

Colostomy surgery and your care

First Edition Written by:

- O. Romagnoli, RN, BA, BScN, Med, 2009, Hamilton Health Sciences.

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- Suzanne Sandhu, RN, BScN, CWON, NSWOC, St. Joseph's Healthcare Hamilton.
- Parnell Culhane, RD, M.A.N., BAsC, St. Joseph's Healthcare Hamilton.
- Mary Dunn, BScN, Nurse Educator, Surgery, St. Joseph's Healthcare Hamilton
- Paula Eyles, MHSc, BScN, St. Joseph's Healthcare Hamilton.

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- Suzanne Sandhu, RN, BScN, CWON, NSWOC, St. Joseph's Healthcare Hamilton.
- Sara Smith, RD, St. Joseph's Healthcare Hamilton
- Mary Dunn, BScN, Nurse Educator, Surgery, St. Joseph's Healthcare Hamilton
- Joanna Satkunas, BScN, St. Joseph's Healthcare Hamilton.

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Table of contents

Please write down any questions you have about your colostomy or its care as you read this booklet. This will help you remember your questions.

The information in this booklet is about:

Topic	Page
Patient Education Checklist before going home	1
My Questions	2
Introduction and people who can help you	3
Digestive system	4
Types of colostomies	6
How to empty your pouch while wearing it	12
How to empty your pouch by taking it off	14
Removing the appliance (pouch and flange)	15
Applying a new appliance (pouch and flange)	16
Diet and Nutrition	18
• Summary Chart of Food Actions	20
Living with your colostomy	21
• Controlling odour	21
• Controlling Gas	22
• Clothing, Bathing, Swimming	23
• Travelling, Working, Exercising and Sports, Resting	24
• Colostomy activity at night, Sexual activities, Irrigation	25
• Follow-up care, Medical Alert	26
• Managing skin irritation	26
• Other Changes to look for	26
• When to call for help	27

Topic	Page
Colostomy Supplies	28
Paying for your colostomy supplies	29
Equipment	30
Resources	32

Patient Education Checklist before going home

I have:

- Read the booklet: Colostomy surgery and your care
- Practiced opening and closing the pouch
- Practiced burping the pouch of gas
- Practiced emptying the pouch in the toilet
- Participated in an appliance change
- Reviewed how to eat a high fibre diet
- Asked all of my questions
- Received my discharge supply kit
- Met with the discharge manager/coordinator and know who to call if I have any problems
- Received my discharge paperwork (After Visit Summary) and Zones document

Colostomy Surgery and your care

Colostomy Surgery and your care

Introduction

This book gives you information to help you care for your colostomy and learn how to live with your colostomy. The more you understand, know, and practice caring for your colostomy, the sooner you will be independent.

Colostomy surgery is one step to help you regain your health. Accepting and adjusting to your colostomy surgery takes time. Support from your family and friends will help during this time.

People who can help you

There are many people who can help you learn to care for your colostomy. Some of them are your surgeon, family doctor, ostomy nurse (NSWOC)*, hospital nurses, community nurses and other people who have ostomies.

After your surgery you will be expected to start learning how to care for your colostomy. The nurses will teach you and help you to learn how to care for yourself.

You will be expected to do as much for yourself as you can. We want you to be able to care for yourself before you go home. You will need to be independent with emptying the collection pouch before going home. You will have a community nurse help you learn how to change your appliance and manage your colostomy on your own. You will also have a NSWOC nurse supervising your care.

Many towns and cities have Ostomy Associations where you can meet other people with ostomies. Talking to other people who live with a colostomy is helpful in your recovery. See resources at the back for associations you may want to call.

Over time you will become more confident and comfortable caring for your ostomy. Most people living with an ostomy can return to a full and active life.

Remember:

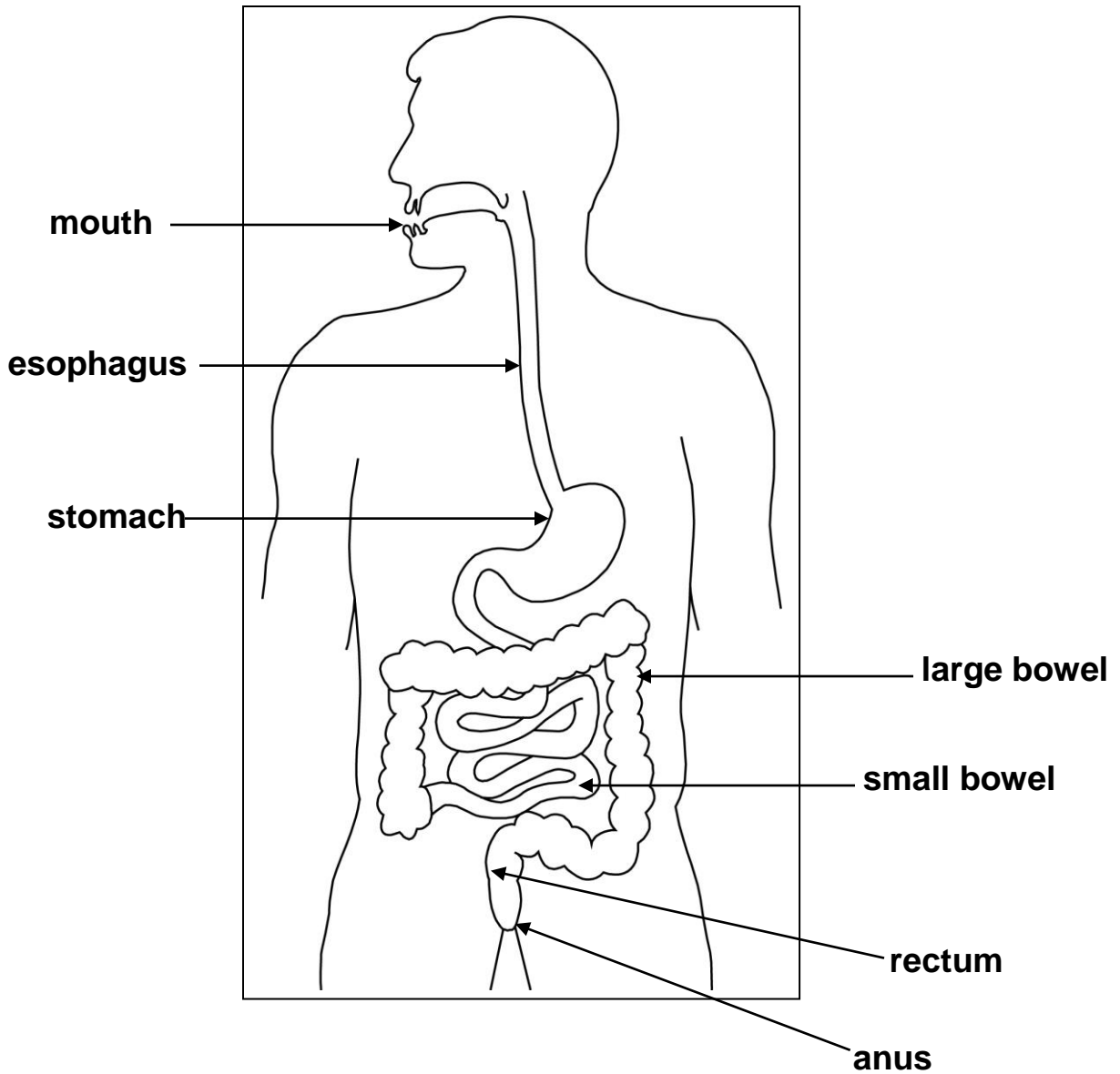
*** The Ostomy Nurse is also called NSWOC.**

