

EDUCATION

# Living Well With Your Colostomy



Allina Health



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*First edition*

**Developed by Allina Health.**

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## **Disclaimer**

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.





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## Ordering Information for Colostomy Supplies

The following information will help you order the supplies you need to care for yourself at home. If you are receiving home care, your home care provider will help you get started with ordering your supplies.

**Tip:** Check your discharge instructions for more information about ordering supplies.

### Contact Information

Outpatient ostomy nurse

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Home care

Case manager: \_\_\_\_\_

Ostomy nurse: \_\_\_\_\_

### Your Medical Supply Company

(See pages 41 to 42 for a list of suppliers.)

Company name: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Materials Needed:

Product name: \_\_\_\_\_

Reference number: \_\_\_\_\_

Quantity: \_\_\_\_\_

## Your Colostomy

A colostomy is a surgically made opening in your abdominal wall. You may have had this surgery to:

- **remove a diseased section of your intestine.**  
This long-term (permanent) colostomy changes the way your body works for the rest of your life.
- **disconnect an injured section of your intestine.**  
This short-term (temporary) colostomy changes the way your body works for a short time, giving your body time to heal until your intestine is reconnected.

To make the colostomy, a surgeon removed all or parts of your digestive system and formed a stoma, which is usually about the size of a quarter. The stoma is a new opening in your abdomen where stool and gas pass through. A pouch is worn over the stoma to collect waste. The size and shape of your stoma can change for up to 6 to 8 weeks after surgery. It may also change size if you gain or lose weight.

## Types of Colostomies

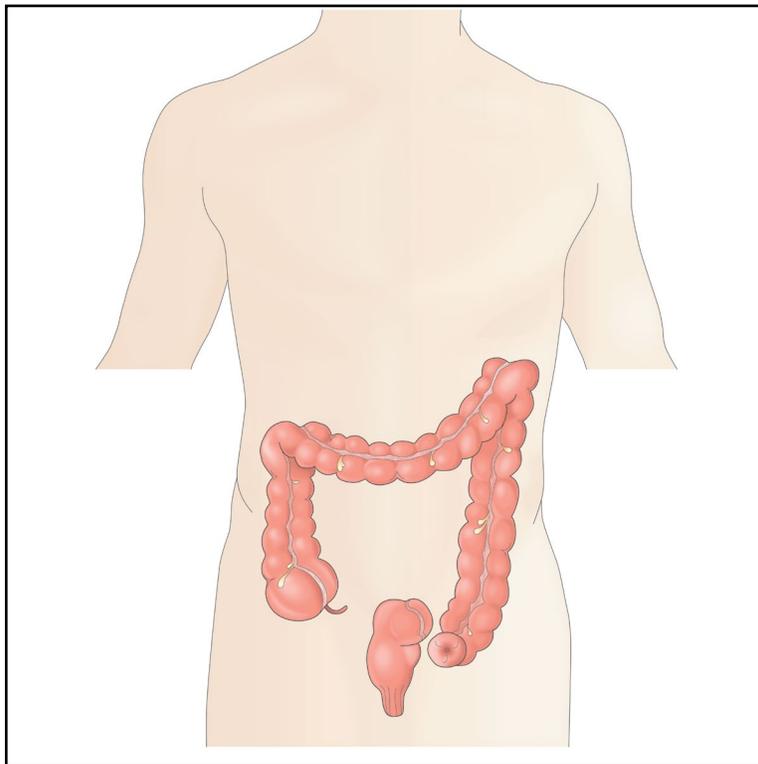
There are three main types of colostomies. You and your surgeon will work together to decide the best option for you.

### **Sigmoid colostomy**

This is the most common type of colostomy.

If you had a sigmoid colostomy:

- The surgeon removed or disconnected the last section of your colon. He or she may also have removed or disconnected your rectum and anus.
- The surgeon created a stoma on the lower-left side of your abdomen. Solid stool moves out of your body through the stoma and is stored in a pouch you wear. There is no muscle in the stoma. You cannot decide when to pass stool and gas. However, you may be able to irrigate your colostomy, which will give you some control over passing stool and gas.



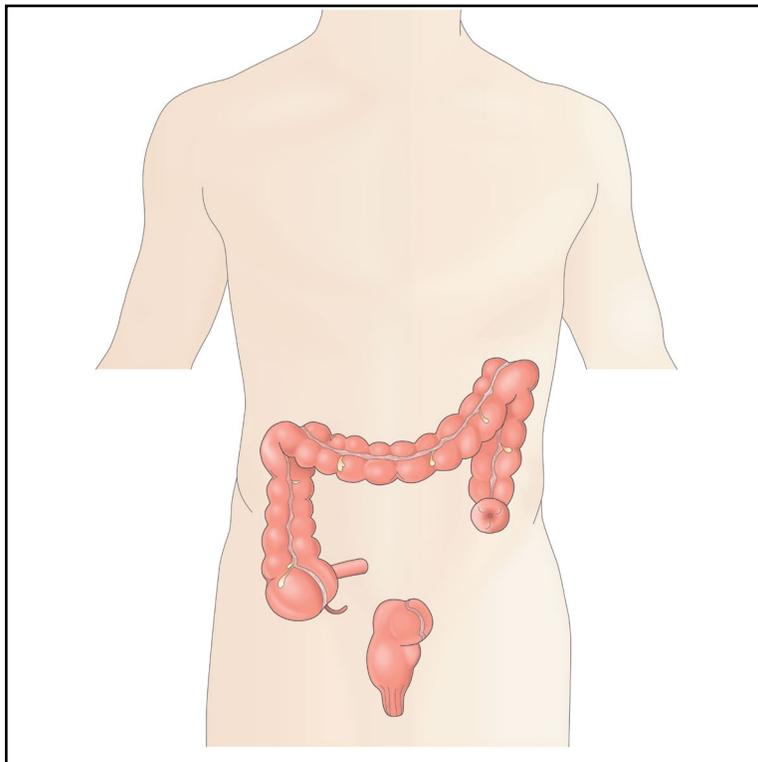
**Sigmoid colostomy**

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## Descending colostomy

If you had a descending colostomy:

- The surgeon removed or disconnected the sigmoid colon and part of the descending colon. He or she may also have removed or disconnected your rectum and anus.
- The surgeon created a stoma on the left side of your abdomen. Paste-like stool moves out of your body through the stoma and is stored in a pouch you wear. There is no muscle in the stoma. You cannot decide when to pass stool and gas. However, you may be able to irrigate your colostomy, which will give you some control over passing stool and gas.



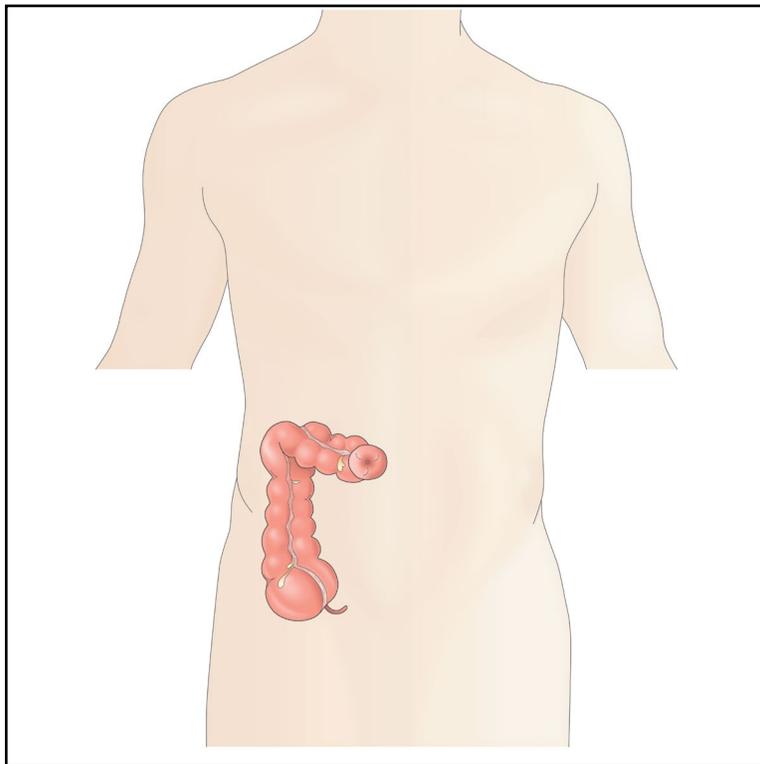
**Descending colostomy**

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## Transverse colostomy

If you had a transverse colostomy:

- The surgeon removed or disconnected the sigmoid colon and descending colon and part of the transverse colon. He or she may also have removed or disconnected your rectum and anus.
- The surgeon created a stoma in the middle, or on the upper-right or upper-left side of your abdomen. Loose stool moves out of your body through the stoma and is stored in a pouch you wear. There is no muscle in the stoma. You cannot decide when to pass stool and gas.



