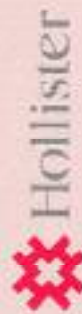


Managing your
COLOSTOMY

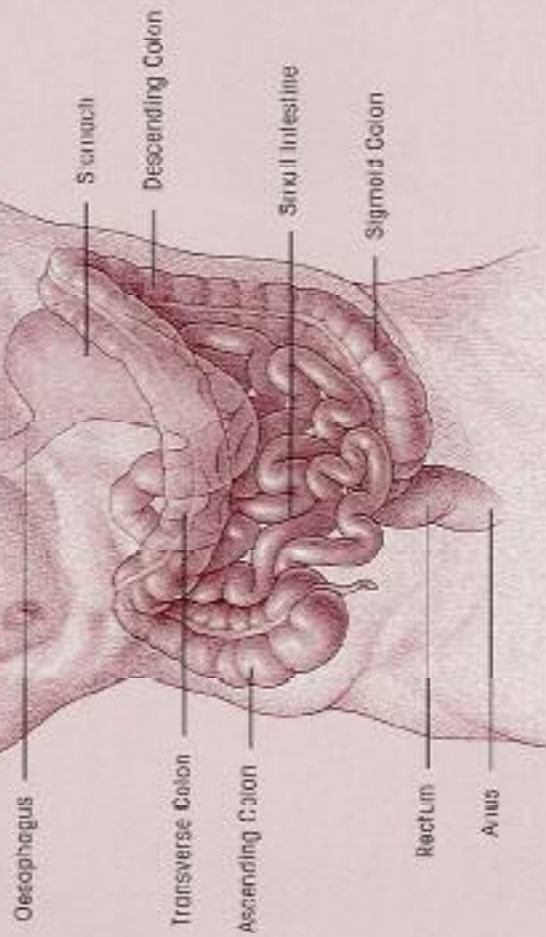


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The Human Digestive System

When you chew your food and swallow it, the food goes down your *oesophagus* into your *stomach*. Stomach acids and chemical *enzymes* break down the food until it becomes a liquid mixture. From your stomach, the liquid food mixture goes into your *small intestine*.

The small intestine, which is about twenty feet long, is where most digestion takes place. Vitamins, minerals, proteins, fats and carbohydrates are all absorbed into your body through your small intestine. Any food that is not absorbed in the small intestine goes into the *large intestine* as liquid waste - or stool.

Your large intestine is also called the *colon*. It is generally five to six feet long. The colon has two main purposes

1. to absorb water from your stool
2. to store your stool until you have a bowel movement.

The colon is divided into four parts: the *ascending colon*, the *transverse colon*, the *descending colon*, and the *sigmoid colon*. As the stool moves through your colon, more and more water is absorbed until the stool becomes completely formed. When you have a bowel movement, the stool goes from your colon into your *rectum*, and then out of your body through your *anus*. A muscle in your anus, called the *anal sphincter*, allows you to control when to have a bowel movement.

Every year, thousands of people have colostomy surgery. For some, the surgery is a lifesaving procedure. For others, the surgery relieves years of suffering from bowel disease. Whatever the medical reason, anyone who is going to have colostomy surgery has many questions and concerns.

This booklet is provided for you by your health care team. The booklet will supplement other information given to you by your doctor and your Stoma Care Nurse - a nurse who specializes in stoma care.

The purpose of this booklet is to answer some of your questions about colostomy surgery and to ease some of your concerns about living with a colostomy.

What is a Colostomy?

A colostomy is a surgically created opening into the colon - through the abdomen. The purpose of a colostomy is to allow stool to bypass a diseased or damaged part of the colon.

When a person has a colostomy, stool is no longer eliminated through the anus. Instead, stool is eliminated through the colostomy. A colostomy does not have a sphincter muscle, so a person who has a colostomy has no voluntary control over bowel movements. Instead, the person wears a disposable pouch to collect the stool. A colostomy may be temporary or permanent, depending on the medical reason for the surgery.

