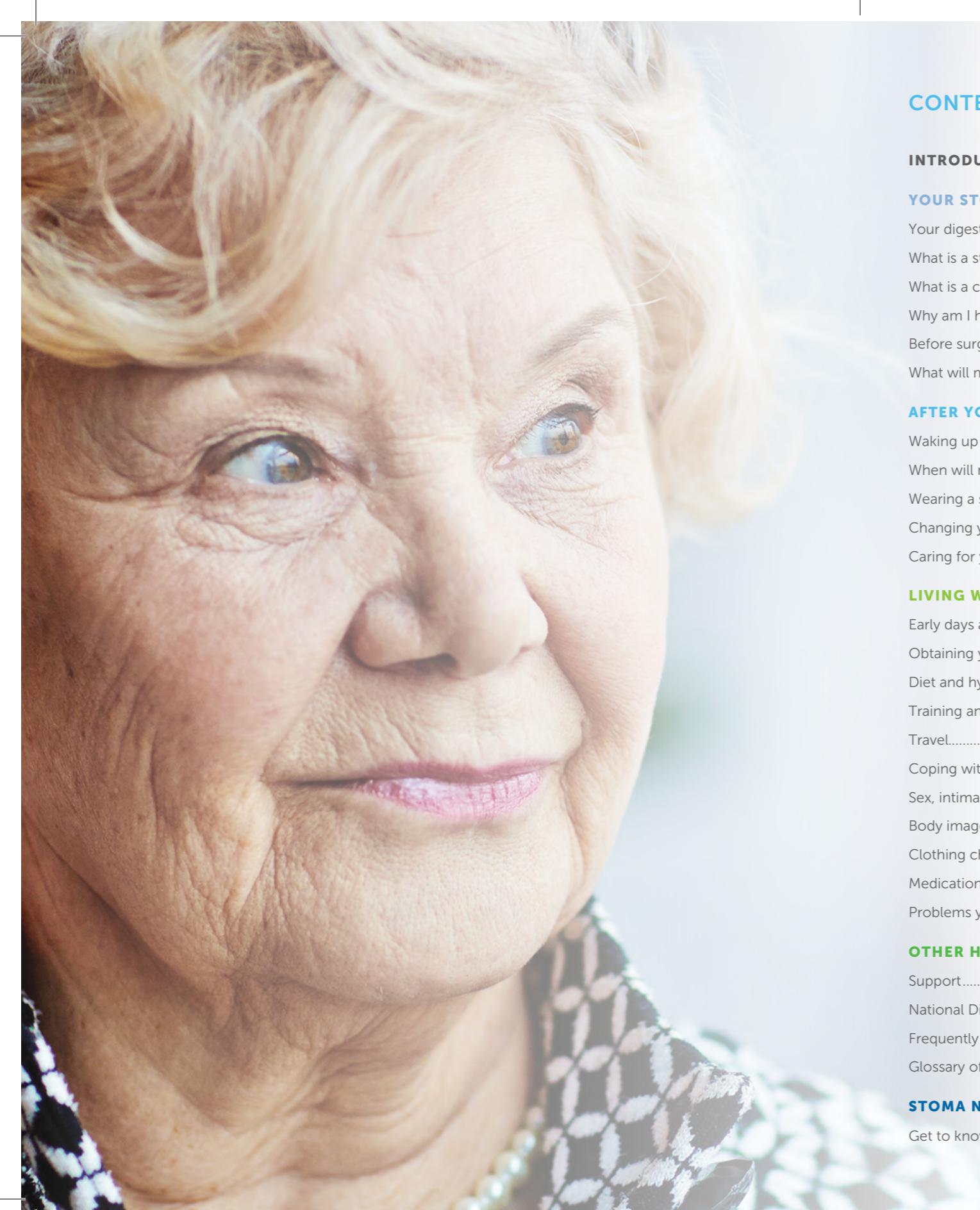




YOU AND YOUR COLOSTOMY

Essential advice for before and
after your operation





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INTRODUCTION

You have been given this booklet because it is likely that you are soon to have a colostomy formed. The booklet has been written to help explain what a colostomy is and what it will mean to you once you have had your operation.

- SECTION 1: INFORMATION TO READ PRIOR TO YOUR SURGERY
- SECTION 2: HELPFUL INFORMATION FOR YOUR RECOVERY PERIOD
- SECTION 3: ADJUSTING TO LIFE WITH YOUR COLOSTOMY
- SECTION 4: OTHER HELPFUL ADVICE
- SECTION 5: STOMA NURSE – YOUR BEST RESOURCE

Everyone is different and will want to read what they feel is most useful to them. We recommend you read the first section and perhaps have a look ahead to what you can expect when you wake up after your surgery. You may want to leave the remaining sections until you are at home and feeling a bit better. It is completely up to you.

*The booklet has been written to help explain what a **colostomy** is and what it will mean to you once you have had your operation.*

This booklet has been written by a team of Stoma Nurses, who have many years of experience in looking after people living with a colostomy.

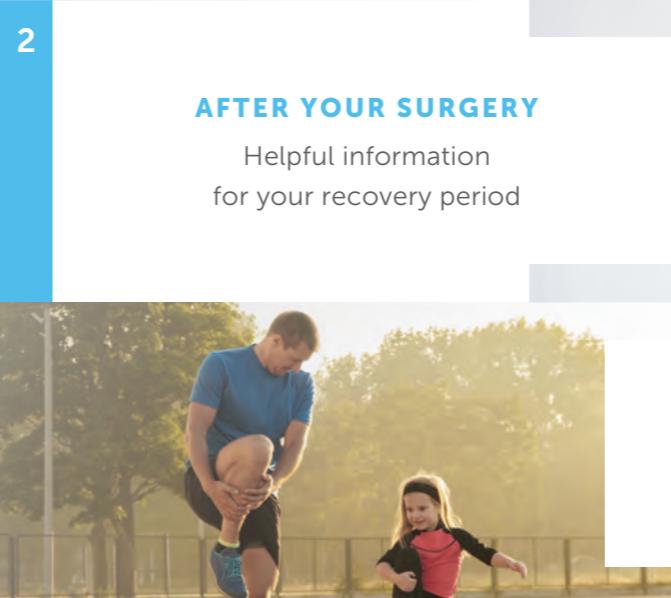
There are a number of **Frequently Asked Questions**, which may not have been covered in the three sections of this booklet. These are included on page 58. If you can't find the answer to any of your own questions in the booklet, please contact your Stoma Nurse.

At the back of the booklet you will find a **Glossary of terms**. This includes a number of words, some of which are medical terms, along with their meanings. We have also included alternative words that you might hear to describe some of the terms.



