

notes



YOUR COLOSTOMY AND YOU

A GUIDE TO LIVING YOUR LIFE TO THE FULL

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Booklet

INTRODUCTION

This booklet has been written to help you understand the operation you are about to have which involves the formation of a colostomy.

Remember that as an individual you will have your own special fears, worries and needs, therefore the contents are intended to be of a general nature into which your individual surgery and needs can be built.

This booklet has been given to clarify the types and causes of operations needing a colostomy, what to expect after the operation, caring for your colostomy and much more. It is hoped that the booklet will be a source of help and serve as a written reminder of all the information you receive throughout your stay in hospital.

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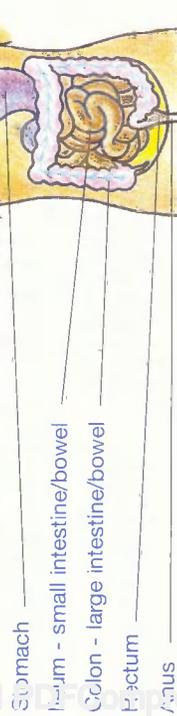
THE STOMA CARE NURSE

Stoma care nurses are available in most hospitals and they will have been asked to see you prior to your operation and provide you with this booklet. They are well qualified nurses specially trained in the care of patients with stomas.

Working with the surgeon and the ward nursing staff, they will provide extra support during your stay in hospital and continue their care when you return home. Provision of open out-patients clinics are also provided by them at which you can attend should the need arise.

THE DIGESTIVE SYSTEM

During eating, food passes from the mouth through the oesophagus into the small intestine where digestion of the food is completed. In most cases, all of the nutrients and some of the water is absorbed. The next stage of the process is the large bowel where absorption of water takes place and the motion is stored in the rectum. The motion is normally controlled by the rectum and is normally controlled.



3 DEFINITION OF A COLOSTOMY

A surgically created opening on the abdominal wall to which part of your bowel i.e. colon is attached, also known as stoma.

Stoma is a Greek word meaning mouth or opening. A colostomy can be temporary or permanent dependent on the reason for the surgery. It is normally red in colour similar to the inside of your mouth and bleeds easily if handled roughly. Round or oval in shape, it has no nerve supply or muscles therefore cannot be voluntarily controlled.

4 TYPES OF COLOSTOMIES

End - colostomy temporary or permanent with or without removal of rectum sited lower left hand side of your abdomen. If rectum is left intact you can experience an occasional mucus discharge which is normal, and often the sensation of needing to go to the toilet to have bowels opened can be experienced.

Transverse - colostomy. Usually temporary but can be permanent. Rectum left intact.

Loop - colostomy. Can be sited right or left side of body dependent on reason for surgery and section of bowel used.

5 WHY A COLOSTOMY?

Understanding why you need a colostomy and what is involved in the operation may help you to accept the operation more readily, and begin the adjusting processes by coming to terms with something which you naturally feel is totally unacceptable. Your natural doubts and fears can be discussed with your surgeon or the stoma care nurse.

Having a colostomy can be a life saving operation and is done for a variety of reasons:

- The bowel can be torn or ruptured as a result of an accident or injury.
- You may have diverticulitis, an inflammation of the pouches in the bowel wall which can cause perforation.
- Malignant and benign growths can cause a blockage within the colon.

Others have gone through this same experience and are now happily getting on with their lives in spite of having a colostomy.

Continuing support is available from your GP, community nurse along with that of the surgeon, stoma care nurse and ward staff.

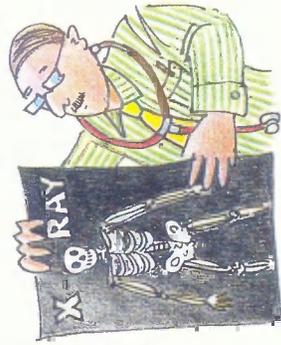
Do not be afraid to ask questions. You are not being a nuisance or appearing stupid.