To construct a colostomy, the surgeon brings part of the colon through the abdominal wall. This new opening on the abdomen is called a *stoma*. The skin around the stoma is called the *peristomal skin*. Each person's stoma is unique. Chances are, your stoma will look different from another person's stoma.

There are no nerve endings in the stoma, so the stoma is not painful. The stoma is always red and moist - somewhat like the inside of a person's mouth. The stoma may also bleed easily, especially if it is dry or rubbed. This type of minor, temporary bleeding of the stoma is normal. (If the bleeding continues, or if the discharge (stool) from the stoma is bloody, you should contact your doctor or your Stoma Care Nurse.)



Stoma

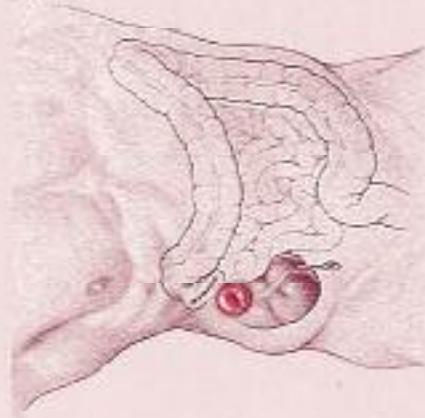
Not painful

Always red and moist

May bleed easily

Types of Colostomies

A colostomy can be made at almost any point along the length of the colon. Where your colostomy will be depends on the medical reason for your surgery.



Ascending Colostomy - made from the ascending part of the colon.

- Output: Liquid or paste-like stool
- Pouch: One-piece drainable or Two-piece drainable

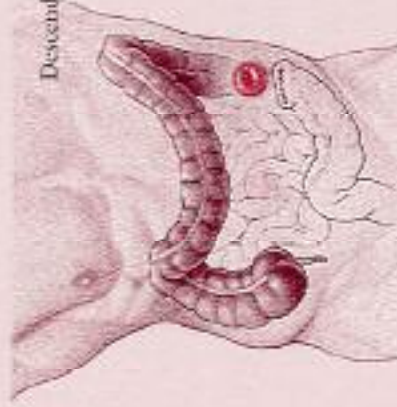
Transverse Colostomy - made from the transverse part of the colon.

- Output: Paste-like or semi-formed stool
- Pouch: One-piece drainable or Two-piece drainable



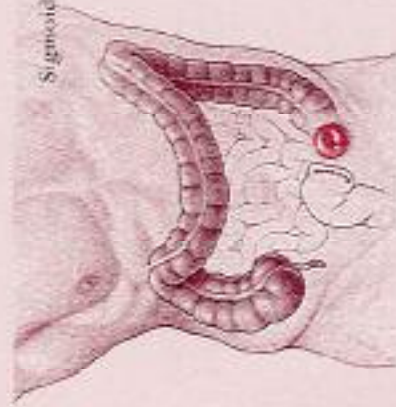
Descending Colostomy - made from the descending part of the colon.

- Output: Almost completely formed stool
- Pouch: One-piece closed or Two-piece closed



Sigmoid Colostomy - made from the sigmoid part of the colon.

- Output: Fully formed stool
- Pouch: One-piece closed, Two-piece closed or Sigmoid cap (if you irrigate)



Odour

Odour is a major concern for people who are about to have colostomy surgery. Today, colostomy pouches are made with *water barrier films*, so odour from the stool is contained *inside* the pouch. If the pouch is clean, and is applied properly, you should notice odour only when you are emptying or changing your pouch. If you notice odour at any other time, check the pouch seal for leakage.

You should empty your pouch when it is necessary and convenient for many people, that means three to four times a day. Emptying your pouch regularly can help reduce the risk of leaks. Also, regular emptying can help to avoid a bulge from a pouch that is too full.

Sometimes, certain foods or medications can affect the odour of stool. If odour is a concern for you, you may want to avoid foods that increase odour. If you have questions about medications you are taking, ask your doctor or your Stoma Care Nurse. (For more information, read the sections *Diet* (below) and *Medication* (page 6) in this booklet.

