal wall, rolls it back like a cuff, and sews it to the skin. The stoma is mucousy and reddish pink in colour and is similar to the tissue that lines your mouth. It is flexible and soft. The stoma has no nerve endings and therefore is not sensitive to touch or pain but is rich in blood vessels and may bleed slightly when rubbed. The stoma is where your waste products (stool and gas) will come out to be collected in a bag or appliance that you secure to your abdomen. The opening of the stoma stretches as the stool passes through.

When the stoma is not passing waste products it relaxes. This is similar to the way the anus pulls together when not in use. However, you will no longer have the urge or control of passing gas or stool as you did before surgery.

What is an Ileostomy?

An ileostomy is a surgical opening in the abdomen through which waste is discharged. The end part of the ileum or lowest part of the small intestine is brought through the abdominal wall to form a stoma. It's usually on the right lower side of the abdomen. The colon and rectum are removed but even if they aren't, regular colon and rectum function are no longer present. The drainage from the ileostomy is liquid, pasty, and constant because the large bowel no longer functions to absorb water.

Care of your Ostomy

Caring for your ostomy will soon become part of your daily routine. The frequency with which you will change your appliance will depend on the type of ostomy, its location and the type of appliance used. Regardless of the differences between ostomies certain principles of care remain the same.

1. Use a skin barrier of some sort. Your skin can easily become damaged by stool that is allowed to rest on the skin .
2. Most appliances are designed to stay on 4 - 7 days but the appliance must be changed as soon as you feel any itching or burning beneath your skin barrier. Any signs of redness or skin breakdown around your stoma is an indicator to change the appliance.
3. If redness or breakdown appears, exposure to the air is often the only treatment necessary. Avoid using soap around the area. Recheck the size of the stoma and adjust the opening of the barrier accordingly. There should only be 1/16 to 1/8 of an inch of skin showing around the stoma base. A rule of thumb is to cut the barrier as close to the stoma as possible without touching it. Sprinkle a powder like skin barrier on the reddened area. If the problem persists or worsens see your physician or stomal therapist.
4. Wash the skin around the stoma with plain water. Soapy residue left on the skin may cause an allergic reaction or prevent the barrier from sticking. Soap may be used when bathing or showering but make sure after cleansing that the area is dried completely. You can leave your appliance on or remove it while bathing or showering.

Your appliance

An appliance is a substitute for the lost storage capacity of the colon and the intestinal waste.

There are two types of appliances:

- a) temporary disposable.
- b) permanent reusable.

A temporary disposable appliance is a one piece appliance which cannot be reused. Usually they are pre-cut to fit your stoma.

A permanent reusable appliance is made up of:

1. A flange or plastic plate adhered to your skin around the stoma.
2. A pouch which fits over the flange attaching to the flange in a “tupperware” like fashion.
3. A pouch closure to close the bottom of the appliance opening, however closed end pouches are available.

Application of an ostomy appliance

These are the basic steps to follow when applying your colostomy appliance:

1. Gather all your necessary equipment: appliance, skin barrier, clamp, pencil, scissors, and paper tape if needed .
2. On the back of the flange draw an opening 1/8 of an inch larger than the stoma. If correct size of stoma is not known measure the stoma after cleaning so you can cut your appliance.
3. Cut the flange out following the pattern you have traced. Then run finger in circular motion around inside of flange to remove any sharp edges.
4. Empty the contents of the appliance presently on, while sitting on the toilet.
5. Remove old ostomy appliance gently and discard flange. The pouch may be disposed also or rinsed out and hung up to dry.
6. Wipe stoma with toilet paper. Then wash skin and stoma with soap and water. Make sure all traces of soap are removed.
7. Dry the area thoroughly.
8. If additional seal is needed, apply stoma adhesive paste around opening of flange.
9. Hold flange over centre of stoma and gently apply. Press down on the adhesive. Rub finger around inner portion of flange to help it adhere to the skin.

10. Attach pouch to flange ring . Usually it is easier to start at the bottom edge and run fingers upward in circular motion until the pouch is secured. Close open-ended pouch with clamp.
11. Paper tape should be applied around edge of flange, not pre-taped.

Cleaning of re-usable pouches

How to empty your ostomy pouch without removing it.

1. Place a receptacle of water near you, then sit on toilet with pouch between your legs.
2. To empty your pouch, remove the clamp. To prevent splashing , place toilet paper in toilet bowl. Slide your thumb and index finger down the outside of the pouch squeezing all contents into toilet.
3. Next, use disposable wipes to clean remaining drainage from outside pouch opening. Clean around edge of bag with toilet paper.
4. Hold pouch opening upright and pour cup of water into pouch .
5. Swish water around. Then let water drain into toilet. Repeat several times until pouch is clean.
6. Close pouch with a clamp. Then wash your hands.

How to clean your ostomy pouch by removing it from flange.

1. Remove the pouch from flange.
2. Have clean pouch ready to put on flange.
3. Rinse re-usable pouch thoroughly with cool tap water. Hang to dry.

Activities

Physical Activities

Eventually you will be able to enjoy the activities you did before your surgery. Rough contact sports (without special stomal protection) should be avoided. Otherwise you can enjoy all the activities you did before. You should avoid heavy lifting, which may cause herniation around the stoma.

Bathing

You can have a bath or shower with or without your appliance. Soap and water is good for the skin and stoma. If you leave your appliance on, be sure to dry it completely so it does not cause skin irritation.

