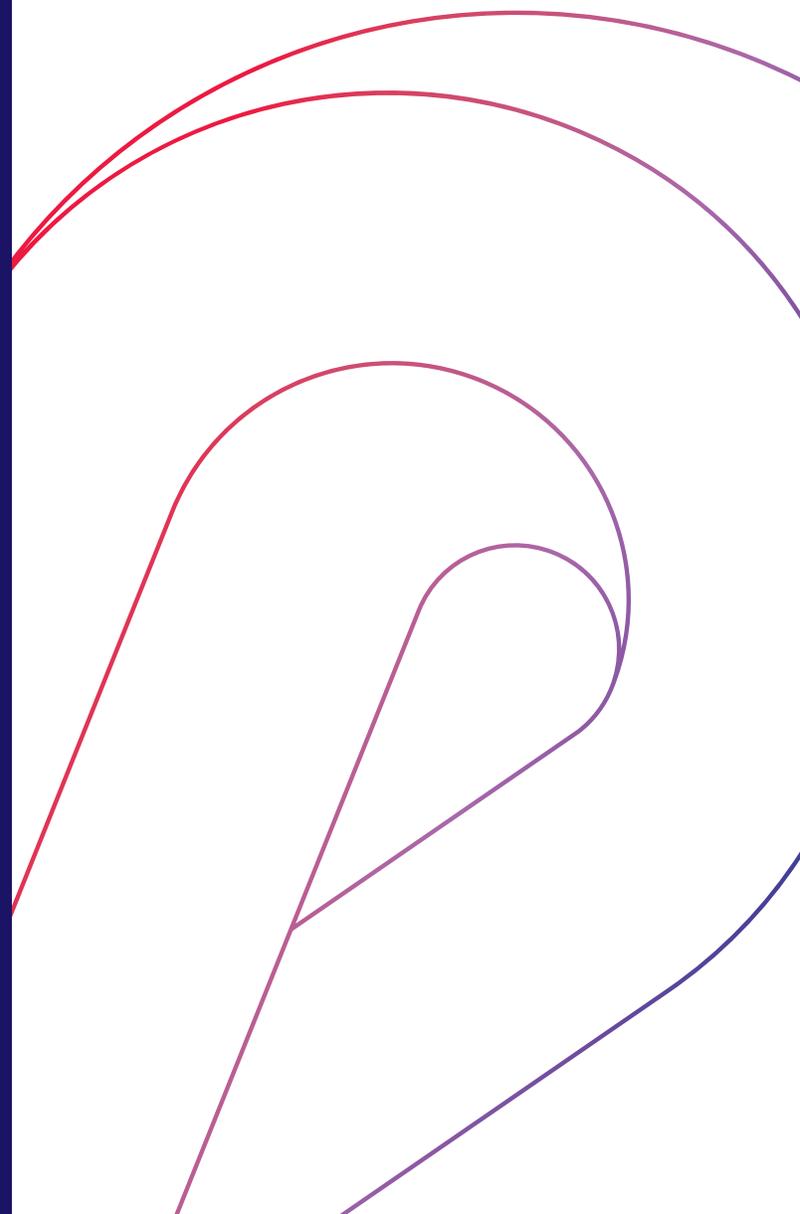




Living with an Ostomy

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Topics to discuss with my ostomy nurse before I leave the hospital:

✓ Emptying the pouch

- When to empty (½ full and before bed)
- How ostomy closure operates
- How to clean the pouch

✓ Changing the pouch and barrier

- What supplies you need
- How to measure the stoma
- How to clean the skin
- Which accessory products to use
- How to apply the pouch and barrier
- When to change the pouch and barrier

✓ Eating

- Eating less fiber at first
- Eating smaller amounts, more often, and chewing thoroughly
- Drinking a lot of fluids
- For colostomy: avoiding foods that cause gas and odor
- For ileostomy: contacting provider if too much drainage
- Foods to eat that can thicken stool
- Being careful about certain high-fiber foods

✓ Taking medicines

- Possible stool color changes related to medicines
- Ileostomy: don't take extended release medicines

✓ Ordering supplies

- Checking with your insurance provider
- List of suppliers given

✓ Getting support

- United Ostomy Association information
- How to reach an ostomy nurse

✓ What to report

- Pouch does not stay sealed for a predictable amount of time
- Rash or irritation doesn't heal after 1 to 2 pouch changes
- Stoma separates from the skin
- Stoma changes — longer, shorter, narrowing, dark, black, yellow, white



If you've just had an ostomy — or are about to — you may be feeling overwhelmed. This booklet can help. It offers ideas for caring for your ostomy and yourself.

This information may seem like a lot at first.

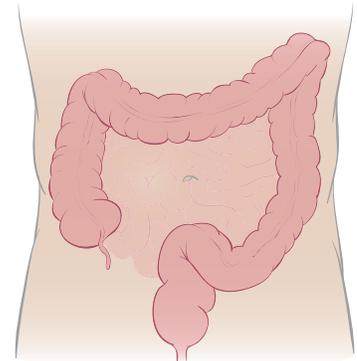
For now, just start with the instructions on caring for your ostomy, beginning on page 8. You can read the rest whenever you are ready.

Understanding Your Ostomy

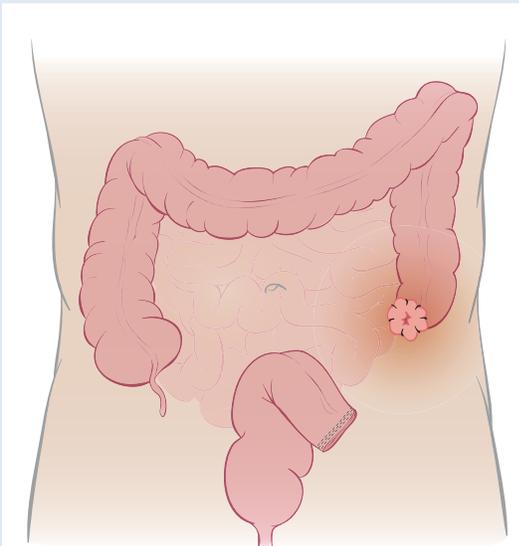
If your intestine has had a disease or an injury, it may need time to rest and heal, or it may need to be removed. If this happens, you may be given an ostomy. An ostomy allows waste to safely leave your body without passing all the way through your intestines.

To create an ostomy, part or all of your colon is removed. A surgeon brings a piece of your intestine through a small opening in your abdomen. This opening is called a stoma. A stoma in the colon is a colostomy. A stoma in the small intestine is an ileostomy. Body waste passes through the stoma instead of the rectum. A disposable pouch is placed over the stoma to collect the body waste.

Thousands of people of all ages, ethnic groups, and walks of life have ostomies. For many people, the process has saved their lives. Most go on to be healthy and productive.

