



# *X-Plain* *Colostomy* *Reference Summary*

## **Introduction**

Diseases of the colon and intestines are common. When diseases of the intestines are treated with surgery, it sometimes results in a colostomy or an ileostomy.

A colostomy and an ileostomy are both procedures where a surgeon connects parts of the intestines to an opening in the abdomen where stool drains out.

This reference summary will help you better understand what a colostomy and an ileostomy are and how they can be cared for.

## **Anatomy**

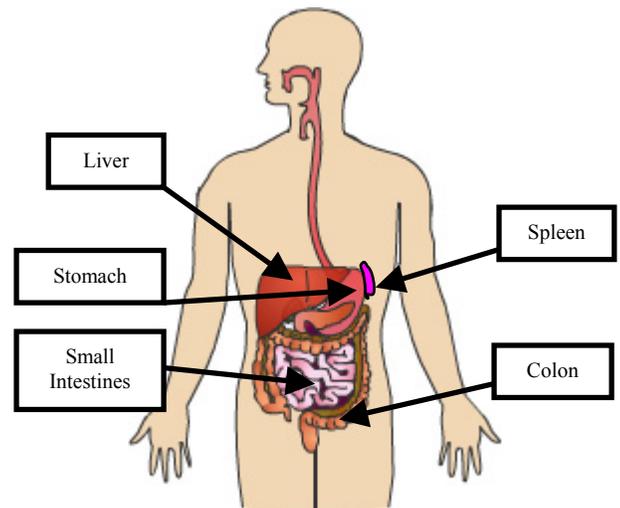
The inside wall of the abdominal cavity is made of a thin layer of tissue called the peritoneum. A thick layer of muscles covers the peritoneum, and skin covers the muscle.

Inside the abdominal cavity are the:

- liver
- stomach
- spleen
- intestines

Swallowed food goes through the esophagus and enters the stomach, where it is partially digested.

Partially digested food goes from the stomach to the small intestines, where nutrients are further digested and absorbed.

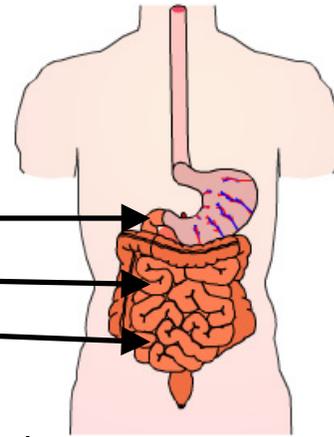


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The small intestines are made up of several sections:

- the duodenum
- the jejunum
- the ileum

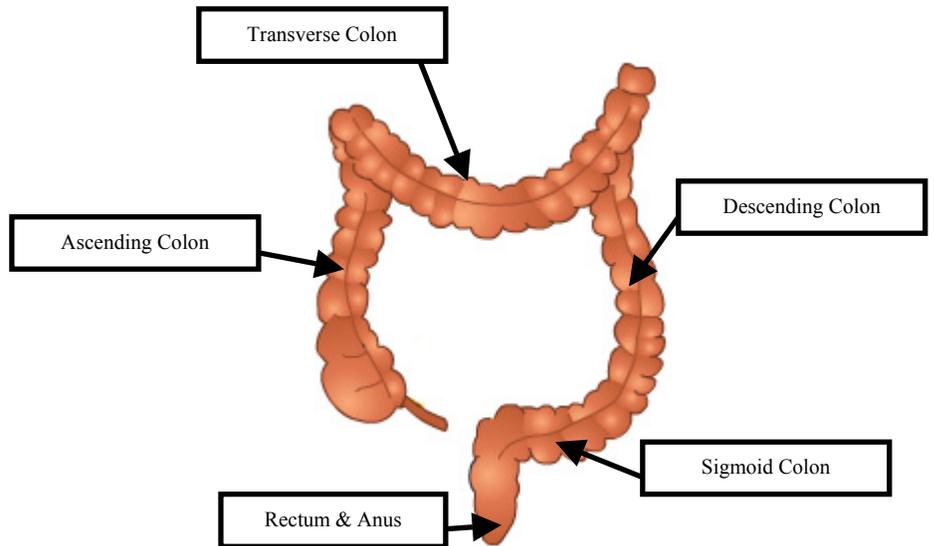


Fibers and digested food finally reach the colon.