NSWOC means Nurses Specialized in Wound, Ostomy and Continence

The term NSWOC is used in this book.

Digestive system

Your digestive system's parts and functions are listed below. Knowing what each part does will help you understand how the digestive system works.



Mouth

- grinds food up
- adds enzymes to start digesting food

Esophagus

- carries food from mouth to stomach

Stomach

- mixes gastric juices with food to make a watery mixture
- empties the food mixture into the small bowel

Small bowel – about 7 metres or 22 feet long

- absorbs nutrients from your food
- empties the watery food waste into the large bowel

Large bowel – about 2 metres or 6 feet long

- absorbs the excess water
- compacts the food waste
- stores the food waste
- empties the food waste into your rectum
- the waste forms a bowel movement also called 'stool'

Rectum

- stores food waste
- food waste is disposed of from the body
- when the food waste enters your rectum the stretching of the rectum gives you the urge to have a bowel movement

Anus

- where the stool leaves your body

Types of Colostomies

A colostomy

A colostomy is made when the large bowel is brought out through the surface of the skin. The part of the bowel that can be seen is called the **stoma**. Where the stoma is placed on your abdomen (belly) depends on which part of the bowel is brought through the skin. A colostomy is usually on the left side of the abdomen. After colostomy surgery, bowel movements come out through the stoma instead of through the rectum.

Colostomy surgery can be done for a number of reasons, such as diverticulitis, cancer or trauma. If you do not understand the reason for your surgery, ask your surgeon.

Colostomies can be temporary and reconnected later or permanent and not able to be reconnected.

Temporary colostomies

Temporary colostomies are usually reconnected in 3 to 8 months but each situation is different and can be a shorter or longer period of time.

When you are reconnected, depends on your medical and physical condition. Your surgeon will talk to you about when he/she thinks the bowel can be reconnected. After the bowel is reconnected your bowel movements will come out through the rectum.

Permanent colostomies

Permanent colostomies are not reconnected at a later date. Sometimes the rectum is removed. If the rectum is left, you may feel the urge to have a bowel movement and pass some mucous from your rectum. Your doctor will talk to you about the reason your bowel cannot be reconnected.

Ask your surgeon or NSWOC what type of colostomy you have. At some hospitals a NSWOC may mark your abdomen before surgery for the best location of the stoma.

Your stoma

The part of the bowel you see opening onto your skin is called a **stoma**.

Your stoma has no feeling when you touch it, but it will bleed if rubbed or wiped too hard during cleaning.

The first week after your surgery your stoma may:

- look dark or bruised
- look swollen or blister-like
- have spongy or yellow tissue around it

The dark or yellow tissue will peel off in a few days, and start to look more normal.

Normal healthy stomas look:

- soft
- moist
- red or pink
- shiny

The skin around your stoma should look like the rest of the skin on your abdomen.

It should be free of:

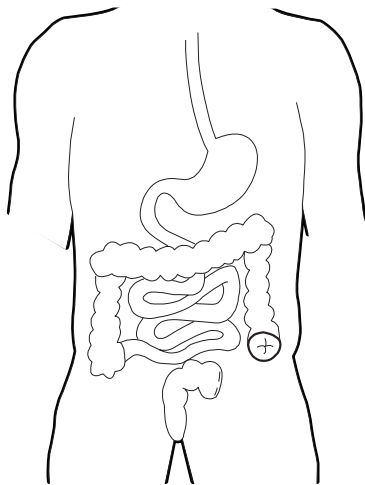
- rashes
- redness
- scratches
- bruising

Permanent colostomy

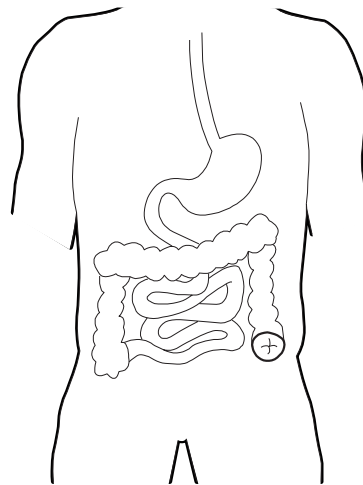
A permanent colostomy is made when stool needs to be re-routed after diseased bowel has been removed. During this surgery the end of the bowel is brought to the surface of the skin to make a stoma. The stoma will pass stool.

Some permanent colostomy patients will have the rectum removed. If the rectum is left, you may feel the urge to have a bowel movement and pass some mucous from your rectum.

Each person's problem and reason for surgery is different. Your doctor and NSWOC nurse will tell you more about the type of surgery you are having and where your stoma will be. These pictures show some examples only.



Rectum left in



Rectum removed

- Examples of where a stoma may be.
- You have **one** stoma.
- Your surgeon and NSWOC nurse will tell you where your stoma will be.



Colostomy with a mucous fistula

A colostomy with a mucous fistula is made when stool (bowel movement) needs to be re-routed or diverted to:

- relieve a blockage
- rest diseased bowel
- bypass bowel that has been operated on after diseased bowel has been removed

During this surgery the 2 ends of the bowel are brought to the surface of the skin to make 2 separate stomas.

