

**Colostomy**

# Understanding your colostomy

Hollister Ostomy. **Details Matter.**





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*Please note that this booklet is a supplement to and not a replacement for the advice from your healthcare professional.*

# Your colostomy

This booklet can help you understand and manage your colostomy. It is important to remember that you are not alone. Every year thousands of people have colostomy surgery. For some, it is a life saving event. It may be performed to repair an injury or remove a tumour. Whatever the medical reason for your surgery, it's natural to have questions and concerns.

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



**This symbol indicates where detailed information is available about certain topics on our website [www.hollister.co.uk](http://www.hollister.co.uk)**

This booklet is provided to you by your healthcare team. It complements information given to you by your doctor and your stoma care nurse – a nurse who specialises in stoma care. When you have questions, write them down on pages 18 and 22. You should discuss these questions with your doctor or nurse. For a list of terms you may not be familiar with, but are used in this booklet, we have provided a glossary on page 24.

# About your colostomy

## Before your surgery

Determining where the stoma will be placed on your abdomen is a very important part of the preparations for your surgery. A colostomy stoma can be located in various areas on your abdomen.

Before your surgery, your nurse and your surgeon will determine the best location for your stoma. Ideally, the stoma should be placed on a smooth skin surface. It should be located where you can see the stoma easily and take care of it yourself. In the case of emergency surgery, siting is not always possible.

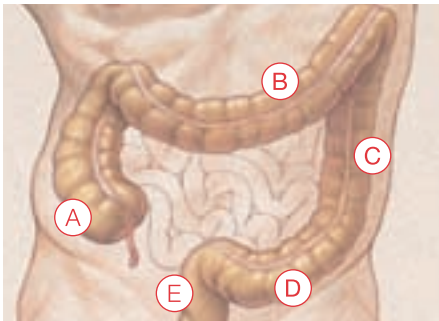
## The gastrointestinal (GI) system

When you chew your food and swallow it, the food goes down your oesophagus into your stomach. Stomach acids and chemicals called **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.



### Parts of the colon

- A Ascending colon
- B Transverse colon
- C Descending colon
- D Sigmoid colon
- E Rectum

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, stool and gas go 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.

### What is a colostomy?

A **colostomy** is a surgically created opening into the colon through the abdomen. Its purpose is to allow the stool to bypass a diseased or damaged part of the colon. A colostomy may be made at almost any point along the length of the colon. It may be temporary or permanent, depending on the medical reason for the surgery.

When you have a colostomy, stool is no longer eliminated through the anus. Instead, it is eliminated through the colostomy. To construct a colostomy, your surgeon brings part of the colon through the abdominal wall. This new opening on the abdomen is called a **stoma**.

Because a colostomy does not have a sphincter muscle, you have no voluntary control over bowel movements. Instead, you will wear a disposable pouch to collect the stool.

Sigmoid colostomy



Transverse colostomy





## The Stoma

- Not painful
- Always red and moist
- May bleed easily

Each stoma is unique. Chances are, your stoma will look different from someone else's. The stoma should not be painful. It is always red and moist – somewhat like the inside of your lip. The stoma may also bleed easily, especially if it is hit or rubbed. This type of minor, temporary bleeding is normal. If the bleeding continues, or if the discharge (stool) is bloody, you should contact your doctor or your nurse).

Your stoma will probably be swollen after surgery. It may take several weeks or months for the stoma to shrink to its permanent size.

If you have a temporary stoma, it may be a loop or double barrel. A loop colostomy may have a supporting device that is normally removed after two weeks.

The skin around the stoma is called the **peristomal skin**. The skin next to your stoma should not have rashes or sores. The most important thing you can do to keep your skin healthy is to use stoma products that fit well, minimise leakage, and stay in place.

# Understanding your colostomy



## Skin care

It is very important for the skin around the stoma 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 should have a skin barrier and pouch that fits properly.

Each time you remove your skin barrier and pouch, look carefully at your 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 or gets worse, be sure to contact your nurse.