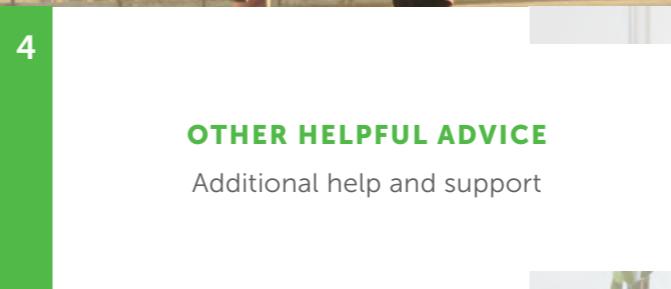
YOUR STOMA AND SURGERY

Information to read prior to your surgery



AFTER YOUR SURGERY

Helpful information for your recovery period



LIVING WITH A STOMA

Adjusting to life with your colostomy



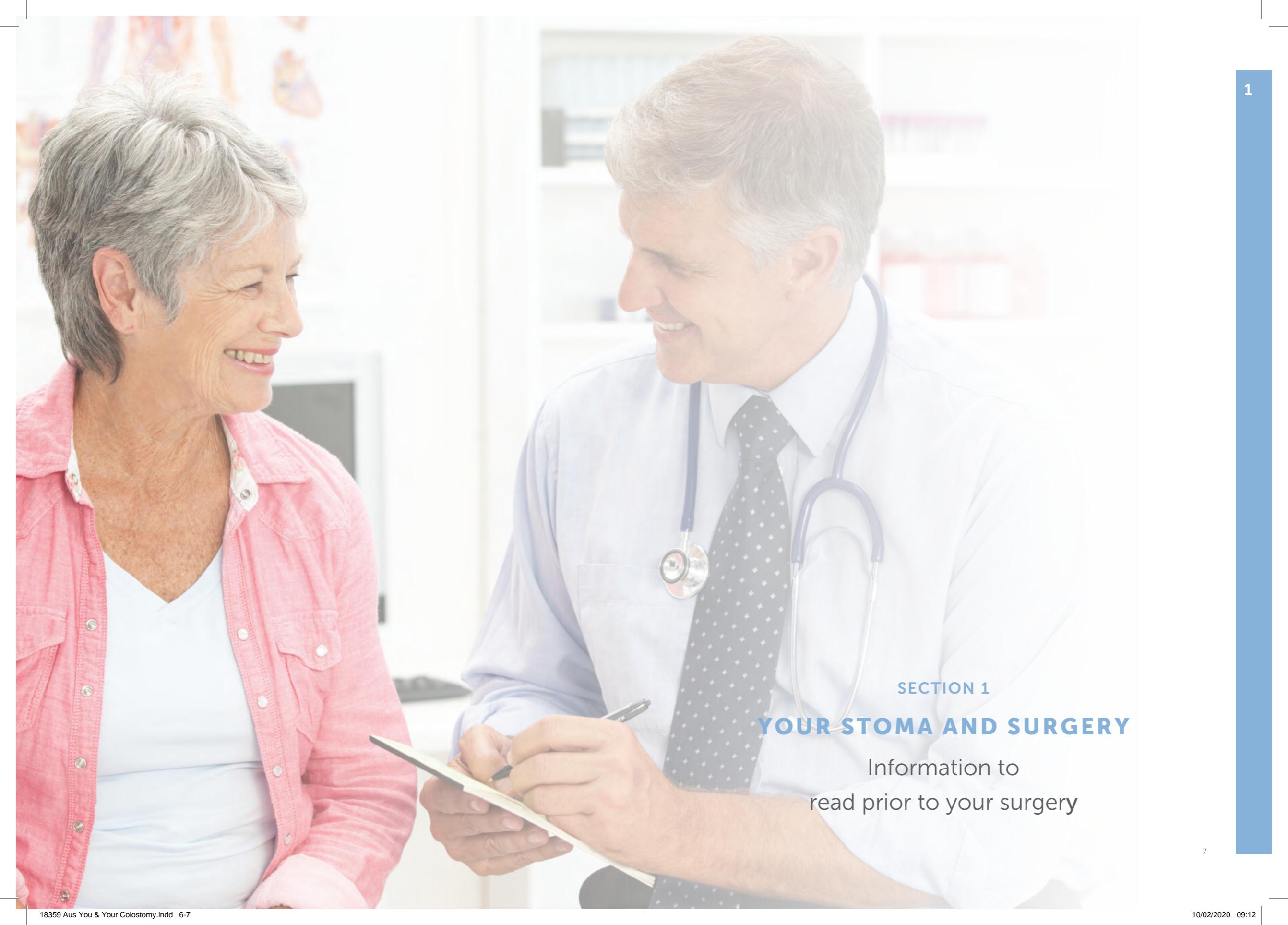
OTHER HELPFUL ADVICE

Additional help and support



STOMA NURSE – YOUR BEST RESOURCE

Get to know your local Stoma Nurse



**SECTION 1
YOUR STOMA AND SURGERY**

Information to
read prior to your surgery

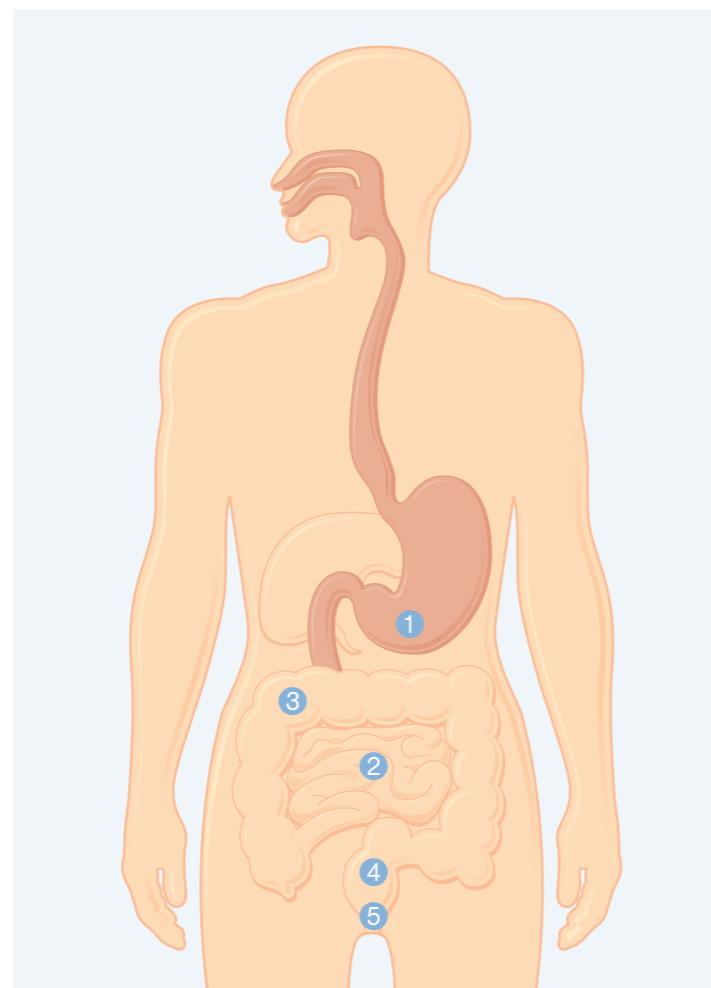
1. YOUR STOMA AND SURGERY

Your digestive system

Your digestive system, also known as the gastrointestinal system, is part of your body that absorbs and digests food, as well as eliminating the body's waste. Anything you eat or drink is chewed in your mouth before travelling down your oesophagus into your stomach where the food is further broken down by gastric juices. This is then pushed along your digestive system into the small bowel, where the digestion and absorption process continues and your body obtains the necessary nutrients it needs. The waste from this process, along with any fluid, moves into the large bowel. This is then absorbed, turning the waste material into a solid stool. The solid stool is then stored within your rectum and excreted via the anus when appropriate.

The digestive system

- Stomach ①
- Small bowel (ileum) ②
- Large bowel (colon) ③
- Rectum ④
- Anus ⑤



1. YOUR STOMA AND SURGERY

What is a stoma?

Stoma is a Greek word meaning 'opening' or 'mouth.' There are generally three types of stomas:

- ▷ **Colostomy:** from the large bowel
- ▷ **Ileostomy:** from the small bowel
- ▷ **Urostomy:** urinary stoma/ileal conduit

A stoma can be either temporary or permanent, depending on the reason for its formation.

What is a colostomy?

A colostomy is a surgically created opening from your large bowel to the surface of your abdomen. A colostomy provides a new path for waste material to leave your body after part of the large bowel has been removed. A colostomy generally produces a thickened stool, however this can vary.

You will either have an end colostomy or a loop colostomy.

End colostomy

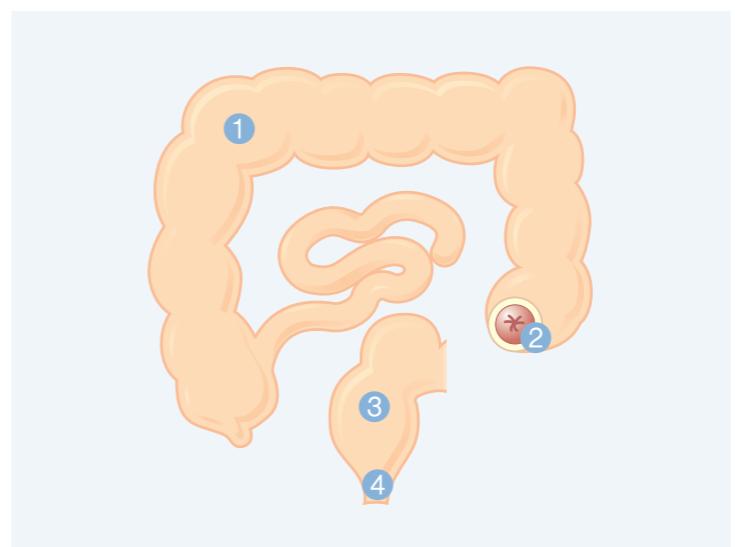
This is formed when part of the large bowel and/or the rectum are removed. The remaining large bowel is brought out to the surface of the abdomen to create a stoma.



A colostomy is usually on the left-hand side of your body, but in some circumstances may be formed on the right-hand side.

End colostomy

- ① Large bowel (colon)
- ② Colostomy
- ③ Rectum
- ④ Anus



The bowel and where an end colostomy may be formed

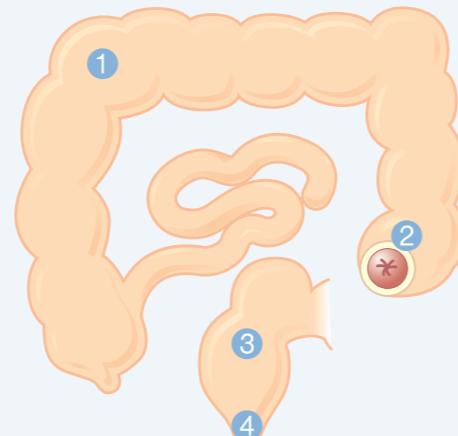
1. YOUR STOMA AND SURGERY

An end colostomy can be temporary or permanent. If a temporary end colostomy is created, a diseased section of large bowel is removed, but the remaining bowel cannot be re-joined at the same time as it is unsafe or inappropriate for your surgeon to do this at this time.

However, it may be possible to re-join your large bowel in the future, and this can be discussed with your surgeon.

