

Ileostomy surgery and your care

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Please write down any questions you have about your ileostomy or your care as you read this book. This will help you remember your questions.

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My Questions:

Introduction

This book will give you information to help you care for your ileostomy. The more you understand, know and practice caring for your ileostomy, the sooner you will be independent.

Ileostomy surgery is one step to help you regain your health. Accepting and adjusting to your ileostomy 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 ileostomy. 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 ileostomy. The nurses will teach and help you 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. A visiting nurse will visit you at home to help you until you are able to manage 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 an ileostomy can help your recovery.

Hamilton & District Ostomy Association:

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

United Ostomy Association of Canada:

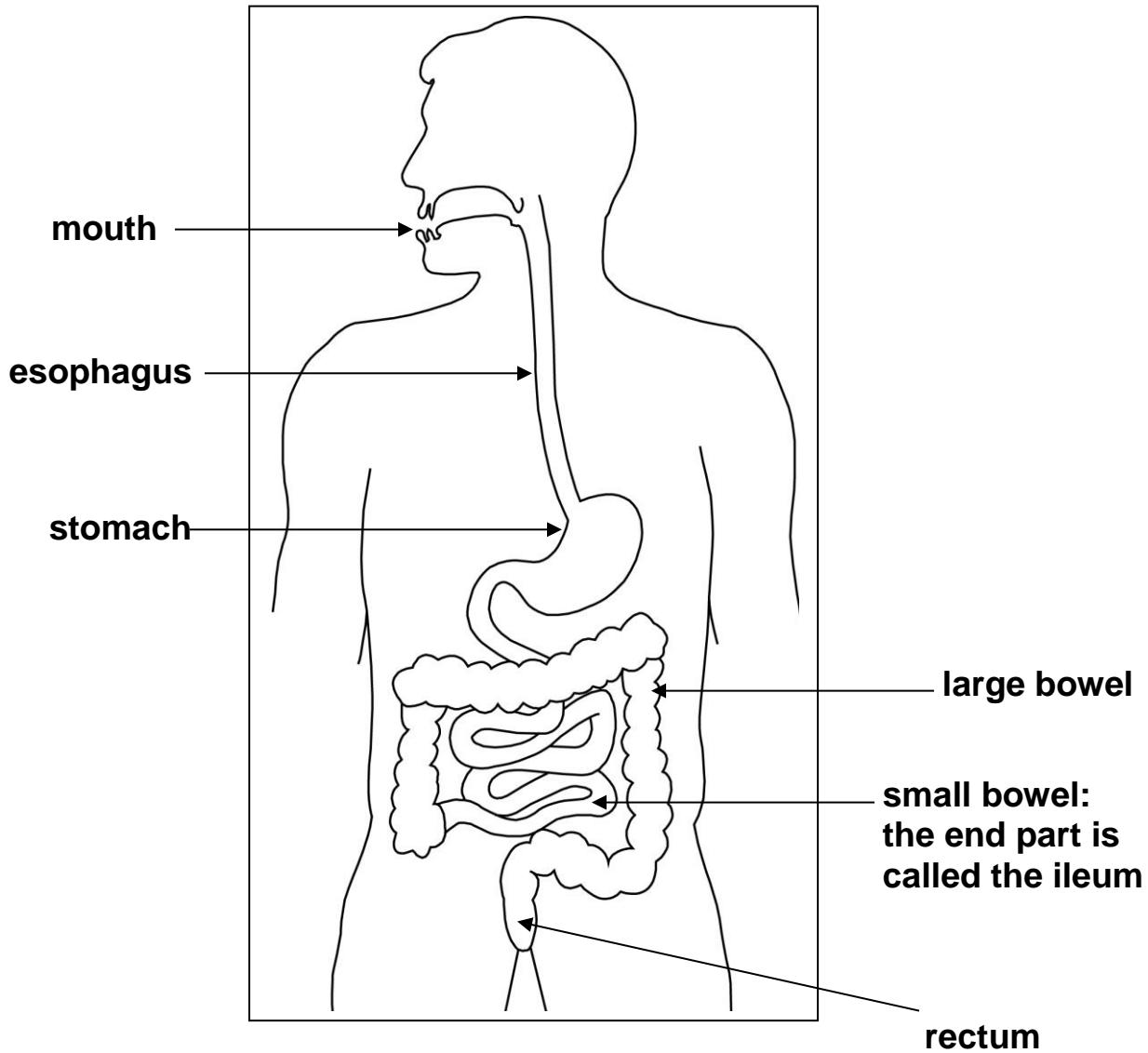
- Internet: www.ostomycanada.ca
- Call Toll Free: 1-888-969-9698

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 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 and pass stool

Types of Ileostomies

An ileostomy

An ileostomy is made when the end part of the small bowel called the ileum 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. An ileostomy is usually on the right side of the abdomen. After ileostomy surgery, bowel movements come out through the stoma instead of through the rectum.

