

Colostomy surgery and your care

First Edition Written by:

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

Revised 2013, 2014, 2015:

- Suzanne Sandhu, RN, BScN, CWON, ET, 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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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.

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Introduction

This book will give you information to help you care for 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, enterostomal therapy nurse*, hospital nurses and community nurses.

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

You will be expected to empty and rinse your pouch before you go home. A visiting nurse will come to your home to help you until you are able to manage the ostomy bag changes on your own.

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.

Hamilton & District Ostomy Association:

- Internet: www.ostomyhamilton.com
- Call: 905-389-8822

United Ostomy Association of Canada:

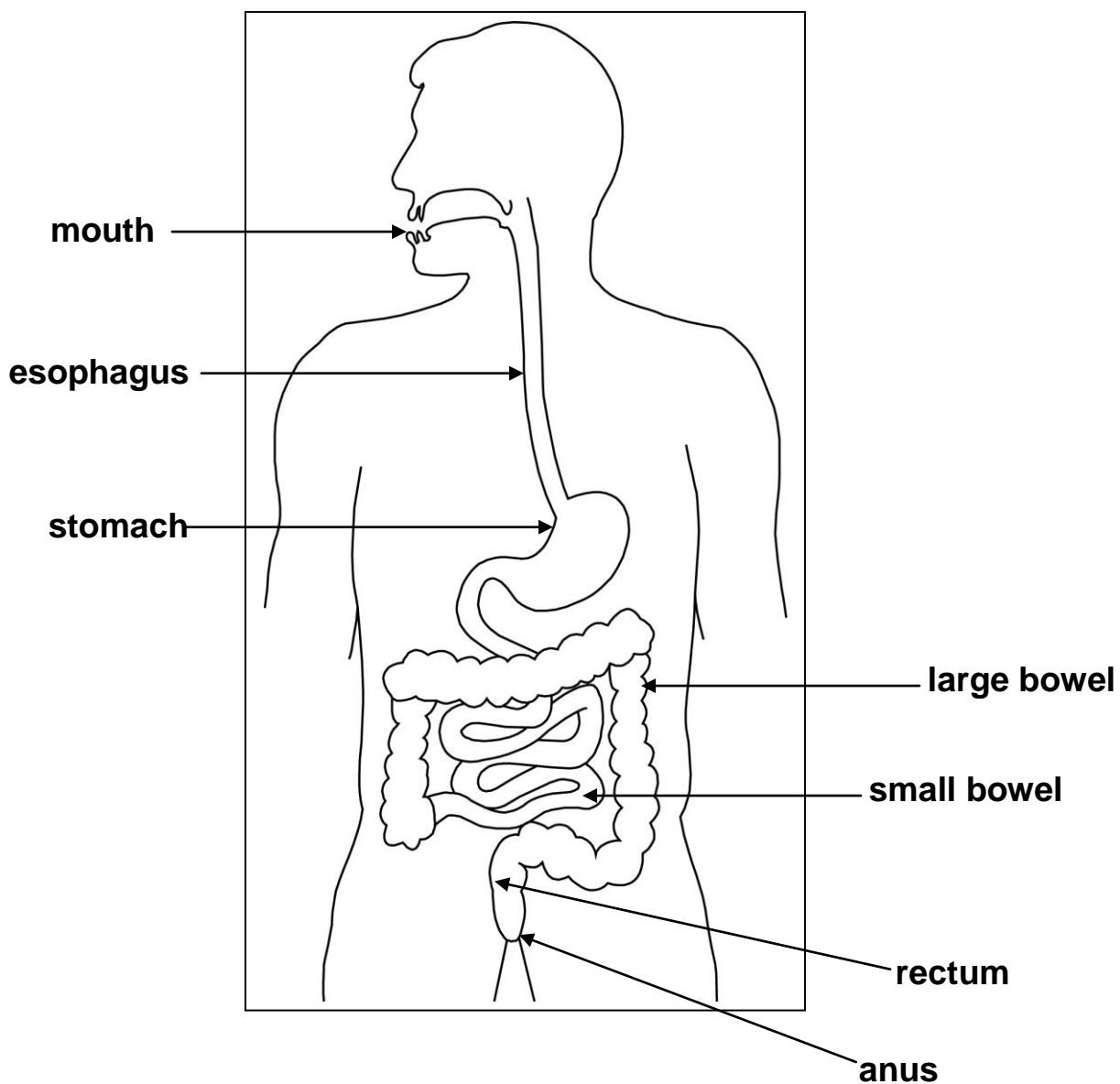
- Internet: www.ostomycanada.ca
- Call Toll Free: 1-888-969-9698

Remember:

- * The Enterostomal Therapy Nurse is also called the ET Nurse. The term ET 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 22 feet long

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

Large bowel – about 6 feet long

- absorbs the excess water
- compacts the food waste
- stores the food waste
- empties the food waste into your rectum

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 depends on which part of the bowel is brought through the skin. 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.