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**Transverse colostomy**

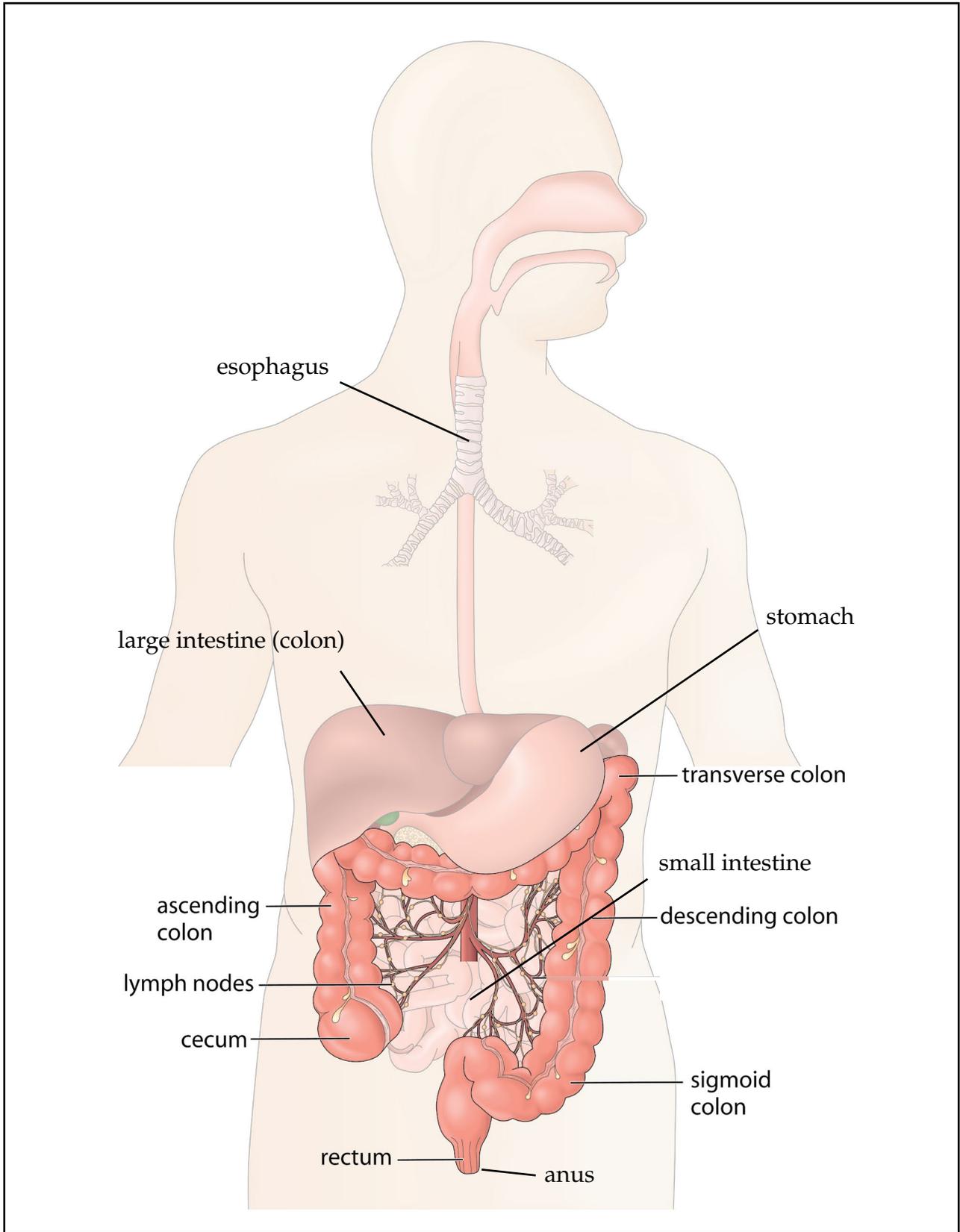
# Your Digestive System

Your digestive system is a series of hollow organs joined in a long, twisting tube. The tube starts in the mouth and ends in the anus. Inside the tube is a lining called mucosa. The mucosa in the mouth, stomach and small intestine contains tiny glands that make juices to help digest foods.

Two solid digestive organs (liver and pancreas) produce juices that reach the intestine through small tubes. Through digestion, your body breaks down food and drink into the smallest parts so your body can use them to nourish cells and provide energy.

After you start to swallow, nerves take over the process. Food is pushed into your esophagus. This is the organ that leads to your stomach. Once food enters your stomach, four things happen:

- Your stomach stores the food and liquid you swallowed.
- The lower part of your stomach mixes the food, liquid and digestive juices.
- Your stomach empties the contents slowly into your small intestine. Your small intestine will absorb nutrients from the food and liquid you swallowed. As digestion progresses, the contents of your small intestine are pushed forward.
- All of the digested nutrients are absorbed through your intestinal walls. The waste products include fiber (undigested parts of food) and cells shed from the mucosa. The waste moves into the colon, where it usually stays for 1 to 2 days before being expelled in a bowel movement. If your colon has been removed or bypassed, the waste will pass out of your body through your stoma and collect in your colostomy pouch.



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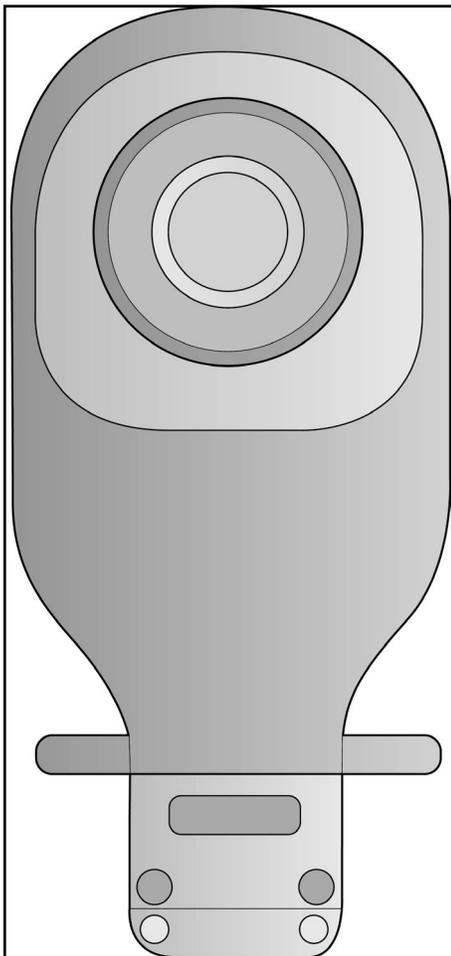
The parts of your digestive system.