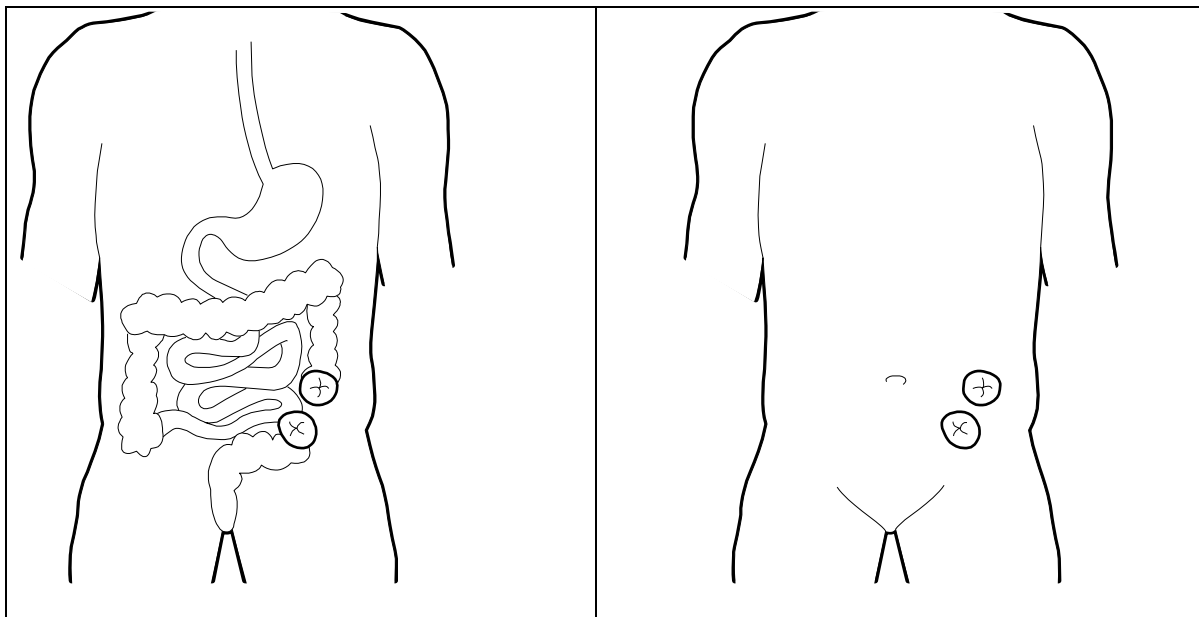
- one stoma will pass stool
- the other stoma is connected to the rectum

The stoma connected to the bowel and rectum is called a mucous fistula. The stoma and bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum, or mucous fistula.

This colostomy can be temporary or permanent.

For you it will be:

- temporary
- permanent
- unknown



Loop colostomy

A loop colostomy is made when stool needs to be re-routed or diverted to:

- relieve a blockage
- rest diseased bowel
- bypass bowel that has been operated on after the diseased bowel is removed

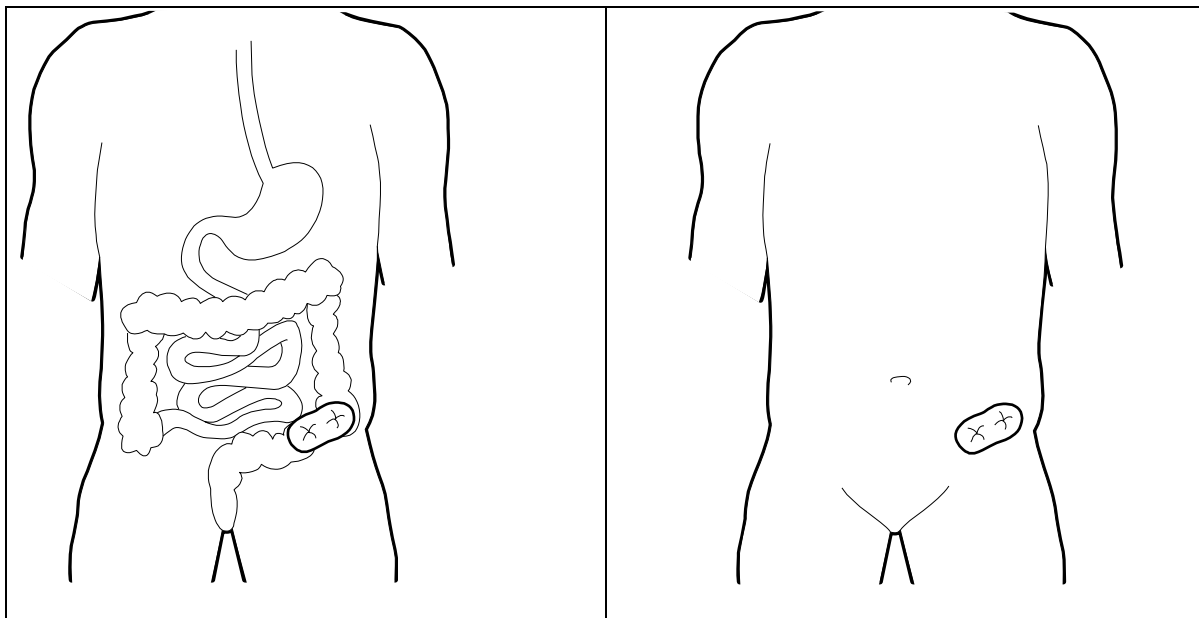
During this surgery a loop of bowel is brought to the surface of the skin. The bowel is opened so that 2 stomas appear side by side.

- one stoma is active and will pass stool
- the other stoma is inactive and connected to the bowel and rectum.
- The stoma connected to the bowel and rectum is called a mucous fistula. The stoma and bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum, or mucous fistula.
- A catheter or rod may be positioned under the stoma to support it until it heals. This is removed by the surgeon or NSWOC nurse 2 to 7 days after surgery

This colostomy can be temporary or permanent.

For you it will be:

- temporary unknown
- permanent



Hartmann's colostomy

A Hartmann's colostomy is made when stool needs to be re-routed or diverted to:

- relieve a blockage
- bypass bowel that has been operated on after the diseased bowel is removed

During this surgery the active bowel is brought to the surface of the skin to make 1 stoma. The bowel connected to the rectum is closed over and left in the abdomen for possible reconnection later.