Gas

The amount of gas that a person's system generates depends on the individual. If you had problems with excessive gas before your surgery, you will likely have the same problems after your surgery.

Intestinal gas can sometimes be the result of swallowing air. Drinking carbonated beverages, smoking, chewing gum, and chewing with your mouth open can all increase the amount of air you swallow.

Sometimes, gas can also be caused by the foods you eat. If gas is a problem for you, you may want to avoid certain gas-forming foods. (For more information, read the next section on *Diet* in this booklet.)

Diet

Having a colostomy does not mean that you will have to be on a special diet. Remember, the actual digestion of food takes place almost entirely in the small intestine - not in the colon. Immediately after your surgery, your doctor may prescribe a special diet; however, after your recovery period, you should be able to go back to a normal diet. There are some foods that can cause odour or gas in your system. If that is a concern for you, you may want to eat those foods in moderation.

Lifestyle Tips

Eat a balanced diet.

Eat slowly and chew your food well.

Add food to your diet gradually, so we know about foods that affect your system.

Foods that may increase odour

aspic, as
broccoli
brussels sprouts
cabbage
cauliflower
eggs
fish
garlic
onions
some spices
cauliflower
Foods and beverages that may increase gas:
beans
beer
broccoli
brussels sprouts
cabbage
carbonated beverages
corn
cucumbers
mushrooms
peas
spinach

Diarrhoea

For anyone, diarrhoea can be caused by an illness (such as the flu) or by a variety of reasons. With a colostomy, you can still get diarrhoea, just as before your surgery.

If you get diarrhoea, there are some foods you can eat that will help to thicken your stools. Avoid foods and beverages that may cause loose stools.

Foods and beverages that may thicken your stools

applesauce
bananas
buttermilk
cheese
marshmallows
milk (low-fat)
noodles (any type)
pearl or butter (crispy not chunky)
rice
tapioca pudding
toast
yogurt

Foods and beverages that may cause loose stools

beer or other alcohol
broccoli
fresh fruits (except banana)
grape juice
green beans
prunes or prune juice
spicy foods
spinach

Lifestyle Tips

If you get diarrhoea, increase the amount of fluids you drink.

If you irrigate your colostomy, stop irrigating until the diarrhoea stops. After the diarrhoea stops, you can resume your normal schedule of irrigation.

If the diarrhoea continues call your Stoma Care Nurse.

Diarrhoea that lasts too long can cause dehydration.

Medication

Any medication you take will work just as effectively as before. Prescription drugs, vitamins, aspirin (or aspirin substitutes, such as Tylenol), and other medications will continue to be absorbed into your body just as before your colostomy.

Some medications may change the colour, odour or consistency of your stool. Non-prescription medications, like antacids can cause constipation or diarrhoea. Antibiotics may make your stool thinner than normal and may even cause diarrhoea. If you have questions about any medications you are taking, ask your doctor or your Stoma Care Nurse.

Irrigation

Irrigation can sometimes be an option for a person who has a descending colostomy or a sigmoid colostomy. The purpose of colostomy irrigation is to allow the person to control when to have a bowel movement. Irrigation trains the colon to empty at a regular time each day.

Irrigation is somewhat like an enema through the stoma. It is very important to learn the technique of irrigation from a health care professional. If you are interested in irrigation, ask your Stoma Care Nurse for more information.

Bathing or Showering

With a colostomy, you can shower or bathe just as you did before. Soap and water will not flow into your stoma or hurt your stoma in any way. You may choose to shower or bathe with your pouch on or off - the choice is yours. Because soap residue can sometimes interfere with how well the skin barrier or adhesive sticks to your skin, a mild soap that leaves a residue on your skin. Choose a soap or cleanser that is residue-free.

Skin Care

It is very important for the skin around the stoma (the *peristomal skin*) to remain healthy and free of irritation. The peristomal skin should look just like the skin elsewhere on your abdomen.