End colostomy

- ① Large bowel
- ② Colostomy
- ③ Rectum
- ④ Anus
- ⑤ Stoma



End colostomy

1. YOUR STOMA AND SURGERY

Loop colostomy

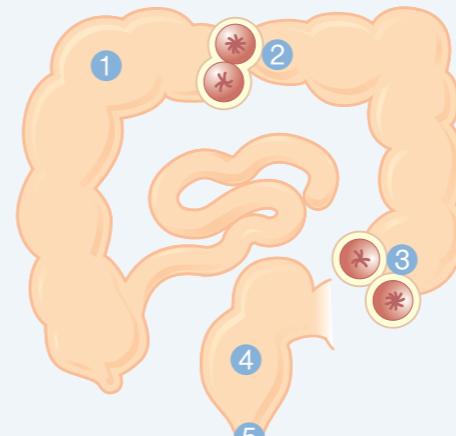
A loop colostomy is usually created to protect a surgical join in the large bowel or to divert the flow of stool from an obstruction. It is formed when a loop of the large bowel is brought to the surface of the abdomen and opened to form a stoma. This can be temporary or permanent.

A loop colostomy has two openings; only one of these will pass stool, the other may produce mucus.

A loop colostomy can be situated anywhere within the large bowel depending on your situation. Common sites are pictured on the diagram.

Loop colostomy

- ① Large bowel
- ② Transverse loop colostomy
- ③ Sigmoid loop colostomy
- ④ Rectum
- ⑤ Anus
- ⑥ Stoma



Two common sites where you may find loop colostomy situated

1. YOUR STOMA AND SURGERY

Why am I having a colostomy?

Your operation may need to be performed for a variety of reasons and your Surgeon and Stoma Nurse will explain these to you. There are a number of different diseases and conditions that can result in the need for a colostomy, such as:

- ▷ Crohn's Disease
- ▷ Trauma
- ▷ Diverticular Disease
- ▷ Radiation damage
- ▷ Faecal incontinence
- ▷ Congenital abnormalities
- ▷ Cancer

Before surgery

You will have the opportunity to meet with the Colorectal Surgeon and Stoma Nurse on one or two occasions before your surgery. This is usually in clinic or at your pre-operative assessment appointment where you will be told about all aspects of your surgery, given written information and most likely be shown colostomy products. You will be able to take samples home, so that you can familiarise yourself with items you may be using. During your pre-operative appointments you should have time to ask questions and discuss any aspect of your care. You might want to start making a list of things to discuss prior to your appointments to take with you so that you do not forget to ask anything.

V.I.P.

It is recommended to take a member of your family or carer with you to your pre-operative appointments, as there is a lot of information to take in.

The stoma nursing team will be key throughout your journey and will be available to advise and support both you and your family/carers.

Where possible, your Stoma Nurse will involve you in marking the ideal site for your colostomy as a guide to the surgeon, taking into consideration your individual needs. However, at the time of surgery, it may not always be possible to put the stoma in the exact position your Stoma Nurse has marked.

1. YOUR STOMA AND SURGERY

What will my colostomy look and feel like?

Your colostomy may be flat to your abdomen or it may stand out slightly. It will be soft to touch, pinkish-red in colour and moist; rather like the inside of your mouth. There is no sensation in the stoma so it is not painful. However, it has a rich blood supply and it is normal for it to bleed a little from time to time, especially when cleaning. Your colostomy is likely to be swollen at first and will take a few weeks to reduce in size. There will be small stitches around the edge of your colostomy, which will either be dissolvable or your Stoma Nurse will remove them 1–2 weeks after your operation.



End colostomy



Loop colostomy



SECTION 2
AFTER YOUR SURGERY

Helpful information
for your recovery period

2. AFTER YOUR SURGERY

Waking up after your surgery

When you wake up after your operation, you will feel tired. It is possible that you may experience a range of emotions during this time and for some time afterwards. This will vary as we are all different.

Remember that it may take a while for you to recover, both physically and emotionally.

Initially you will be wearing a drainable pouch as your stool may be liquid. The pouch will most likely be transparent or have a viewing window, so that your nurses can check on the colour and size of your stoma easily. The nurses will empty your pouch until you are feeling well enough to do this yourself.

You may have drips and drainage tubes attached to your body, but there is no reason to be alarmed – this is quite normal. If you are having a loop colostomy formed it is also possible that you may have a "bridge" which goes underneath the loop stoma. This is a supporting rod which keeps the loop stoma in place for the first few days. This, along with the drips and drains, will all be removed when appropriate and with very little discomfort.



Drainable pouches

2. AFTER YOUR SURGERY

When will my colostomy start to work?

Your colostomy will usually start to work within a few days of your operation. You will have no control over when it works and may not be aware of it happening. Your colostomy may produce wind, sometimes noisy!

All of this is normal and is to be expected.

Your stool will thicken as you start to eat and the noisy wind generally decreases. Your Stoma Nurse may advise you to begin to use a closed (non-drainable) pouch which requires changing rather than emptying.

After a few weeks, most people choose to change their pouch following a bowel motion. This can generally be between one and four times per day. This variance is normal and is personal to you. If you were prone to constipation prior to your surgery, you may well experience it again. It is recommended you follow general advice to prevent constipation (see diet section on page 32).

If your rectum has not been removed, you may still feel like you need to go to the toilet via your anus. This is perfectly normal. When you do sit on the toilet you may well pass some old stool and/or possibly some mucus.

If you have had your rectum removed and anus closed, there is a possibility you may experience 'Phantom Rectum.' This is a sensation of wanting to open your bowel in the usual way. This sensation will pass.



Closed pouches

2. AFTER YOUR SURGERY

Wearing a stoma pouch

There are a variety of different pouches and you can try a one-piece or two-piece product to see which type suits you best. It is your choice which pouch you use. Your Stoma Nurse will usually show you options to help you decide which is the most suitable for you. There are a range of different sizes which are designed to be worn under your normal clothes. Closed pouches have integral filters to allow wind to flow from the pouch very gradually. The filter also contains a charcoal material which will absorb any odour. Pouches are waterproof, so you can choose to have a bath or shower with it on or off. It is up to you, but remember, you will have no control over when your stoma is likely to function.

After a while, you will establish a routine for changing your pouch and it's a good idea to keep this as simple as possible.

Your stoma will work at different times of the day; for instance, it could be active shortly after a meal. It may be easier to change your pouch at an inactive time.



2. AFTER YOUR SURGERY

Changing your stoma pouch

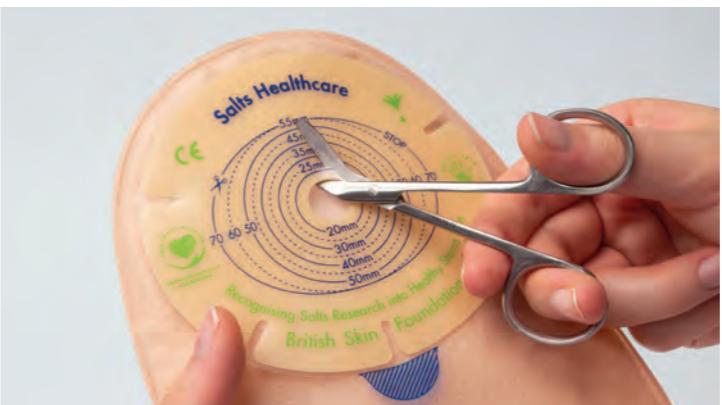
Ensure you have everything to hand before changing your pouch:

- ▷ A clean stoma pouch
- ▷ Scissors and template (if required)
- ▷ Dry wipes or plain kitchen roll (not cotton wool, tissues or toilet paper)
- ▷ Water
- ▷ Disposal bag
- ▷ Adhesive remover (if required)
- ▷ Mirror



To change your pouch

- ▷ Draw the template of your stoma onto the adhesive of the pouch, then cut it out. Pouches are also available in pre-cut sizes.



Cutting the hole



TIP: It is advisable to wash your hands before and after changing your pouch.



TIP: It is most important that this hole fits snugly around the stoma to prevent the risk of leakage and irritated skin. Your Stoma Nurse will show you how to do this and it will become easier with practise. However, if you would like your pouches to be cut to size, this will be possible once the initial post-operative swelling has reduced.

2. AFTER YOUR SURGERY



TIP: To clean your stoma and skin, water is considered adequate and acceptable.



Pouch removal

- ▷ To remove the pouch, carefully release the adhesive, working from the top down whilst supporting the skin. You may choose to use an adhesive wipe or spray as you peel away the adhesive to help with removal.
- ▷ Once removed, fold the adhesive section of the used pouch in half so it seals.
- ▷ Place your pouch into a disposal sack.
- ▷ Use dry wipes (kitchen roll is an alternative) and water to clean around the stoma. Place these in the disposal sack (do not put them in the toilet as they may block it!)
- ▷ Ensure the skin around the colostomy is dry.



Peel

2. AFTER YOUR SURGERY



TIP: If you cannot see your stoma, a mirror might assist.

- ▷ Remove the backing film from the adhesive of the new pouch.
- ▷ Fold the top half of the adhesive back, then position it around the stoma, working from the bottom and smoothing upwards with your fingers. Take time to ensure there are no creases in the adhesive and use the warmth of your hands to mould the pouch to your skin, making sure it is well stuck!
- ▷ Securely close the disposal sack and put in the normal household rubbish bin. DO NOT flush a used pouch down the toilet, unless it is described as a "flushable" pouch, as it will cause a blockage.