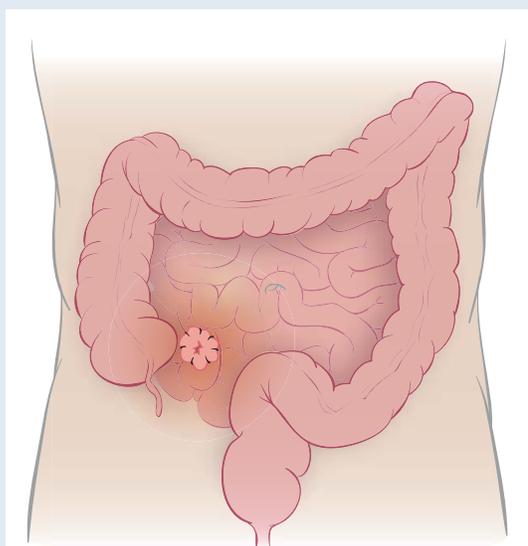


Normal Colon



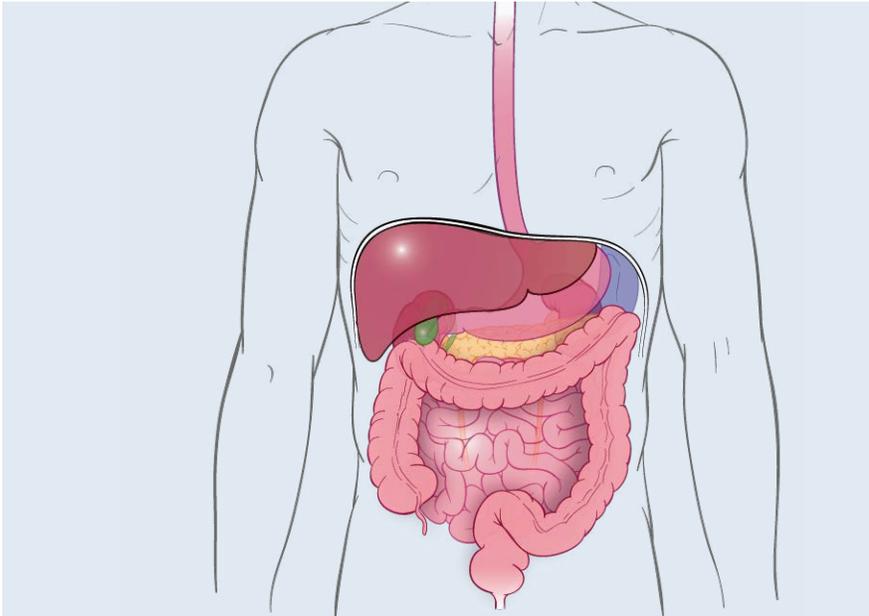
Colostomy

The stoma is created in the colon.



Ileostomy

The stoma is created in the small intestine.

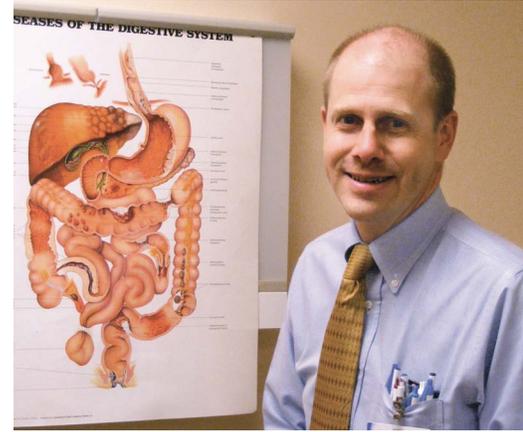


Understanding digestion

In normal digestion, food breaks down as it passes through your stomach, small intestine, and colon. Your body absorbs water and nutrients along the way.

If you have a colostomy, most of your intestine is still there. You will absorb about the same amount of nutrients, and your stool will be thick.

If you have an ileostomy, you no longer have a colon. You will absorb nutrients, but will need to replace electrolytes with what you eat and drink. Ileostomy stool is often mushy.



Dr. Moesinger is a surgeon who sometimes creates ostomies.

“Nobody is enthusiastic about an ostomy, but sometimes it can save your life, or your lifestyle.”

Understanding Your Stoma



For several weeks after your surgery your stoma may be swollen.



After a few weeks, the swelling will go down. The creases in the skin are a normal result of slight pressure under the barrier.

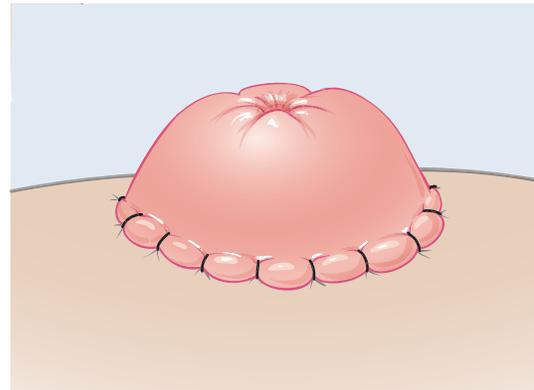
The stoma is the part of the intestine that you see on your abdomen. The surgeon forms the stoma by rolling the end of the intestine back on itself, like the cuff of a sleeve. The edges of the stoma are sewn to the skin to hold it in place. Body wastes then pass to the outside of the body through this opening. Here are a few characteristics of your stoma:

It's red. Your stoma has a lot of blood vessels. Its bright red color means it's getting enough blood. If your stoma turns any color other than red or pink, call your surgeon right away.

It may bleed a little. When you clean it, you may see some blood on your washcloth. This is like the bleeding that sometimes happens when you brush your teeth. It's not a problem.

It's always moist. The skin of your stoma is a mucous membrane like the skin on the inside of your mouth. It stays moist.

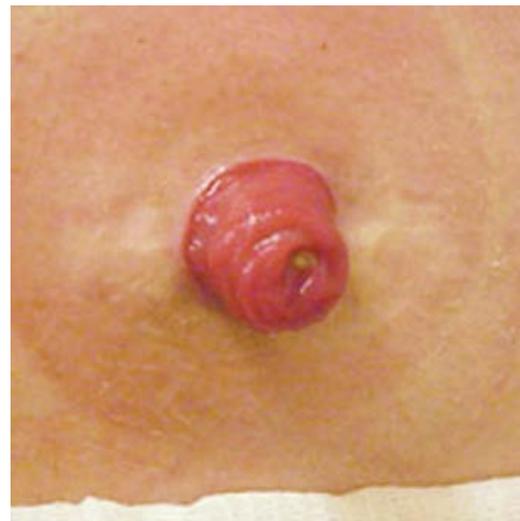
Sometimes it moves. Your stoma may expand and contract, or move a little. This is normal muscle movement (called peristalsis) used to push stool through the intestines.



Its shape changes over time. Right after your surgery, your stoma will be swollen. As it heals, it will get smaller. Your stoma may continue to change in size and shape throughout the first year as it continues to heal. You'll need to measure it regularly during this time to make sure your barrier and pouch fit well. When healed, your stoma may be large or small, flat or protruding, or round or oblong. It will be unique to you.

It has no feeling. The stoma has no nerve endings, so you won't feel the urge to have a bowel movement. You also won't feel pain when it's pinched or scratched. For this reason, you need to be careful not to injure it with tight belts or clothing.