At some hospitals a nurse may mark your abdomen for the best location of the stoma.

Temporary colostomies

Temporary colostomies are usually reconnected in 3 to 6 months. 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 what type of colostomy you are likely to have.

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
- 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:

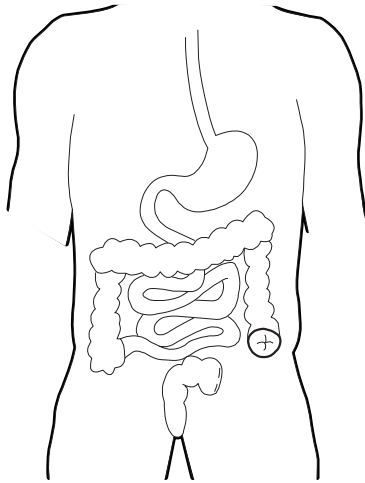
- rashes
- redness
- scratches
- bruising
- burning

Permanent colostomy

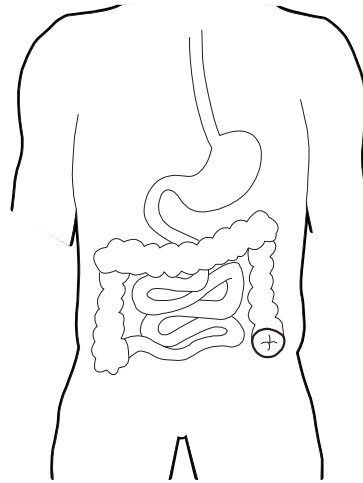
A permanent colostomy is made when stool needs to be re-routed after diseased bowel has been removed. During this surgery the end of the bowel is brought to the surface of the skin to make a stoma. The stoma will pass stool.

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 ET 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.

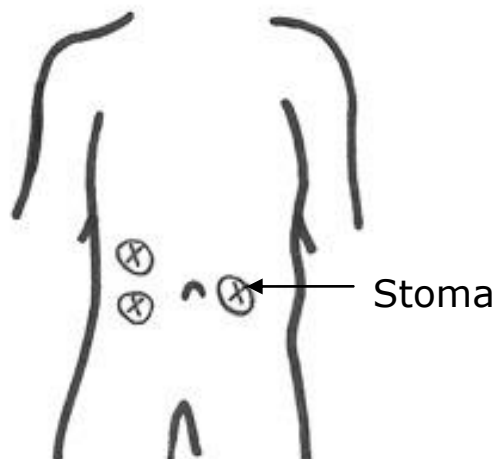


Rectum retained



Rectum removed

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



Colostomy with a mucous fistula

A colostomy with a mucous fistula 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 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.