Position



Press

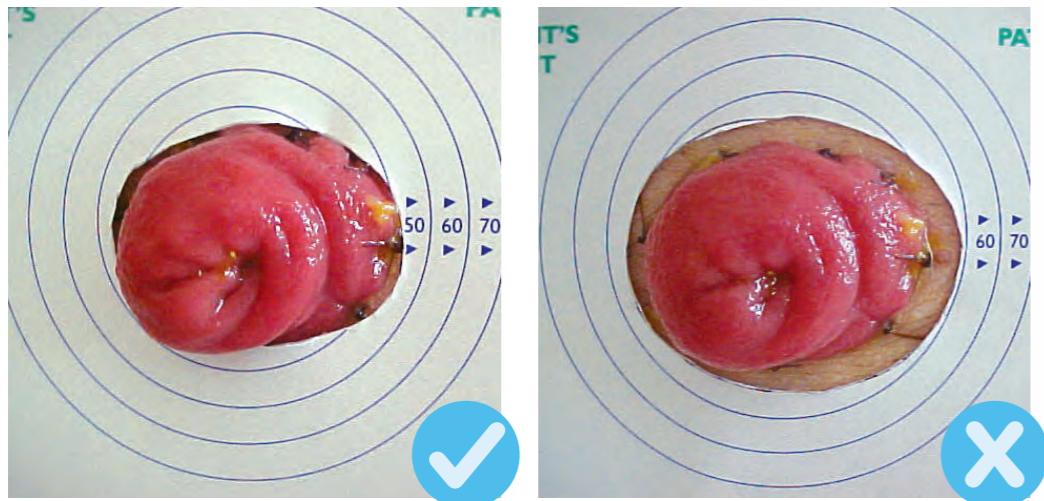
2. AFTER YOUR SURGERY

Caring for your skin

Caring for your skin is an essential part of looking after your colostomy.

Immediately after your surgery, your stoma and surrounding skin will look swollen and even a little irritated. This is all to be expected post operatively and with good care it should improve in appearance over time.

You may find that your product requirements may alter due to the changes in your stoma size and shape. Your colostomy template will alter and should be checked at least weekly for the first 8 weeks, or particularly if lots of healthy skin can be seen through the hole.



The area of skin around your stoma needs ongoing care and attention to prevent and reduce the risk of soreness and bleeding.

If you start to develop sore, irritated or even broken skin, do not delay in contacting your Stoma Nurse for appropriate advice on treatment and the need for alternative products.

2. AFTER YOUR SURGERY

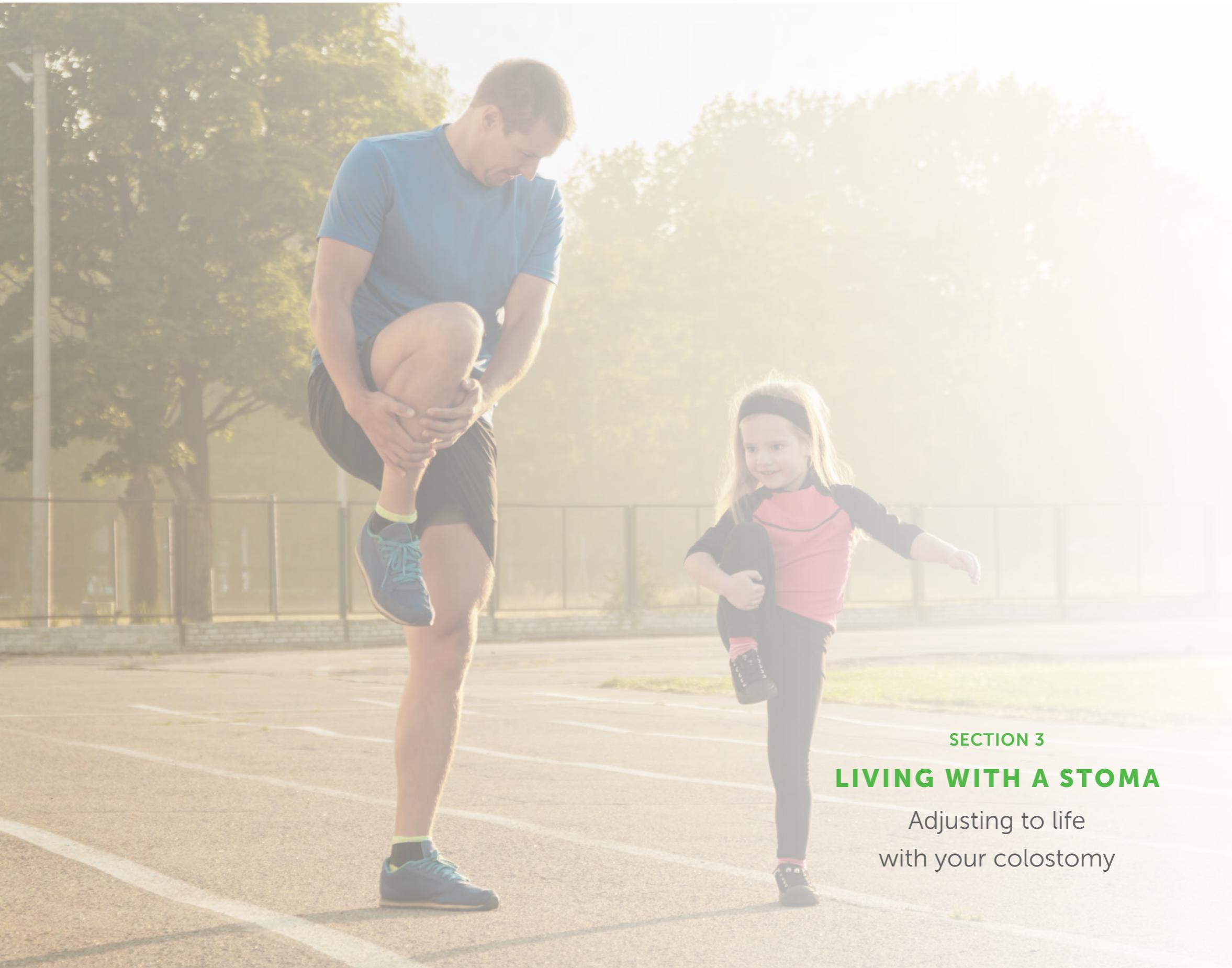
Aim to keep your skin in optimum condition by considering:

- ▷ **Good nourishment and hydration** – take time to look at the section in this booklet about foods and drink that aid healing and promote hydration.
- ▷ This could be an excellent opportunity to **stop smoking** – smoking effects how nutrients and oxygen might get to your skin and so results in a drier, dull skin that is at more risk of breakdown.
- ▷ **Regular gentle walking** increases your body's metabolism and encourages oxygen to reach your skin cells quicker and in greater supply.
- ▷ Care for your skin on a daily basis; keeping it **clean and dry** as adaptation to life with a stoma depends largely on the health of the peristomal skin (skin around your stoma).
- ▷ **Remove any hair** from the skin around your stoma. This is so the adhesive does not pull at the hair shafts causing inflammation and trauma to the skin. How often you need to remove hair from around your stoma is very individual, and you will get to know when removal is necessary.



TIP: To remove the hair around your stoma you might find it helpful to use a plastic deodorant lid or empty toilet roll cardboard to place over the stoma, for protection, and shave around it. If you experience sore skin, please refer to page 47.





SECTION 3

LIVING WITH A STOMA

Adjusting to life
with your colostomy

3. LIVING WITH A STOMA



AVOIDING A HERNIA

There are steps you can take to help prevent a hernia, and it is important to be aware of these after your surgery.

There are exercises you can do to help prevent a hernia: please speak to your Stoma Nurse about these. For more information on what a hernia is: refer to page 49.

Early days at home

When you are first discharged from hospital you will feel tired and find everyday tasks such as having a shower exhausting. This is normal and will improve over time. You should not need to stay in bed when you get home, but you will need plenty of rest, and should make time for a nap during the day.

You may experience some pain and discomfort initially whilst recovering from your surgery. This is a normal part of recovery and you may need to take regular pain relief. There is no need to suffer! Avoid tight fitting clothing during this period as your abdomen may be sore and swollen.

It is normal to feel emotional after major surgery, so don't worry if you have 'down' or 'teary' days to begin with. Talking to family and friends can be helpful – don't feel you need to cope alone. Your Stoma Nurse is there to support you, and there are patient support groups who can help too.

*Don't forget to visit your GP.
Don't be frightened to ask for help.*



DO NOT LIFT

**DO NOT TWIST
YOUR BODY**

DO NOT REACH

Changing your stoma pouch will be slow at first, but with practice and as you gain confidence, this will become part of your normal daily routine.

Tips for early recovery

- ▷ It is advisable to go for a short walk daily.
- ▷ You should be able to manage stairs.
- ▷ Spread tasks over the day and rest in between, but remember you are likely to feel more tired as the day goes on.
- ▷ Do not lift anything heavier than a half-full kettle.
- ▷ You will be able to eat small light meals.
- ▷ You must not drive in the early days after your surgery because you are still sore and may have restricted movement. Certain medication can affect your ability to drive.

Tips for ongoing recovery

Over the next few weeks, increase the amount of activity that you are doing as your body allows:

- ▷ Continue to rest when you get tired.
- ▷ Continue to avoid any lifting due to the risk of developing a hernia.
- ▷ Household activities such as ironing can be done sitting down.
- ▷ Continue to walk on a daily basis.
- ▷ Avoid any stretching up to reach high cupboards.
- ▷ You should be able to drive after 3–6 weeks, depending on your type of surgery but you MUST check with your insurance company.