Ileostomy surgery can be done for many reasons, such as:

- ulcerative colitis
- crohn's disease
- cancer
- trauma

If you do not understand the reason for your surgery, ask your surgeon or nurse.

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

Temporary ileostomies

Temporary ileostomies 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 the bowel may be reconnected. After the bowel is reconnected your bowel movements will come out through the rectum.

Permanent ileostomies

Permanent ileostomies 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 ileostomy 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
- 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.

A normal healthy stoma looks:

- 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

Bowel movements

Your bowel movements will be watery to very loose. Over time your small bowel will start to reabsorb water, a job normally done by the large bowel (see page 3). During this time your bowel movements may become soft like toothpaste. Ileostomies tend to move just before and or shortly after meal times. Plan your appliance changes when the ileostomy is less active.

The appliance is the collection pouch that holds the bowel movements.

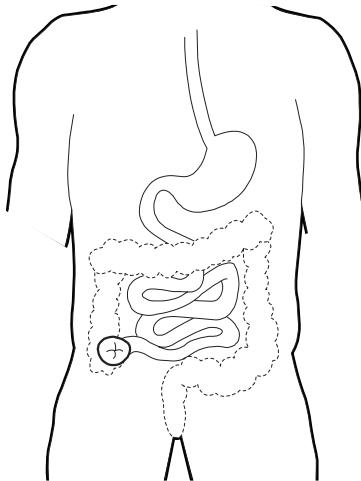
Permanent ileostomy

A permanent ileostomy is made when stool (bowel movement) needs to be re-routed after diseased bowel has been removed.

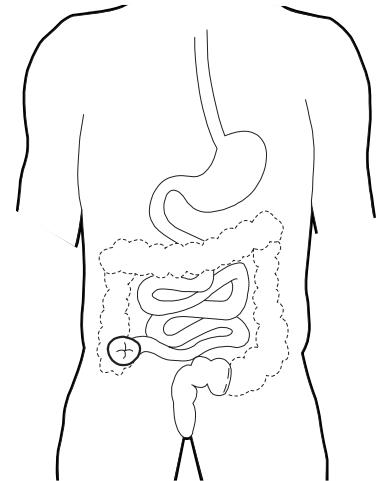
During this surgery the end of the bowel is brought to the surface of the skin to make a stoma.

Sometimes with a permanent ileostomy the rectum is removed.

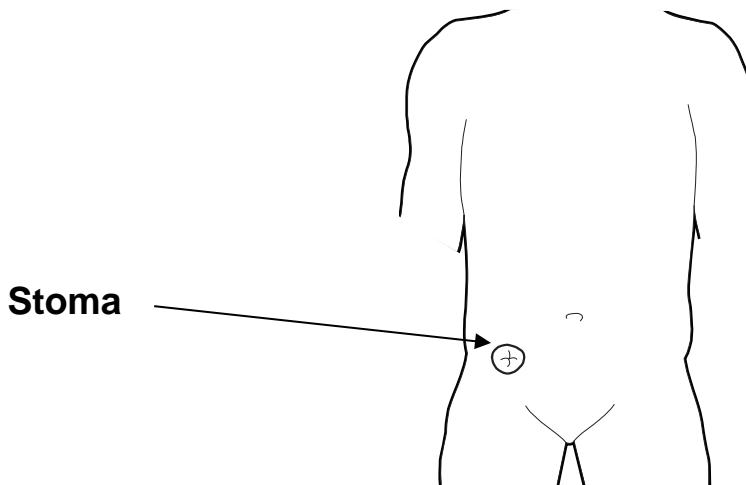
If the rectum is left, you may feel the urge to have a bowel movement and pass some mucous from your rectum.