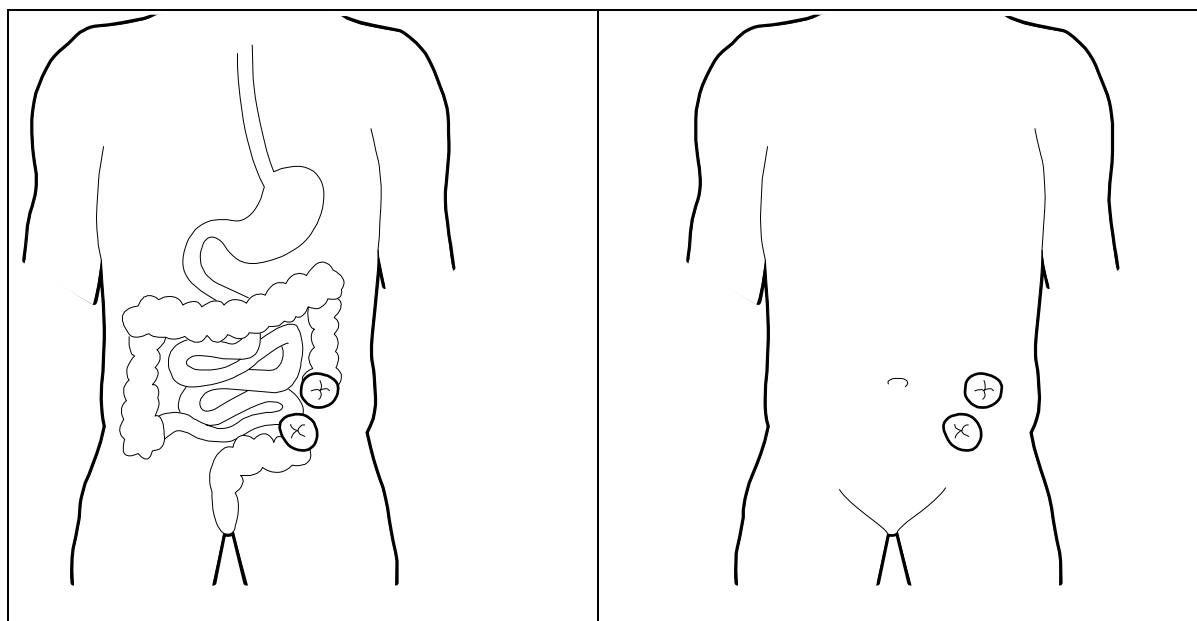
- one stoma will pass stool
- the other stoma is connected to the rectum

This stoma 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



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

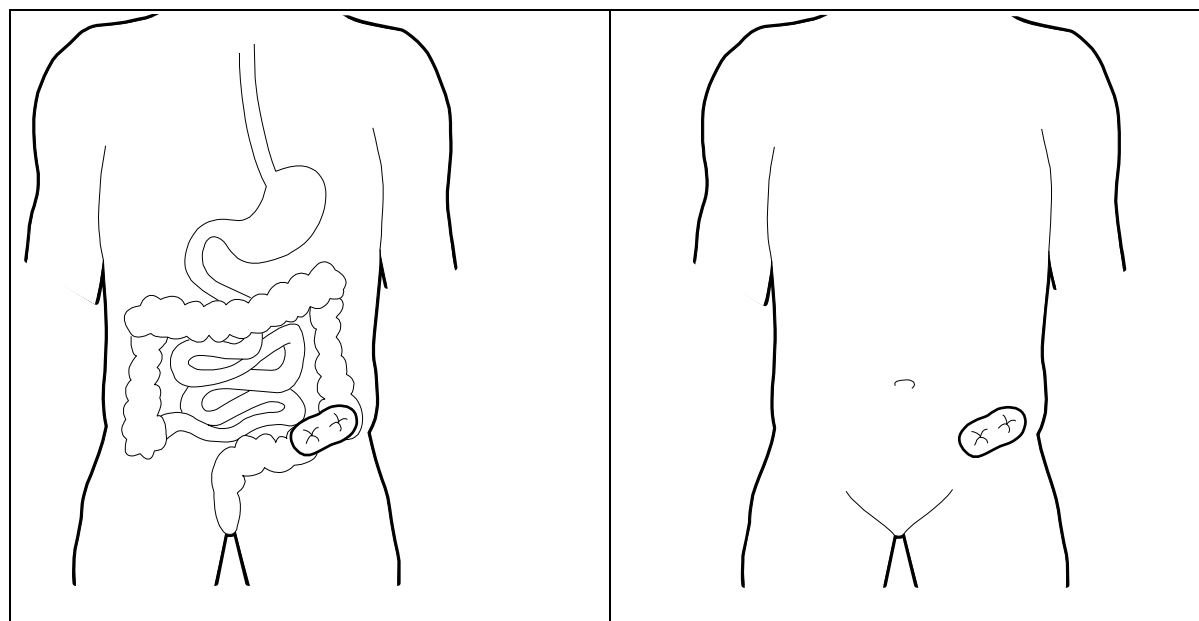
During this surgery a loop of bowel is brought to the surface of the skin. The bowel is opened so that 2 stomas appear side by side.

- one stoma will pass stool
- the other stoma is connected to the rectum.
- This stoma 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 ET nurse 3 to 7 days after surgery

This colostomy can be temporary or permanent.

For you it will be:

- temporary
- permanent



Hartmann's colostomy

A Hartmann's 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 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.