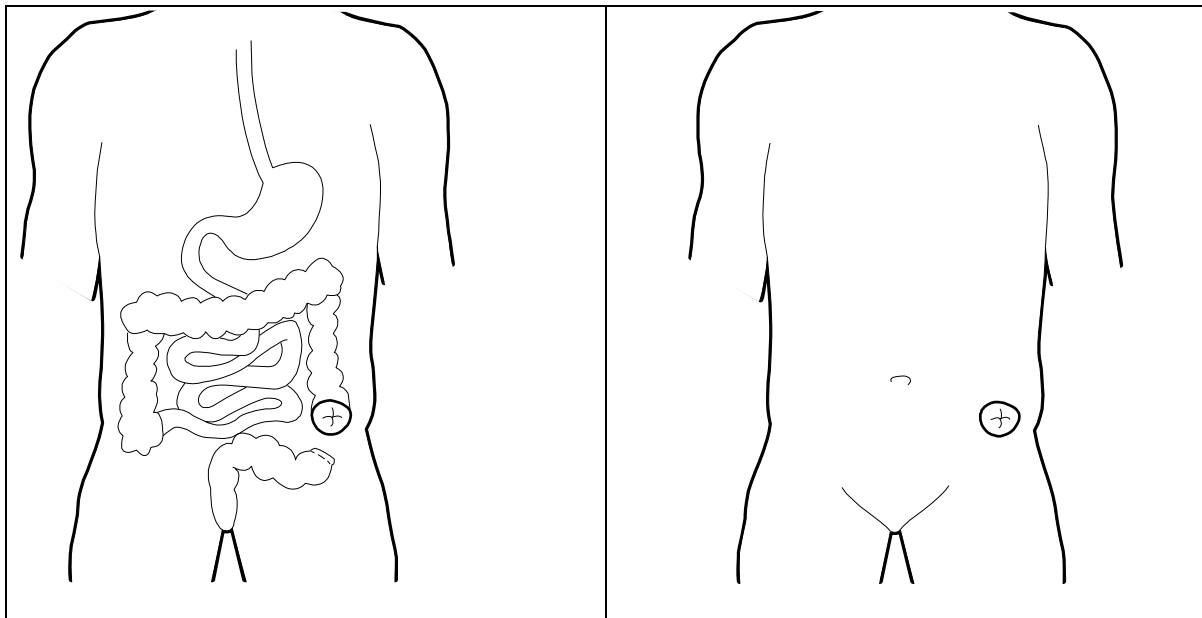
- The stoma will pass stool.

The bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum.

This colostomy is usually temporary but can be permanent.

For you it will be:

- temporary
- permanent
- unknown



How to empty your pouch while wearing it

This can be done with 1 and 2 piece appliances.

You do NOT need to wear gloves to do this.

You can use a clothes pin or bag clip to keep your shirt out of the way while you follow these steps.

Before you start:

- Put water in a cup or a squeeze bottle to rinse the pouch
- Place toilet paper on the surface of the water in the toilet to prevent splashing up when you empty the pouch

You can try different ways to empty your pouch. Use the way that works best for you. Some ways to try are:

- Sit on the toilet so the pouch will hang down into the toilet
- Sit on the toilet backwards with the pouch hanging into the toilet
- Sit on a chair beside the toilet with the pouch hanging into the toilet
- Stand in front of the toilet. Put toilet paper in the water first to prevent splashing.

To empty and clean the pouch:

1. Wash your hands.
2. Lift the bottom up and open the Velcro.
3. Empty the contents into the toilet.
4. Dry the pouch opening with toilet paper inside as well as outside.
5. Turn the bottom up.
6. Pour some water into the pouch, swish it around and empty again.
7. Dry the pouch opening with toilet paper again.
8. Add a lubricant into the pouch if preferred.

Helpful Hint! If you find that stool (bowel movement) is sticking to the inside of the pouch you can spray the inside of the pouch using cooking spray such as Pam[®] or baby oil so it is easier to empty

9. Close the Velcro
10. Wash your hands

Some patients will choose to use a closed, disposable pouch. This pouch can be removed and thrown away when it is full.

There are pouch liners that are also available. Pouch liners are put inside the standard pouch and collect the stool without soiling the inside of the standard pouch. This can save money from having to replace the more expensive pouch since liners are much cheaper. It can also be more convenient.

Please see the resources section of this handout for more information or ask the NSWOC nurse.

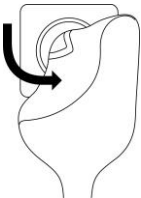
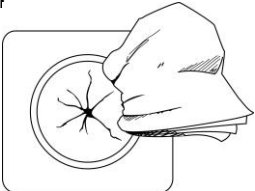



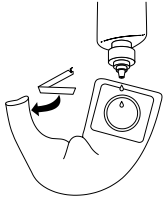
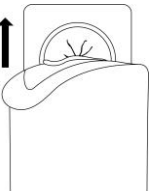

How to empty your pouch by taking it off

This can be done only with 2 piece appliances. Taking your pouch off to empty it is not done often.

Before you start:

- Put water in a cup or a squeeze bottle to rinse the pouch
- Place a piece of toilet paper on the surface of the water in the toilet to prevent splashing up when you empty the pouch

To remove and clean the pouch:

<p>1. Remove pouch from flange.</p> 	<p>2. Wipe inside of flange with clean toilet paper</p> 
<p>3. Hold pouch by rim, lift bottom of pouch up. Open Velcro.</p> 	<p>4. Empty contents into toilet.</p> 
<p>5. Hold pouch by rim, rinse with water through rim opening and out the bottom.</p> 	<p>6. Dry bottom. Add deodorant if preferred. Close Velcro.</p> 
<p>7. Attach pouch to flange.</p> 	<p>8. Wash hands.</p> 

Removing the appliance (skin flange and pouch)

Removing and changing the appliance, which is the skin flange and pouch, should be done on a regular schedule. This prevents leakage and skin irritation. How often you change the appliance depends on:

- the position, height, size and shape of the stoma of the stoma
- the condition of the skin around the stoma
- your physical activities
- what type of bowel movement comes out, watery or formed
- the condition of your appliance
- the weather conditions

For the first month, the appliance is changed 2 times a week and as needed. The longest the appliance should be left on is 7 days. **The best time to change the appliance is when it is the least active. This may be before eating or a couple of hours after eating.**

To remove the appliance:

1. Organize the supplies you will need.
 2. Empty the pouch before removing it.
 3. Hold the skin down with one hand and gently pull the flange and pouch away from the skin with the other hand. Use an adhesive remover wipe to gently remove the flange and pouch away from the skin. Lift away from top to bottom. The flange should come off easily. Be careful not to rip your skin.
 4. Wipe away any stool (bowel movement) or mucous with toilet paper gauze, wipes or clean washcloth.
 5. Wash the skin around the stoma with water only. Do not use soap.
 6. Pat dry. Do not rub the stoma or it will bleed.
 7. Check your skin for irritation each time you change your appliance. You may need a mirror to look at your skin.
- If you have hair around the stoma you may want to shave it. Removing the hair will give you a better seal on the skin and reduce skin irritation. Dust stoma powder on the skin and use a disposable razor. Protect your stoma by placing a plastic medication cup over the stoma before shaving. Your NSWOC nurse can show you how to do this.