**Large bowel and
rectum removed**



**Large bowel removed
and rectum retained**



Ileostomy with mucous fistula

An ileostomy with 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 the diseased bowel is removed

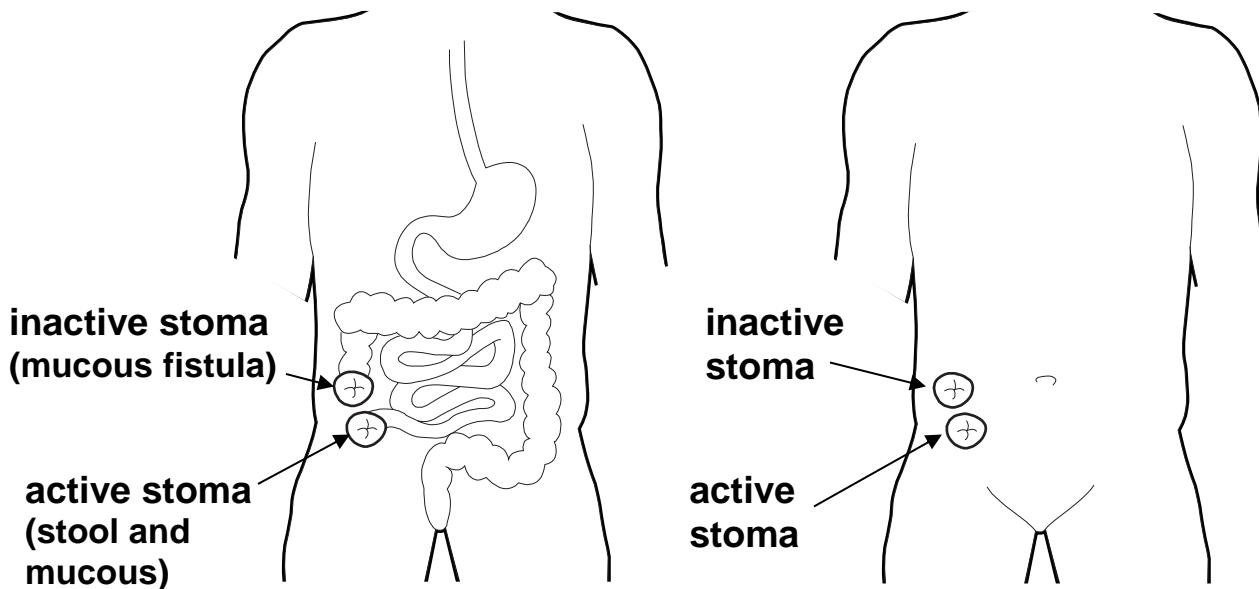
During this surgery the 2 ends of the bowel are brought to the surface on the skin to make 2 separate stomas.

- The ileostomy (small bowel) will pass loose stool (bowel movement) and mucous.
- The other stoma is connected to the large bowel and rectum. The stoma and bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum and inactive stoma.

This ileostomy can be temporary or permanent.

For you it will be:

- temporary
- permanent



Loop ileostomy

A loop ileostomy 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 the diseased bowel is removed

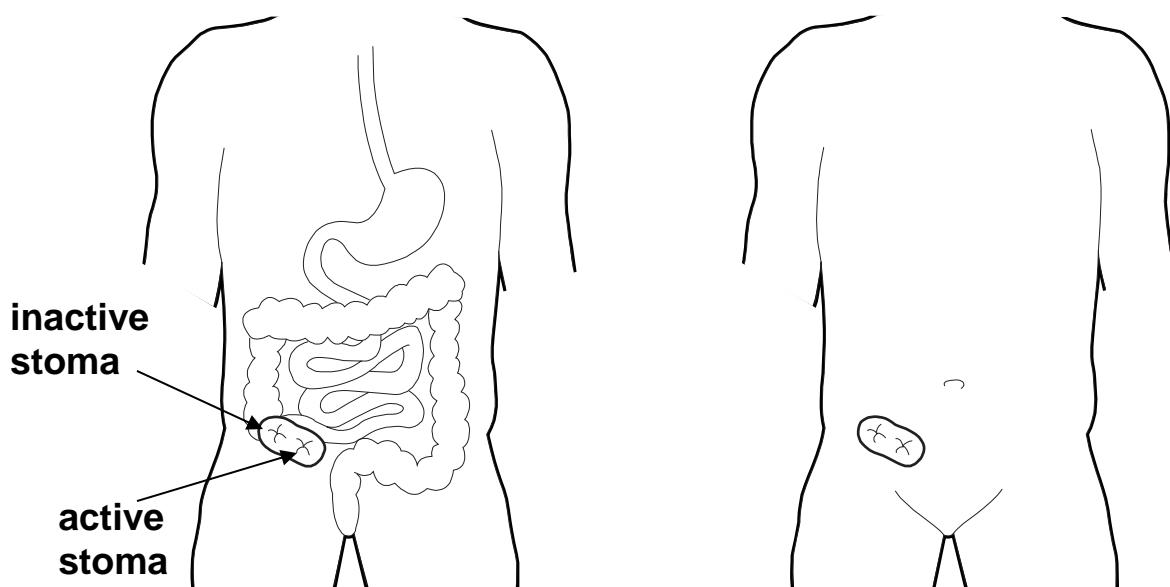
During this surgery a loop of bowel is brought to the surface of the skin. The bowel is opened so that 2 stomas appear side by side.