- **Esophagus:** The food and liquid you swallow goes down the esophagus into your stomach.
- **Stomach:** The stomach stores swallowed food and liquid, mixing it up with digestive juices. After breaking up the food, your stomach empties its contents slowly into your small intestine.
- **Small intestine:** The small intestine finishes digesting food and liquid. It absorbs nutrients to nourish your body.
- **Large intestine (colon):** This is a 5- to 6-foot tube that absorbs water and minerals back into your body. It also moves and stores stool.
- **Ascending colon:** The ascending colon absorbs water and minerals.
- **Transverse colon:** The transverse colon absorbs water and minerals to create paste-like stool.
- **Descending colon:** The descending colon absorbs water and minerals to create solid stool.
- **Sigmoid colon:** The sigmoid colon stores stool and moves it to the rectum.
- **Lymph nodes:** Lymph nodes act like filters that remove dead cells and bacteria (germs) from the bloodstream.
- **Cecum:** The cecum is a pouch-like area at the beginning of the large intestine that receives undigested food from the small intestine.
- **Rectum:** This is the place where stool and gas are stored until you pass them.
- **Anus:** This is the muscle at the bottom of the rectum. Stool and gas leave the body through this opening when you release them.

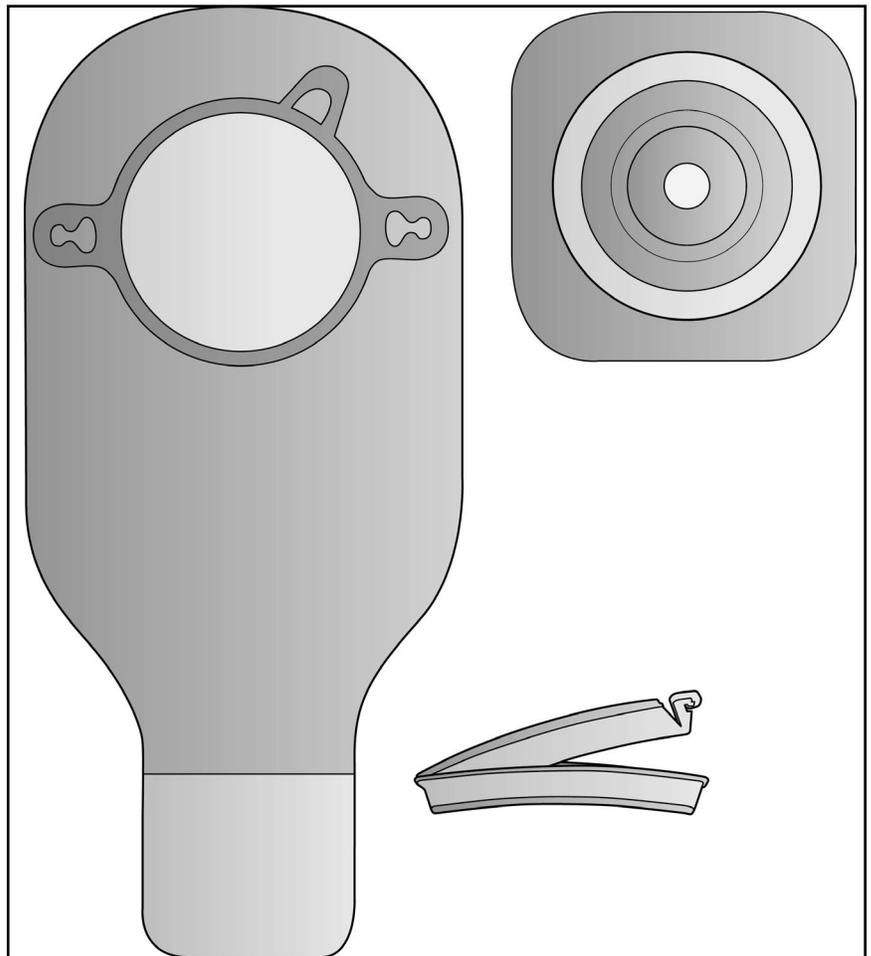
## Types of Pouches

You will need to wear a pouch (also called a bag) over the stoma to collect waste. The pouch attaches to your body around the stoma. The adhesive skin barrier holds it in place.

There are many different types of pouches. All pouches are odor-proof and waterproof. Your ostomy nurse will help you choose the one that is right for you.



**One-piece pouch with clamless closure**



**Two-piece pouch with clamp closure**

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## Sizing the Opening of Your Pouch

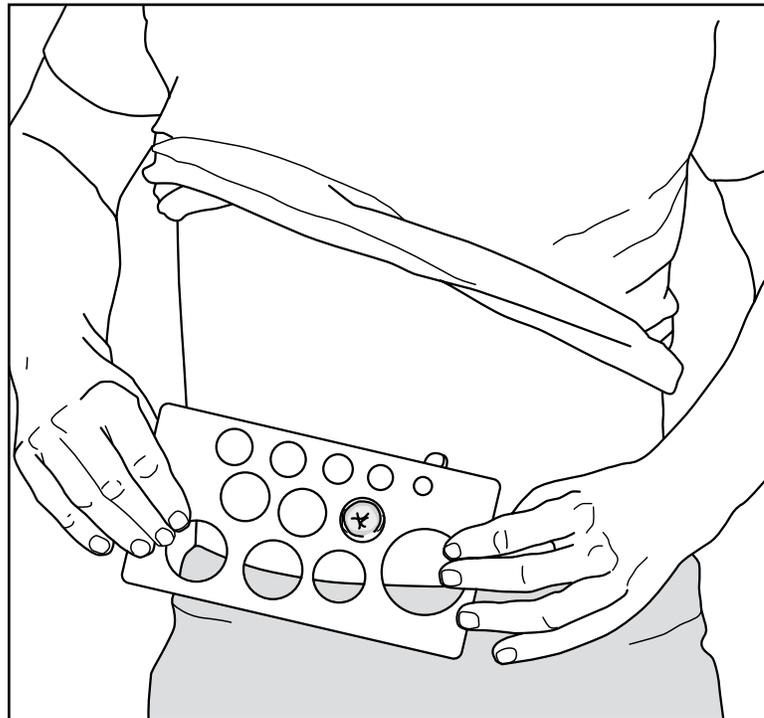
Some pouches will come with a presized opening and some you will need to size and cut yourself. You will use a measuring guide to find the right opening size for your stoma.

To find the right size opening, choose the smallest hole on the guide that fits around your stoma without touching it. There should be one-sixteenth inch to one-eighth inch between your stoma and the guide.

If you cut the opening yourself, center the guide on the back of the skin barrier, trace the size that fits your stoma and then cut out the opening.

For presized openings, buy the pouches with the size opening that matches the size on the measuring guide.

Because your stoma will change in size during the first 6 to 8 weeks, you will use a cut-to-fit pouch right after surgery.



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**Using a measuring guide will help you find the right stoma opening size.**

## How to Empty Your Pouch



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To empty your pouch, sit on the toilet (if possible).

It is important to empty your pouch when it is one-third to one-half full of stool or gas. You do not want to let the pouch overflow. This can cause the pouch to leak. If you drain the pouch each time after you empty your bladder, it is unlikely the pouch will overflow.

To empty your pouch:

- Sit on the toilet\* (if possible).
- Hold the tail of the pouch up and push the stool away from the clamp or clampless closure.
- Remove the clamp and save it (if present) or unroll the end of the tail.
- If your pouch has a clamp, put your thumbs into the corners of the pouch end and turn back a 1-inch to 1 ½-inch cuff.
- Empty the contents of the pouch
- Using toilet paper, clean the remaining stool from the cuff.
- If using a clamp, “uncuff” the tail of the pouch.
- Put on the clamp, if present, or roll the tail of the pouch up and press the two sides of the clampless closure together. Your ostomy nurse will show you how to do this.

**\*Note:** You can also stand in front of the toilet if it is difficult to sit after surgery or if your legs get in the way when you sit. If you choose to stand in front of the toilet, move in as close to the toilet bowl as possible. Lay toilet paper on top of the water to prevent the water from splashing.