## 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 it in any way. You may shower or bathe with your pouch on or off – the choice is yours.

If you wear a two-piece system and decide to shower with only the pouch removed, water may possibly interfere with the skin barrier adhesion. Be sure to check afterwards. Soap residue can sometimes interfere with how well the skin barrier or adhesive sticks to your skin, so choose a soap or cleanser that is residue-free.



## Diet

Immediately after surgery, you may be on a restricted diet. After your recovery from surgery, you should be able to go back to your usual diet unless you are otherwise instructed.

Remember, the actual digestion of food takes place almost entirely in the small intestine, not in the colon. 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.



## Odour

Odour is a concern for people who have stoma surgery. Today's colostomy pouches are made with odour-barrier film, so odour from the stool is contained inside the pouch. You should notice it only when you are emptying or changing your pouch. If you notice odour at any other time, check the pouch seal for leakage.

### Lifestyle tips

- Eat a balanced diet.
- Eat slowly and chew your food well.
- Drink plenty of water, juice or other fluids each day unless you're restricted from doing so.
- Add foods to your diet gradually, to see how those foods agree with your system.

Empty or change your pouch when it is necessary and convenient; for many people, that means one to three times a day. Emptying or changing your pouch regularly can help reduce the risk of leakage. It can also help to avoid a bulge from a pouch that is too full. Your diet can affect the odour of the stool. Some foods and nutritional supplements affect the odour of stool.

### Foods that may increase odour:

- Asparagus
- Broccoli
- Brussel sprouts
- Cabbage
- Cauliflower
- Eggs
- Fish
- Garlic
- Onions
- Some spices

## Gas

As your bowel begins to function after surgery, you will notice gas in your pouch. The amount of gas varies. If you experienced excessive gas before your surgery, you will likely have similar problems after your surgery.

Gas can be caused by the foods you eat. It can also 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.

If you are concerned about gas, you can use a pouch with a filter. The filter lets the gas out of the pouch, but not the odour. It also prevents gas from building up, so the pouch does not inflate like a balloon. If a pouch has excessive gas – it should be changed as it is under pressure and could leak.

### Foods and beverages that may increase gas:

- Beans
- Beer
- Beverages
- Broccoli
- Brussel sprouts
- Cabbage
- Carbonated beverages
- Eggs
- Fish
- Garlic
- Onions
- Some spices

## Constipation

Constipation may also occur when you have a colostomy (you may have experienced this before surgery also). Some medicines may cause constipation such as some pain relievers and antacids. Other reasons for constipation are a diet lacking in fibre and inadequate fluid intake. Sometimes simply increasing your fluids, taking a mild laxative or increasing fibre intake will fix the problem.

## Diarrhoea

Diarrhoea can occur for a variety of reasons. With a colostomy, you can still get diarrhoea, just as before your colostomy surgery. If you have diarrhoea, there are some foods you can eat that may help to thicken your stool. During this time, avoid foods and beverages that cause loose stools.

### Foods that may help thicken your stool:

- Apple sauce
- Bananas
- Cheese
- Creamy peanut butter  
– *not chunky*
- Noodles – *any type*
- Pretzels
- White rice
- White toast
- Yogurt

### Lifestyle tips

- Diarrhoea can cause dehydration, so you may need to increase the amount of fluids you drink.
- If you normally irrigate your colostomy, stop until the diarrhoea ceases. You can later resume your normal irrigation schedule.
- If the diarrhoea persists, call your doctor.

## Medication

Some medications or nutritional supplements 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, pharmacist or your stoma care nurse.

## Irrigation

Irrigation may be an option for a person who has a descending colostomy or a sigmoid colostomy. The purpose of colostomy irrigation is to allow you 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 nurse for more information, but please note irrigation is not suitable for everyone.

### Sigmoid colostomy



## **Chemotherapy and Radiotherapy**

If your original surgery was for cancer it may be suggested that you need further treatment, such as chemotherapy or radiotherapy. Chemotherapy drugs destroy cancer cells throughout the body, whereas surgery and radiotherapy are directed to where the cancer has originated.