3. LIVING WITH A STOMA

Obtaining your supplies

You will be discharged from hospital with a small supply of pouches and any additional equipment you will need. You will be signed up to an Ostomy Association near you. Your Stoma Nurse will help you order your first supply of pouches.

The stoma appliance scheme means that your pouches are supplied free of charge through your Ostomy Association.

There will be a small fee to join your Ostomy Association.





Chewing is V.I.P.



Leafy green vegetables can cause more wind in the early days. Try root vegetables such as carrots, parsnips and sweet potatoes.

3. LIVING WITH A STOMA

Diet and hydration

After your surgery you may find your appetite is reduced, but it is still important to eat little and often to help your recovery. You should be able to eat normal foods and return back to the food you enjoyed before your surgery. You may find that some foods can upset your stoma, but this may be a one off and we would advise you to try them again in a couple of weeks.

Dietary tips for the early days

You are likely to have lost weight following your surgery. It is important to increase your intake of calories, fat and protein to aid your body's healing process. In addition to your normal diet, you should look to include the following foods:

- ▷ Full fat milk and cheese
- ▷ Double cream (add to soup, mashed potato and puddings)
- ▷ Snack on biscuits and cakes
- ▷ Foods high in protein each day such as fish, tender meat and eggs
- ▷ Drink regularly to avoid dehydration

Ongoing dietary advice

- ▷ Eat and drink regularly
- ▷ Include fruit and vegetables daily
- ▷ Have foods high in protein each day such as meat, fish, eggs, cheese, milk or yoghurt
- ▷ Include carbohydrates with each meal such as bread, potatoes, pasta, rice and breakfast cereals
- ▷ Include milk and dairy foods as they are rich in calcium – choose lower-fat varieties as a healthier option

People with a colostomy will experience the same common digestive issues that they may have had before their surgery, such as wind, odour, constipation and diarrhoea.

Wind

Sometimes certain foods can give you wind. The following foods may increase wind:

- | | |
|------------------------|----------------|
| ▷ Cabbage | ▷ Spicy foods |
| ▷ Beans/lentils/pulses | ▷ Onions |
| ▷ Cauliflower | ▷ Fizzy drinks |
| ▷ Sprouts | ▷ Chewing gum |

3. LIVING WITH A STOMA

Solutions to reduce wind

- ▷ Avoid talking and drinking whilst eating and keep your mouth closed whilst chewing
- ▷ Avoid drinking with a straw
- ▷ Eat regularly and avoid long gaps between meals
- ▷ Allow fizzy drinks to go flat
- ▷ Try drinking peppermint drinks such as cordial or tea
- ▷ Eat natural yoghurt
- ▷ Keep mobile
- ▷ Avoid smoking and chewing gum



MODERATION is the key.

Odour

The following foods can sometimes cause odour:

- | | |
|----------|-------------|
| ▷ Fish | ▷ Cabbage |
| ▷ Eggs | ▷ Garlic |
| ▷ Onions | ▷ Asparagus |

Solutions to reduce odour

- ▷ Eat natural yoghurt
- ▷ Peppermint oil capsules (available from chemists and health food shops)
- ▷ Peppermint cordial, diluted to taste
- ▷ Peppermint tea

Diarrhoea

Diarrhoea can be caused by many things including diet, medication and your emotions. Common foods that can cause loose stools:

- | | |
|--------------------|-------------------------|
| ▷ Green vegetables | ▷ Raw fruit |
| ▷ Spicy foods | ▷ Prunes or prune juice |
| ▷ Alcohol | |



Solutions to reduce loose stools

- | | |
|--------------------------------|---|
| ▷ Very ripe banana | ▷ Starchy foods such as white rice, pasta, white bread and potatoes |
| ▷ Marshmallows or jelly babies | ▷ Tapioca and other milk puddings |
| ▷ Natural yoghurt | ▷ Smooth peanut butter |
| ▷ Apple sauce | |
| ▷ Cheese | |
| ▷ Noodles | |
| ▷ Boiled milk | |





If you have persistent diarrhoea or constipation, please contact your Stoma Nurse or GP for advice.



If you have any concerns about the effect of your diet or medication on your colostomy, please seek the advice of your Stoma Nurse or GP.

3. LIVING WITH A STOMA

If you do experience diarrhoea, it may be advisable to temporarily use a drainable pouch that can be emptied, rather than repeatedly removing your usual closed pouch as this can make the skin sore.

Constipation

Constipation can be caused by various reasons, such as some medication, diet, lack of mobility and lack of fluids.

Solutions to reduce constipation

- ▷ Increase your intake of fruit and vegetables
- ▷ Eat wholemeal/wholegrain products
- ▷ Drink plenty of fluids – approximately 2 litres each day (avoiding caffeine)
- ▷ Do some gentle exercise
- ▷ Try fruit juice or prune juice
- ▷ Try a mild laxative

3. LIVING WITH A STOMA

Exercise

In hospital

You will usually be seen by a physiotherapist who will give you breathing exercises and tell you how to cough supporting your stoma and wound.

The best exercise immediately following surgery is to get up and walk. You may need the help of a nurse or physiotherapist at first but this should become easier. Sitting out of bed is also advised to reduce the chance of a chest infection. You may be taken for a stair assessment prior to discharge.

In the early days

It is important to keep mobile when you return home, and walking is ideal, but remember however far you walk you will need to get back again. You may find it helpful to set yourself realistic goals that gradually increase over time. Listen to your body and if it feels too much, don't do it!

Exercise

After stoma surgery it is important that you get back to a healthy lifestyle as soon as you feel able. Your recovery period may vary and will depend on your age, type of surgery, level of fitness before surgery and time spent in hospital. Strengthening your abdominal muscles is beneficial for your general recovery. Swimming, walking, yoga and pilates will help to do this, but **stop if it hurts**.

Whatever activities you enjoyed before your surgery, you should be able to get back to when you have recovered. Speak to your Stoma Nurse or Surgeon before starting anything strenuous. It is also advisable to speak to your Stoma Nurse about a support belt before returning to any exercise and activities. This will support your abdominal muscles, helping to prevent the development of a hernia.

If you go to a gym it is advisable to see a personal trainer before commencing activities as they should be able to offer a tailored exercise programme.

Activities such as gardening and bowls can be commenced again but it is advisable to wear a support belt when doing these.

Ensure that you drink plenty of fluids when exercising to avoid dehydration.





If you have recently had surgery, check with your consultant or GP prior to booking your holiday to ensure you are able to travel. You should seek medical approval for the trip if you have been in hospital during the last 6 months.

3. LIVING WITH A STOMA

Travel

Planning your holiday

If you are planning your first trip, it is only natural that you may be feeling apprehensive about travelling for the first time following your operation. It is sensible to start with short trips away from home to build up your confidence. Once you feel reassured, and as your confidence builds, you can start to venture further afield.

Plan ahead

- ▷ Make a checklist of equipment you need to take with you.
- ▷ Go through your pouch change routine to remind yourself of exactly what you use.
- ▷ Calculate the number of pouches you would normally need for each day of your holiday – and double it, with a few extras! The change in climate and environment may mean more pouch changes are needed.
- ▷ Having extra supplies can only add to your peace of mind.
- ▷ If you normally wear a closed pouch, a few drainable pouches may be useful to take with you. Whether you are travelling abroad or at home, you can catch a tummy bug. Draining a pouch can be much more convenient if the stool is loose, and reduces the frequency of changes and the possibility of sore skin.
- ▷ It may be useful to take different size pouches with you for different activities. Most companies make a range of different size pouches. You may want a larger capacity for a long flight, or a smaller pouch for swimming. Ask your Stoma Nurse for advice.
- ▷ In general, it is advisable to keep most of your supplies in your hand luggage so that it remains with you at all times and is within easy reach. However, in case your hand luggage is misplaced, extra supplies should be kept in your suitcase or companion's luggage as a precaution.
- ▷ Contact your Stoma Nurse for details of a Stoma Nurse in the location or country you are visiting.
- ▷ A separate small travel kit containing items needed for a pouch change should be kept close at hand to make visits to the toilet simple and discreet.

3. LIVING WITH A STOMA

Travel insurance

When you have decided on your destination, you must ensure you have adequate holiday insurance cover. Before insurers agree to provide cover, you will have to go through the insurer's screening process. This may involve completing a medical questionnaire or perhaps a telephone call with a medical advisor. You must disclose any medical history, surgery and any pre-existing conditions.

- ▷ Shop around for insurance cover as it is likely to be more expensive than previously.
- ▷ Contact your ostomy association as they may have names of reputable insurance companies.

Air travel

Remember that the International Air Transport Association (IATA) regulations forbid passengers to take dangerous items on board an aircraft and scissors should be packed in hold luggage. Restrictions also apply to carrying liquids on board. Check with your airline a few weeks before departure.



3. LIVING WITH A STOMA

When you check in at the airport, make sure you arrive early so you are at the front of the queue.



This way, you can request an aisle seat near the toilet. You may also be able to request this in advance with your travel agent. Air travel can make some people a bit 'windy'. It is a good idea to avoid foods which you know may cause excessive wind; have frequent small meals for 24 hours prior to flying; and try to avoid spiced or fatty foods and fizzy drinks.

Road travel

If you are travelling by road, try to plan your breaks around places that have adequate toilet facilities. Most roadside cafes, restaurants, service stations and hotels have toilet facilities. Do not be afraid to ask if you need to use them.