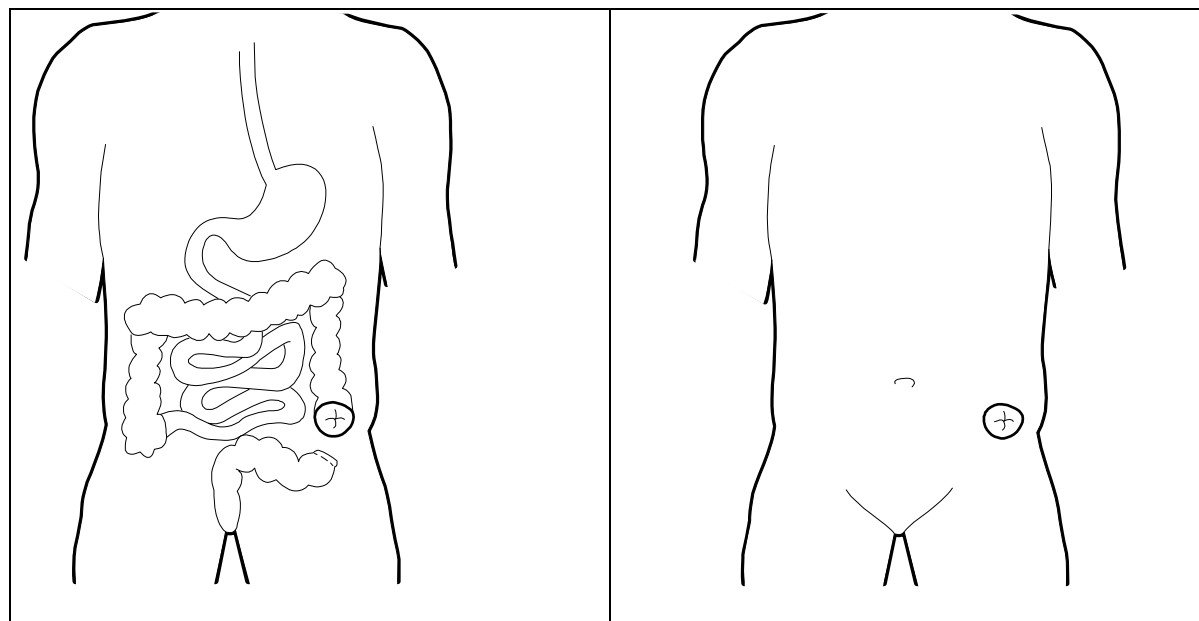
- The stoma will pass stool.

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



How to empty your pouch while wearing it

This can be done with 1 and 2 piece appliances.

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
- Standing in front of the toilet. Put toilet paper in the water first to prevent splashing.

Some pouches have clamps and some have Velcro. To empty and clean the pouch:

1. Clean your hands.
2. Lift the bottom up and remove the clamp or Velcro.
3. Empty the contents into the toilet.
4. Turn the bottom up.
5. Pour some water into the pouch, swish it around and empty again.
6. Dry the pouch opening with toilet paper.
7. Add deodorant or cooking spray to the pouch if preferred.
8. Replace the clamp or close Velcro.
9. Clean your hands.

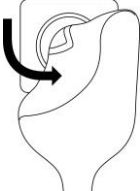

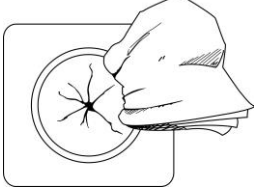
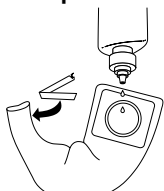
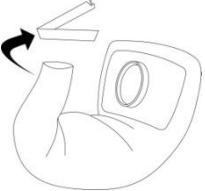
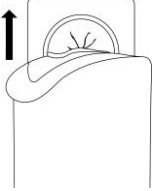


How to empty your pouch by taking it off

This can be done only with 2 piece appliances.

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

Removing the pouch and flange

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

- the position of the stoma
- the shape and size of the stoma
- your physical activities
- what type of stool comes out, watery or formed
- the weather conditions
- the condition of your skin

The longest the pouch and flange should be left on is 7 days.