### **Chemotherapy**

Chemotherapy works by interfering with cancer cells' ability to grow within the body.

There are different ways of giving chemotherapy, e.g. by drip or mouth. For bowel cancer the current trend is towards tablet by mouth. This requires fewer visits to the hospital. Each course of treatment is specific and will be discussed with you by your oncologist (cancer specialist doctor).

People worry about the side effects of chemotherapy such as nausea and hair loss; this is less likely to happen if you are having treatment for bowel cancer. There are good treatments for these side effects – you need to discuss this with your cancer specialist doctor.

### **Radiotherapy**

Radiotherapy works by directing radiation to the area where the cancer still is or has been.

#### **Hints and tips during your chemotherapy and/or radiotherapy treatment**

- Smoking may reduce the effect of your treatment.
- Refer to your post-operative food management advice and/or discuss with your stoma care nurse.
- You may need medication to thicken your output. Seek advice from your stoma care nurse.
- If you are using a closed stoma pouch you may need to use a drainable stoma pouch.
- Treatment may cause ulcers and soreness in the mouth and on the stoma.
- Your stoma may change in size and shape during your treatment courses.
- Contact your stoma care nurse for any further advice.

# Maintaining your lifestyle



## 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. You should be able to wear the same type of clothes you wore before your surgery. In fact, today's pouches are low profile and fit so close to the body, chances are no one will know you're wearing a pouch – unless you tell them.

The pouch can be worn inside or outside your underwear, whichever is more comfortable. Women can wear panty hose or girdles. Choose a patterned swimsuit, instead of one with a solid colour.



## Returning to work and travelling

As with any surgery, you will need some time to recover. Be sure to check with your doctor before returning to work or starting strenuous activity.

Once you've recovered from the surgery, your colostomy should not limit you. You should be able to return to work or travel just about anywhere. When you travel, take your colostomy supplies with you. Take more than you think you will need. If you need to buy supplies while travelling, you will find that colostomy products are available from select medical or surgical retailers throughout the world.

### Lifestyle tips

- When flying, pack your stoma products in your carry-on bag.
- Pre-cut your products so you will not need to carry scissors in your carry-on bag.
- Fasten the seat belt above or below your stoma.
- Store your stoma products in a cool, dry place.
- Plan ahead. Know where to contact a local stoma care nurse when travelling.

## Activity, exercise and sports



When your doctor says it is appropriate, you may resume your normal activities. 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 with colostomies are able to swim, water ski or snow ski, play golf, tennis, volleyball, football, hike, sail, or jog just as they did before their surgery. Please be aware that heat and moisture can reduce the wear time of the pouching system, so you may want to watch how your skin barrier performs under these conditions.

### Lifestyle tips

- Empty your pouch before swimming.
- You may add tape to the edges of your skin barrier before swimming.
- You may need to change your pouch more often if you wear it in a hot tub or sauna.



## Sex and personal relationships

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.

Supportive personal relationships can be major sources of healing after any type of surgery. The key, of course, is understanding and communication.

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. Let your partner know that sexual activity will not hurt you or your stoma. If you have concerns about your emotional adjustment after surgery, be sure to talk about them with your doctor or nurse. If females have extensive surgery, pain can be a problem and they may need to use a lubricant/change position to maximise a comfortable position.

If you are concerned about having children, you will be happy to know that after a satisfactory recovery, it is still possible for a woman who has a stoma to have children. Many men have become fathers after having colostomy surgery. If you have questions about pregnancy, be sure to ask your doctor or your nurse.

### Lifestyle tips

- Empty your pouch before having sexual relations.
- Sexual activity will not hurt you or your stoma.
- You may wear a small pouch or stoma cap during sex.
- A beige pouch or pouch cover can help hide the pouch contents.
- Intimate apparel can hide the pouch and keep it close to your body.