Food and drink

When abroad, the general advice on food and drink is the same for anyone:

- ▷ Be wary of the water supply in some countries
- ▷ Use bottled water or boiled water, including when cleaning your teeth and your stoma
- ▷ Avoid food that has been standing for long periods
- ▷ Don't have ice cubes in drinks
- ▷ Wash salads and fruit before eating them

Tummy upsets

A change in climate, water or food can upset your bowels, so be prepared. As a precaution for diarrhoea, it is advisable to take Loperamide (Imodium) with you which slows down the bowel's activity, and sachets of rehydration powder which easily dissolves in water to replace lost body salts, reducing the risk of dehydration.

3. LIVING WITH A STOMA

All of these medications are available on prescription or over the counter from the pharmacist or local supermarket. Always read the instructions very carefully before taking these medications. If your symptoms do not settle after 24 hours, seek medical advice.

Fluids

Drink plenty of fluids. In hot, humid countries, we perspire much more and need to replace lost body fluids. This applies to all the family, not only those with a stoma. Make sure you have plenty of fluid stops and always carry a bottle of water. Isotonic sports drinks such as Lucozade Sport or equivalent are excellent for combating dehydration. Allow fizzy drinks to go flat first, to reduce wind.



*Remember that too much alcohol will accelerate dehydration as well as giving you a hangover in the morning – so don't overdo it!
MODERATION is always advised.*

Storage of stoma products

If you are holidaying in a hot climate, your stoma pouches should not be allowed to get too warm. It is advisable to keep your appliances in a cool bag or box and choose the coolest part of your accommodation to store them.



Don't forget sun protection lotions, avoid periods of intense UV radiation.



Remember

- Holidays are to be enjoyed!
- Plan ahead
- Relax and enjoy your trip

3. LIVING WITH A STOMA

Swimming

Most people are apprehensive when going swimming for the first time. Some people are worried that the water will affect the adhesion of the pouch. Your stoma pouch will be very secure while you're swimming. Once the pouch is wet, the adhesive tends to become 'tacky' and sticks even better. If you want to change your pouch after swimming, you may find the adhesive is still 'tacky' and, when you try to remove it, it may peel off like chewing gum and leave residual adhesive.

It may be better if you dry the pouch well and leave the pouch for a few minutes. The adhesive should then return to normal.

You may want to change your pouch to a smaller size for swimming and going to the beach. If you like spending a lot of time in the sun, it is best to ensure your pouch is covered as the plastic of the pouch magnifies the heat. Chlorine found in swimming pool water and salt from sea will dry out the adhesive on your pouch, so it may be advisable to change the pouch more frequently.

Swimwear

The type of swimwear that can be worn depends on your personal preferences and the position of your stoma.

Female

- If you are happy to wear a bikini – great!
- A good swimsuit lining or double layer fabric will support your abdomen and help hide the pouch.
- When choosing swimwear, try and choose a boldly patterned costume which will camouflage any bulges.
- If you wear bikinis, a high-legged or high-waisted style may cover your stoma. Alternatively, choose a tankini top (long, vest-style top) to wear with bikini bottoms.
- You may choose to wear a sarong on the beach and at the side of the pool. It can be easily removed when you fancy a dip.

Male

- If you are happy wearing your Speedos – great!
- Alternatively, swimming shorts are a good choice as they can be worn above the stoma and are generally loose fitting. Choose a swim-short with a mesh lining which will support your pouch.

3. LIVING WITH A STOMA

Coping with the emotional challenges of having a stoma

Your stoma may have been formed for a variety of reasons including cancer, trauma, inflammatory bowel disease or incontinence. The reason your surgery was necessary may have a bearing on how you adapt to life with your stoma. Some people will see their stoma as a welcome relief after many years of experiencing a reduced quality of life, as a result of their illness. Others may feel a sense of loss and look to their stoma as something they do not wish to have. This is a common and understandable reaction.

Learning to cope with your stoma emotionally as well as practically will not come to you overnight. We all learn to accept changes in our lives at different speeds and for some this will take longer than others.

It is important to know that you may go through periods of sadness and grief, and feel anxious at times. Don't be too hard on yourself, allow your emotions to surface. It is OK to feel angry, sad or want to cry.

It is helpful to talk about these feelings with anyone who you feel comfortable with; your partner, family, friends or your Stoma Nurse. They will be there to offer support and help along the way. There are also support groups and associations offering help and advice from people who are already living with a stoma.

Who should I tell?

You may be anxious about how other people will treat you now you have a stoma. Only you can decide who to tell and when. Some individuals choose to tell family and friends from the beginning and this can help with adapting to life with a stoma.

3. LIVING WITH A STOMA

Sex, intimacy and relationships

Initially you will be recovering from your surgery and getting used to the practicalities of living with a stoma so may not feel ready to be intimate. This is fine – give yourself time to recover from surgery first. Speak openly with your partner regarding your feelings and experiences as they may be more anxious about it than you. Promote intimacy through closeness, holding hands and kissing. The main thing to remember is to try to relax and feel comfortable.

Some types of surgery can impact on an individual's sexual function. This could be due to physical changes to this area of your body, or you are simply just not ready yet. You may need to experiment to find the most comfortable position for intercourse. You should discuss this with your Stoma Nurse when you feel ready, to find out what impact (if any) your surgery could have.

When the time is right

You do not need to wear a special pouch for intimate times, but if you choose to there are smaller sized pouches and caps available. If possible, change your pouch before intercourse – having an empty pouch will be more discreet.

Cummerbund (wide support bands) help to conceal and support the pouch. Women may wish to wear lingerie and there are several companies that make a variety of underwear styles for women living with a stoma.

Women

Some women may experience loss of sensation, pain or dryness following some types of surgery. This can be helped with the use of lubricants, change of position and avoiding deep penetration. If you experience difficulties, your Stoma Nurse will be able to offer advice.

You should speak to your doctor regarding contraception if you require it, as it is still possible to conceive following stoma surgery. If you do want to become pregnant, please speak to your Consultant or GP as they are best placed to advise you. During pregnancy you may experience changes in the size of your stoma and consequently your template will require adjustment.



3. LIVING WITH A STOMA



Men

Men may experience difficulties in getting and maintaining an erection and ejaculation. This is because the nerves and blood supply involved with this may become bruised or damaged during surgery. This may improve with time, however if problems continue it is advisable to speak to your Stoma Nurse, as drugs and treatments such as Viagra, penile injections, implants or mechanical erectile appliances are available and can be very effective.



Warning: Intercourse via the stoma should never be attempted as this can be very dangerous.



3. LIVING WITH A STOMA

Body Image

Whether male or female, we all have our own personal perception of our bodies – our likes and dislikes. Your surgery will involve a physical change to your body and this may, in turn, affect how you feel about yourself. This is normal and it may take time to adjust to these changes.

Regardless of surgery, we all come in different shapes and sizes and often find it comforting and helpful to talk about our body image worries.

You may want to speak to another person with a stoma. Speak with your Stoma Nurse and they can arrange this for you.



"Your stoma is a small part of your overall body and it's important to remember that and not let it dominate everything – it will from time to time – but don't let it all the time."

Carole living with a stoma

3. LIVING WITH A STOMA

Clothing choices and tips

When it comes to choosing clothing, people have very individual styles and preferences.

There is no reason why you can't wear a variety of different clothing that is comfortable and fashionable.

The most important rule with clothing, is to ensure that belts or waistbands are not worn over your stoma or restrict the pouch too much.

There are specialist stoma underwear, swimwear and clothing companies that produce clothing for people with stomas but this is not necessary to purchase or wear – your usual clothing should be suitable.

You can wear anything you like, but here are a few suggestions that may help you to choose your clothing.

Suggestions from people living with a stoma:

Women

"In the early days after your surgery opt for loose tops and palazzo type pants, baggy leggings that are kind to your waist area. If you have to buy new stuff get some colourful things as you'll be looking and feeling washed out."

"Experiment – big scarves, pashminas, soft fabrics are kind. Draw attention to great legs, nice neck lines, earrings, snazzy shoes and boots."

"Opt for patterned support swimwear. Not only will you look good, you will feel more confident in water with the added support that nothing is coming adrift. Pareos and kaftans are useful too."

"Trousers or leggings with a deep waistband are the most comfortable as they don't cut across my ileostomy. The same goes for underwear: a deep lace band at the top also holds the pouch in place."

"I go swimming but don't think there is any need to buy special swimwear – either go for a tankini top and straight leg bottoms, with support pants underneath or an ordinary swimsuit with 'tummy control' panels for support, maybe in a patterned fabric. If you angle the pouch slightly towards the centre of the body when applying it doesn't show."

"High waisted knickers, jeans and skirts are best for me. I like the skinny stretch jeans, but the boyfriend style is good too as they are roomy at the top then taper down. I wear these with a longer jumper or shirt over the top."

"In the summer wear any tops or t-shirts with linen type trousers as they often have plenty of room for the pouch to expand."

"Dresses with suitable styling, e.g. gathers, loose waisted, fitted and flared can be more forgiving than skirts and tops."

"Waistcoats, jackets, a loose cardigan or top – whatever suits the occasion, smart, sporty, casual worn over a more fitted top work well for me."

"Remember people aren't generally looking for a 'bump', it is more obvious to you because you know what's there."