To prevent skin irritation or other skin problems, you must have a skin barrier and pouch that fits properly.

Each time you remove your skin barrier and pouch, look carefully at the peristomal skin. If you notice any swelling, redness, or rash, you could have irritated skin. Sometimes - but not always - irritated skin is painful. If the problem persists for more than two pouch changes, contact your Stoma Care Nurse.

Clothing

After colostomy surgery, many people worry that the pouch will be visible under their clothing. Some people think they won't be able to wear "normal" clothes, or that they will have to wear clothes that are too big for them. The fact is, you should be able to wear the same type of clothes you wore before your surgery. Also, today's pouches are so thin and fit so close to the body, chances are no one will know you're wearing a pouch - unless you tell them.

Lifestyle Tip

Choose a patterned, loose-fitting, instead of one with a solid colour.

Men can wear athletic supporters.

Women can wear panty-hair or girdles.

Exercise and Sports

A colostomy should not prevent you from exercising or from being physically active. Other than extremely rough contact sports or very heavy lifting, you should be able to enjoy the same type of physical activities you enjoyed before your surgery.

People who have colostomies are able to swim, water ski or snow ski, play golf, tennis, volleyball, or softball, hike, sail, or jog just as well after their surgery as they did before.

Lifestyle Tip

Before swimming, it is a good idea to empty your pouch.

In a hot-tub, sauna, or whirlpool, hot water may heat your pouch and irritate the peristomal skin, and change it if it becomes loose.

Returning to Work and Travelling

Lifestyle Tips

Keep your colostomy products with you as you carry on with your life and begin to get on with your work.

Air pressure in airplanes will not affect your pouch.

Flatten the mat left above or below your stoma.

Do not have your stoma products in a hot car - the adhesive can melt.

If you are away for extended periods of time, always carry a contact number for Stoma Care Nurse.

As with any surgery, you will need to allow some recovery time. Recovery from this type of surgery can take from six to eight weeks. You should check with your doctor before returning to work.

After your recovery, you should be able to return to work or travel just about anywhere. Your colostomy should not limit you.

Colostomy products are available through medical or surgical retailers in nearly every country in the world. Of course, it is always a good idea to take your own supplies with you when you travel - and always take more than you think you will need.

Sex and Personal Relationships

Lifestyle Tips

Enjoy your pouch before having sexual relations.

Sexual activity will excite you as you know.

You may prefer to wear a small pouch or stoma cap during sex.

A pouch cover can help to hide the pouch contents.

A cover/band can hide the pouch and keep it close to your body.

Because colostomy surgery is a body-altering procedure, many people worry about sex and intimacy and about acceptance by their spouse or loved one. For people who are dating, a big concern is how to tell someone about the colostomy.

It's important to remember that supportive personal relationships can be major sources of healing after any type of surgery. It's also important to let your partner know that sexual activity will not hurt you or your stoma.

Colostomy surgery affects both partners in a relationship, and it's something to which both partners must adjust - each in his or her own way. The key, of course, is understanding and communication.

If having children is a concern, you'll be happy to know that after a satisfactory recovery, it is still possible for a woman who has a stoma to have children. Also, many men have become fathers after having colostomy surgery. If you have questions about pregnancy, don't hesitate to ask your doctor or your Stoma Care Nurse.

Useful Addresses

Hollister Limited

Rectory Court
42 Broad Street
Wokingham
Berkshire RG40 1AB
Telephone 0118 9895000
Advisory Service Telephone 0800 321377

British Colostomy Association

11 Station Road
Reading
Berkshire RG1 1LG
Telephone 01754 391337

NASPCS - Charity for Incontinent & Stoma Children

31 Anderson Drive
Darvel
Ayrshire KA17 0DE
Telephone 01560 328024

National Association for Colitis and Crohn's Disease

98A London Road
St Albans
Hertfordshire AL1 1NX
Telephone 01727 841286 (Answering Machine Only)