Questions asked and answers received are important to getting better and resuming a normal life.

6 ADMISSION TO HOSPITAL

You will probably have had various x-rays, blood tests and examinations prior to coming to hospital. Some of these tests may be done on admission.

You will meet the stoma care nurse if you have not already met at the out-patients clinic.



Preparation

Before your operation it will be necessary to clean out your bowel to reduce the risk of infection. This may involve taking tablets or medicine, enemas or drinking large quantities of special cleansing fluid usually 3-4 litres.

Choosing your stoma

Before the operation the stoma care nurse will discuss with you the best site for your stoma. This will be a taking into consideration your body contours, previous scars and creases to ensure the best place for you to manage it easily.

You will be asked to sit, and stand to assist site selection.

Stomies are predominantly on the right side of the abdomen but can be on the left side if the surgeon considers this to be advisable.

Talking to your family

Discuss with the stoma care nurse will be able to include a member of your family in any discussions, it may help them to understand what to expect and assist them to support you.

Options

There are numerous appliances available on prescription. Help will be given to help you choose a choice. The correct choice is of major importance in minimising the inconvenience of your ostomy. Basically there are 2 types of appliances. A one piece & a two piece.

One Piece

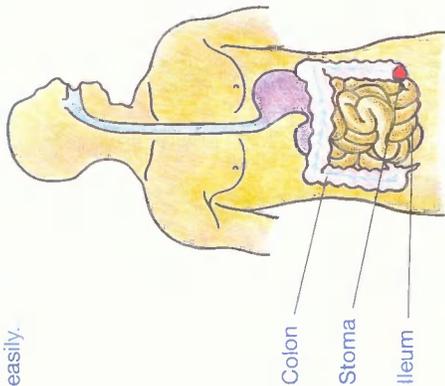
A light weight plastic disposable bag with an adhesive seal which fits securely to the skin around the stoma. They come with a cut to fit opening or a pre-cut size.

Two Piece

A flange or base plate with an adhesive seal again cut to fit opening or a pre-cut size. A pouch which clips onto the base plate - the pouch to be changed as necessary the base plate remains in place 2 days plus.

All pouches are supplied with a great variety of features e.g. flatus release filter, transparent or opaque plastic incorporating a soft backing or loose cotton covers.

On discussion with your stoma care nurse you will be assisted in making your choice taking into consideration your eye sight, your physical dexterity, the position of the stoma etc. Attention will also be given to any known allergies you may have to adhesives.



7 AFTER OPERATION

When you wake following the operation you will have a number of tubes attached to your body. This is normal procedure.

- 1 An intravenous infusion or 'drip' tube (usually inserted in the arm) to feed you with fluids or blood.
- 2 A naso-gastric tube up your nose leading to your stomach enabling nurses to keep your stomach empty and prevent nausea.
- 3 A catheter into your bladder to drain off urine.
- 4 One or two drainage tubes into your abdominal or rectal region to facilitate drainage to promote healing.
- 5 Possibly a PCAS pump - Patient Controlled Analgesic System. This is to help control any pain you may have and is controlled by you. This method of pain control will be explained to you by the anaesthetist. It is safe and easy to use and you cannot overdose yourself.
- 6 A colostomy pouch covering your stoma.

These tubes will gradually be removed after 2-5 days approximately depending on your recovery.

How you will feel

The operation you have had is major in nature and you can expect to feel pain, tiredness and weakness in the first few days but you will get stronger each day and start to recover.

The Stoma

As stated you will return to the ward from the operating theatre with a pouch covering your stoma. The stoma care nurse or ward staff will change this the day following your surgery to check that the stoma is satisfactory. It may be swollen and bloody and need to be washed.

It is up to you to decide on this occasion to look at the stoma for the first time. You may prefer to wait until the next change when you will be feeling a little better. The sooner you look the better it is to proceed to acceptance and coping.