You can't control it. You won't be able to control when gas or body wastes (stool and mucus) come out of it. You'll need to keep a pouch over your stoma all the time. Unless directed otherwise by your ostomy nurse, never put anything inside your stoma.



Normal stomas can be a variety of shapes.

Caring for Your Ostomy

At first, caring for your ostomy may seem like a lot of work. With practice, though, it will become a natural part of your day.

Getting help

You have a lot to learn at first. To get started, you may need help with:

- **What products work best for you.** There are many sizes and options to choose from, and it will take a few tries to decide what you prefer.
- **Where to buy your supplies.** You need to make sure your supply company is covered by your insurance or Medicare plan.
- **How to care for your ostomy.** This booklet covers some basic ideas. You'll probably have plenty of other questions as you get started.

Luckily, there are many places to go for help, so don't try to do this alone! Here are some places to get help:

- **Your ostomy nurse** at the hospital will get you started. Be sure to stay in touch with this or another nurse to help you along the way.
- **Support groups.** There are many people around you who have gone through this already. The resources section on the last page of this booklet lists support groups and web sites.
- **Your supply company.** They may have an ostomy nurse on staff. Be sure to ask.
- **Other materials.** If you were given a video or other training materials by your nurse, be sure to use them. These can be very helpful.

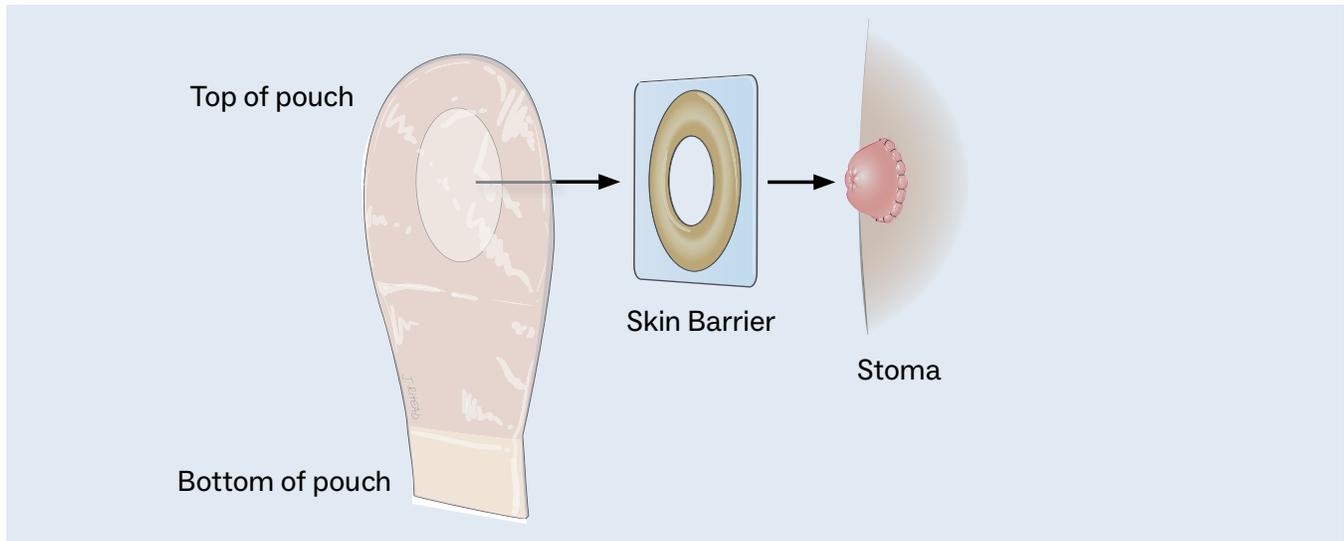


“My ostomy nurse, Martha, has been such a big help. She’s helped a lot of people get used to having an ostomy, so she really understands how I feel and what I need to know.”

— Elise

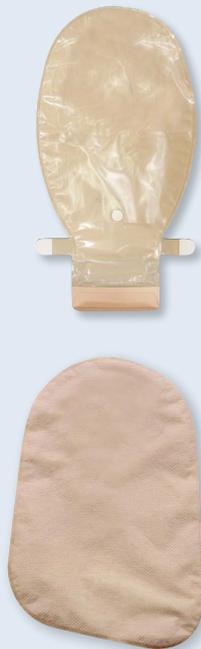
The basics: Pouches and barriers

The pouch and barrier are the two basic supplies for caring for your ostomy. Together they prevent odor and protect the skin around your stoma. There are a few different types for you to choose from.



The pouch holds waste.

- A **drainable** pouch has an opening at the bottom. This type of pouch is used most often with stomas that have mushy or liquid output. It can be emptied and reused for 3 to 5 days.
- A closed pouch does not open at the bottom. This type is used with stomas that output stool, which can be difficult to squeeze out of a drainable pouch. It is thrown away after each use.



The **skin barrier** seals the pouch to the skin around the stoma.

- On a one-piece system, the barrier is already attached to the pouch. You seal them to your skin at the same time.
- On a two-piece system, you put the barrier on your skin first, then attach the bag in place over it.

Both one-piece and two-piece systems can be used with either drainable or closed pouches.



My supply company

Phone

Website

Shopping for products and supplies

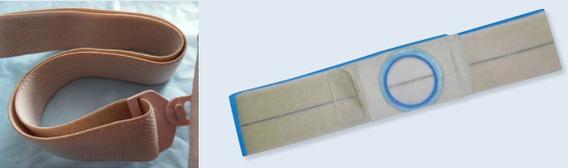
This list will help you decide what supplies you need and keep track of where to get them. Most medical supply stores don't stock ostomy supplies, so you need to order through a special supplier. Write the name and contact information of your preferred supply company in the box at left.

Basic products

Product	Types	Specific products you use
<p>Drainable or closed pouches</p> <p>Some people like to have both on hand.</p>		<p>Product name and number</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>One-piece or two-piece pouches</p> <p>One-piece pouches come with a barrier attached. If you buy two-piece pouches, you need to buy barriers separately.</p>		<p>Product name and number</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Cut-to-fit barrier</p> <p>Cut-to-fit barriers come with a measuring guide to help you cut them to the correct size.</p>	 <p>Note: Once the swelling has gone down and your stoma is not changing size as much, you can also buy pre-cut barriers.</p>	<p>Product name and number</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Moldable barriers</p> <p>These work best for stomas that stick out. The opening can be pressed to the shape of your stoma. It can also be cut.</p>		<p>Product name and number</p> <p>_____</p> <p>_____</p> <p>_____</p>

Additional products

The products on this page are not required. Many people like to keep some of these things on hand though. Some companies will send you samples of products to try before you buy them. Use the blank spaces below to write in specific products that your ostomy care providers recommend.