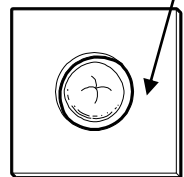
Changing a new appliance (flange and pouch)

Below is a standard guide for changing an appliance. A more detailed instruction sheet for your ostomy will be included in your discharge kit.

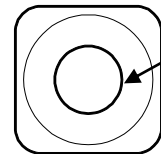
To apply a new flange and pouch:

1. Cut out a pattern of your stoma. The template should be included in the supplies. Place it over the stoma. It should be 0.3 mm (1/8 inch) larger than the stoma.

template

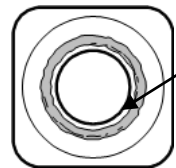


2. Trace the stoma template onto the back of the flange and cut out the hole for the stoma. To make the hole smoother, rub your finger along the inside cut edge.



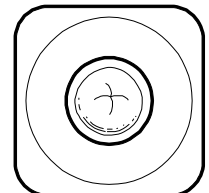
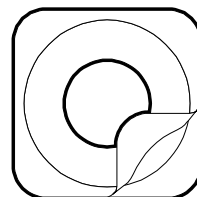
hole for stoma

3. Remove the backing from the flange.
4. Follow the instructions that the NSWOC nurse gave you **if** using a product around the stoma or in the creases of the skin. Before adding it make sure the skin around the stoma is dry.



paste or other product if needed

5. Gently stretch the skin flat on your abdomen.
6. Centre the flange over the stoma.
7. Press the flange firmly onto your skin.
8. Remove the backing from the tape border on the flange and press firmly onto the skin. Some flanges do not have a tape border.



9. If you are using a 2 piece appliance, attach the pouch to the flange on your skin. Check a second time, to make sure the pouch is sealed on the flange. Some appliances have a locking device. If you have a 1 piece the pouch will already be attached

10. Close Velcro at bottom of pouch

11. Wash your hands

Other things you need to know about applying a new appliance.

The size of the stoma will change over time as the swelling decreases, so the pattern will change over time. New patterns will have to be re-cut until the stoma settles down into a normal size. This is about 4 to 6 weeks. The stoma size can also change with weight gain or loss.

Once your stoma is normal size and you have a stoma pattern made, you can pre-cut your new appliance before you remove the old one. If the flange is too large or too small you need to adjust your flange pattern.

You can purchase pre-cut flanges if your stoma is round. If you use pre-cut flanges you do not need to make a pattern or cut the flange to fit your stoma.

Be sure the centre hole of the pre-cut flanges are 0.3 mm or 1/8" larger than the size of your stoma. Ensure your cut edges around the hole are smooth. If you have a moldable flange, it can be stretched to size.

Assess your stoma and surrounding skin in both sitting and standing positions. If you have skin irritation and/or leakage in an area, look at your abdomen for creases and folds etc. You may need to fill in these areas using squeezable paste, or rings, or sticks.

If your wear time (how long your appliance stays on) is unpredictable or less than 3 days, please contact a NSWOC for suggestions.

Things to Avoid

Avoid using soaps and cleansers with oils, perfumes, or deodorants since these can sometimes cause skin problems or keep your skin barrier from sticking.

Do not use moistened wipes, baby wipes or towelettes that contain lanolin or other oils. These can prevent the skin barrier from sticking and may irritate your skin.

Do not use alcohol or any other harsh chemicals to clean your skin or stoma. They may irritate your skin or stoma.

Your stoma has no nerve endings, so you may not feel if you are rubbing too hard. Use a gentle touch when cleaning around your stoma – **Do not** scrub.

Diet and Nutrition

When you have a colostomy, it is important that you follow a healthy diet. You need to continue to eat a variety of foods to make sure you get the right amount of nutrients and fluid in your diet.

It is important to eat a diet that suits you, your lifestyle and your medical condition. A sensible diet will help you manage your colostomy. There are no food restrictions for a person with a colostomy.

- Drink at least 8 to 10 glasses of fluid a day. You may need to drink more in hot weather or when you are exercising.
- Maintain your weight unless weight loss or gain is advised by your doctor or dietitian.
- Avoid foods that cause you discomfort or gas.
- Food affects the bowels of each person in different ways. Try new foods one at a time, in small amounts, to determine the effect on you.
- **There are no food restrictions for a person with a colostomy.**

You may need to meet with a dietitian to plan a healthy diet that meets your needs especially if you have other health problems such as heart or kidney disease.

What you need to know about fibre

You need to include fibre in your daily diet. You get dietary fibre from the food you eat. Fibre absorbs water to make your stools softer and have more bulk. This makes the stool easier to pass through your stoma. Fibre keeps your digestive tract working smoothly and regularly.

If you tended to have constipation before surgery, this will continue to be a problem after. You may need more advice on how to manage this.

Foods high in fibre are:

- cereals
- grains
- dried beans
- dried peas
- fruits
- vegetables

You can change the texture of your stool by modifying your diet.

Ask to talk to a dietitian if you have questions about your diet or the foods you should eat.

Summary of Food Actions

The foods you eat or drink may cause increased gas or odour. Some foods may cause your stool (bowel movement) to become looser or thicker. Below is a chart showing what different foods may do.

If you are having problems check to see if any of these foods are causing the problem. This does not mean you need to stop eating or drinking these foods. You may want to limit these foods or choose when you want to eat or drink these foods depending on what you are doing or where you are going.