- One stoma is active – it will pass loose stool (bowel movement).
- The other stoma is inactive – it is connected to the bowel and rectum. The stoma and bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum and stoma.
- 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 ileostomy can be temporary or permanent.

For you it will be:

- temporary
- permanent



End ileostomy

An end ileostomy 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 the diseased bowel is removed

During this surgery the small bowel or ileum is brought to the surface of the skin to make 1 stoma. All or some of the large bowel is removed.

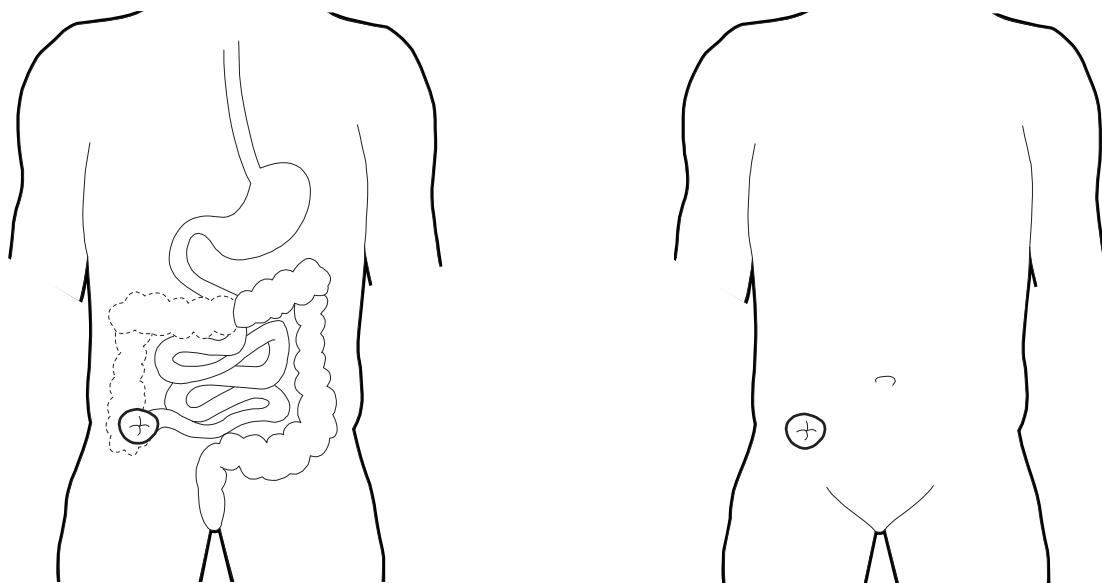
The bowel connected to the rectum is closed over and left in the abdomen for possible reconnection later. The stoma will pass loose stool (bowel movement).

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

This ileostomy is usually temporary but can be permanent.

For you it will be:

- temporary
- permanent



Ileostomy and a subtotal colectomy (part of the large bowel is removed)

Part of your large bowel has been removed to:

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

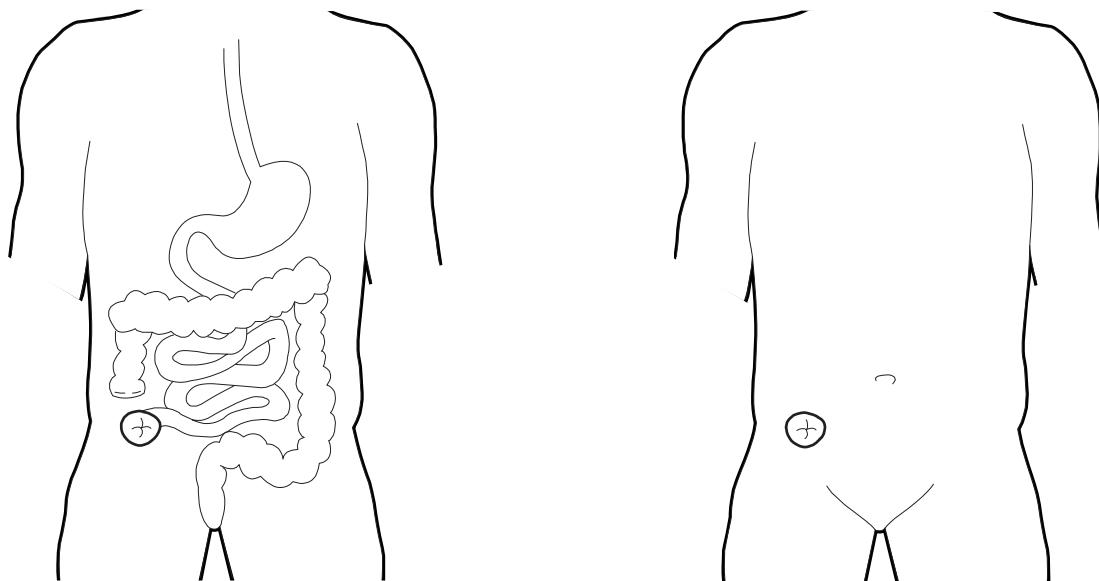
During this surgery the small bowel or ileum is brought to the surface of the skin to form a stoma.