Men

"I find there is a need to unload my pockets to reduce the supported weight. Because of the need to carry emergency supplies with me I use a leather reporter style "man bag."

"I tend to wear patterned or striped shirts and jumpers which help to deflect the eye from any irregularities in body shape caused by the pouch. I also buy a larger than usual size around the waist so that it offers more space and for the natural folds of the material to distract the eye."

3. LIVING WITH A STOMA

Medication

Some medicines are known to cause side effects and having a colostomy does not exclude you from these. The symptoms will be exactly the same:

- ▷ Pain relief medication can cause constipation (infrequent stools)
- ▷ Antibiotics can cause diarrhoea (loose stools)
- ▷ Iron tablets can cause black, sticky stools and constipation
- ▷ Indigestion medication can cause grey stools

Despite experiencing these symptoms, it is important to continue to take any prescribed medication and discuss any side effects with your GP.

Laxatives may be prescribed to treat constipation. This medication will loosen your stools and may increase wind. It is important to discuss the ongoing use of laxatives with your Stoma Nurse or GP.

Chemotherapy

Chemotherapy is drug therapy and there are a number of different types that can be used to treat cancer. Some of these drugs can have an effect on your stoma and output. Speak to your Stoma Nurse or Oncology Nurse Specialist.

3. LIVING WITH A STOMA

Problems you may experience with your stoma

Sore skin

Good skin care is vital to prevent sore skin. Sore skin is a common problem and is often seen but easily treated. There are a number of reasons why this may be happening. This isn't a complete list, so please contact your Stoma Nurse for further guidance if your symptoms persist.

▷ Ill-fitting pouch:

Following surgery you may find that your abdominal shape changes, especially if you gain or lose weight. This means the skin close to your stoma may not sit evenly against your pouch, exposing healthy skin and allowing sore skin to occur or leakage to take place. It is therefore important to regularly check your template size and suitability of your pouch.

▷ Change in output:

A change in output from your stoma could contribute to sore skin. If you experience loose stools, you may find it helpful to temporarily use a drainable pouch to prevent frequent pouch changes, which can result in sore skin.

▷ Trauma to stoma or skin:

Your stoma and the surrounding skin is at risk of damage and so should be well cared for. An incorrectly sized template may rub and cause injury to the side of the stoma, which may include small ulcers. It may be that the shape of the stoma remains the same but the size has altered. Get into the habit of checking your stoma, template and surrounding skin regularly.

▷ Product sensitivity:

Sensitivity to the adhesive on your pouch is rare, but can occur even if you've been using it for a long time. It may begin as a slight irritation and become progressively worse if left untreated.

▷ Folliculitis:

This is an inflammation of the hair follicles. It appears like small pimples, occasionally pus-filled, that can be painful and is often seen after shaving the skin around the stoma.

As soon as you notice any changes to the skin immediately around your stoma, please contact your Stoma Nurse for advice about treatment.



A yearly visit to your friendly Stoma Nurse can help you avoid these problems.

3. LIVING WITH A STOMA

Muco-cutaneous separation

To form the stoma, the bowel will be stitched to the skin. Occasionally, following surgery the stitches and skin can separate. This can sometimes look unpleasant but, like any other wound, it will heal over time. It is important to contact your Stoma Nurse who can advise you on treatment to aid healing.

Pancaking

Pancaking occurs if the internal layers of the pouch stick together causing a vacuum which prevents the contents from dropping to the bottom. The stool remains at the top of the pouch which can potentially block the filter. The pouch can also be forced off the body. It may help to intermittently use the filter cover. Place some air into the pouch by blowing into the pouch prior to application, then apply the filter cover, this will ensure some of the air remains within the pouch, then once the stoma has functioned try removing the filter cover, this will hopefully encourage the stool to drop to the bottom of the pouch.

Some people find it helpful to roll up a small piece of toilet paper or place a cotton wool ball into the pouch. Others find using a drop of oil or liquid soap placed into the hole of the adhesive (ensuring it coats the opposite internal film) can sometimes help the output to slide to the bottom of the pouch.

Ballooning

Ballooning occurs when your stoma pouch blows up with wind. This can cause the pouch to come away from the body.

If you are using a filter cover, try removing it.

If your stoma pouch has a filter and you are still experiencing problems, it may be that you are suffering from excess wind. Spicy foods, some vegetables (onions, cabbage, peas, and beans) and fizzy drinks have been known to increase wind, so try to avoid these.

Also avoid drinking with your meal as this can cause you to swallow excess air. Eating regular meals will reduce the build-up of wind.

3. LIVING WITH A STOMA

Constipation

Constipation can occur for many reasons, such as reduced mobility, pain relief medication, and reduced fibre and fluid intake. It results in infrequent hard stools and may cause abdominal discomfort. It is resolved by increasing your fluid and fibre intake. If this does not work, your GP or Stoma Nurse may advise the appropriate use of laxatives.

Parastomal hernia

A hernia is a weakness in the muscle wall. A parastomal hernia can occur around the stoma and is more common depending on the following risk factors:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▷ Age ▷ Weight ▷ Strenuous or heavy lifting | <ul style="list-style-type: none"> ▷ Smoking ▷ Multiple abdominal and/or emergency surgery |
|---|--|

A parastomal hernia can vary in size from as small as a golf ball to as large as a football. There are numerous abdominal support garments that are helpful in concealing and supporting the hernia. It is recommended that you wear a light support garment as prevention. However, if you are partaking in strenuous activity, it is necessary to be measured for a more supportive garment. Your Stoma Nurse can arrange this for you.

In some people, the parastomal hernia will not cause any discomfort, but others may experience a dragging sensation, discomfort or pain. This will often depend on the size of the hernia and can be eased by wearing a measured support garment.

It is possible to have surgery to repair the hernia depending on the symptoms and effect on quality of life, but this will be assessed on an individual basis by your Surgeon. It should be noted that there may still be a risk of another hernia developing following the repair.

Retraction

This occurs when the stoma is below skin level. There are various reasons for this:

- ▷ Difficulties with stoma formation
- ▷ Shape of the abdomen
- ▷ Weight

3. LIVING WITH A STOMA

If you have a retracted stoma, you may need to try a range of pouches and additional products to find the most suitable for your stoma. Leakages are more likely, but the use of appropriate products will minimise this. Finding the ideal products may take some time, but your Stoma Nurse will be able to offer advice on what is best for you.

Bleeding

The bowel has a very good blood supply, which is why the stoma is pink/red in colour. Whilst cleaning your stoma, a small amount of bleeding on the cloth is to be expected. However, if you see blood inside your pouch and/or in your stool you should contact your Stoma Nurse or GP immediately.

If you take anticoagulants such as Warfarin or Aspirin this may increase your risk of bleeding. If the bleeding is heavy, persistent or comes from the inside of the stoma you should seek advice from your Stoma Nurse or GP.

Prolapse

Sometimes the bowel can extend in length, similar to a telescope effect, and this is called a prolapsed stoma. Despite the prolapse, your colostomy should continue to be a healthy pink/red colour. If this changes and becomes darker it is important that you seek urgent medical advice.

It is important to use your template frequently and it may be necessary to use a larger pouch to accommodate the stoma, check with your Stoma Nurse.

Lying down may reduce the size of the prolapse, and may make it easier to apply your pouch. In some cases the use of a support belt, applied whilst lying down, can be effective in managing the prolapse.

3. LIVING WITH A STOMA

Your Stoma Nurse can advise you on the use of a support garment or belt.

Granulomas

Granulomas are red lumps that can appear on and around the edge of the stoma. They can be tender and may develop at any time. Sometimes rubbing from the wafer or base plate can increase the risk of granulomas occurring. Bleeding can happen and may interfere with the pouch adhesion. The template should be checked to ensure a good fit but do not cut the template larger to accommodate the granulomas as this may allow them to grow larger. Your Stoma Nurse may feel it is necessary to treat with a course of silver nitrate or you may be referred for surgical excision, although this is rare.

Ulcers

Ulcers can develop for a variety of reasons that may include medication, type of appliance and as a result of your original diagnosis. They can appear as broken, red, sore areas which may be painful. Ulcers are treatable and your Stoma Nurse can advise you following assessment.

Stenosis

Stenosis results in the stoma becoming very small and tight. The output from the stoma will become ribbon-like or even liquid. Following assessment, your Stoma Nurse may use a dilator to insert into the stoma and will request you continue to do this at home. Your Stoma Nurse may also recommend you take laxatives to keep your stool soft enough to pass and to avoid constipation. You may need surgery to refashion your stoma.

Necrosis

This is extremely rare. Necrosis occurs if the blood supply to the stoma is restricted. Initially the stoma will become a darker red/purple and may even turn black, which is an indication that the blood supply is impaired. It may also feel cold and hard to touch. It is vital that you seek urgent medical attention.

A photograph showing a smiling healthcare professional, likely a nurse, wearing white scrubs and a stethoscope, assisting an elderly woman with white hair to walk. The woman is wearing a light-colored top with a decorative neckline and white pants. They are indoors, with a window and some plants visible in the background.

SECTION 4

OTHER HELPFUL ADVICE

Additional help and support

4. OTHER HELPFUL ADVICE

Support

Stoma Nurse

Your Stoma Nurse will support you throughout your surgery and recovery, and will continue to be there to offer advice in the future.

Don't be afraid to contact your Stoma Nurse if you have any questions.