Foods that may cause loose stools (bowel movements) and increase output	<ul style="list-style-type: none"> • alcohol, beer, wine • caffeinated drinks • prunes, prune juice • chocolate • high amount of regular juice or pop 	<ul style="list-style-type: none"> • beans (baked) • dried peas, beans • fried food • spicy food • black licorice
Foods that may thicken stool	<ul style="list-style-type: none"> • applesauce • smooth peanut butter • bananas • bread, toast • cheese • crackers • pasta • yogurt • barley 	<ul style="list-style-type: none"> • oatmeal • bagels • jello • potatoes • pretzels • white rice • tapioca • potato chips • marshmallows
Foods that may increase gas	<ul style="list-style-type: none"> • apple skins • beans (baked, kidney, white) • broccoli • peas • brussel sprouts • cabbage • onions 	<ul style="list-style-type: none"> • cauliflower • spinach • cucumber • eggs • mushrooms • beer • carbonated drinks
Foods that may increase odour	<ul style="list-style-type: none"> • asparagus • brussel sprouts • cauliflower • mushrooms • onions 	<ul style="list-style-type: none"> • cheese (strong) • eggs • fish • garlic

Living with your colostomy

Controlling odour

You will be odour free as long as the flange and pouch are sealed and the Velcro is closed correctly.

You will normally experience odour when you:

- empty the pouch
- change the flange and pouch

Odour may come from:

- a leak between the flange and the skin
- the pouch not sealed to the flange
- the pouch end not cleaned well

Odour may be controlled by:

- eating foods that reduce odour such as buttermilk, fresh parsley and yogurt
- adding deodorant, drops or spray to the pouch. Some pouches come with charcoal filters for odour control. Check to see if your pouches have this and you may not need to use deodorant, drops or spray.
- limiting foods that increase odour such as asparagus, brussel sprouts, cauliflower, strong cheese, eggs, fish, garlic, mushrooms and onions. **(See chart on page 20)**
- Odour is normal. It is a result of digesting food. Before you stop any of these foods, try odour controlling products such as ostomy deodorant, a tic tac, or essential oil on toilet paper.
- **After emptying or changing the appliance, you can freshen the room by:**
 - opening the bathroom window
 - turning on the bathroom fan
 - using a room deodorizer

Controlling gas

Your colostomy will normally produce gas. You will not be able to control the release of gas from your colostomy. Your colostomy does not have a muscle like the rectum to control the release of gas.

You can reduce the amount of gas by:

- **not** using drinking straws, chewing gum or sucking on candies or lozenges
- **not** chewing food with your mouth open
- **not** smoking
- **not** eating foods that produce gas

Foods that may produce gas are:

•apple skins	•beer	•cucumber
•broccoli	•brussel sprouts	•eggs
•carbonated drinks	•cabbage	•mushrooms
•beans (baked, kidney, white)	•cauliflower	•onions
	•spinach	•peas

More Tips

- Avoid skipping meals. An empty stomach can cause more gas to form.
- Sip liquids during the day. Avoid gulping and drinking fast.
- You can disguise the noise of gas in your pouch by crinkling a plastic candy wrapper in your pocket.
- You can buy pouches that have built in odour filters. Some filters automatically deodorize and release the gas.
- You can burp the pouch when it is filled with gas by unfolding the bottom of the pouch and then pressing it gently against the stomach. If you have a 2 piece appliance, another method is to open the flange at the top of the appliance and let the gas out.

Clothing

Colostomy appliances are usually not seen under clothing. The clothes you wore before surgery will likely be suitable after your surgery.

Some ideas to help hide the pouch are:

- Wear your pouch inside your underwear. This provides support and helps conceal the pouch.
- Avoid wearing tight belts or waistbands over the stoma. They irritate the stoma, and prevent stool (bowel movement) from coming out.
- Release the gas that builds up by using gas release filters or burping the pouch regularly.
- Empty the pouch when it is 1/3 to 1/2 full.

Bathing

You can shower or bathe with your appliance on. Dry the outside of the appliance after your bath or shower to avoid skin irritation.

You can also shower or bathe with your appliance off. Soap and water will not enter the stoma or harm you. Choose a time of day when your colostomy is the least active to shower or bathe. Have a new flange and pouch cut and ready to put on after your bath or shower.

When you are comfortable, shower or bathe with your appliance off at least once a week, to keep your skin clean and healthy.

Swimming

You can swim with your pouch on. Pouches can be a bit harder to conceal with bathing suits. Try different styles of pouches and bathing suits to see what works best for you. You may want to try tight “biking style” shorts to keep the pouch close to your body and help keep it from “floating”. There are 1 piece flexible pouches which you may be able to use when swimming. Some people trial a special tape or a seal around the skin flange to protect the tape on the flange but this is not always necessary.

If you are swimming every day for long periods in hot weather you will have to change the appliance more often.

Travelling

Pack appliances (flanges and pouches) as carry-on luggage when you travel so they are always with you.

When you go on vacation take twice as many supplies as you would normally use to be sure you have enough. If you do run out of supplies check the telephone book or internet for suppliers under Surgical Supplies or Home Health Care Supplies.

Working

Most people go back to work after their surgery. Ask your surgeon when you can return to work, and if there are any activities you should not do. Keep a few hypoallergenic facial wipes for clean-up and new appliances with you at work or in your back pack or purse for any unplanned changes.

You need about 6 to 8 weeks recovery before you can start heavy work or sports. This includes vacuuming, shovelling snow, playing contact sports, and lifting over 10-15 kilograms (25 to 30 pounds). Always get help to do heavy chores.

Exercising and Sports

You should wait about 6 to 8 weeks before starting heavy exercises such as sit-ups, weight lifting, strenuous aerobics, golfing and gardening.

After you are healed from your surgery you should be able to go back to the sports you enjoy. Check with your surgeon before starting any contact sports or weight training. You can buy special guards or belts to help protect your stoma when playing sports or exercising.

Walking is a good low stress exercise. You can start walking short distances once you are able to. Start in the hospital and continue at home. Increasing the distance you walk will build up your strength.

Resting

It will take several months before you get all your energy back. You can recover best by being active, seeing family and friends and exercising regularly with planned rest periods. The planned rest periods will prevent you from becoming overtired.

Colostomy activity at night

Colostomies can sometimes work a lot at night. You may need to set an alarm to wake you up during the night to empty or burp the pouch.

Until you have adjusted to wearing an appliance, put a plastic sheet under your sheets to protect your mattress in case of an accidental leak. You may want to put a mattress protector on your bed.

Sexual activities

You can resume sexual activities after you go home and feel comfortable. Some people are afraid to have sex or may be not interested in sex after colostomy surgery. Fears of rejection, leakage and performance are natural. It is recommended that you share your concerns with your partner. Understanding each other's feelings is a very important part of coping with an ostomy. Resuming sexual activities is a normal part of getting better.