- The ileostomy (small bowel) stoma will pass stool (bowel movement).
- The remaining large bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum at times.

This ileostomy can be temporary or permanent.

For you it will be:

- temporary
- permanent



How to empty the pouch while wearing it

This can be done with 1 and 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

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

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

1. Lift the bottom up and remove the clamp or undo the Velcro®.
2. Turn the bottom up so it looks like a turtleneck as shown on the picture. **If your pouch has Velcro closure, you cannot turtleneck the bottom.**
3. Empty the contents into the toilet.
4. You can rinse the pouch if you like by pouring water into the pouch, swishing it around and emptying it in toilet. Most people do not do this step.
5. Dry the pouch opening with toilet paper.
6. Add deodorizer drops or spray into the pouch if you like.
7. If you find that stool (bowel movement) is sticking to the inside of the pouch you can spray the inside using cooking spray such as Pam® to help it slide out easy.
8. Turn the bottom down (unroll the turtleneck).



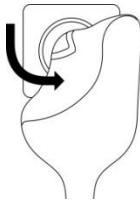
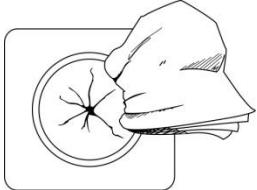
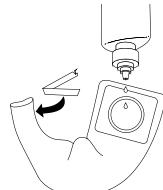
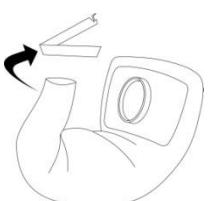
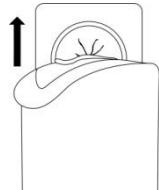
9. Replace the clamp or fasten the Velcro.
10. Wash your hands.

How to empty the 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 with Velcro. Add deodorant if preferred.</p> 
<p>3. Hold pouch by rim. Lift bottom of pouch up and remove clamp or undo 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, size and shape of the stoma
- the condition of the skin around the stoma
- your physical activities
- what type of stool (bowel movement) comes out, watery or formed
- the condition of the appliance
- the weather conditions

The longest the pouch and flange should be left on is 5 to 7 days.

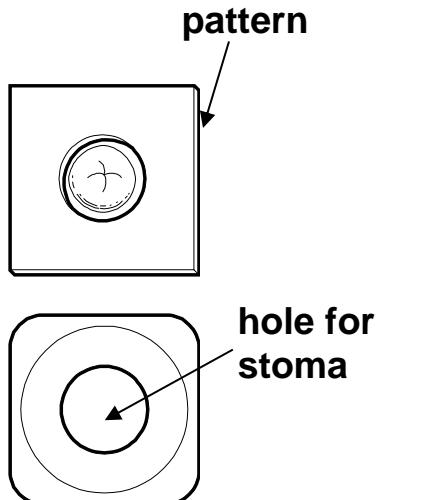
To remove the pouch and flange:

1. Empty the pouch before removing it.
 2. Remove the clamp and save the clamp if you have 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. The flange should come off easily. Be careful not to tear your skin.
 5. Wipe away any stool (bowel movement) or mucous around the stoma with toilet paper, tissue or clean wash cloth.
 6. Wash the skin around the stoma with water and rinse well.
 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 it using an **electric razor**. Removing the hair will give you a better seal on the skin and reduce skin irritation.
 - You can protect your stoma by placing a plastic cup or empty toilet paper roll over the stoma before showering. Your ET nurse can show you how to do this.