Product	Types	Ordering information
<p>Adhesives, powders, strip putty, rings or pastes</p>		<p>Product name and number</p> <hr/> <hr/> <hr/> <hr/>
<p>Skin protectants and adhesive removers</p>		<p>Product name and number</p> <hr/> <hr/> <hr/> <hr/>
<p>Deodorizers and filters</p> <p>Some pouches come with filters that decrease odors. You can also buy filters separately. Deodorizing liquids or tablets can be placed in the pouch after emptying.</p>		<p>Product name and number</p> <hr/> <hr/> <hr/> <hr/>
<p>Ostomy belts</p> <p>A belt can help keep the pouch against your skin.</p>		<p>Product name and number</p> <hr/>
<p>Other</p>		<p>Product name and number</p> <hr/>

Applying your pouch

The best time to change your pouch is when your stoma is less active, such as in the morning before you eat or drink anything.

Choosing a pouch

Use the information on pages 8 and 9 to help you decide which pouch to use.

Drainable or closed. Whether you are using a drainable pouch or a closed pouch, you apply it in the same way. Follow the instructions below.

One-piece or two-piece. If you use a one-piece pouch, the barrier is already attached. If you use a two-piece pouch, you will place the barrier over your stoma first, then attach the bag. With both types of pouches, you need to prepare the barrier before you place it on your skin.

Preparing the barrier

The **barrier** is the part of the pouch that attaches directly to your skin. You need to seal it to your body correctly in order to prevent skin irritation. There are three main types of barriers: moldable, cut-to-fit, and pre-cut. Pre-cut barriers are ready to use. Read below for how to prepare moldable barriers and cut-to-fit barriers.

Moldable barriers are a flexible, soft material that you press into the shape of your stoma. They are easy to use. To prepare the moldable barrier:

- Leave the plastic backing on and hold the opening over your stoma.
- Roll the edges of the opening back so it will fit around your stoma. Follow the manufacturer's directions for best results.



Cut-to-fit barriers are designed to be cut to the size and shape of your stoma. To prepare a cut-to-fit barrier:

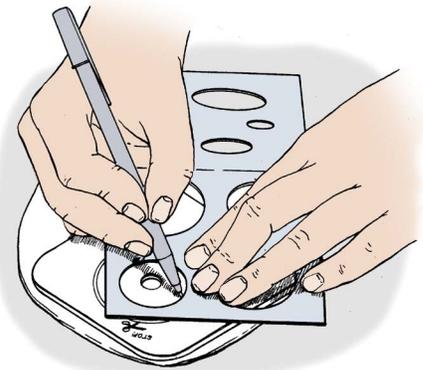
- **Gather your supplies:** Barrier, pouch, measuring guide, pen, and scissors.



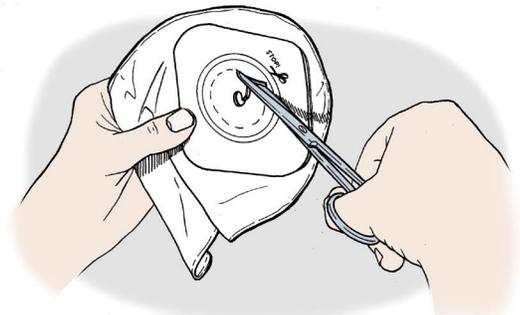
- **Measure the opening.**
Using the measuring guide, choose the circle closest to the size of your stoma by placing the guide over the stoma. If your stoma is an uneven shape, create a template as instructed by your ostomy nurse. Your stoma may get smaller during the first year. As it does, you'll need to adjust your template.



- **Trace the shape** onto the back of the barrier.



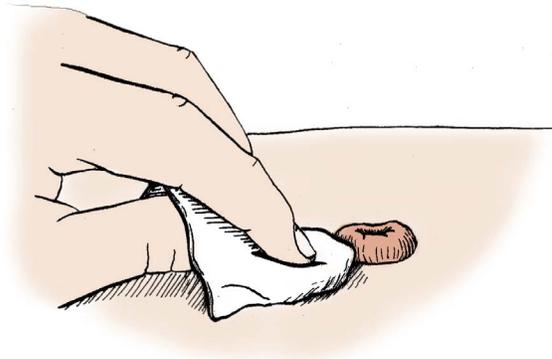
- **Cut the opening** in the barrier.



Removing the pouch and preparing the stoma

Prepare your stoma for the new pouch to be placed.

- 1 Gather your supplies**, such as a wash cloth and any skin preparations or other supplies your nurse has recommended.
- 2 Remove the used pouch carefully.** Apply gentle pressure to the skin with one hand as you pull downward on the pouch with the other hand. Do not pull forcefully. If the pouch is difficult to remove, use a warm, wet cloth or an adhesive remover. (If using adhesive remover, make sure to clean it off your skin with soap and water so your new barrier will stick.)
- 3 Clean the skin** around the stoma with warm water and a wash cloth. You could even take a shower at this time.
- 4 Remove hair.** If you have hair growing around the stoma, remove it using electric clippers, such as beard grooming clippers. Shaving with a razor is not recommended because it irritates the hair follicles. Do not use hair removal creams.



- 5 Allow the skin to dry completely.** If body waste spills onto the skin around your stoma, clean it again and let it dry completely.

Preparing the skin and securely sealing the barrier around your stoma are essential to keeping the skin around your stoma healthy.

Applying the barrier and pouch

You can apply your pouch standing, sitting, or lying down. Do not allow the skin around your stoma to wrinkle. The wrinkles could break the seal as they straighten out when you stand up or sit down. Standing in front of a full-length mirror will help you get a better view of your stoma.

1 Warm the barrier with your hands for a minute or two before you remove the backing. Whether you're using a moldable, pre-cut, or a cut-to-fit barrier, it will stick better if it's warm.

2 Remove the backing from the barrier.

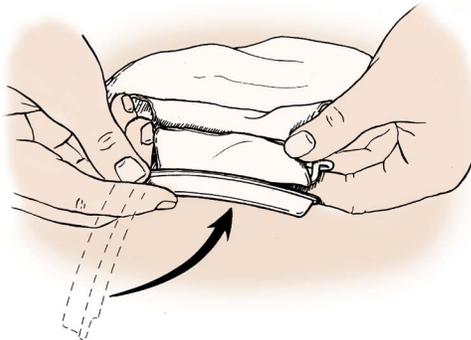


3 Center the barrier over the stoma. Using your hands, press down at the center and work outward.



4 If using a drainable pouch, be sure to close the bottom end. The directions on the pouch will explain how.

5 If you're using a two-piece system, attach the pouch to the barrier.



Wearing your pouch inside your underwear will give you extra support. In hot weather, you may want to place an extra layer of cloth between your pouch and your skin. This helps prevent heat rash. Pouch covers can also be purchased from an ostomy supply company.

Emptying and cleaning your pouch

It's a good idea to keep your ostomy supplies together in one container in your bathroom. That way you can have everything handy when you're near the toilet.

Emptying a drainable pouch

Empty the pouch when it is $\frac{1}{3}$ to $\frac{1}{2}$ full of gas or stool. Emptying it before it's too full will be more comfortable and make the pouch last longer.