# How to Change Your Pouch

## 1. Assemble this equipment:

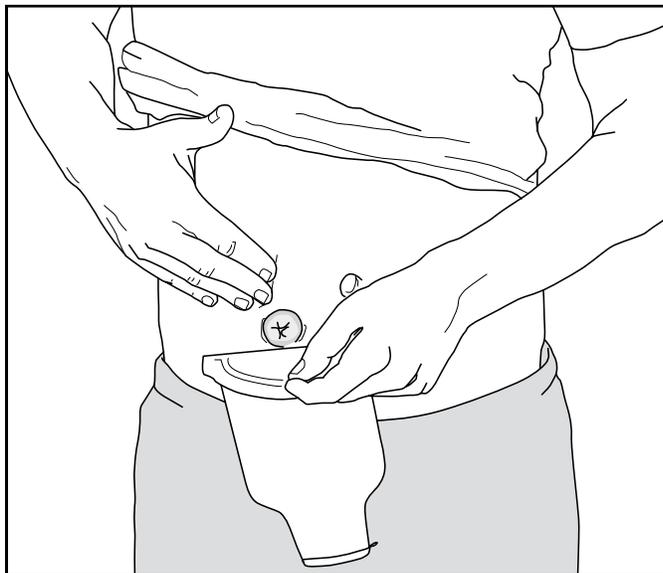
- pouch
- clamp (if needed)
- barrier ring or paste
- gauze (not sterile), paper towel or cotton balls
- warm water.

## 2. Prepare the pouch:

- If the opening is not presized, cut the opening of the pouch using the pattern or measuring guide your ostomy nurse gave you.
- Remove the paper backing from the skin barrier and tape.
- Stretch and apply the skin barrier ring or bead of paste to the edge of the opening.
- Set it aside.

### 3. Change the pouch:

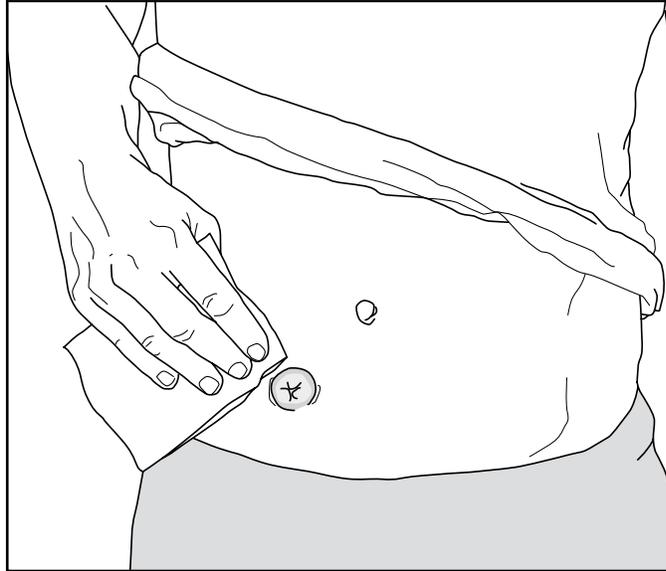
- Empty the pouch and close the bottom.
- Loosen the tape. Use one hand to gently push the skin away from the tape and skin barrier.
- Throw the pouch away. Save the clamp (if present).
- Control the discharge from the stoma with gauze or a paper towel.



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**Use one hand to gently push the skin away from the tape and skin barrier.**

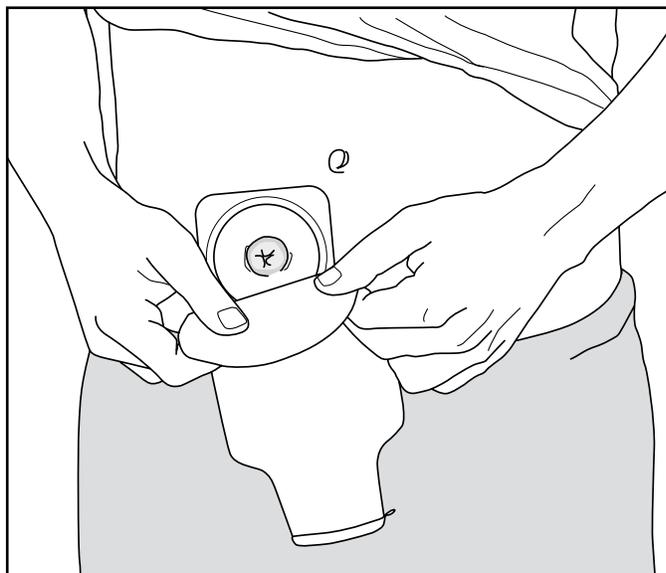
- Cleanse your skin around the stoma with warm water and gauze, paper towel or cotton balls. Dry your skin with gauze or a paper towel.



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**Use warm water and gauze or a paper towel to cleanse your skin.**

- If you use a one-piece pouch, center the stoma in the opening.
- If you use a two-piece pouch, apply the skin barrier centering the stoma in the opening. Attach the pouch to the skin barrier or apply as one piece.
- Close the tail of the pouch with a clamp, if present, or roll the tail of the pouch up and press the two sides of the clampless closure together.



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**Apply the pouch over the skin barrier, centering the stoma in the opening.**

## How to Close Your Pouch if Using a Clamp

- Hold the clamp open with the hinge facing your body.
- Lay the bar of the clamp flat on the tail of the pouch, about 1 inch from the bottom of the tail.
- Fold the tail up and over the bar.
- Make sure the entire width of the tail lies flat against the bar and is held by the bar.
- Close the clamp by pressing the hinge and bar together until they lock.

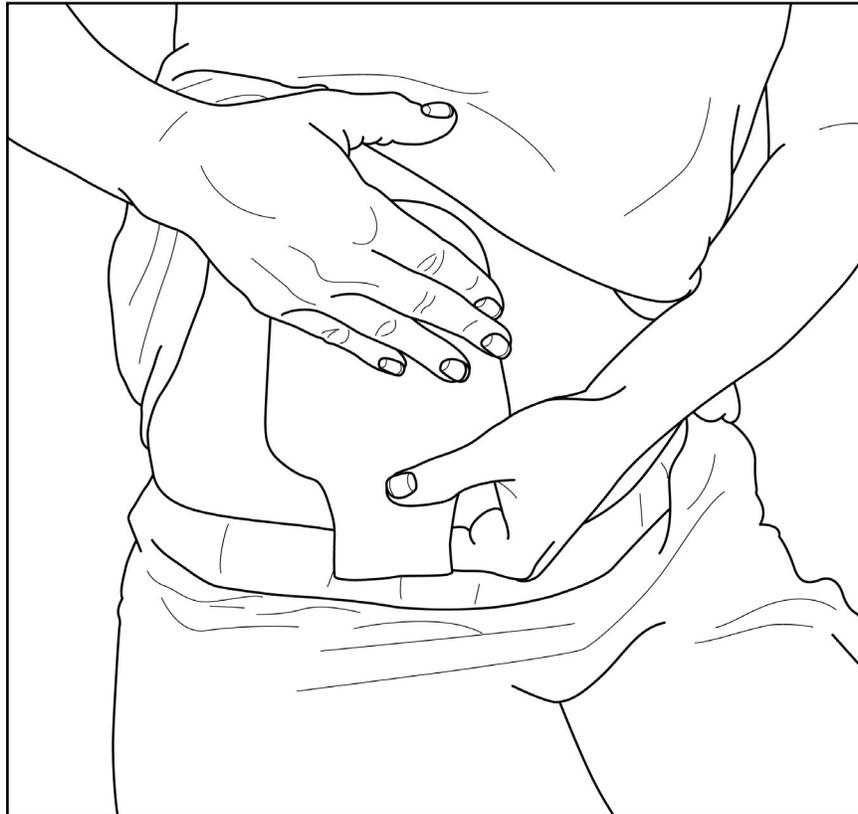
## Ostomy Accessories

There are a number of accessories that may be used with your colostomy. Your ostomy nurse will recommend one or more of the following items:

- **Paste** is used (like caulk) to create a seal around the stoma.
- **Barrier rings** are used (like caulk) to fill in creases around the stoma. They may be stretched to fit any shape and may be used as an alternative to paste.
- **Ostomy powder** is used to dry up moist skin. Brush off any extra powder before applying your pouch.
- **Ostomy belts** are used to help hold your pouch closer to your abdomen when the stoma is flat with your skin, you have abdominal creases or your pouch has been leaking.
- **Adhesive remover wipes** may be used to remove adhesive or adhesive residue from your skin. They are not usually needed each time you change your pouch. It is important to wash this product off of your skin thoroughly after use.
- **Pouch deodorant** helps to prevent odor when you empty or change your pouch.
- **Lubricating pouch deodorant** helps the stool slide to the bottom of the pouch easier. It also helps to prevent odor.