The colon absorbs water, and is a storage area for stool.

The colon has several sections:

- the ascending colon
- the transverse colon
- the descending colon
- the sigmoid colon
- the rectum
- the anus



## Symptoms & Causes

The most common intestinal diseases include:

- Diverticulitis
- Cancer
- Crohn's disease
- Ulcerative colitis

About 1 out of every 15 people gets colon cancer. If found early, colon cancer can be cured.

Diverticulitis is a disease that causes the colon to have many small pouches. These pouches are called diverticula. Diverticula can get infected, which can lead to serious medical problems.

Crohn's disease and ulcerative colitis together are called Inflammatory Bowel Disease, or IBD. Ulcerative colitis is found only in the colon. Crohn's disease can be found anywhere in the digestive system. Both conditions can cause serious complications.

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During surgery on the small intestines or colon, the surgeon may decide to reroute the remaining part of the intestines to the outside of the body through an opening in the abdomen. The surgery to make the opening is called an “ostomy.”

When an ostomy involves the colon, it is called a “colostomy.” When an ostomy involves the ileum, the last part of the small intestines, it is called an “ileostomy.”

## Colostomy & Ileostomy

Another term used for the opening created on the outside of the body is called a “stoma.” Since colostomy and ileostomy patients cannot control their bowel movements, there are special pouches that fit the stoma and collect stool and gas. The pouches are called “ostomy pouches.”

Ostomy pouches do not allow any gas, fluid, or odor to leak to the outside. The pouches need to be changed regularly and the skin that surrounds the stoma needs special care.

People with a permanent colostomy or ileostomy do not pass gas or stool rectally. If the ostomy is temporary, you may still pass mucous rectally.



Bowel movements may be solid or liquid, depending on where in the bowel the stoma is placed.

A few weeks after surgery, you can usually go back to doing the things you did before surgery. However, you may have some restrictions.

## Stoma Care

Stomas vary in size and color; a beefy red color is normal.

Some stomas bulge slightly outward, some are flush with the skin, and some are drawn slightly inward. The way a stoma looks can change during the day, depending on the activity of the intestines.

If a stoma is accidentally bumped, it may bleed just a little; this is normal.

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There are many different types of pouches or appliances that can be used to collect stool. One-piece pouches are applied directly on the skin surrounding the stoma.

Two-piece pouches have a “wafer” that is applied to the skin; the pouch itself then gets applied onto the wafer just like Tupperware®. The wafer needs to be changed every 3-4 days.

Pouches are either close-ended or open-ended. For example, patients with an ileostomy may benefit more from an open-ended pouch because they have more liquid stools.

When either kind of pouch is placed, you need to make sure that it fits well, about 1/8” to 1/4” from the stoma and that it does not allow any stool to leak. Special paste is available that will make a secure seal.

When changing pouches, you should clean the surrounding skin very well. Soft paper towels can be used to clean the stoma and surrounding skin.

You can take showers with or without a pouch on. It is important that the skin is dry before a new pouch or wafer is applied.

Hair on the skin surrounding the stoma can be clipped with scissors or an electric razor. It is best not to use regular safety razors.

## Nutrition

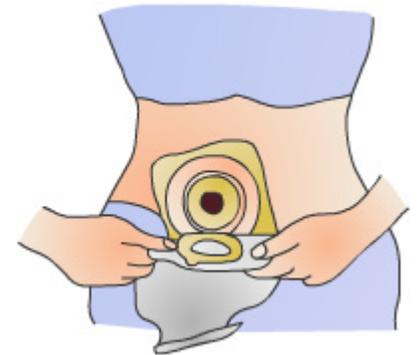
Regular well balanced meals are recommended. Follow the diet restrictions you have been told to follow before surgery i.e., diabetic, cardiac, low fat.