## Going home

### First weeks

The first 2 weeks after returning to your home, your daily routine will be slow to begin with. When you become confident with your stoma care, you will get into a routine and the changing of the pouch should only add a few minutes to your normal bathroom routine. In the beginning you may feel that the stoma will be controlling you, but you will soon be in control of the stoma.

Your tummy may still be distended after surgery, so you may wish to keep your clothing loose for the first couple of weeks. Try moving around your house or garden every 2 hours, as this will help your general blood circulation and reduce the feeling of distension and discomfort in your pelvic and lower limbs.

To avoid undue abdominal discomfort and the risk of developing a hernia around the stoma, it is advisable to avoid the following activities in the early weeks after surgery:

- Mowing or cutting the grass.
- Using the vacuum cleaner.
- Pushing a pram, pushchair, supermarket trolley or wheelchair.
- Digging the garden.
- Lifting anything heavy (such as a full kettle).
- Moving furniture.
- Cleaning the windows.
- Ironing.

It is also recommended not to drive a car during the early weeks following surgery because the side effects of medication and anaesthetic slow your reaction time and reduce concentration. Please note it is also advisable to check with your insurance company for any specific regulation.

Your progress will go up and down, one day forward, two days back in the beginning. You may be tearful, irritable and snappy. Make sure your family and friends understand, as this is a normal reaction following surgery and during recovery.

## Routine care of your colostomy

### Hair removal around the stoma

Some people find it necessary to remove hair from the skin around the stoma. The best way to do this is either by shaving or cutting long hairs with scissors. Dry shaving is uncomfortable, so it is preferable to wet shave the area with a clean disposable safety razor each time. Shave gently and carefully in the direction of hair growth once a week. Do not use or share family razors. It is not advisable to use hair removing cream or gels.

### Try to get into a routine when changing your stoma pouch

#### You will need:

- Disposal bag.
- Non-woven wipes/kitchen towel for washing/drying.
- Warm water for washing.
- New pouch and/or flange/wafer.
- Scissors for cutting flange/wafer (if required).
- Any accessories you may use.

### **Changing the pouch:**

- Secure clothing out of the way (pegs and safety pins may help to hold clothes out of the way).
- If you are using a drainable stoma pouch, empty if first.
- Dampen a few non-woven wipes to help release the adhesive barrier.
- Remove the used stoma pouch carefully, from top to bottom supporting the skin with the dampened non-woven wipes.
- Clean any stool on the stoma and skin with toilet paper.
- Wash the stoma and surrounding skin with your damped non-woven wipes/paper kitchen towel.
- Dry skin thoroughly.
- Do not apply anything to the skin unless recommended by your stoma care nurse or healthcare professional.
- When trying any new cream/gel/wipe under your flange/wafer test it on a small segment of the peristomal skin – if you have a reaction it will not cause the whole area to be involved.
- Remember to remove the backing paper before applying the new stoma pouch/flange/wafer.

# Follow up care

## Following surgery: discharge information

Your nurse can help you keep a record of your surgery and recommend the right products to maintain the health of your colostomy.

Type of stoma: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

Stoma size and shape: \_\_\_\_\_

Recommended pouching system: \_\_\_\_\_

Other recommended products: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You can get your stoma products through the following delivery company:

Delivery company name: \_\_\_\_\_

Delivery company address: \_\_\_\_\_

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

Retailer name: \_\_\_\_\_

Retailer address: \_\_\_\_\_

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

Your nurse: \_\_\_\_\_

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

## About supplies

Stoma products are specialised supplies that are not available through all pharmacies.

If you need assistance in finding a supplier for Hollister products, contact us on **0800 521 377** or contact Fittleworth Freephone on **0800 378 846** or Fittleworth Freephone Scotland on **0800 783 7148**.

## Call your stoma care nurse if you notice any of the following problems listed below:

- Skin irritation.
- Recurrent leaks of your pouch or skin barrier.
- Excessive bleeding of your stoma.
- Blood in your stool.
- A bulge in the skin around your stoma.
- Persistent diarrhoea.
- Diarrhoea with pain and/or vomiting.