- 1 Place a layer of toilet paper in the toilet bowl to prevent splashing.
- 2 Find which way to sit is most comfortable for you:
 - Sit on the toilet with the tail end of the pouch aimed between your legs.
 - Sit on a stool facing the toilet. Lean forward and hold the end of the pouch over the toilet. (A stool or chair on wheels will allow you to move around more easily if you need to. Adjustable height may also be helpful.)
- 3 Hold the bottom of the pouch up, and undo the closure.
- 4 Slowly lower the tail end of the pouch over the toilet. You may open the tail end by pushing in both ends of the outlet end-strip with your thumb and forefinger.
- 5 Slide your fingers down the pouch to push the stool out.
 - If you have an ileostomy, the stool will be very thin or mushy.
 - If you have a colostomy, the stool may be thin at first as your body loses other fluids from the surgery. Eventually it will be about the consistency of normal stool.
- 6 If the stool is thick, pour a small amount of water into the pouch before you empty it or consider using a closed-end pouch.



Some people empty their pouch while sitting on the toilet.



Some find it easier to sit on a chair facing the toilet.

Cleaning and closing a drainable pouch

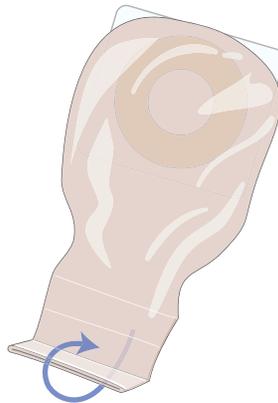
Once you've emptied the pouch, you can clean the opening, and then close it and keep using it. Follow these steps:

1 Using a piece of toilet paper, wipe clean the inside and **outside** of the end of the pouch. This helps prevent odor.

2 Optional: To rinse out the pouch, hold the end of the pouch up, pour water into it, hold it closed, and gently shake. Empty the pouch into the toilet.



3 Close the tail end securely, following the instructions for your pouch.



Replace the barrier every 3 to 5 days, or as needed. For example, replace it when:

- The skin under the barrier starts to burn or itch
- The barrier is pulling away from the stoma
- The barrier is leaking

Releasing gas

Gas can collect in the pouch even if there is no stool. It needs to be released carefully. Never make a hole in the pouch to release gas. If you do, odor and stool can leak out.

You will probably have the most gas in the first few weeks after your surgery. The tips on page 28 suggest ways to prevent gas. Some pouches also come with a charcoal filter that absorbs odor and releases gas slowly.

Releasing gas from a two-piece pouch

To release gas from a two piece pouch, follow these steps:

- 1** Unsnap a small part of the pouch from the barrier along the top edge of the pouch.
- 2** Push on the pouch to force the air out from the top.
- 3** Snap the pouch back onto the barrier. Make sure it's completely sealed.



Healthy stoma

The wrinkles on the skin are normal.

Most soaps will not hurt your stoma. Don't use soaps that contain lotion, aloe, perfumes, or dyes. These can leave a residue and prevent the barrier from sticking well.

Caring for the skin around your stoma

The skin around a stoma is called **peristomal skin**. It should look much like any other skin. Sometimes, however, this skin can become red and raw. It's easier to prevent skin problems than to treat them after they happen. To keep your peristomal skin healthy, follow these steps:

For healthy peristomal skin:

- **Change the barrier properly.**
 - If the barrier's seal leaks, or if your skin starts to burn or itch, replace the barrier right away. Don't try to tape or repair it.
 - Remove the used barrier and pouch carefully. Gently peel the barrier away from your skin while holding the skin tight with the other hand. Do not pull forcefully.
 - Clean off any build-up of paste or adhesive on your skin every time you change the barrier. Use adhesive remover to help dissolve the adhesives.
- **Keep your skin clean.**
 - Gently clean your skin with warm water and a washcloth. Do not scrub vigorously. This can irritate the skin. Be sure to completely wash away any adhesive removers or solvents.
 - Don't use soaps that contain lotion, aloe, perfumes, or dyes. These can leave a residue and prevent the barrier from sticking well.
 - Let your skin dry completely before putting on a new barrier.
 - Watch for redness, swelling, burning, itching, or pain. If you have any of these problems, contact your ostomy nurse right away.
- **Use skin protection products if necessary.**
 - Your ostomy nurse can help you decide if you should use skin preparations, powders, rings, or pastes.
 - If you need to use any powders regularly, use them in small amounts. Brush away any extra powder. If instructed to by your ostomy nurse, blot over the powder with a skin prep or water. Allow it to dry before applying the barrier.
- **Make sure the hole in the barrier is cut or molded to the right size.**
 - If your stoma has gotten smaller, or if you've gained or lost weight, you may need to adjust the size of the hole or try a new pouch system. See the process on page 13.

If the skin around your stoma becomes irritated:

Your peristomal skin may become irritated by one of the following:

- Contact with stool or adhesives, or an allergic reaction to one of your ostomy products.
- A barrier and pouch that have been left in place too long.
- A barrier that has been removed too forcefully and irritated the skin or the hair follicles.
- Skin that has been scrubbed too hard.
- A fungus or yeast rash caused by persistent skin moisture or from antibiotics.

If your peristomal skin becomes irritated, treat it right away.

To treat the irritation, create a **crust** that will make a barrier to absorb fluid from the irritated skin and still allow your barrier to stick. Here's how:

- 1 Wash the skin and pat it dry.
- 2 Sprinkle **stoma powder** on the irritated skin. Brush off excess powder to leave a light dusting. (Depending on the type of skin problem you have, your nurse may recommend a different type of powder to use.)
- 3 Optional: Dab or pat the powdered skin with a skin-barrier wipe or water. To avoid burning, use a no-sting skin preparation product or one that is alcohol-free. Or, you can just use stoma powder alone.
- 4 Repeat, if instructed to by your ostomy nurse.
- 5 Allow it to dry, and then apply the barrier.

If your skin is irritated and you have created a crust to help it heal, you may have to change the pouch and barrier more often. Moisture, powder, and skin preparations from a deeper wound often keep the barrier from sticking.

If your skin continues to break down, becomes extremely irritated, and gets sores, see your doctor or ostomy nurse.



Irritated skin around stoma

The skin around this stoma is irritated. If the skin remains irritated for too long, it can start to break down. It will look red and weepy, and sometimes it may bleed. If your skin looks like this, call your ostomy nurse right away.

If you continue to have trouble with your peristomal skin, be **SURE** to contact your ostomy nurse for help.

Living with an Ostomy

It may seem hard to imagine now, but eventually your ostomy won't be the most important thing in your life. With time, you won't think about it as much. You'll probably find that you can live a normal life and do most of the things you used to do.

Feeling confident

It's normal to have questions, fears, and frustrations. Remember that these emotions may be similar to those you felt when you went through other big changes in your life. Give yourself time to adjust and work through them. It may take several months. And remember that there are many people who can help:

- **Your ostomy nurse** has helped many people through this transition, and has a lot of experience with what you might need.
- **Ostomy support groups** are a great place share your feelings and to ask questions as you adjust. Resources on page 35 list ostomy support groups.
- **If you have a spouse or partner**, consider having them with you while the nurse is teaching you to care for your ostomy. It can be comforting to have someone beside you who can help. This may also make it easier to talk frankly about how you both feel about your ostomy. Being open about it can help you cope with your emotions.