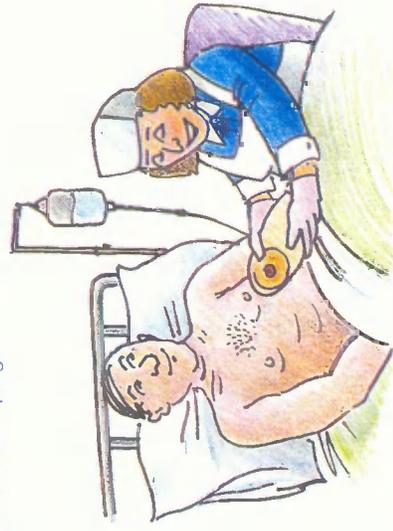
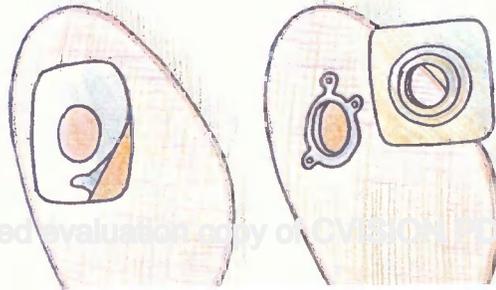
8 CARING FOR YOUR STOMA

a) Hospital

Initially your stoma will be cared for you by the stoma care nurse or ward staff until you are free from the drip in your arm. During this time they will explain what they are doing to help familiarise you with the procedure.

You will be shown how to look after it yourself and gradually involved in the procedure until you are able to change the pouch unaided.

If you wish a family member to be involved they can be included at these sessions. Your stoma care nurse or you will need to check the sizes of your stoma to ensure the appliance opening fits snugly and correctly.



When to change the pouch

depends on you and the type of pouch you have.

pieces - appliances - change when pouch is 1/2 full or becomes uncomfortable, can be changed 3 times daily. Too frequent pouch changes can damage your skin therefore change only when necessary.

piece system - the flange can be left in place 2 days plus and the pouch changed as required.

Where to change your pouch

Home - Your bathroom is the best place here you will have privacy and access to a basin and warm water. You may prefer to change the pouch in your bedroom if you will need to take a small bowl of water in with you.

preference to keep all your items for changing your pouch together in one place e.g. a small box or bag with the following items:

- pouches.
- measuring guide to check your stoma size.
- you will find one in each box of bags.
- additional management items e.g. paste, deodorants etc.
- tissues or kitchen roll for cleaning the stoma.
- disposable bag for refuse.
- scissors - if required.
- spare clips or soft wire ties for drainable pouches.
- mirror if necessary.

will be taught how to change your pouch whilst in hospital and adapt the care for home.

prepare everything before hand i.e. clean pouch, warm water, tissues, disposal bag etc. If nappy sacks are used for disposal you might find it easier to hang it over the tap for easy access.

remove the soiled pouch. Working from top to bottom pushing skin away from adhesive rather than pulling adhesive away from skin. It is useful to tuck a clean tissue into your knickers/underpants below the pouch in case of spillage.

put soiled bag in disposal/nappy sack. Dependent on the method of disposal in your area it may or may not be necessary to empty out the contents first. If it is necessary to empty out the contents of the pouch prior to disposal you need to separate your pouch prior to application as follows:

fold up left hand corner of pouch and fasten down with adhesive tape.

in removal cut along fold with scissors, rinse the pouch thoroughly by holding it under the flush in the toilet bowl.

place in disposable sack.

NB: Unless your pouch is one of the biodegradable types do not attempt to flush it away down the toilet or you may block your drains.

The disposal sack can then be disposed of as determined by your local cleansing department.

The stoma care nurse will discuss this with you.

4 Using wet tissue clean the stoma thoroughly. No soap or disinfectants are necessary. To remove stubborn soiling or old paste or adhesive often a dry tissue works better.

5 Dry the stoma and surrounding area with a tissue not cotton wool as it leaves wisps behind which may interfere with pouch adhesion. Also if left on the stoma under the pouch, contact with plastic may cause abrasion of the stoma.