There are some things you can do to be more comfortable:

- be well rested and take your time
- choose a position that is comfortable
- if it hurts, do not do it
- empty your pouch before you start
- buy and wear a cover for your pouch
- buy and wear a stoma cap if this applies to your type of colostomy
- women can wear lingerie
- men can wear a cumber bun

It is also important to talk to your doctor if you have had rectal surgery. You cannot insert **anything** into your anus without talking to your doctor first.

In some types of surgery removing the rectum can cause some genital nerve damage. In men, this may cause problems getting and keeping an erection. If you have problems, talk to your doctor. There are some types of treatment that may help.

Irrigation

Some people will have the option to irrigate their stoma to help control gas and bowel movements. You can talk to your doctor or NSWOC about this procedure.

Follow up care

Carry extra equipment when visiting the doctor, NSWOC, going for tests or being admitted to hospital.

Medical Alert

You should wear medical alert identification in case of any emergency. Go to: www.medicalert.ca to apply.

Managing skin irritation

The most common problem with a colostomy is skin irritation. Stool and water can leak around the stoma and under the flange. This will irritate the skin. The irritation feels like an itch or a burning sensation. The skin may become red and start to break down if the irritation is not removed.

Always change your appliance at the first signs of leakage. **Do not** try to patch the pouching system with tape or paste. Leaving a leaking pouch on can cause skin irritation.

Irritation is treated by removing the flange, and washing and rinsing the skin around the stoma. Apply stoma powder if the skin is red or wet-looking. Brush off the excess. Apply a new flange. Sometimes the fit of the appliance needs to be adjusted or new products need to be added. Consulting an NSWOC can be helpful.

If your skin does not heal, or if you cannot get a tight seal, after a couple of changes contact your NSWOC nurse for help. **A good resource to help solve the problem is: <https://psag.wocn.org/>**

Wear time should be predictable. For example, if you normally change your appliance every 5 days and you have a leak after 3 days, you may need to make some changes.

Other changes to look for:

Contact your surgeon for an assessment if you see a change such as a bulge around the colostomy area. This could mean a hernia is forming. This is called a parastomal hernia. This is common in people with a colostomy. The surgeon will repair it if your stoma is reversed. If it is permanent there are ways to support this area to prevent it from getting bigger. **(See page 34 for abdominal support options).**

There are concave appliances that work well with parastomal hernias. Call the NSWOC if you would like to try them.

When to Call for Help with your Stoma or Skin

Call your doctor or NSWOC if:

- you have persistent skin irritation, breakdown or infection
- your stoma changes from pink/red to purple blue
- your bowel has telescoped or protrudes out further than normal and does not go back in.
- there is bulging around your stoma
- your stoma has blood or pus coming out
- your stoma narrows and you have difficulty passing stool (bowel movement)
- No bowel movement for 5 to 7 days.

Call your doctor and go to the Emergency Department if:

- you have bright red blood coming out of your stoma and the bleeding does not stop after applying pressure for a full 15 minutes (do not take pressure off before 15 minutes to check).

Colostomy Supplies

Before you leave the hospital

You will be given 3-5 appliances to take home. Home care programs will provide your supplies while you are learning to care for your colostomy. You will talk to the NSWOC nurse about this.

When you get home

Your stoma will change in size for about 4 to 6 weeks. This means your appliance may also need to be changed to a different model. When the NSWOC has found an appliance that works and you are happy with, it is good to shop around for the best price.

You can buy colostomy supplies at some drug stores, and most Home Health Care or surgical supply stores. On-line stores that sell products include:

- www.canmeddirect.ca (Medical Supplies in Canada)
- www.ostomysale.ca

There are different types of colostomy appliances. You can try different ones until you find what works best for you. The recommended equipment to buy is only a suggestion. Remember that one size or shape does not fit all stomas.

Be sure to shop around for the best:

- selection
- service (knowledgeable and helpful sales staff)
- home delivery (especially in winter)
- price

Some companies have special programs that provide free supplies if you agree to trial their products. You may want to contact companies and ask about this. The numbers are listed at the back of this book. **(See page 33)** The NSWOC may suggest some products to try when you leave the hospital.

Paying for your colostomy supplies

The cost of your supplies may be covered by:

- a personal insurance plan such as Blue Cross, Great West Life etc.
- a group insurance plan at work (check with your employer)
- Department of Veterans Affairs
- ODSP - Ontario Disability Support Program
- Interim Federal Health Program

Funding a temporary colostomy

If you have a temporary colostomy, you will have to pay for colostomy supplies if you do not have insurance plan coverage. If you are unable to pay for supplies, you may qualify for coverage through one of the Regional Social Services Programs.

If you have a temporary colostomy as a result of an accident, (motor vehicle, industrial, or criminal act), keep your receipts to help you recover your supply costs through insurance or legal claims.

If you need other treatment and your reversal date is greater than 6 months, call your surgeon or NSWOC for details. You may be able to get funding from the Ministry of Health Assistive Devices Program (ADP).

Funding a permanent colostomy

All Ontario residents with a permanent colostomy can apply for a grant of money from the Ministry of Health Assistive Devices Program (ADP) to cover some of your expenses.

ADP requests that you keep your receipts for at least two years. You may be asked to produce them to confirm your usage and claims. The NSWOC will help you with the ADP form. You or your insurance plan must pay any costs over and above this. Colostomy supplies are costly. Talk with your NSWOC about the cost of supplies.

Remember to call the ADP program if your ostomy has been reversed.

Note: ADP funding is **not** available to people who live in chronic care hospitals and long-term care facilities such as nursing homes and homes for the aged.

Equipment

One piece drainable appliances: The flange and pouch are assembled in a factory and sold as one piece. These pouches cannot be taken off to be emptied.

Two piece drainable appliances: The flange and pouch are separate items and sold as separate items. Pouches can be removed from the flanges to be emptied or discarded.

Flanges:

Flat cut to fit: You cut these flanges to fit the size and shape of your stoma. They are for stomas that are irregular in shape and are best for stomas that protrude.

Precut flat flanges: These flanges are factory cut to fit sizes. You choose the closest size that fits your stoma. These are used for stomas that are round in shape and protrude.

Convex flanges: These are used for stomas that are flat or just below the skin level. These flanges are bowl shaped, and come in precut sizes and cut to fit sizes. There are different degrees of convexity: soft, light, medium and deep. You choose the closest size that fits your stoma.

Pouches:

Pouches come as clear or opaque, and with or without charcoal gas release filters.

Closed pouches can be purchased as a 1 piece appliance or 2 piece appliance. Once they are filled they are removed and discarded.