Swimming

Previous activity should be re-started gradually. For swimming, it is best to empty your pouch beforehand and if you eat, eat lightly. Attractive swimwear can be purchased which would be helpful in giving pouch support and providing a smooth silhouette. Boxer shorts are the most suitable swim apparel for men.

Clothing

Most people can wear the same clothing. Ostomy appliances are lightweight and should not be noticed under your clothing, especially if the pouch is emptied on a regular basis. Pouch covers are available. They are made from a soft comfortable fabric which keeps the plastic away from your skin. Tight belts should not be placed directly over the stoma.

Sexual Relations

Resumption of sexual activity often takes time. Many fears and anxieties can be alleviated through open discussion between you and your partner. As a result of surgery, some impairment may occur. If you or your partner have any other concerns or questions please consult your physician. Sexual relations are often improved after surgery as a result of improved health.

Work

Most people are able to return to work after surgery, however remember it will take 6-8 weeks before resuming activities such as vacuuming, lifting, golfing, gardening and general exercises. Your body will let you know when you are ready to return to your previous level of activity.

Travel

Travelling to certain countries might dictate caution - when drinking the water is questionable, it might be best to try boiled water. Remember to always bring along adequate supplies with you. When travelling by air it is important to keep them with you in your hand luggage in order to avoid the risk of losing them should your checked luggage be sent elsewhere. Before you leave check with the United Ostomy Association about where supplies can be bought in the area you are visiting.

Medications

Because your digestive system is shortened due to your surgery, long acting capsules or time-release capsules may not be fully absorbed and end up in your pouch. Uncoated tablets, powder, or liquid medication, may thus be more suitable. Always consult your doctor before taking any medication.

Ileostomy Diet

Research has shown that most people with ileostomies are able to return to eating a full diet with few exceptions. Eat well-balanced meals. Tolerance is highly individual after the period of adjustment (usually indicated by your doctor). You should try to eat a variety of foods according to personal tolerance. Only foods proven intolerant on three separate trials should be avoided. A regular meal pattern should be established so that unscheduled eating will not give rise to changes in stool and excessive flatus (gas).

At some time, you may encounter problems. One problem is the accumulation of roughage or fibre near the stoma. Fibre is normally not digested but passes along the colon to the anus where it is expelled. The lower colon (rectum and sigmoid) expands to accommodate the waste. However, with an ileostomy the gathered waste products can cause a blockage. This is prevented by chewing potentially obstructing foods well. Example - corn, celery, whole grains. Introduce such foods one at a time.

Another problem which you may encounter is excessive loss of water and sodium through the ileostomy. The colon functions to allow water and sodium to be re-absorbed through its wall into the blood stream. When the colon is removed or bypassed more water and sodium are lost through an

ileostomy. Add extra salt to your food unless you are on a low salt diet for another reason. Drink at least 3 - 4 quarts of fluids daily. These will replace the salt and sodium and provide enough fluids for your kidneys to work satisfactorily.

You Can Lose

1. Potassium
2. Sodium
3. Water

You Will Need to Replace With

1. Tea
2. Bouillon
3. Bananas
4. Orange Juice

Gas & Odour

Air swallowing accounts for most gas problems experienced by patients with ostomies. Here are some suggestions for preventing excessive gas :

- a) Avoid talking while eating.
- b) Avoid chewing gum.
- c) Sip rather than gulp beverages. Avoid using straws.
- d) Do not skip meals - an empty gastro intestinal system generates gas production.
- e) Some foods may cause an increase in gas production in some individuals. Yogurt, buttermilk, fresh parsley have been reported to decrease gas and odour in some patients with ostomies. Consult your stomal therapist and physician if the problem persists.

Going Home

Before discharge from the hospital, your nurse will make the necessary arrangements for home care follow-up in the community. Your ostomy supplies will be ordered and a list of suppliers in your area will be given to you. Further support and assistance is available through the United Ostomy Association and Clinics which are run by Enterostomal Therapists. Make a follow-up appointment with your surgeon.

Foods which may cause

Blockage

Corn	Nuts
Celery	Bean Sprouts
Popcorn	Bran

Water Drainage

Beans	Highly Spiced Foods
Broccoli	Raw Fruits
Spinach	

Odour

Dried Beans	Asparagus
Onions	Carbonated Drink
Cabbage	Beer
Eggs	Melon
Fish	Bran

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Financial Resources

1. Some financial assistance may be available from the following :
2. Extended Health Care Plans
3. Provincial Medical Plans
4. Disability Pension Recipients
5. Veterans
6. Canadian Cancer Society may offer financial assistance if the ostomy is a result of cancer.
7. Some local United Ostomy Association Chapters.
8. Other local community associations.

Glossary

Appliance:	Pouch or device used to collect discharge from ostomy stomas. This may or may not be re-usable.
Colon:	The large bowel or large intestine.
Drainage:	The waste matter that is left after food has been digested.
Fibre:	Roughage found in some foods and accumulates in the bowel stimulating the bowel to empty.
Skin Barrier:	Collective term used to describe any of several types of barriers which protect skin against contact with ostomy drainage.
Stoma:	The open (or end) portion of the intestine (bowel) which is retained outside the body on the abdomen. They are red and mucousy in appearance. May protrude or be flush with skin.
Stoma Therapist:	This is a nurse who has taken additional training in the care of patients with a stoma.