To remove the pouch and flange:

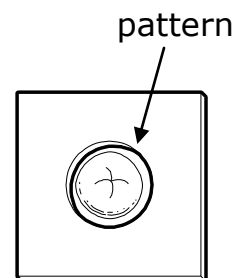
1. Empty the pouch before removing it.
2. Remove the clamp and save the clamp if you use one.
3. Loosen the tape around the pouch and flange.
4. Hold the skin down with one hand and gently pull the pouch and flange away from the skin with the other hand. Lift away from top to bottom being careful not to tear your skin. The flange should come off easily.
5. Wipe away any stool or mucous with toilet paper or tissue.
6. Wash the skin around the stoma with water.
7. Pat dry. Do not rub the stoma or it will bleed.
8. Check your skin for irritation.

If you have hair around the stoma, shave using an electric razor. Removing the hair gives you a better seal on the skin and reduces skin irritation. Protect your stoma with a plastic cap or cup when shaving.

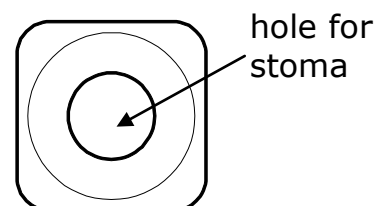
Applying a new pouch and flange

To apply a new pouch and flange:

1. Cut out a pattern of your stoma. The pattern should be included in the supplies. Place it over the stoma. It should be .3 mm (1/8 inch) larger than the stoma.

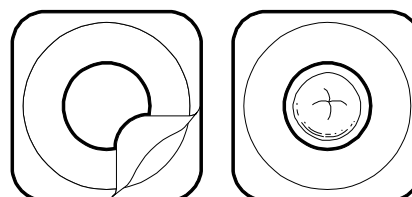


2. Trace the stoma pattern onto the back of the flange and cut out the hole for the stoma.



3. Remove the paper backing from the flange.
4. Gently stretch the skin on your abdomen.
5. Centre the flange over the stoma.
6. Press the flange firmly onto your skin.

7. Remove the paper backing from the tape border on the flange and press firmly onto the skin. Some flanges do not have a tape border.



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.

8. Attach the clamp to the bottom of the pouch or close Velcro.
9. Wash your hands.

Other things you need to know about applying a new pouch

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.

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 loose or too tight you need to adjust your flange pattern.

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 1/8" larger than the size of your stoma.

Living with your colostomy

Controlling odour

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

You will normally experience odour when you:

- empty the pouch
- change the pouch and flange

Odour may come out when:

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

Odour may be controlled by:

- eating yogurt, buttermilk or fresh parsley
- limiting foods that cause odours such as:
 - onions
 - eggs
 - fish
 - cabbage
 - dried beans
 - melon

You can add mouthwash or a colostomy deodorant 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 add anything.

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 eating foods that produce gas.

Foods that may produce gas are:

- dried beans
 - onions
 - cabbage
 - cauliflower
 - brussel sprouts
 - cucumbers
 - beer
 - broccoli
 - radishes
- Eat three meals a day and include a variety of foods.
 - Eat slowly and chew all foods well to avoid blockages.
 - Chew with your mouth closed to avoid swallowing air.

Tip

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. The filters will save you from having to empty the pouch of gas. The activated charcoal filters automatically deodorize and release the gas.

You can burp the pouch when it is filled with gas by folding up the bottom of the pouch and pressing it gently against the stomach.

If you are wearing a 2 piece appliance, you can release gas by unclipping the top of the flange.

Diet and Nutrition

Food affects the bowels of each person in different ways.

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.

- Drink at least 8 to 10 glasses of fluid a day. You may need 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.
- 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.

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 could change the texture of your stool by modifying your diet.

Foods that may loosen stool are:

- caffeinated drinks
- alcohol, beer, wine
- prune juice
- dried peas, beans
- spicy food
- fried food
- chocolate

Foods that may thicken stool are:

- bananas
- apple sauce
- tapioca
- oatmeal
- cheese
- peanut butter
- jello, gelatin
- cooked rice
- potatoes

If you have questions about your diet or the foods you should eat, ask to talk to a dietitian.

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 from coming out.
- Release the gas that builds up by using gas release filters or burping the pouches.
- Empty the pouch when it is 1/3 to 1/2 full.

Bathing

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

You can also shower or bath 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 bath. Have a new flange and pouch cut and ready to put on after your bath or shower.

Shower or bathe with your appliance off at least once a week, to keep your skin clean and healthy.