You can note the name and contact details of your Stoma Nurse below, so that you can refer back to them in the future.

My Stoma Nurse:

Contact Details:

.....

Email:

Stoma product codes:



Scan your QR code to download the app for FREE



Download on the App Store



GET IT ON Google Play

Stoma care training app

Salts Healthcare has a helpful and supportive stoma care training app that can be downloaded onto your smart phone or tablet.

It contains lots of useful information and downloadable content, including a comprehensive list of Frequently Asked Questions (FAQs) written by Stoma Nurses. A number of animated videos take you through the steps of removing your stoma pouch, cleaning your stoma and applying a new pouch. Scan your QR code (see left) to download the app for FREE.

Alternatively:

1. Tap your preferred app store icon to launch the app store (App Store for Apple, Play Store for Android)
2. Search directly for: '**Stoma Training App**'
3. Download and install the desired app, accepting any permissions (this may not be necessary)
4. Launch or open your new app



4. OTHER HELPFUL ADVICE

National Directory of Ostomy Associations

AUSTRALIAN CAPITAL TERRITORY:

ACT & Districts Stoma Assn Inc.
 (02) 6205 1055
 stoma@ACTStoma.onmicrosoft.com
 www.actstoma.net.au

NORTHERN TERRITORY:

Cancer Council of the Northern Territory Inc.
 (08) 8944 1800
 ostomy@cancernt.org.au
 http://nt.cancer.org.au/

WESTERN AUSTRALIA:

WA Ostomy Assn Inc.
 (08) 9272 1833
 admin@waostomy.org.au

NEW SOUTH WALES:

NSW Stoma Limited
 (02) 9565 4315 or 1300 OSTOMY
 info@NSWstoma.com.au
 NSWstoma.com.au

Ostomy NSW Ltd:

(02) 9542 1300
 orders@ostomynsw.org.au
 www.ostomynsw.org.au

QUEENSLAND:

Gold Coast Ostomy Assn Inc.
 (07) 5594 7633
 gcoa@bigpond.com

NTH QLD Ostomy Assn Inc.

(07) 4775 2303
 admin@nqostomy.org.au

QLD Ostomy Assn Inc.

(07) 3848 7178
 admin@qldstomy.org.au
 www.qldostomy.org

QLD Stoma Assn Inc.

(07) 3359 7570
 admin@qldstoma.asn.au
 qldstoma.asn.au

Toowoomba & South-West Ostomy Assn Inc.

(07) 4636 9701
 bob.schull@bigpond.com

Wide Bay Ostomates Assn Inc.

(07) 4152 4715
 wbostomy@bigpond.com

SOUTH AUSTRALIA:

Ostomy Assn of SA
 (08) 8235 2727
 colosa@colostomysa.org.au
 www.colostomysa.org.au

Ileostomy Assn of SA Inc.

(08) 8234 2678
 info@ileosa.org.au

TASMANIA:

Ostomy Tasmania Inc.
 (03) 6228 0799
 admin@ostomytas.com.au

4. OTHER HELPFUL ADVICE

VICTORIA:

Bendigo & District Ostomy Assn Inc.
 (03) 5441 7520

Colostomy Assn of Vic.

(03) 9650 1666
 info@colovic.org.au
 www.colovic.org.au

Geelong Ostomy Inc.

(03) 5243 3664
 goinc@geelongostomy.com.au
 www.geelongostomy.com.au

Ostomy Assn of Melbourne Inc.

(03) 9888 8523
 enquiries@oam.org.au
 www.oam.org.au

Peninsula Ostomy Assn Inc.

(03) 9783 6473
 poainc1@bigpond.com

Victorian Children's Ostomy Assn.

(03) 9345 5325

Warrnambool & District Ostomy Assn Inc.

(03) 5563 1446
 warrnambooloostomy@swh.net.au

Local Support Groups

Your Stoma Nurse will be able to advise you about support groups that are local to your area.
 You can note the details below for safe keeping.

4. OTHER HELPFUL ADVICE

Frequently Asked Questions (FAQs)

If you are worried about anything before or after your operation, please consult your Stoma Nurse who will be happy to help you. Below are some brief, but useful, answers to a range of common questions.

I find odour a problem with my stoma, what can I do?

Most stoma pouches are now designed with integral filters, so odour should not be apparent apart from when you are emptying or changing your pouch. However, deodorising air fresheners are also readily available in supermarkets.

Can I bath/shower without the pouch on?

It is entirely up to you. Whether you find bathing or showering most convenient, both can be done either with your pouch on or without it. However, you will have no control over when your stoma may work, so it could work during your bath or shower if you choose to leave your pouch off.

Do I need to pay for my pouches?

If you have a stoma of any type, then no, you do not need to pay for your pouches. You will however, need to sign a Medicare form from a Stoma Nurse. Your products will be available from your Ostomy Association.

Who can I ask for advice?

Your Stoma Nurse will continue to be available should you have any problems with your stoma, or if you need help or advice.

How often do I need to see my Stoma Nurse?

After you have recovered and are feeling more confident with your stoma care routine, you will not need to see your Stoma Nurse as often. However, it is advisable to see your Stoma Nurse for an annual review.



Top tip – some people find that an Extra Strong Mint placed inside their pouch helps to effectively mask odour.



4. OTHER HELPFUL ADVICE

Glossary of terms

Abdomen:

The part of the body that contains the pancreas, stomach, intestines, liver, gallbladder, and other organs. This may also be referred to as: "tummy," "belly" or "stomach."

Adhesive:

The sticky part of a one-piece pouch that sticks to your abdomen. This may also be described as: "wafer," "flange," "base plate" or "hydrocolloid."

Anus:

The natural exit where stool leaves the body.

Pouch: (External): A term used to describe a stoma appliance worn over a stoma to collect urine or stool/output.

Baseplate:

The part of a two piece system that sticks to the abdomen. This may also be described as "wafer," "flange," "base plate" or "hydrocolloid."

Cancer:

A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system to other parts of the body.

Chemotherapy:

A drug treatment for cancer.

Colitis:

Inflammation of the large bowel (colon).

Colon:

Large bowel, consisting of caecum, ascending, transverse, descending and sigmoid colon.

Colorectal:

Referring to the colon and the rectum.

Colostomy:

An opening from the colon to the outside of the body. A colostomy provides a new path for stool to leave the body after part of the colon has been removed.

Congenital abnormalities:

A birth defect or abnormality existing at or before birth.

Constipation:

Irregular and infrequent stool, usually accompanied by hard, dry stools which can be difficult to pass.

Convexity:

A specialist shape of wafer with an outward curve. The convex shape is most often used with a retracted or flush stoma.

Crohn's disease:

An inflammatory bowel disease affecting any part of the gastrointestinal tract, from mouth to anus.

Diarrhoea:

Loose, watery stool.

Diverticular Disease:

A condition where small sacks or pouches form in the wall of the large bowel.

Diverticulitis:

When the small pouches or sacks mentioned above become inflamed or infected.

Hydrocolloid:

The sticky part of your pouch or base plate.

4. OTHER HELPFUL ADVICE

Ileostomy:

An opening from the small bowel or ileum to the outside of the body.

Ileum:

The final and longest segment of the small bowel.

Inflammatory Bowel Disease:

A broad term used to describe the three conditions, Crohn's Disease (CD), Ulcerative Colitis (UC), and Familial Adenomatous Polyposis (FAP or Gardeners Syndrome).

Loop Stoma:

A loop of bowel is brought out through a surgical opening made in the abdominal wall.

Mucocutaneous junction:

Sutured join of any stoma between the bowel and the skin.

Muco-cutaneous separation:

Breakdown of the suture line between the bowel and the skin securing the stoma to the abdominal surface.

Oncologist:

A specialist doctor who is trained in diagnosing and treating cancer.

Oncology Nurse Specialist:

A nurse who specialises in oncology and sees patients following a cancer diagnosis.

Ostomate:

A person who has a stoma.

Parastomal:

Around/behind the stoma.

Peristomal skin:

The area of skin immediately surrounding the stoma.

Rectum:

Lowest part of the large bowel ending in the anus (bottom).

Stoma:

Stoma is a Greek word meaning 'opening' or 'mouth'. There are generally three types of stomas:

- ▶ Colostomy: from the large bowel
- ▶ Ileostomy: from the small bowel
- ▶ Urostomy: urinary stoma

A stoma can be either temporary or permanent, depending on the reason for its formation.

Stoma Nurse:

A nurse trained in the care and support of people with ileostomies, colostomies and urostomies.

Ulcerative Colitis:

A disease that causes long-term inflammation of the lining of the large bowel.

Urostomy/ileal conduit:

A urinary stoma.

5. STOMA NURSE – YOUR BEST RESOURCE

Your friendly Stoma Nurse

Get to know your local Stoma Nurse. They are only a phone call/email distance away.

- ▶ Don't put up with red skin or leakages, they can be solved quickly
- ▶ See your Stoma Nurse annually, it will only take 10 minutes to check your stoma, skin and pouch size. You wouldn't let your car go without a service for 12 months!
- ▶ Even if you are travelling around Australia, these nurses can be accessed in capital cities and major regional towns



5. STOMA NURSE – YOUR BEST RESOURCE

Notes

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Notes

With thanks to Stefan Demur, CNC Stomal Therapy, for his help with content creation.

For free samples, please contact:



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