6 If barrier cream is used, apply sparingly and massage well into skin until absorbed - remove excess with tissue as it will prevent adhesive sticking.

Paste - smooth with a wet finger to evenly distribute.

Barrier wipes - apply to skin around stoma and allow to dry before putting on clean pouch.

7 Apply clean pouch by removing backing paper, centre the hole over the stoma (you may need a mirror to help you do this and then press adhesive down all round to eliminate creases).

9 DISCHARGE

The length of time spent in hospital can vary from 1 - 2 weeks, dependent on the speed of your recovery and your ability to care for your stoma unaided.

After care

Your family doctor will be informed of your discharge from hospital.



The stoma care nurse will visit you at your home 2 - 3 days after discharge, dependent on your hospital policy.

if necessary a district nurse will also be arranged. Both she and the stoma care nurse are there to help make the transition from hospital to home as easy as possible for you.

Pouch disposal arrangements will also be instigated. Continuing access to your stoma care nurse is available by telephone contact and stoma clinics. Often your visits as an out-patient for check up by the surgeon can coincide with one to the stoma clinic.

It is important to know help is available as and when you need it.

10 GENERAL INFORMATION

Will wearing a pouch be obvious to others?

No - they are not noticeable. Modern technology has helped to produce pouches that are discreet, odour proof, rustle free and undetectable under your clothes. No one will know unless you choose to tell them.

Modern pouches do not require a belt as standard to hold them in place.

Ladies may wish to wear a support belt e.g. pantie girdle but this is personal choice.

OBTAINING SUPPLIES OF POUCHES AND COSTS

All pouches requiring pouches on a permanent basis are exempt from prescription charges irrespective of age.

A temporary stoma is not classed as a category for prescription exemption. For these products it may be more cost effective to obtain a pre-paid certificate for prescription charges.

Men and women 60 years or over are automatically exempt from prescription charges. You (or your carer) need to complete an exemption certificate form prior to or on discharge from hospital. Your stoma care nurse can advise you where to obtain this form and some even provide it for you.

An initial supply of pouches will be given on discharge from hospital along with a prescription exemption card containing full details of your requirements.

Take this card to your family doctor who will provide the details onto a prescription form which must then be taken to your local chemist or pharmacist to obtain your appliance. The choice of appliance is entirely up to you.

Do not leave it until you have only 2 - 3 pouches as your requirements may not be in stock. Order a few days for them to be ordered.

Do not overstock - the pouch adhesive can deteriorate. Order only what is necessary. See your stoma care nurse for more information on Bank Holiday periods.

FOLLOWING CONVALESCENCE

Returning to work

Most patients following the formation of a colostomy return to a normal life and resume their jobs following a reasonable recuperation period.

The time to return to work depends on how soon you feel well enough to do so and your doctor agrees that it is time. It can be anything between 6 - 12 weeks.

Any lifting, strenuous manual work or digging may not be recommended. You may wish to discuss this with your doctor or stoma care nurse.

Work can be resumed again when you feel able to do so.



Sporting hobbies - having a stoma is not a barrier to enjoying your favourite sport be it swimming, walking, cycling, golf, football etc. Check with your doctor or stoma care nurse.

When having a bath or a shower keep your pouch on, cover the filter on your pouch to keep it dry.

When swimming smaller pouches are available. Ask your stoma care nurse about them.

b) Diet

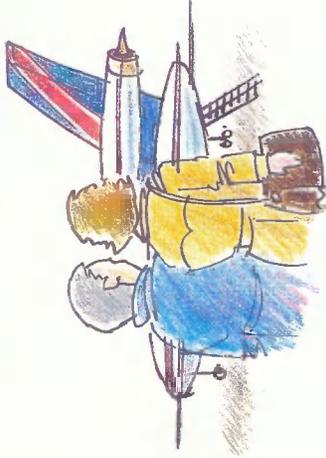
Follow your normal diet, eat regular meals with plenty of fresh vegetables and fruit. Avoid missing meals, and be aware that rich and fatty foods along with peas and beans can cause wind. If any particular food causes problems leave it out of your diet for a while.

c) Alcohol

Over indulgence of alcohol can affect anyone but a few alcoholic drinks are quite acceptable. Large quantities of beer or alcohol may cause your stools to be loose as they are a natural laxative. Fizzy drinks of any kind in excess can give you wind.

d) Holidays and travel

Continue to take your holidays at home or abroad. There are stoma care nurses world wide should you need them. Your stoma care nurse can give you details of how to contact them. You may experience an increase of wind when flying so go easy on the alcohol and fizzy drinks.