## How to Release Gas if the Pouch Does Not Have a Gas Filter

- Hold the tail of the pouch slightly up.
- Remove the clamp or unfasten the clampless closure and unroll the pouch.
- Open the tail of the pouch.
- With one hand, hold the tail of the pouch.
- With your other hand, use your thumb and index finger to push the gas out from top to bottom of the pouch.
- Close the tail of the pouch.



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**Push the gas out of the pouch from top to bottom.**

## What to Do if Your Pouch Leaks

If your pouch leaks, there is always a reason:

- A good seal was not made when the pouch was applied.
- The pouch is overfilled with stool, gas or urine.
- Your skin around the stoma is irritated.
- The area around the stoma may bulge and look uneven in places. There may also be deep creases in your abdomen, which can prevent the pouch from sticking properly.
- The pouch barrier is defective. (This is rare.)

### What to do:

- Go over the procedure for pouch application to make sure you are following the steps correctly. Are you getting too close to the stoma or covering it with the barrier of the pouch? Use a hand-held mirror for a closer look to see if your placement is correct.
- Check your skin. If it is sore or irritated, see your ostomy nurse.
- Check the area around the stoma. It may be that your pouch does not fit properly, causing leakage. If this happens, call your ostomy nurse.
- Try a pouch from a different box of pouches.

One of your ostomy nurse's main goals is to prevent pouch leaks from happening. Follow any instructions he or she gives you.

## Irrigating the Colostomy

Irrigating the colostomy is a way to “time” your bowel movements. You may be able to irrigate the colostomy if you have had a sigmoid or descending colostomy. Your nurse and surgeon will help you decide if this procedure is right for you.

It is recommended that you learn how to irrigate the colostomy about 1 to 2 months after you recover from surgery.

Irrigating the colostomy is usually done every day or every other day. Once your bowels become regular, you may not need to wear a standard drainable pouch and may consider a closed pouch or stoma cap instead.

# How to Irrigate the Colostomy

## 1. Assemble the equipment.

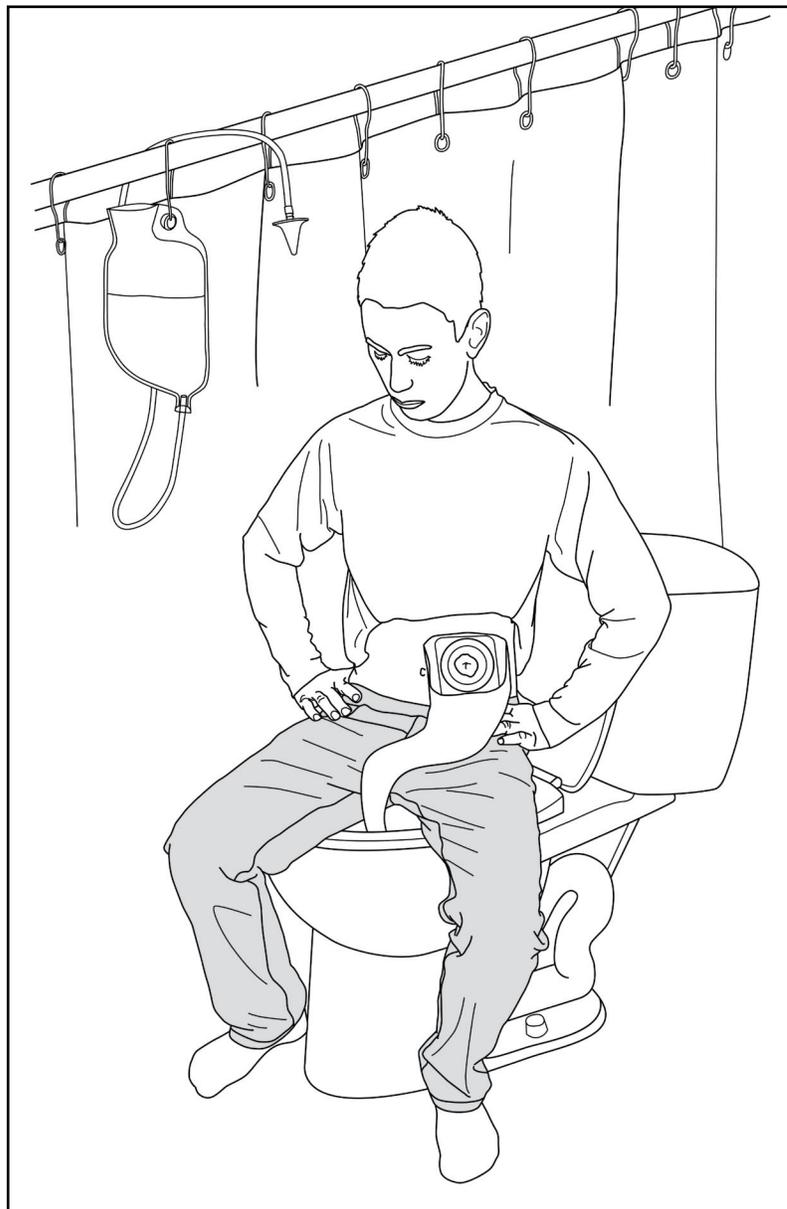
- colostomy irrigation kit
  - water bag
  - tubing with cone
  - sleeve (disposable or reusable)
- hook (to hang bag)
- water-soluble lubricant
- stoma cap or pouch

## 2. Prepare the bag.

- Close the clamp on the irrigation bag tubing.
- Fill the water bag with 1 quart (4 cups) lukewarm (not hot) water.
  - You may add more water than what you will put inside your colon if you want to make rinsing out the sleeve easier after you are finished irrigating the colostomy.
  - If you are traveling out of the country, use bottled noncarbonated water if the water is not safe to drink.
- Hang the bag on a hook above the toilet. (The bottom of the bag should be above your shoulder when you sit.)
- Hold the tubing over the toilet and open the clamp slightly to release the air. Close the clamp once the water starts to come out.

### 3. Put on the sleeve.

- Remove the cap or pouch from the stoma.
- Attach the sleeve by placing the round opening around the stoma. Depending on the type of sleeve you have, secure it by doing one of the following:
  - snap the sleeve onto the barrier (or faceplate) and fasten the adjustable belt
  - or
  - press the self-adhering sleeve in place.
- Put the end of the sleeve into the toilet.

