



at a glance
Indication **Colour Or**
Odour of
Stoma Output

ous salts	Black
profen	Red
omethacin	Green (urine and faeces)
na	Yellow-brown (acid urine)
	Yellow-pink (alkaline urine)
	Darkens on standing
farin	Orange (urine)
tain antibiotics	Offensive smell
	Green or Grey (faeces)
	Black (faeces)
na	Yellow or Brown (faeces)
mpicin	Red or Brown (urine)

Medicines

Written by
 Emma Cholet R.G.N.
 &
 Michelle Sorley R.G.N.

Fittleworth
 Medical Limited

*committed to caring
 and cutting out the fuss*

*Produced by Fittleworth, an
 independent supplier of all
 prescribable ostomy items,
 who may be contacted on
 0800 378 846*



For most people the thought of having a 'Stoma' is hard to come to with, but with patience, perseverance and a sense of realism it can be coped with. Help alleviate some of the fears we produced this 'Factsheet'.

You will need to be aware that like food, some medications can affect the way your stoma works. If you are at all unsure, check with your G.P.

ways

Read the label.

Remind your GP, hospital doctors, pharmacists and pharmacists that you have a stoma when they are prescribing/ dispensing your medication.

Check with your pharmacist any effects a new medication may have so you know what to expect.



Cause and Effect

- Morphine, codeine, iron tablets some anti-depressants and some painkillers can cause constipation.
- Antacids containing magnesium, laxatives, iron tablets and antibiotics can cause diarrhoea.
- Beta-blockers can cause constipation.
- Aspirin and non-steroidal anti-inflammatory drugs can cause bleeding and irritation – so should be taken with or just after food.
- Some antibiotics need to be taken on an empty stomach so that they can be absorbed quickly and completely.
- If taking Immodium for best results take 30 minutes before meals.
- Medication can affect/change the colour of your output. See "At a Glance" on the back for details.
- Medication applied to skin underneath wafers have to be in a lotion or gel base; as creams, ointments interfere with the adhesion of the wafer to the skin.

More Specifically...

Ileostomy

- Ileostomists should never take laxatives as this can cause a severe fluid and electrolyte imbalance.
- Oral contraceptive tablets may be ineffective in women ileostomists due to absorption problems.
- If an ileostomist, diuretics (water tablets) should be taken with caution, as you may easily become dehydrated and potassium depletion can easily occur. So potassium sparing diuretics should be first choice to minimise the loss of potassium.

Colostomy

- Fybogel is occasionally used to regulate colostomy output as it is a bulking agent.

Urostomy

- Urostomists taking diuretics (water tablets) need to be aware that the appliance will need more frequent emptying.

