

## UOA MS

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**Patient Name:**

**Special Instructions:**

**Follow Up:**

# Colostomy Home Guide

A colostomy is an opening for stool to leave your body when a medical condition prevents it from leaving through the usual opening ( *rectum* ). During a surgery, a piece of large intestine ( *colon* ) is brought through a hole in the abdominal wall. The new opening is called a stoma or ostomy. A bag or pouch fits over the stoma to catch stool and gas. Your stool may be liquid, somewhat pasty, or formed.

## CARING FOR YOUR STOMA

Normally, the stoma looks a lot like the inside of your cheek: pink, red, and moist. At first it may be swollen, but this swelling will decrease within 6 weeks.

Keep the skin around your stoma clean and dry. You can gently wash your stoma and the skin around your stoma in the shower with a clean, soft washcloth. If you develop any skin irritation, your caregiver may give you a stoma powder or ointment to help heal the area. **Do not** use any products other than those specifically given to you by your caregiver.

Your stoma should not be uncomfortable. If you notice any stinging or burning, your pouch may be leaking, and the skin around your stoma may be coming into contact with stool. This can cause skin irritation. If you notice stinging, replace your pouch with a new one and discard the old one.

## OSTOMY POUCHES

The pouch that fits over the ostomy can be made up of either 1 or 2 pieces. A one-piece pouch has a skin barrier piece and the pouch itself in one unit. A two-piece pouch has a skin barrier with a separate pouch that snaps on and off of the skin barrier. Either way, you should empty the pouch when it is only  $\frac{1}{2}$  to  $\frac{3}{4}$  full. **Do not** let more stool or gas build up. This could cause the pouch to leak.

Some ostomy bags have a built-in gas release valve. Ostomy deodorizer (5 drops) can be put into the pouch to prevent odor. Some people use ostomy lubricant drops inside the pouch to help the stool slide out of the bag more easily and completely.

## EMPTYING YOUR OSTOMY POUCH

You may get lessons on how to empty your pouch from a wound-ostomy nurse before you leave the hospital. Here are the basic steps:

- Wash your hands with soap and water.
- Sit far back on the toilet.
- Put several pieces of toilet paper into the toilet water. This will prevent splashing as you empty the stool into the toilet bowl.
- Unclip or unvelcro the tail end of the pouch.
- Unroll the tail and empty stool into the toilet.
- Clean the tail with toilet paper.
- Reroll the tail, and clip or velcro it closed.
- Wash your hands again.

## CHANGING YOUR OSTOMY POUCH

Change your ostomy pouch about every 3 to 4 days for the first 6 weeks, then every 5 to 7 days. Always change the bag sooner if there is any leakage or you begin to notice any discomfort or irritation of the skin around the stoma. When possible, plan to change your ostomy pouch before eating or drinking as this will lessen the chance of stool coming out during the pouch change. A wound-ostomy nurse may teach you how to change your pouch before you leave the hospital. Here are the basic steps:

- Lay out your supplies.
- Wash your hands with soap and water.
- Carefully remove the old pouch.
- Wash the stoma and allow it to dry. Men may be advised to shave any hair around the stoma very carefully. This will make the adhesive stick better.
- Use the stoma measuring guide that comes with your pouch set to decide what size hole you will need to cut in the skin barrier piece. Choose the smallest possible size that will hold the stoma but will not touch it.
- Use the guide to trace the circle on the back of the skin barrier piece. Cut out the hole.
- Hold the skin barrier piece over the stoma to make sure the hole is the correct size.
- Remove the adhesive paper backing from the skin barrier piece.
- Squeeze stoma paste around the opening of the skin barrier piece.
- Clean and dry the skin around the stoma again.
- Carefully fit the skin barrier piece over your stoma.
- If you are using a two-piece pouch, snap the pouch onto the skin barrier piece.
- Close the tail of the pouch.
- Put your hand over the top of the skin barrier piece to help warm it for about 5 minutes, so that it conforms to your body better.
- Wash your hands again.

## DIET TIPS

- Continue to follow your usual diet.
- Drink about eight 8 oz glasses of water each day.
- You can prevent gas by eating slowly and chewing your food thoroughly.
- If you feel concerned that you have too much gas, you can cut back on gas-producing foods, such as:
  - Spicy foods.
  - Onions and garlic.
  - Cruciferous vegetables (cabbage, broccoli, cauliflower, Brussels sprouts).
  - Beans and legumes.
  - Some cheeses.
  - Eggs.
  - Fish.
  - Bubbly ( *carbonated* ) drinks.
  - Chewing gum.

## GENERAL TIPS

- You can shower with or without the bag in place.
- Always keep the bag on if you are bathing or swimming.
- If your bag gets wet, you can dry it with a blow-dryer set to cool.
- Avoid wearing tight clothing directly over your stoma so that it does not become irritated or bleed. Tight clothing can also prevent stool from draining into the pouch.
- It is helpful to always have an extra skin barrier and pouch with you when traveling. **Do not** leave them anywhere too warm, as parts of them can melt.
- **Do not** let your seat belt rest on your stoma. Try to keep the seat belt either above or below your stoma, or use a tiny pillow to cushion it.
- You can still participate in sports, but you should avoid activities in which there is a risk of getting hit in the abdomen.
- You can still have sex. It is a good idea to empty your pouch prior to sex. Some people and their partners feel very comfortable seeing the pouch during sex. Others choose to wear lingerie or a T-shirt that covers the device.

## SEEK IMMEDIATE MEDICAL CARE IF:

- You notice a change in the size or color of the stoma, especially if it becomes very red, purple, black, or pale white.
- You have bloody stools or bleeding from the stoma.
- You have abdominal pain, nausea, vomiting, or bloating.
- There is anything unusual protruding from the stoma.
- You have irritation or red skin around the stoma.
- No stool is passing from the stoma.
- You have diarrhea (requiring more frequent than normal pouch emptying).

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