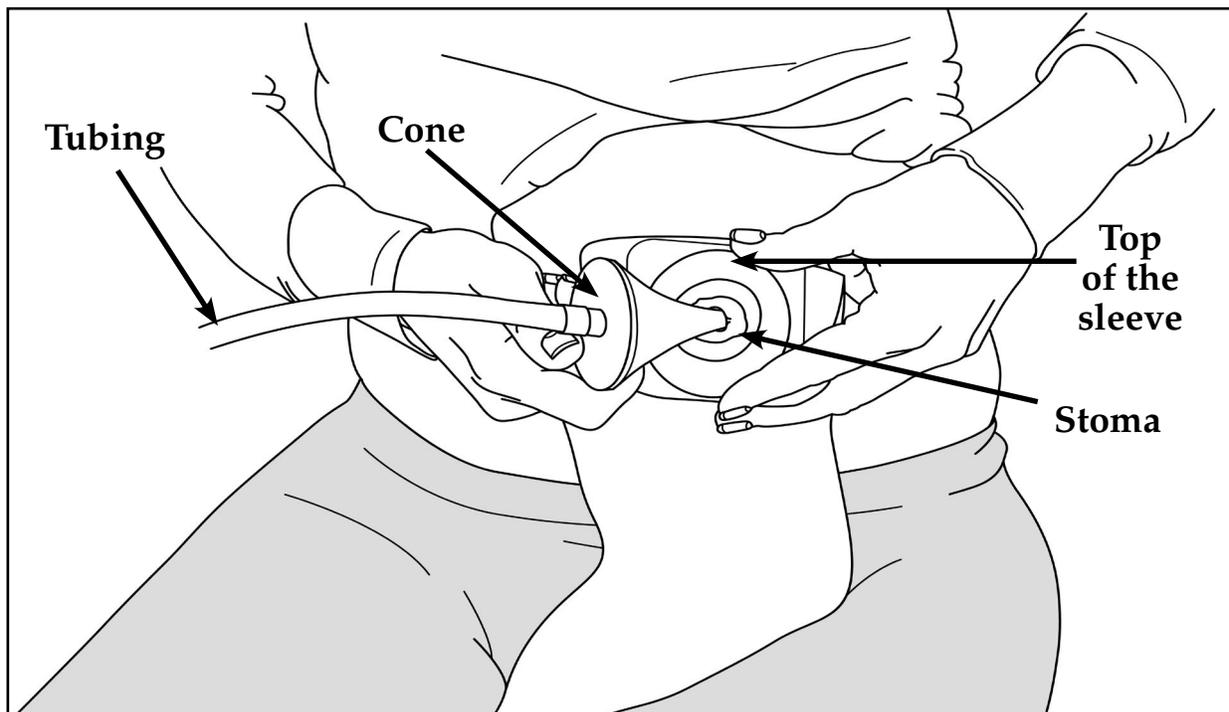


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**You may sit next to or on the toilet with the end of the sleeve into the toilet.**

#### 4. Insert the cone.

- Put water-based lubricant on the cone tip.
- Slip the cone tip gently through the opening at the top of the sleeve and place the cone snugly into the stoma.
- While holding the cone in place, open the clamp on the tubing. Take 2 to 5 minutes to slowly run water into your colon. If you do get cramps, stop the water flow by closing the clamp. Take a few breaths. Once cramping stops, open the clamp again.



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**Make sure to place the cone snugly into the stoma.**

#### **4. Remove the cone and clamp the sleeve.**

- Carefully remove the cone and seal the top of the sleeve. (Try to do this quickly as some water may start coming back out right away.)
- Stay in the bathroom, allowing immediate returns of stool and water to flow through the sleeve and into the toilet.
- When immediate returns of stool, gas or both have passed, clamp the bottom of the sleeve. Get up and move around until the stool and water stop flowing. This may take another 15 to 30 minutes.
- Using the remaining water in the water bag, rinse any stool residue in the sleeve into the toilet.
- Wash the skin around the stoma with water. Dry thoroughly. Cover the stoma with a cap or pouch.

#### **4. Clean the reusable cone and sleeve.**

- Rinse the sleeve and cone with water.
  - Fill the sleeve with soap and water.
  - Holding the sleeve closed, shake it until clean.
  - Empty the sleeve and rinse it with water.
  - Hang the sleeve to dry.

You may also follow the manufacturer's instructions for cleaning the cone and sleeve.

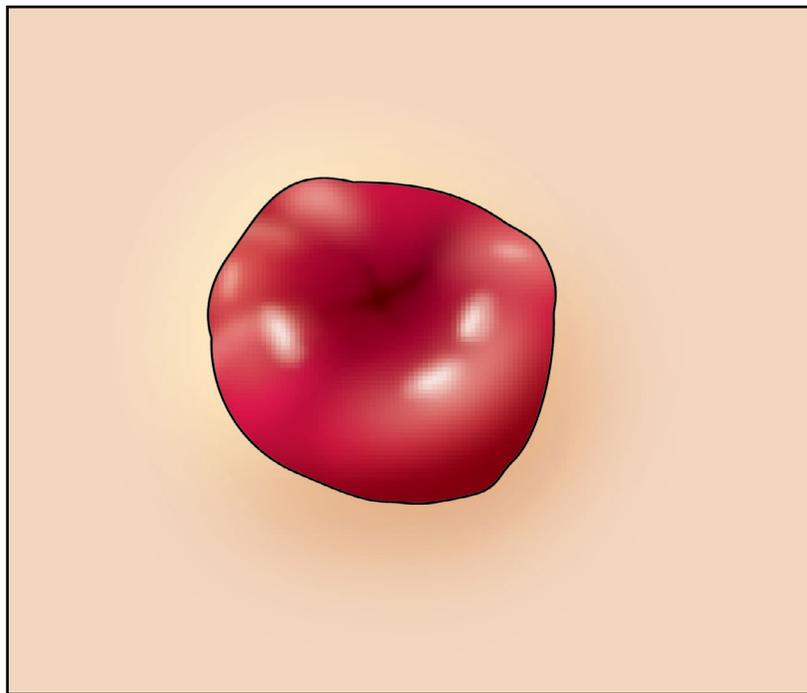
**Important:** Replace the colostomy irrigation kit when the plastic gets brittle or stiff, or according to manufacturer's instructions.

## Caring For Your Stoma

Your stoma should be pink or red in color and moist.

When cleaning around your stoma, you may see some blood. Your stoma has many little blood vessels. It is common to see a small amount of bleeding when cleaning around your stoma. Using gauze, paper towels or cotton balls to gently clean around the stoma will prevent traumatizing the little blood vessels. Tell your health care provider or ostomy nurse if you have any large amounts of bleeding.

It is also common to be able to see movement of the stoma. The bowel has a “wave-like” motion naturally that you may notice when your pouch is off.



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**The size and shape of your stoma will change after surgery.**

# Caring For Your Skin

It is important to take care of your skin around the stoma. Keeping your skin clean and protecting it from contact with stool and moisture by wearing a properly fitted pouch will help prevent skin irritation.

## **Routine skin care**

Skin barrier rings and paste become soft and moist under the pouch. Residue can be gently removed with a dry wash cloth or gauze followed by warm water and soft cotton squares or balls. Do not use soap, isopropyl alcohol, disinfectants or baby wipes. These products can harm your skin (or leave residue that can harm your skin over time). Adhesive removers may also be used, but then the skin must be thoroughly rinsed in order to remove all chemicals from the skin.

If you want to take a shower without your pouch on, it is OK if some shampoo and soap applied above the stoma wash down over your skin. Do not apply soap directly on the skin around the stoma.

If your skin around the stoma is hairy, you will need to keep it trimmed to prevent skin irritation when the pouch is removed. Trim with electric razor and away from the stoma.

## **Possible skin conditions**

There are three skin conditions that may occur with a colostomy:

- skin irritation
- yeast infection
- allergic reaction.

Learning how to identify a skin condition and knowing how to care for it can help keep the skin around your colostomy healthy.

The following are guidelines on how to take care of your skin. If your skin does not heal or your condition becomes worse, see your ostomy nurse.

## **Skin irritation**

If the skin is irritated, it will be red. This is due to leakage under your pouch seal or too large of an opening in your skin barrier.

Skin irritation may be slight (red skin) to severe (raw, painful and weepy).

If you have a problem with leakage, you may need to alter the way you change your pouch. The fit may no longer be the same due to changes in the size of the stoma or abdominal shape. If the opening in your skin barrier is too large, you will need to resize the opening.

To care for a skin irritation:

- Put stoma powder on your irritated skin.
- Brush off extra powder using a tissue or use a hair dryer (on cool setting) to blow off the extra powder.
- Apply your pouch, making sure it fits properly.