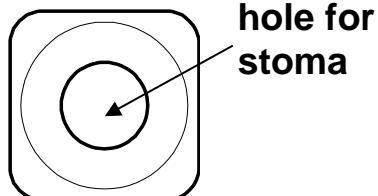
Applying a new pouch and flange

To apply a new pouch and flange:

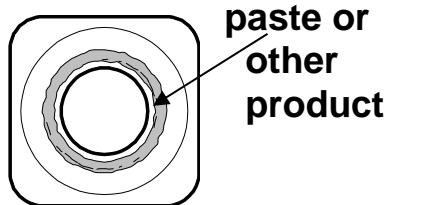
1. Cut out a pattern of your stoma. The pattern should be included in the supplies. Place it over the stoma. It should be a 0.3 cm (1/8 inch) larger than the stoma.



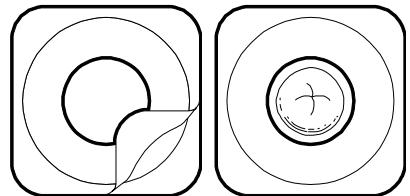
2. Trace the stoma pattern onto the back of the flange and cut out the hole for the stoma.



3. Remove the paper backing from the flange.



4. Follow the instructions that the ET nurse gave you if using a product around the stoma or in the creases of the skin.



5. Gently stretch the skin on your abdomen.

6. Centre the flange over the stoma.

7. Press the flange firmly onto your skin.

8. 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 use a finger to apply soap to the rim of the flange. This makes it easier to attach. Attach the pouch to the flange on your skin. Check a second time, to make sure the pouch is sealed on the flange.

9. Attach the clamp or close Velcro at the bottom of the pouch.

10. 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 takes about 4 to 6 weeks after surgery.

Once your stoma is normal size and you have a stoma pattern made, you can precut 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 0.3 cm (1/8 inch) larger than the size of your stoma.

Moldable flanges are 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 use paste to fill in these areas.

If your wear time (how long your pouch stays on) is unpredictable or less than 3 days, please contact an ET nurse for suggestions.

Living with your ileostomy

Controlling odour

You will be odour free as long as the flange and pouch are sealed and the clamp is on correctly. Odour from an ileostomy is less than a colostomy.

You will normally experience odour when you:

- empty the pouch
- change the pouch and flange

Odour may come out from:

- 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 (see also Page 30):

- eating foods that reduce odour such as buttermilk, fresh parsley and yogurt
- adding ileostomy 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

After emptying or changing the appliance,
you can freshen the room by:

- opening the window
- turning on the fan
- using a room deodorizer

Controlling gas (See also Page 29)

Your ileostomy will normally produce gas. You will not be able to control the release of gas from your ileostomy. Your ileostomy 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:

- apple skins
- beans (baked, kidney, white)
- broccoli
- carbonated drinks
- beer
- Brussel sprouts
- cabbage
- cauliflower
- cucumber
- eggs
- mushrooms
- 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. Filters can save you from having to empty the pouch of gas. The activated charcoal filters automatically deodorize and release the gas. **However, most filters do not work well when you have liquid stool (bowel movements).**
- You can burp the pouch when it is filled with gas by folding up the bottom of the pouch and pressing it gently against your stomach. Another method is to open the flange at the top of the appliance and let the gas out. You can only do this with a 2 piece appliance.
- Some companies make thickening agents in packets and capsules that can be added into the pouch to thicken stool (bowel movement) and decrease gas and the noise that goes with it.

Clothing

Ileostomy appliances are usually not seen under clothing. The clothes you wore before surgery are likely suitable after surgery.

Some ideas to help hide the pouch are:

- Wear the 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 gas build-up by using gas release filters or burping the pouch.
- 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 bathe with your appliance off. Soap and water will not enter the stoma or harm you. Choose a time of day when your ileostomy 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.

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. A pouch can be harder to conceal with a bathing suit. Try different styles of pouches and bathing suits to see what works best for you. There are 1 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 pouches and flanges as carryon 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 local 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 towlettes for clean-up and new pouches and flanges in your car, in a locker at work or in your 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 to 15 kilograms (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.

Until you have adjusted to wearing a pouch, 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 Activity

You can resume sexual activities after you go home and feel comfortable. Some people are afraid to have sex or may not be interested in sexual activity after ileostomy 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 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 "stoma cap" if this applies to your type of ostomy
- cover your pouch
- women can wear lingerie
- men can wear a cumberbun

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.

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 Activity (continued):

- When you have an ileostomy, oral contraception or the birth control pill is not effective to prevent pregnancy. If you do not plan on becoming pregnant, talk to your health care provider about alternatives methods of birth control.