✓ **Flanges and pouches should be discarded in household garbage.**

✗ **Do not flush them down the toilet.**

Adhesive wipes and skin barriers: These are used to protect skin if skin is sensitive or tends to get irritated. These are 'no sting' products.

Belts: Ostomy belts attach to the pouches to hold the flange tight against the skin and provide a better seal. This will give you added security, comfort and wear time. These are also great for people with active lifestyles.

Moldable rings or strips: These are used to fill in deep creases, improve skin condition and wear time.

Paste: Paste provides a flexible seal between the stoma, flange and skin when applied around the flange opening. Paste is also used to fill skin defects and folds so the flanges will not leak at these points.

Powders: Adhesive powder is applied on open wet irritated skin around the stoma. The powder will help the flange to stick to the wet area by absorbing moisture and heal the skin. Powder can also be used to shave hair around the stoma.

Stoma caps: Caps can be used to cover the flanges on two piece appliances when your bowels are inactive. The cap can be worn when swimming or during sexual activity.

Resources

- **These associations provide education and support**

Nurses Specializing in Wound, Ostomy and Continence Canada

- Toll free: 888-739-5072
- Website: www.nswoc.ca
- Email: office@nswoc.ca

Wound, Ostomy, Continence Nurses Society (American Site)

- Toll free: 1-888-224-WOCN
- Website: <https://www.wocn.org/page/PatientResources>

Canadian Cancer Society

- Toll-free: 1-888-939-3333
- Website: www.cancer.ca
- E-mail: ccs@cancer.ca

Colorectal Cancer Association of Canada

- Toll-free: 1-877-50-COLON (26566)
- Website: www.colorectal-cancer.ca

The United Ostomy Association of Canada (UOAC)

- Toll free: 1-888-969-9698
- Website: www.ostomycanada.ca
- E-mail: info@ostomycanada.ca

Hamilton Chapter of Ostomy Association

- Toll-free: (905)389-8822
- Website: www.ostomyhamilton.com
- Meetings 3rd Tuesday of every month at 730 pm
- Location: Sacred Heart Parish, 24 Poplar Ave, Hamilton

Crohn's and Colitis Foundation of Canada

- Toll free: 1-800-387-1479
- Website: www.ccfc.ca

Friends of Ostomates Worldwide – Canada

- Website: www.fowc.ca

Website/Blog: Veganostomy.ca

Website to help with skin assessment and problems

- Website: <https://psag.wocn.org/>

Wellwood:

- www.wellwood.on.ca
- A community-based, non-profit organization which provides information, supportive care programs and peer support to people who have received a diagnosis of cancer, their families and caregivers

Juravinski Cancer Centre Site 711 Concession Street, Level 1, Hamilton Ontario Telephone: 905-389-5884	Community Site 501 Sanatorium Road Hamilton, Ontario Telephone: 905-667-8870
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Supplies

Ostomy supplies can be purchased at local home health pharmacies.

You can also buy supplies on the internet. Below are just some websites you can look at to view or buy supplies online. There are many more sites you can explore as well. St. Joseph’s Healthcare Hamilton does not endorse or recommend any specific company to buy your supplies from

Companies: Supplies and Customer Service:

Listed below are the 3 major companies that produce ostomy supplies. You can call or visit their websites. The websites offer support programs and educational materials. You can view products and order samples to trial.

Coloplast	Convatec (resources in multiple languages)	Hollister (resources in multiple languages)
www.coloplast.ca Toll-Free: 1-866-293-6349 Coloplast Care Program	www.convatec.ca Toll-free: 1-800-465-6302 ME+ program	www.hollister.ca Toll-free: 1-800-263-7400 Secure Start Services 1-866-789-7574

www.canmeddirect.ca

- wide range of products

www.ostomysale.ca

- wide range of products

Other Ostomy Supplies:

Abdominal Support

- Regular abdominal binders can be purchased at home health stores.
- Other resources include:

Omnigon Support Garments

- Phone: 1-877-809-8277
- Website: www.premierostomy.com

Nightingale Medical Supplies Ltd

- Phone: 1-800-663-5111
- Website: www.nightingalemedical.ca

Nu-Hope Laboratories INC.

- Website: www.nu-hope.com

Weir Comfees

- Website: www.weircomfees.com

Stealth Belt

- Website: www.stealthbelt.com

StomaPlex stoma guard/hernia belt

- Website: www.stomaplex.com

Tytex:

CareFix StomaSafe plus Ostomy support garment

- Website: www.canmeddirect.ca

Extra Flange Support

Active lifestyle products Inc: Sure seal rings: these can be added to skin flange edge for swimming, bathing, or sports

- Website: <http://www.alpglobal.com/Sure-Seal-TM-Rings.html>

Coloplast elastic barrier strips

- Website: www.coloplast.ca

Attiva flange seal rings

- Phone: 1-800-387-5150
- Website: www.ostomyessentials.ca

Stoma Protectors

Stomaplex Stoma Guard

- Website: www.stomaplex.com

Stoma Tuck Ostomy Protector

- Website: www.stomatuck.com

StomaGear Stoma Shield

- Phone: 1-800-681-1584
- Website: www.stomagear.com

Pouch Liners

Colo-majic pouch liners

- Phone: 1-866-611-6028
- Website: <https://colomajic.com>

Attiva

- Attiva flushable ostomy liners
- <https://www.ostomyessentials.ca/flushable-ostomy-pouch-liners/>

Funding

Ostomy Grant

You are eligible for funding if you have a permanent ostomy or temporary ostomy for more than 6 months.

REMINDER: You must cancel the ostomy grant if your ostomy has been reversed.

- **Assistive Devices Program (ADP) – Ministry of Health and Long-Term Care:**

5700 Yonge Street, 7th Floor

Toronto, Ontario M2M 4K5

Website: www.health.gov.on.ca/adp

Telephone: 416-327-8804

Toll Free: 1-800-268-6021

Email: adp@ontario.ca

Ontario Disability Support Program (ODSP)

- ODSP offers financial assistance to help with medical expenses. Must meet eligibility requirements.
- Website: www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp

Disability Tax Credit Form:

- You are eligible for the disability tax credit on your income tax return. Keep all your receipts for product purchases.
- Website: <http://www.cra-arc.gc.ca>

If you have been discharged from Homecare services and are now experiencing any issues with living with your ostomy and need to speak to a NSWOC nurse:

- Call Homecare services to request a referral for a NSWOC nurse
- Ask your family doctor or surgeon to fax a referral to Homecare Services

Colostomy Surgery and your care