## **Yeast infection**

Yeast infections show up in warm, moist areas such as your armpits, groin or under your pouch.

A yeast infection on the skin under your pouch will have small (the size of the head of a pin) red areas, white areas or both. Your skin may itch. The yeast infection may spread past your skin barrier.

To care for a yeast infection:

- Clean and dry your affected skin.
- Spread an antifungal powder over the area and massage it into your skin. You may buy an over-the-counter miconazole nitrate 2 percent (Mitrazol<sup>®</sup>) or get a prescription for nystatin (Mycostatin<sup>®</sup>) from your health care provider.
- Brush off extra powder using a tissue or use a hair dryer (on cool setting) to blow off the extra powder.
- Apply your pouch, making sure it fits properly.
- Use the powder for one or two pouch changes after your skin is healed, and then stop using it.

## **Allergic reaction**

You may become sensitive to any part of your pouch or other products you are putting on your skin.

An allergic reaction will affect your skin that comes in contact with the product to which you are allergic or sensitive. Your skin will be red and it may itch, sting or burn.

Put a small amount of the product on the other side of your abdomen and cover it with a piece of medical tape for 48 to 72 hours. If your skin reacts the same way, remove the product and call your health care provider or ostomy nurse.

There are other products you may use if you have an allergy to your current one. Make an appointment to see your health care provider or ostomy nurse for more information.

## Diet

Your diet will begin with clear liquids only after surgery. A clear liquid diet consists of water, clear broth or bouillon, gelatin, frozen ice treat on a stick, coffee or tea, and clear fruit juices without pulp. As you recover, you may add full liquids (milk, custard, pudding, thin hot cereals) and then soft foods to your eating plan.

High-fiber foods (whole grains; legumes such as dried beans, peas and lentils; raw fruits and vegetables) should not be eaten until you have given your body time to heal. In the first few weeks after surgery, you should have less than 8 grams of fiber a day.

It may take several weeks for your appetite to return to normal. Slowly introduce foods back into your diet and see how they affect your colostomy. Chew your food well and drink eight to 12 glasses of liquids a day.

Everyone reacts to food differently. If you are concerned about how you may react to a certain food, try eating a small amount to see how it makes you feel. If you have a bad reaction, avoid eating that food for now. You can try eating it again in a few weeks.

It is helpful to learn which types of foods can cause odor, gas, or thicken or loosen your stool. Here are lists of foods and the effects they can have on stool.

### **Foods that thicken stool:**

- applesauce
- bananas
- cheese
- creamy peanut butter
- marshmallows
- oatmeal or barley (when it is OK to have fiber)
- pasta (no sauce)
- potatoes (no skin)
- pretzels
- saltines
- tapioca
- white bread or rice
- yogurt

### **Foods that loosen stool:**

- alcohol
- beverages with caffeine
- chocolate
- dried beans or string beans
- fried foods
- fruit juice
- greasy, high-fat or high-sugar foods
- impure drinking water
- leafy green vegetables (spinach, broccoli)
- milk or dairy foods
- prunes or prune juice
- raw fruits
- raw vegetables
- spiced foods
- sugar-free foods containing mannitol or sorbitol

### **Foods that cause stool odor:**

- alcohol
- asparagus
- cabbage-family vegetables\*
- dairy foods
- dried beans
- eggs
- fish
- garlic
- some spices\*\*
- strong cheeses
- turnips

### **Foods that help prevent odor:**

- buttermilk
- cranberry juice
- parsley
- yogurt

### **Foods that cause gas:**

- beer
- beverages with carbonation
- cabbage-family vegetables\*
- corn
- cucumbers
- dairy foods
- dried beans and string beans
- garlic
- green peppers
- mushrooms
- peas
- spinach

\*onions, cabbage, Brussels sprouts, broccoli, cauliflower, kohlrabi, sauerkraut, kale, radishes and rutabagas

\*\*coriander, cumin, curry, caraway, turmeric, dill, fennel

## Gas

There are many reasons for gas. It is a product of the digestive system and is mostly formed in the colon or large intestine. A common source of gas is from swallowing air, especially when eating fast, chewing gum or drinking from a straw. Poorly fitted dentures may also cause an increase in the amount of air swallowed. Certain foods and liquids such as cabbage, Brussels sprouts, cauliflower, baked beans, eggs, carbonated beverages and beer may cause gas. Some people are sensitive to dairy products, too.

What to do:

- Eat meals slowly, and chew foods well.
- Check to make sure dentures fit well.
- Avoid chewing gum and using straws.
- Drink limited amounts of carbonated beverages.
- Check with your health care provider for the possibility of “lactose intolerance” (sensitivity to dairy products).
- Try over-the-counter “anti-gas” products such as Gas-X<sup>®</sup> or Beano<sup>®</sup>. Your ostomy nurse may suggest other products.
- Adding a “gas filter” to your pouching system may be helpful. Ask your ostomy nurse about this kind of product.

## Medicine Side Effects

Medicines can have different effects on people with a colostomy. The following information may be helpful.

Medicines that can cause diarrhea:

- antibiotics
- oral diabetes medicines
- antacids containing magnesium such as Maalox®

Medicines that can help treat diarrhea:

- Kaopectate®
- Imodium®
- bulk forming preparations, such as Metamucil®, Citrucel® or Benefiber® (taken under the direction of your health care provider).

**Note:** Always check with your health care provider about medicines you are thinking of taking for diarrhea.

Medicines that can cause constipation:

- antacids that contain aluminum  
(Read the labels carefully or ask the pharmacist.)
- certain pain medicines such as oxycodone and acetaminophen (Percocet®), or hydrocodone bitartrate and acetaminophen (Norco®, Vicodin®)
- antidepressant medicines
- medicines to treat Parkinson's disease.

**Note:** Constipation may be a sign of a blockage. Check with your health care provider if you have any combination of the following (these may indicate a blockage):

- no output or unusually high liquid output from the stoma
- severe cramping or throwing up (vomiting)
- excessive sticking out (protrusion) of the stoma.

## Adjusting to Your Colostomy

Living with a colostomy is a major life change. Give your body time to adjust. Once you begin feeling better physically, you will be better able to cope emotionally.

Your body looks and works different, and your emotions will be affected. Some people feel sad or disgusted while others are glad to no longer have the symptoms they once did. As you get used to how your stoma works, caring for your colostomy will become part of your daily routine.

No one will be able to tell you have had a colostomy unless you decide to tell them. It is your choice. It may also be helpful to talk with someone else who has had a colostomy. Ask your ostomy nurse about local support groups.

### **Everyday activities**

Your everyday activities should not be limited by your colostomy. You should be able to continue doing all of the things you enjoy. Talk with your ostomy nurse if you have questions about certain sports activities. An ostomy belt may help stabilize the pouch if you will be doing activities that require twisting or bending.

**It is important that you carry ostomy supplies with you at all times.** Keeping a stock of extra pouches in your car (in the coolest spot), briefcase, purse, travel bag or desk is an easy way to make sure you are always prepared.

### **Bathing**

You may shower or take a bath with or without the pouch in place. Talk with you ostomy nurse for more information about bathing.

## **Sexual activity**

Sexual activity is a common concern among people who have had a colostomy. Most people can enjoy sexual activity again with some minor changes. You and your partner can continue to share physical closeness and emotional intimacy.

Experiment with new ways of being together as you recover from surgery. You may find pleasure in giving foot or back massages, caressing and cuddling.

To make intimacy more comfortable, try positions that are comfortable for you and keep your weight off the stoma. Keep the pouch clean and empty. Some people switch to a smaller pouch or wear a pouch cover, ostomy belt or shirt over the pouch.

The United Ostomy Association of America (UOAA) has a helpful publication available — “Intimacy, Sexuality and an Ostomy,” which you can find at [ostomy.org](http://ostomy.org).