As for other people in your life, you can decide who you want to tell about your ostomy. Those close to you may be concerned about your recovery, and explaining it to them may ease their fears. Others you may not want to tell right away. If people ask why you were away from work or in the hospital, think ahead about how to answer their questions. You could just say that you've had abdominal surgery and not go into detail. Later, when you're more comfortable caring for your ostomy, you may find you're more willing to discuss the details.



Allison (left) and Arianne are “besties” who both have ostomies and have helped and supported each other along the way.

Your emergency kit — for any time you're away from home

One of the best ways you can feel confident about your ostomy is to be prepared whenever you're away from home. Here's how:

- **Always** carry with you an emergency kit that includes:
 - Small amounts of your normal supplies.
 - Small plastic bags that you can use to throw out used products and waste.
 - A copy of your supply list and prescriptions.
 - Names of some supply companies. Include at least one that will ship supplies to you if you're far from home.
- Keep a change of clothes in your car so you won't have to go home to change if you have a leak that stains your clothing.
- Don't pack your supplies in luggage that could get lost.
- Don't expose your supplies to extreme hot or cold.

If you're prepared, you can enjoy yourself and not let your stoma become the focus of your activities. Planning ahead generally pays off.



Isaiah is a college student. He's studying math and loves the outdoors, especially rock climbing. He has had an ostomy for a year.

"My ileostomy hasn't stopped me from doing anything in my daily life. If anything, it has improved my life."



People of all ages have ostomies, including kids like 10-year-old Treyden.

Adjusting your activities

With a few small changes, you can still do most everything you used to.

In the first few weeks after your surgery, you may spend a lot of time planning activities around your ostomy care. With practice, though, you'll get better at it and it won't take so much time. If there are things you want to do that seem too difficult now, be sure to talk with your nurse or with other ostomy patients. They can often help. The following pages list ways to approach specific activities.

Bathing. You can take a shower or bath with your pouch on or off. If you bathe with your pouch off, water will not flow into your stoma. Your stoma may leak a little, however. If you bathe with your pouch on, water will not affect the adhesive. Be sure to dry your pouch very well. Always be sure to rinse all the soap off well.

When you're traveling, however, you may need to be more careful. If you're in a place where you are not comfortable drinking the water, don't let the water get on your stoma when bathing. Wash your stoma with bottled water. If you have an ileostomy, you need to be especially prepared to have plenty of bottled water available for both drinking and washing.

Clothing. You don't need special clothes. You can wear your usual clothing. If your belt or waistline is right on top of your stoma, you may need to increase your clothes by one size. Your ostomy nurse can help you decide if you should do this.

Intimacy. The patterns of your sex life don't need to change because of your ostomy. Close body contact won't hurt your stoma. There are, however, a few changes to consider.

Here are a few tips:

- If you have a new ostomy, ask your doctor when you can resume sexual activity.
- Be sure to completely empty the pouch beforehand.
- Be sure your pouch is sealed well.
- You may want to use a pouch cover, closed-end pouch, or pouch-concealing undergarments. Supply companies sell these products.
- Talk to your partner about how you feel about intimacy with an ostomy. Be sure to listen to your partner's feelings, too. It's important for you both to be open about how you feel.
- If you are a woman of child-bearing age, use birth control until your doctor tells you that you're healed enough to become pregnant.



Traci-lyn joined a local support group to meet others with ostomies and learn more about ostomy care.



Claire was back to work as a meter reader 5 weeks after her ileostomy. She works out, rides bikes, hikes, and fishes. She says: “I do anything I want to, and I try to make the most out of the hand I was dealt.”

Working: Your doctor will tell you when you can return to work, and if you should change your work activities in any way. If your job includes heavy lifting or lifting for long periods of time, you may need to modify your job. Allow yourself plenty of time to get used to your ostomy before going back to work.

Travel: When you travel, keep your ostomy supplies with you in your carry-on luggage. Always carry your emergency kit (as described on page 21), and don't pack it in anything that could be lost. Be sure to have plenty of drinking water available, and plan ahead so you have foods available that you can tolerate. The United Ostomy Association of America (UOAA) has a TSA card you can carry if you are questioned at the security gate.

On long airplane flights: Try to use a pouch liner so you'll have to spend less time in the rest room. Carry a resealable plastic bag with good quality paper towels for pouch changing emergencies. You may want to carry some deodorizer spray to keep the odor down when you need to empty stool or gas. Be sure to drink plenty of fluids so you don't get dehydrated. People with ileostomies often eat a banana or several large marshmallows before the flight to delay trips to the bathroom.

When traveling to a foreign country: When you wash or clean your stoma, be sure that you are using water that is safe to drink. This may require you to use bottled water. Take extra supplies in case you're stranded where none are available. Bring ostomy information written in the language of the country where you are traveling.

Swimming: Some people with ostomies do not swim. However, many do swim and go in hot tubs. If you do, it's important to keep a secure pouch over your stoma, for your own protection as well as the protection of others. Using waterproof tape around the edges of the barrier can help secure it to your skin. Be sure to cover all the edges, like a picture frame. If you plan to go in a hot tub, check your pouch to see how it responds to the heat.

After swimming or going in a hot tub, dry the pouch completely with a cool blow dryer. This will help your pouch last longer. You may also need to use extra adhesive on the barrier after swimming.

Swimwear and underwear: Shop around for a swimsuit that conceals your pouch. You can also find websites that offer swimwear and underwear specially designed for people with ostomies. In general, busy prints will hide it better than solid colors. Men may need to wear a tank top or other shirt if their stoma is above the belt line.

Camping and hiking: Always pack plenty of ostomy supplies and drinking water. Make sure to plan ahead for any special food needs you have. If you won't be able to bathe often, you may want to bring a cleaning product that you don't need to rinse off. Take resealable plastic bags to dispose of waste. Always plan to be with a friend.

Ball sports: Many people with ostomies enjoy tennis, softball, baseball, and soccer. These non-contact sports should be safe for you to play, as long as you are not hit in the abdomen. You may want to use a pouch with a charcoal filter so you won't have to stop and relieve the gas from your pouch.

Do not play football or other contact sports unless you've met with a specialist and have a special guard to protect your abdomen from blows. There are also shields that can be applied to the pouch for protection.



Marsha hasn't let having an ostomy keep her from traveling or having fun. On a recent trip to Hawaii she enjoyed snorkeling, paddle boarding, and boogie boarding.

Eating to Stay Healthy

For the first 6 to 8 weeks after your surgery, you'll need to eat less fiber. Later, you can eat most everything you used to.



During the first 6 to 8 weeks, both your intestines and your stoma may be swollen. High-fiber foods may clump together and cause blockages in the small intestine that will not easily pass through the stoma. Blockages can be dangerous.

Eventually, you'll probably be able to return to a normal diet that includes the vitamins and nutrients you need to stay healthy. At first, though, follow the tips below and in the table that follows:

- Chew foods well. This will help you digest foods more easily.
- Be sure to drink something with every meal. This helps food pass through the intestine more easily.
- Drink at least 8 to 10 glasses of fluids a day.
- Eat 4 to 6 smaller meals per day.
- Eat small servings. Eat your largest meal at noon and a smaller meal in the evening. This will help reduce your stool output at night.
- After 6 to 8 weeks, gradually increase the fiber in your diet until you reach the amount needed for bowel control.