Changing your pouch on planes, trains, boats and public conveniences etc., is not a problem, it only needs a little thought and preparation.

Always have a small Travel Kit with you when travelling or even going out for the day.

A make-up size bag containing your requirements can go into your hand bag or jacket pocket.

As a precaution never pack all your pouches etc., in your main luggage, take some as hand luggage in case your luggage goes astray.

Take all your requirements with you. Assess what you will normally use plus extras.

Different climates and foods can affect your stoma output, and obtaining supplies abroad can be difficult and costly.

e) Relationships

A degree of impairment to the nerves supplying your sex organs may be unavoidable.

Some men may be unable to achieve an erection following operation. This can be a temporary situation or in some cases permanent.

Women may experience some discomfort whilst having intercourse due to scarring and narrowing near the vaginal orifice. It may be necessary to use some form of lubricant.

If you have any problems and are worried about them please discuss this with your surgeon or stoma care nurse. Do not be embarrassed, they understand and they may be able to help you.



POSSIBLE STOMA PROBLEMS

ing is life is perfect, and having a colostomy is no exception. You may or may not the occasional problem e.g. sore skin due to:



no frequent pouch changes
allergy to pouch adhesives, creams or pastes
leakage of faeces onto your skin
irritation due to body hair growth under adhesive
therefore shave area carefully as required
rough cleaning of stoma or use of soap and disinfectants
rashes caused by sweating or food and drink allergy
pre-existing skin conditions

stoma, care nurse can help you resolve these problems.

coming from the surface of the stoma can readily occur, it is usually slight and caused by
in cleaning of the stoma or friction damage from an ill-fitting appliance.

can still experience constipation due to wrong diet or changes of medication if you
regularly prescribed drugs.

stoma is also possible and can be due to a change in diet i.e. eating rich or spicy
foods, over indulgence with alcohol, stress and emotional problems.

irritation persists see your doctor. It may be some infection you have contacted.

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ing a colostomy does not necessarily cause more odour, we all produce an odour when
opening our bowels opened.

different foods cause more odour than others. If you notice an odour, check that your
stoma is not leaking. Think about your diet over the previous 24 hours. Some foods like
meats, fish, cabbage etc., create more odour.

of these problems can be discussed with your stoma care nurse.

There are many sources of help available to you following your operation, these being the
stoma care nurse, family doctor and the district nurse.

social, family or home problems can be discussed with the social workers whilst you
in hospital. Problems with resuming work can be discussed with a Disability
Employment Officer.

local stoma care nurse can help with supply of your pouches.

There is also the British Colostomy Association (founded in 1967) by Frances Goodhall
SRN who recognised the benefit for patients undergoing colostomy surgery to have
access to patients who had previously undergone surgery and were fully recovered and
living a normal life. It is a registered charity which provides newsletters, information
for patients, voluntary visitors, all of which can aid recovery.

STOMA CARE NURSE

DOCTOR

DISTRICT NURSE

CHEMIST/DELIVERY COMPANY

WHERE TO CONTACT:

BRITISH COLOSTOMY ASSOCIATION

15 Station Road, Reading
Berkshire RG1 1LG
Tel: 0118 939 1537
Freephone Helpline: 0800 3284257

RADAR

12 City Forum
250 City Road
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INTERNATIONAL OSTOMY

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SALTS MEDILINK

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ostomy appliances)
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* Except Highland and Islands and subject to availability