Chewing well helps food to get digested and decreases the chance of the ostomy becoming blocked.

Since stools may be watery due to diarrhea or small bowel output you could lose a lot of fluid without noticing. Therefore, it is important to drink fluids to replace the fluid lost through the stoma, especially during hot weather or after exercising.



One Piece Pouch



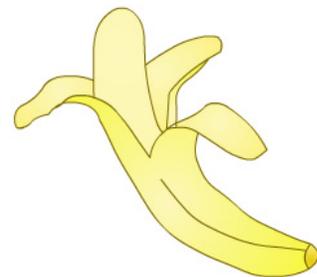
Two Piece Pouch

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Watery stools also cause you to lose 2 important minerals: sodium and potassium. You can replace these minerals by eating or drinking foods with potassium and sodium within your diet restrictions. Nutritionists can recommend special diets for you.

It is best to try new foods individually to make sure that specific foods do not cause gas, bloating, or bad odor. Some foods, if not eaten in small bites and chewed well, can cause blockage if you have an ileostomy.



You should tell your doctors about your condition. Some medications may not get totally absorbed by the remaining intestines and may need to be replaced.

### **Stool Problems**

Bowel movements have distinctive odors. The pouches have a built in odor barrier. Odor can be detected when the pouch is opened to be emptied, if the end of the pouch is not kept clean, or if there is a leak.

It is important to change or empty the pouch when it gets to be  $\frac{1}{3}$  to  $\frac{1}{2}$  full.

Using special deodorizer in the pouch may also help reduce odors.

Be aware of gas forming foods. Not all gas forming foods may affect you. Learn which foods cause you gas by eating small amounts one at a time.

Some foods that commonly cause excess odors for you include:

- asparagus
- cauliflower
- beans
- alcohol
- fish
- onions

Eating parsley or drinking cranberry juice when eating odor forming foods may help to reduce the odor.

Passing gas is due to when and how food is eaten. Most passed gas through the stoma, is simply swallowed air. Since eating fast causes air to be swallowed, it is best to eat slowly.

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Swallowed air can result from chewing gum, drinking through a straw or drinking carbonated drinks.

It is important to eat meals regularly; skipping meals actually increases gas!

To prevent the stoma from becoming clogged, it is important to take small bites and chew everything very well, especially for patients who have an ileostomy.

Some foods that can cause blockage include:

- celery
- popcorn
- raisins
- coleslaw
- nuts



## Urgent Signs

You need to recognize situations that require you to call your doctor. The following pages discuss urgent signs that would require you to call your doctor immediately.

- Diarrhea that lasts more than 1 day
- Severe bleeding from the stoma
- If the stoma turns black
- Severe abdominal pain, bloating, or fever
- Fluid leaking from AROUND the stoma, not through it
- A bulge around the stoma; this could be a hernia. A hernia is when abdominal organs begin to poke under the skin through the abdominal muscles.

## Sexual Activity

Sexual function is usually NOT affected by an ileostomy or a colostomy.

When surgical incisions are healed, it is safe to have sex. It is important to discuss this with the doctor first. Incisions usually heal within 5 to 6 weeks after the operation.

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An ostomy pouch should be changed before sex. Sometimes it is possible to cover the pouch with a garment of clothing, depending on what makes you more comfortable.

To prevent rubbing against the stoma, certain sexual positions may need to be avoided. The stoma itself should not be disturbed during sex. Nothing should be inserted into the stoma.



## Summary

Most people who have an ostomy live active lives. You may want to ask about local ostomy support groups in your community.

Taking good care of a stoma and knowing what to watch for is extremely important in preventing serious complications.

It is important for you to notify your doctor if any urgent signs or problems occur. The earlier problems are noticed, the better the chances are of correcting them!

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