Managing skin irritation

The most common problem with an ileostomy is skin irritation. Watery stool (bowel movement) 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.

Other changes

If you see changes such as a bulge in your abdomen in the ileostomy area contact your surgeon for an assessment. This could mean a hernia is forming around the stoma. This is called a parastomal hernia. There are ways to support this area to prevent it from getting bigger.

Ileostomies can sometimes work a lot at night. You may need to empty or burp the pouch once by setting an alarm. There are products that can be put inside the ostomy pouch before bed that help solidify contents. Some examples are Gel-x or Diamonds absorbent gelling products. Please speak to your ET nurse for more information.

Follow up care

Carry extra equipment when visiting the doctor, ET nurse, having x-rays or being admitted to hospital.

Medical alert identification

You should wear medical alert identification. Go to: www.medicalert.ca to apply.

Ileostomy supplies

Before you leave the hospital

You are given 3 appliances to take home. Some home care programs provide your supplies while you are getting help with your ileostomy care.

You will be able to talk to the ET nurse or the Community Care Access Centre (CCAC) case manager about where and how you can get supplies.

When you get home

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

There are different types of ileostomy appliances. You can try different ones until you find what works best for you. The recommended equipment to buy is only a suggestion.

Be sure to shop around for the best:

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

If a supplier does not have the product you need, it can be ordered and delivered to their store within a few working days.

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 your ileostomy supplies

The cost of your supplies may be covered by:

- a personal insurance plan such as Blue Cross
- a group insurance plan at work (check with your employer)
- Department of Veterans Affairs

Funding a temporary ileostomy

You will have to pay for temporary ileostomy 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 ileostomy 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, please call the ET nurse for details. You may be able to get funding from the Assistive Devices Program (ADP).

Funding a permanent ileostomy

All Ontario residents with a permanent ileostomy can apply for a grant of money from the Ministry of Health's, Assistive Devices Program (ADP) to cover some of your expenses (Page 33).

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. The ET nurse will help you with the ADP form.

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

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

- **1 piece drainable appliances:** The pouch and flange are assembled in a factory and sold as 1 piece. These pouches cannot be taken off to be emptied.
- **2 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 0.3 cm (1/8 inch) 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 0.3 cm (1/8 inch) or more above the skin level.

Convex flanges: These flanges are bowl shaped and come in precut sizes and cut to fit 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, clamp or Velcro, and with or without activated charcoal gas release filters.

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 try to flush them down the toilet.**

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.



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 put on open wet irritated skin around the stoma.
- The powder will help the flange to stick to the wet area and the skin to heal underneath.



Diet and nutrition after ileostomy surgery

When you have an ileostomy 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.

When you have an ileostomy:

- the food you eat and drink no longer travels through all of your bowel
- this means that there is less time to absorb the nutrients
- this also means there is less time to absorb fluid and make the stool (bowel movement) solid
- it is also common to produce more gas

Remember:

After surgery your body needs time to heal. You also need time to learn how to prepare your food and ways to eat it to help you manage your lifestyle at home.

1 to 6 weeks after surgery:

The dietitian will meet with you before you go home. It is important to continue to have a variety of healthy foods and drink enough fluid to stay well hydrated.

Right after surgery, you have an increased chance of having a blockage if you eat larger amounts of high residue foods. High residue foods are not easily digested as they do not break down in the bowel. They are 'fibrous' or 'stringy' foods. You need to be cautious when eating these types of foods. **Avoid seeds, nuts and skins.**

Examples of high residue foods:

Fruit	Vegetables	Meat	Other
<ul style="list-style-type: none">• dried fruit, raisins• citrus skins• pineapple	<ul style="list-style-type: none">• bean sprouts• celery• coleslaw• corn• mushrooms	<ul style="list-style-type: none">• meat in casings such as sausage	<ul style="list-style-type: none">• coconut• coarse wheat bran such as All Bran, Bran Buds• nuts, peanuts, seeds, popcorn

Around 6 weeks after surgery:

- Start introducing high residue foods into your diet. You can do this one by one or in combinations and decide how you feel.
- **Continue to eat slowly, chew food well and relax when eating.**

Why is fluid important?

Fluid is very important to keep all of the cells in your body healthy and well hydrated. Fluid helps you digest food and keep your bowels moving. Remember not all of the fluid you drink travels through the whole bowel, so you need to drink more fluid than you did before surgery.

Examples of fluid include water, juice, pop, milk, soup, broth, jello, ice cream, G2 electrolyte drink (no regular Gatorade), popsicles and frozen flavoured iced products, tea and coffee:

- Each day, you need to have 2 to 2½ litres (8 to 10 cups) of fluids.
- Sip this amount throughout the day.
- Carry water with you when you do your daily activities.