Eating less fiber at first

During the first weeks after your surgery, you'll need to manage your fiber intake carefully. At first, eat the foods with less fiber, as recommended in the table below. **This is especially important if you have an ileostomy.** In 6 to 8 weeks, after your stoma heals, you can add in foods with more fiber. Add new foods one at a time to make sure you can tolerate them.

Food group	At first, eat these foods that contain less fiber	After 6 to 8 weeks, gradually add these foods that contain more fiber
Breads, Cereals, Rice and Pasta 6 to 11 servings a day	<ul style="list-style-type: none"> • White bread, rolls, crackers • Refined cereal (cream of wheat, cream of rice, oatmeal) • White rice 	<ul style="list-style-type: none"> • Whole wheat bread, rolls, cereals, brown rice, bran
Vegetables 3 to 5 servings a day	<ul style="list-style-type: none"> • Soft, cooked green beans, carrots, beets, squash, and stewed tomatoes • Mashed, boiled, or baked potatoes without the skin • Other pureed vegetables 	<ul style="list-style-type: none"> • Raw vegetables • Mushrooms, green peppers • Peas, corn, popcorn <p>Remove skins and seeds from vegetables</p>
Fruits 2 to 4 servings a day	<ul style="list-style-type: none"> • Applesauce, ripe bananas • Canned fruit packed in water /juice • Unsweetened juices without pulp 	<ul style="list-style-type: none"> • Dried fruit, apple skins, coconut, grapefruit, pineapple <p>Remove skins and seeds from fruits</p>
Milk, Yogurt, and Cheese 2 to 3 servings a day	<ul style="list-style-type: none"> • Milk and milk products as tolerated (add back slowly) 	
Meats, Dry Beans and Peas, Eggs, and Nuts 2 to 3 servings a day	<ul style="list-style-type: none"> • Lean meat, fish, and poultry • Eggs 	<ul style="list-style-type: none"> • Sausage, hot dogs, and meat • Nuts, beans, lentils



Always drink plenty of fluids.

Eating to prevent food-related problems

Just as before your surgery, the foods you eat will affect the amount of gas and odor you produce. They'll also affect whether you have constipation or diarrhea. With an ostomy, however, it's especially important to control these things. Learning the way different foods affect you will help you have a better experience with your ostomy.

The tips in the table below will help you eat to control specific digestive problems.

Problem	Do	AVOID
Gas	<ul style="list-style-type: none"> • Eat slowly. • Chew with your mouth closed. • Talk with your ostomy nurse about ways to control gas and odors that occur after you eat certain foods. 	<ul style="list-style-type: none"> • Skipping meals. • Drinking through straws. • Eating these gas-producing foods: Beer, carbonated drinks, onions, eggs, broccoli, cabbage, corn, spicy foods, cucumbers, beans, dried peas, Brussels sprouts, cauliflower, fatty foods, dairy products.
Odor	<ul style="list-style-type: none"> • Include these odor-reducing foods in your diet: buttermilk, cranberry juice, orange juice, yogurt, parsley. • Empty your pouch often. • Put special deodorant tablets or liquids in the pouch. • Ask your doctor about odor-reducing medicines such as bismuth. 	<ul style="list-style-type: none"> • Eating these odor-producing foods: Broccoli, cabbage, eggs, onions, asparagus, cauliflower, fish, Brussels sprouts, strong cheese, garlic.

Problem	Do	AVOID
<p>Blockage If you have an ileostomy, it may be harder to digest foods that are high in fiber. If you eat too much of them, they can clump together and block your small intestine.</p>	<ul style="list-style-type: none"> • Chew foods well to break down fiber into smaller pieces. • Drink at least 8 to 10 glasses of fluids a day. Water or fruit juices may be the most helpful. • Eat small servings. Eat your largest meal at noon and a smaller meal in the evening. This will help reduce your stool output at night. • Have foods and drinks that loosen stool, such as: alcohol, prunes, fresh fruits and vegetables (except bananas), chocolate, fruit juices, whole milk, fried foods, whole-grain breads and cereals, dried beans, spices. 	<ul style="list-style-type: none"> • With an ileostomy: eating certain high-fiber foods, such as corn, celery, apple peels, nuts, popcorn, or grapes, may cause blockages in the small intestine that will not easily pass through the stoma. • About 6 to 8 weeks after surgery, try adding the foods listed above one at a time and in small amounts.
<p>Constipation If you have a colostomy, you may experience constipation from time to time.</p>	<ul style="list-style-type: none"> • Try these foods to help relieve constipation: Coffee or other warm drinks, cooked or fresh fruits and vegetables, fruit juices. 	
<p>Diarrhea</p>	<ul style="list-style-type: none"> • Drink at least 8 to 10 glasses of fluids a day. If you have an ileostomy, make sure your fluids have added electrolytes (for example, sports drinks). • Eat your largest meal at noon and a smaller meal in the evening. • Eat foods that thicken stool, such as: Applesauce, marshmallows, smooth peanut butter, crackers, boiled milk, pretzels, sugar-free gelatin, tapioca, baked potato, rice, toast (white), yogurt, cheese, ripe bananas. 	

Special Medical Considerations

With an ostomy, you're more likely to experience constipation, blockage, or dehydration. Your body also absorbs medicine a little differently than it used to. Understanding these issues can help you prevent common problems.

Constipation and blockage

Constipation can affect anyone. Normally the colon absorbs water into the body. When all or part of the colon is removed and an ostomy is created, a lot of water passes out of your body before it is absorbed. A person with an ileostomy can become dehydrated much more easily. Dehydration can contribute to constipation in a person with a colostomy.

Other factors also contribute to constipation. Stool consistency also depends on what you eat, how often you eat, your emotions, and sometimes medicines. Medicines that can cause constipation include those taken for pain, to relax muscles, to calm nerves, and medicines that contain iron.

Blockage is a condition that affects people with an ileostomy. A blockage happens when foods clump together in your small intestine and clog it.

If you have an ileostomy, a blockage can become an emergency. A prolonged blockage could cause your intestine to rupture.

If the blockage lasts more than 2 or 3 hours, or if you start to vomit, call your doctor right away, or go to the nearest hospital emergency room.

A photograph of a woman with short brown hair, wearing a pink t-shirt and light-colored pants. She is holding her right hand to her lower back, indicating abdominal pain. Her expression is one of discomfort or pain.

If you have an ileostomy, blockage can become an emergency.