## **Travel**

Having a colostomy does not mean you have to stop traveling. You will just need to take all of your supplies with you. Here are some tips to help make traveling easier:

- Bring your pouches with you in your carry-on luggage when flying and always have an extra pouch in your purse or pocket.
- Carry more pouches than you think you will need when traveling to unfamiliar places. You can buy pouches from medical supply stores in the area. Plan ahead.
- Keep pouches in the coolest place possible in warm weather locations. For example, when driving do not put your supplies in the trunk or glove compartment because they could melt.
- Fasten the car seat belt above or below your stoma to avoid irritation and rubbing.

- Empty your pouch often. You may not have the opportunity to empty it at a certain time.
- Follow the advice of the State Department regarding food and liquids when traveling out of the country. You may want to avoid eating fresh vegetables and fruits that cannot be peeled. Talk with your health care provider ahead of time. He or she may wish to give you an “anti-diarrheal” medicine to take with you.
- Drink bottled water unless you are sure the water will not cause you problems.
- Try to avoid changing eating schedules or eating foods that cause diarrhea, since these can cause temporary loose stools when traveling. If you need to take an anti-diarrheal medicine, try eating foods that thicken stools naturally, such as cheese, applesauce, rice, pasta products, breads or peanut butter, before you take the medicine. Take care when using these medicines so you do not become constipated.
- Make sure to drink enough liquids to prevent dehydration.

### **Hints for summertime**

When warm weather arrives and brings vacations, picnics, gardening, swimming and other summer fun, there are ways to maintain a trouble-free colostomy:

- Sprinkle a small amount of stoma powder over skin. Brush away all extra powder. A small amount will remain on the skin and help decrease a “melt down” of the barrier.
- Change your pouch more often.
- Wear an ostomy belt to help stabilize the pouch if you are active with sports or if you do activities that require twisting or bending.
- Sitting in a hot tub or sauna may soften the barrier. Plan to change your pouch after those activities.
- Have any sign of a “rash” checked. It could be “heat rash” or it could be a yeast infection. Talk with your ostomy nurse.

- Keep your extra pouch “cool” during hot days by placing it in the cooler or taking a small insulated lunch bag and putting a small ice pack inside.
- Use a waterproof tape to secure the edges of the pouch for watersport activities.
- Always drink extra liquids during hot days to prevent dehydration. Certain foods help with liquid intake, such as gelatin, sherbets, ice cream and various melons.

## **When to Call Your Health Care Provider**

Call your health care provider if:

- you have black or bloody stools
- you have severe cramping for more than 2 hours
- you have upset stomach (nausea) and throwing up (vomiting) that will not stop
- your stoma swells, changes color or will not stop bleeding
- you have severe watery output for more than 5 to 6 hours
- you have severe skin irritation or sores around your stoma.

## Sources for Colostomy Products

For insurance plans other than Medicare, please call your insurance provider for a list of preferred medical equipment suppliers.

Local suppliers that **do** accept Medicare assignment:

- Handi Medical Supply  
2505 University Ave. W.  
St. Paul, MN 55114  
651-644-9770  
1-800-514-9979  
handimedical.com
- Handi Medical Supply  
3960 Coon Rapids Blvd., Ste. 102  
Coon Rapids, MN 55433  
651-789-5858
- Reliable Medical (wound supplies only)  
9401 Winnetka Ave. N.  
Brooklyn Park, MN 55445  
763-255-3800  
reliamed.com

Mail order suppliers that **do** accept Medicare assignment:

- Byram Healthcare  
1-877-902-9726  
bryamhealthcare.com
- Edgepark Surgical, Inc.  
1810 Summit Commerce Park  
Twinsberg, Ohio 44087  
1-800-321-0591  
edgepark.com
- Vitality Medical  
7910 S. 3500 E., Ste. C  
Salt Lake City, UT 84121  
1-800-397-5899  
vitalitymedical.com

Mail order suppliers that **do not** accept Medicare but will prepare and submit Form 1500 for you. Payment must be made “up front.”

- Bruce Medical Supply  
1-800-225-8446  
brucedmedical.com
- Parthenon  
1-800-453-8898  
parthenoninc.com
- US Med Express  
1-877-409-1234  
usmedexpress.net
- Liberty Medical (ostomy supplies only)  
1-800-723-9558  
libertymedical.com
- Liberator Medical  
1-800-617-3296  
liberatoremedical.com

# Resources

## Ostomy product manufacturers

- Coloplast  
1-800-533-0464  
[us.coloplast.com](http://us.coloplast.com)
- ConvaTec  
1-800-422-8811  
[convatec.com](http://convatec.com)
- Cymed  
1-800-582-0707  
[cymed-ostomy.com](http://cymed-ostomy.com)
- Hollister  
1-888-740-8999  
[hollister.com](http://hollister.com)
- Marlen  
216-292-7060  
[marlenmfg.com](http://marlenmfg.com)
- Nu-Hope  
1-800-899-5017  
[nu-hope.com](http://nu-hope.com)
- Ostomy Secrets  
1-877-613-6246  
[ostomysecrets.com](http://ostomysecrets.com)

## Organizations

- Allina Health  
[allinahealth.org](http://allinahealth.org)
- American Cancer Society  
1-800-ACS-2345  
[cancer.org](http://cancer.org)
- C3Life.com  
[c3life.com](http://c3life.com)
- Cancer Care  
1-800-813-4673
- Caregiver Action Network  
202-454-3970  
[caregiveraction.org](http://caregiveraction.org)

- Colon Cancer Alliance (CCA)  
877-422-2030 (toll free)  
ccalliance.org
- Crohn's & Colitis Foundation of America  
1-800-932-2423  
ccfa.org
- International Ostomy Association (IOA)  
ostomyinternational.org
- Ovarian Cancer National Alliance (OCNA)  
866-399-6262 (toll free)  
ovariancancer.org
- United Ostomy Association of America  
1-800-826-0826  
ostomy.org
- Women's Cancer Network  
312-578-1439  
wcn.org
- Wound, Ostomy & Continence Nurses Society  
1-888-224-9626  
wocn.org

### **Books**

- "100 Questions & Answers about Colorectal Cancer"  
by David Bub
- "Alive and Kicking" by Rolf Benirschke
- "A Patient's Guide to Managing a Short Bowel"  
by Carol Rees Parrish
- "Bag Lady" by Sandra Benitez
- "Bedpan Banter" by Brenda Elsagher
- "Be Prepared: The Complete Financial, Legal, and  
Practical Guide to Living with Cancer, HIV, and other  
Life-Challenging Conditions" by David Landay
- "Betty Crocker's Living with Cancer Cookbook"  
by Kris Ghosh, Linda Carson and Elyse Cohen
- "Dear Dr. Humor" by Stuart Robertshaw
- "Great Comebacks from Ostomy Surgery"  
by Rolf Benirschke

- “I’d Like to Buy a Bowel Please” by Brenda Elsagher
- “If the Battle is Over, Why am I Still in Uniform?” by Brenda Elsagher
- “It’s OK to Have an Ostomy” (poems) by Ann Favreau
- “Lifelines: Keeping Your Head Above Water” by Carol Larson
- “Positive Options for Colorectal Cancer” by Carol Larson
- “Positive Options for Living with Your Ostomy: Self-Help and Treatment” by Craig A. White
- “The Human Side of Cancer: Living With Hope, Coping with Uncertainty” by Jimmie Holland and Sheldon Lewis
- “The Ostomy Book: Living Comfortably with Colostomies, Ileostomies, and Urostomies” by Barbara Dorr Mullen and Kerry Anne McGinn
- “When the Trip Changes: A Traveler’s Advisory to Colorectal Cancer” by Carol Larson
- “Weathering the Storm: Stories of Hope and Healing” by Carol Larson
- “Yes We Can: Advice on Traveling with an Ostomy and Tips for Everyday Living” by Barbara Kupfer, Kathy Foley-Bolch, Michelle Fallon Kasouf with Brian Sweeney



[allinahealth.org](http://allinahealth.org)