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.

How do I know if I am getting enough fluid?

When you get enough fluid you are not thirsty, your mouth, tongue and skin are not dry, your urine is light yellow, and you feel good. This is called being well hydrated.

When you do not have enough fluid you are dehydrated. Signs of dehydration are:

- feeling dizzy or lightheaded
- feeling thirsty
- having dry mouth, tongue and skin
- peeing less often, urine is dark, urine has a strong smell
- feeling restless or agitated
- If you have any of these feelings, you need to eat and drink more fluids.
- If you have any of these feelings more than 48 hours, contact your health care provider.

What else do I need to know?

When you have an ileostomy, you do not absorb as much salt and potassium from your diet. You need to eat more salt and potassium daily.

Sodium Foods	Potassium Foods
<ul style="list-style-type: none">• bacon• broth and canned or dried soups• cheese• cold cuts, deli meat• pizza• salty snack foods• table salt• vegetable cocktail, vegetable juice	<ul style="list-style-type: none">• bananas• potatoes• milk• orange juice• peaches• spinach• tomatoes• tomato juice

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.

Other Diet and Nutrition Guidelines

Foods that thicken bowel movements and slow output:

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• applesauce• bagels• bananas• bread, toast• cheese | <ul style="list-style-type: none">• crackers• marshmallows• oatmeal• peanut butter• jello, gelatin | <ul style="list-style-type: none">• potatoes• pretzels• rice• tapioca• yogurt |
|---|--|---|

Foods that loosen bowel movements and increase output:

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• alcohol, beer, wine• beans (baked)• black licorice• caffeinated drinks | <ul style="list-style-type: none">• chocolate• fried food | <ul style="list-style-type: none">• prunes, prune juice• spicy food |
|---|--|--|

Foods that increase odour:

- asparagus
- Brussel sprouts
- cauliflower
- cheese (strong)
- eggs
- fish
- garlic
- mushrooms
- onions

Remember:

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.

These products come in spray, liquid and tablet form.

Foods that reduce odour:

- buttermilk
- fresh parsley
- yogurt

Foods that cause gas:

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

Helpful hints to prevent excess gas:

- Avoid skipping meals. An empty stomach can cause more gas to form.
- Sip liquids during the day. Avoid gulping and drinking fast.
- Avoid using straws and chewing gum.

Remember:

- **It is important to eat a variety of foods to maintain good nutrition.**

Possible problems

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
- your stoma narrows and you have difficulty passing stool (bowel movement)
- you discharge blood, pus or mucous
- you have the flu

Call your doctor or go to the nearest emergency room if:

- you notice your bowels are not moving, you are feeling bloated and nauseated – you may have a bowel blockage
- you have loose watery stools (bowel movements) and are becoming dehydrated - if you have loose watery stools (bowel movements) 6 to 8 times a day (more than 1 litre a day)
- you have bright red blood coming out of your stoma and bleeding does not stop after applying pressure for a full 15 minutes (do not take pressure off before 15 minutes to check)

What can cause a food blockage?

After surgery, the inside of your bowel swells for a while making the passageway narrow. The swelling goes away slowly over the next 4 to 6 weeks as you heal. During this time, some food you eat may have a hard time passing through your bowel and into your stoma. This causes a food blockage. A blockage can also be caused by eating too much high fibre food before the bowel has healed.

What are the kinds of food blockage?

You can have a partial or complete blockage.

What are the signs of a partial blockage?

The signs of a partial blockage are:

- abdominal cramps and/or pain
- increased watery bowel movements with a foul odour
- bloating or feeling full of gas
- swelling of the stoma
- nausea and/or vomiting

If you have any of these signs contact your health care provider right away. Sometimes you can manage this problem at home. Try to have a hot beverage and relax. You can massage gently around the stoma and /or have a bath or shower.

What are the signs of a complete blockage?

The signs of a complete blockage are:

- nothing coming out of the stoma for 6 to 12 hours
- severe abdominal cramps and pain
- bloating or feeling full of gas
- swelling of the stoma
- nausea and vomiting

If you have any of these signs contact your health care provider right away. Sometimes you can manage this problem at home.

Get emergency help if you have:

- vomiting
- pain that does not go away and it is getting worse
- and of the problems listed above do not go away in 12 hours

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

Crohn'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

The United Ostomy Association of Canada (UOAC)

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

More resources on next page →

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>

Ileostomy surgery and your care