These are signs that you may have a blockage:

First signs of blockage:

- A continuous spurt of very watery stool
- Feeling bloated or crampy near the stoma
- Stool with a very strong odor
- Swollen skin around the stoma

Signs of continued blockage:

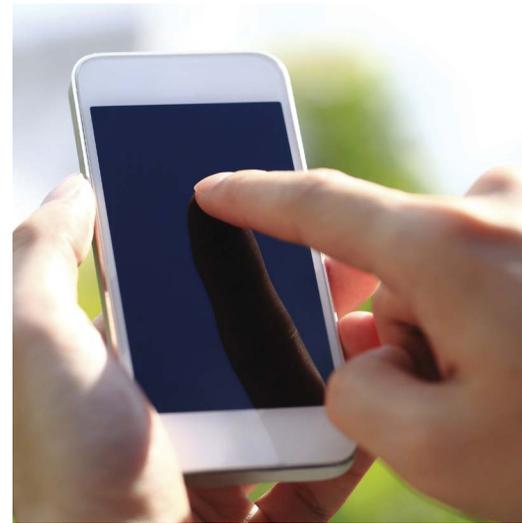
- The flow of stool eventually stops
- Increased pain
- Nausea and vomiting

If you think you have a blockage:

- DO NOT eat any solid food
- DO NOT take any laxatives or stool softeners

You CAN try one of these ways to clear the blockage:

- Put on a pouch with a larger stoma opening
- Gently massage your abdomen
- Lie on your back, pull your knees to your chest, and rock side to side
- Take a hot bath or shower for 15 to 20 minutes
- Drink a hot beverage



If the blockage lasts more than 2 or 3 hours, or if you start to vomit, call your doctor right away, or go to the nearest hospital emergency room.

Dehydration

Dehydration is a special concern for people with ileostomies or with diarrhea. Because your large intestine has been removed, larger amounts of fluid are lost with your stool. You need to drink more fluids to make up for the fluid loss and avoid becoming dehydrated.

To avoid dehydration:

- Drink at least 8 glasses of fluids every day.
- Don't drink a lot of drinks that are sweet or sugary. These can speed up the movement of stool through the gut.
- Don't drink a lot of caffeine (as in coffee or cola drinks). Caffeine can increase fluid loss.
- Drink extra fluids during exercise, in warm weather, or when you have diarrhea.
- Balance your electrolytes. Electrolytes are chemicals such as salt and potassium that help your body absorb and use water. Ask your doctor if you should plan a diet with foods high in salt and potassium. Salt foods to satisfy your taste, but be careful not to overdo it.

Eat these foods to help prevent dehydration:

High salt foods:	<ul style="list-style-type: none">• broths or bouillon• buttermilk• bacon	<ul style="list-style-type: none">• crackers• ham• pretzels• soups	<ul style="list-style-type: none">• soy sauce• tomato or vegetable juice
High Potassium foods:	<ul style="list-style-type: none">• bananas• orange juice• grapefruit juice	<ul style="list-style-type: none">• squash• sports drinks• tomato juice or sauce	<ul style="list-style-type: none">• potatoes• smooth peanut butter

Signs that you may be getting dehydrated:

- Headache
- Extreme thirst
- Dry mouth
- Dry skin
- Shortness of breath
- Achiness
- Decreased urine output or urine that is dark yellow
- Dizziness
- Nausea or abdominal cramping



Dehydration can become a medical emergency. Go directly to the emergency room if you:

- Can't keep fluids down, and large amounts of fluids are going out
- Have symptoms of diarrhea

Medicines

Before you had an ostomy, medicine was absorbed into your body through your intestines. Now it has less time in your intestines to be absorbed. Anyone prescribing medicines for you needs to do so with this in mind. They also need to know what medicines you're taking related to your ostomy.

- Remember to let your pharmacist, doctor, and dentist know that you have an ostomy.
- If you have an ileostomy, do not take “long acting,” “sustained release,” or “enteric-coated” medicines. Also avoid medicines in hard-capsule form. If your doctor and your pharmacist know you have an ileostomy, they can order the kind of medicine that your intestine will handle best.
- If you have an ileostomy, don't use laxatives. Your bowel movements will already be soft and semi-liquid. Make sure your doctors know that you have an ileostomy so that they won't give you laxatives before a test or surgery.
- Some ostomy patients use bismuth preparations for odor control. If you are scheduled for an x-ray of your bowel, you must stop taking the bismuth for 24 to 48 hours before the test. Bismuth shows up on x-rays and it may be necessary to do the test over again if there is bismuth in your bowel.
- If you have questions or concerns about any medicine you are taking, talk with your doctor or pharmacist.



Make sure all your doctors know you have an ostomy. It will affect the way they prescribe medications.

My Plan

Use this page to record information about your ostomy, and where to get help when you need it.

Name: _____

Your type of ostomy: _____

Type and date of operation: _____

Surgeon: _____ Phone: _____

Ostomy nurse: _____ Phone: _____

Type of ostomy supplies you are using: _____

Change your barrier about every _____ days.

If your barrier is leaking, change it right away. Empty your pouch when it is $\frac{1}{3}$ to $\frac{1}{2}$ full.

Special instructions

- 1 Prepare an emergency kit: Pre-cut barrier, pouch, clamp, and tissues. Always carry the kit with you when you leave home.
- 2 Purchase more supplies a few weeks before you use all that you have. Most medical supply stores do not stock ostomy supplies, and mail orders usually take 2 to 5 working days to be filled.
- 3 If you have a problem or have questions, please feel free to call your ostomy nurse. Remember, it's usually easier for you and your nurse to work through a problem before it gets too big.

My supplies and equipment

Resources

There are many people who can help you learn how to care for your ostomy. Your ostomy nurse can help you find other resources as well.

National support website

United Ostomy Associations of America, ostomy.org, 800-826-0826

Many of the companies that make ostomy supplies also have useful information on their websites.

Intermountain ostomy support groups

Salt Lake City, 801-408-5663 or 801-662-3693

St. George, 435-688-4123

Ogden, 801-387-5146

Utah Valley, 801-357-8156

Intermountain ostomy and wound clinics

LDS Hospital Wound Clinic,
Salt Lake City, 801-408-3638

St. George Regional Hospital
Wound Clinic, St. George, 435-688-4293

McKay-Dee Hospital Wound Clinic,
Ogden, 801-387-5146

Logan Regional Hospital Wound Clinic,
Logan, 435-716-2836

Utah Valley Hospital Wound Clinic,
Provo, 801-357-8156

Primary Children's Hospital (children only)
Salt Lake City, 801-662-3697

Intermountain Medical Center
Wound Clinic, Murray 801-507-9310

Supply companies

Ask your ostomy nurse for a list of national and local supply companies. If you have problems finding the right product to fit you. Your ostomy nurse can usually help.

Glossary

- **Colostomy:** A surgically created opening of the large bowel, which forms a stoma and diverts body wastes.
- **Enterostomy:** Surgical formation of an opening into the digestive tract.
- **Ileostomy:** A surgically created opening of the small bowel, which forms a stoma and diverts body wastes.
- **Ostomy:** A surgically created opening which is made through the abdominal wall to divert body wastes.
- **Peristalsis:** The normal motion of the bowel that moves bowel contents through the bowel.
- **Peristomal skin:** The skin around the stoma.
- **Stoma:** The visible portion of the intestine that is surgically brought out to the skin through the opening in the abdominal wall during your ostomy surgery.



Cary and Craig are friends from the same support group.

To find this booklet and other patient education, go to:
intermountainhealth.org



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