Irrigation

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

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 suits to see what works best for you. There are one piece flexible pouches which you may be able to use when swimming.

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

Travelling

Pack your pouches and flanges 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 for suppliers under Surgical Supplies or Home Health Care Supplies.

Medical Alert

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

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 towellettes and new pouches and flanges in your car, in a locker 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 25 to 30 pounds. Always get help to do heavy chores.

Exercising

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

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. Resuming sexual activities is a normal part of getting better. Having a sexual relationship is more than intercourse. You may want to talk this over with your doctor or nurse.

Remember that touching and talking about your feelings are important until you feel ready to have intercourse. There are some things you can do to be more comfortable:

- be well rested
- choose a position that is comfortable and take your time
- if it hurts, do not do it
- empty your pouch before you start or cover 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.

Sexual activities (continued)

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.

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.

Irritation is treated by removing the flange, and washing and rinsing the skin around the stoma. Apply stoma powder and no sting skin prep. Apply a new flange.

If your skin does not heal, or if you cannot get a tight seal, after a couple of changes contact your doctor or ET nurse for help.

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. Ask for help from your health care team.

Follow up care

Carry a spare pouch/flange when visiting the doctor, ET nurse, having x-rays or being admitted to hospital.

Supplies

Before you leave the hospital

You will be given 3 appliances by the hospital. Some home care programs will provide your supplies while you are getting help with your colostomy care. You will talk to the ET nurse about this.

When you get home

You can buy colostomy supplies at some drug stores, and most Home Health Care or surgical supply stores.

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. See the last page for the type of supplies recommended for different situations if your stoma changes.

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.

Paying for 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

Funding a temporary colostomy

You will have to pay for temporary 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 (e.g., ODSP, Special Income).

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.

Funding a permanent colostomy

All Ontario residents with a permanent colostomy or a temporary colostomy for longer than 6 months can apply for a grant of money from the Ministry of Health and Long-term Care Assistive Devices Program (ADP) to cover some of your expenses.

The Assistive Devices Program requests that you keep your receipts for at least two years. You may be asked to produce them to confirm your usage and claims.

Any costs over and above this must be paid by you or your insurance plan. Colostomy supplies are costly. Please talk with your ET nurse, or the nurse who helped you learn about your colostomy about the cost of supplies.

Note

Assistive Devices Program funding is **not** available to people who live in chronic care facilities.

Equipment

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

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

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 1/8" or more above the skin level.

Precut flat flanges: These flanges are factory cut to set sizes. You choose the closest size that fits your stoma. These are used for stomas that are round in shape and are at least 1/8" or more above the skin level.

Convex flanges: These flanges are bowl shaped, and come in precut sizes. You choose the closest size that fits your stoma. These are used for stomas that are level or just below the skin level.

Pouches: Pouches come as clear or opaque, with or without activated charcoal gas release filters and with clip or Velcro.

Closed and disposable pouches can be purchased as one piece and for two piece appliance. Once they are filled they are removed and discarded.

✓ **Pouches and flanges 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 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 and heal underneath the skin.

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.

Possible problems I may need help with

Call your doctor or ET nurse 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
- you have persistent constipation, diarrhea, cramps, pain and nausea (not food related)
- your stoma narrows and you have difficulty passing stool
- you discharge blood, pus or mucous
- you have the flu

Bulge around stoma:

This may be a parastomal hernia developing. It is only a problem if:

- it gets too large and causes discomfort
- there are changes in your bowel habits
- there are changes in the colour of the stoma

You may need to wear a support belt to hold the hernia in place. A hole is cut in the belt to allow the pouch to come through.

Resources

Canadian Association of Enterostomal Therapists (CAET)

- Toll free: 888-739-5072
- Website: www.caet.ca
- E-mail: caet.ca

Canadian Cancer Society

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

The United Ostomy Association of Canada (UOAC)

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

Chron's and Colitis Foundation of Canada

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

Colorectal Cancer Association of Canada

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

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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Companies: Supplies and Customer Service:

Coloplast	Convatec	Holister
www.coloplast.ca/en-ca/ Toll-Free: 1-877-820-7008	www.convatec.ca Toll-free: 1-800-465-6302	www.hollister.com/canada/ Toll-free: 1-800-263-7400

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

Disability Tax Credit Form:

<http://www.cra-arc.gc.ca/E/pbg/tf/t2201/t2201-12e.pdf>