## Questions to ask my doctor or my stoma care nurse:

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## Other questions related to living with an stoma:

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## Colostomy pouching systems

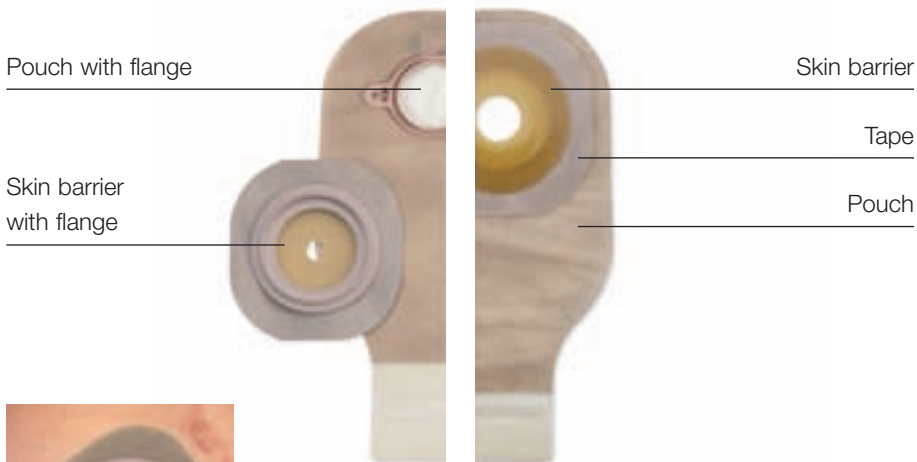
You can choose the kind of Hollister colostomy **pouch** you want to use. The two main types are drainable and closed. Both types will include a **skin barrier**. The skin barrier is the adhesive portion of your pouched system. It protects your skin and adheres your pouching system. Your pouch may be part of a **one-piece** or **two-piece** pouching system.

Many pouches have clear and beige options. You can also select pouches that have a soft cover, such as the Hollister ComfortWear panel, to increase your comfort.

You might choose a pouch with a filter if you are concerned about gas. The filter lets the gas out, but not the odour. It also prevents gas from building up, so the pouch does not inflate like a balloon.

Hollister provides odour barrier pouches to increase your confidence when wearing a pouch.

### Two-piece pouching system    One-piece pouching system



◀ Stoma with two-piece skin barrier

## Drainable pouch

Drainable pouches are best if you have discharge frequently throughout the day. They have a clamp or closure, so emptying the pouch is quick and easy.

## Closed pouch

If you use a closed pouch, you can simply remove it and dispose of it. This type works best if your discharge is less frequent and your pouch needs to be emptied just one or two times a day. Closed pouches don't have clamps and must be replaced to be emptied. All Hollister closed pouches have a filter.

▼ One-piece  
drainable pouch



▼ Two-piece  
closed pouch



▼ Two-piece  
skin barrier









# Glossary

## **Anus**

The opening at the end of the digestive tract through which stool passes.

## **Colon**

Another term for the large intestine or last portion of the gastrointestinal tract.

## **Colostomy**

A stoma (surgical opening) created in the colon, part of the large intestine.

## **Enzymes**

Digestive enzymes break down the food we eat so it can be used as a source of nutrition.

## **Large intestine**

Another term for the colon or the last part of the gastrointestinal tract.

## **One-piece**

The skin barrier is attached to the pouch.

## **Peristomal skin**

The skin area around the stoma.

## **Pouch**

A specialised pouch used to collect bodily wastes from the stoma.

## **Rectum**

The last portion of the digestive tract before the anus. Stores stool in place prior to a bowel movement.

## **Skin barrier**

Part of the pouching system; it protects your skin and adheres your pouch to your skin.

## **Small intestine**

The portion of the gastrointestinal system that first receives food from the stomach. Divided into three sections: duodenum, jejunum and ileum.

## **Sphincter**

A muscle that surrounds and closes an opening. An stoma does not have a sphincter.

## **Stoma**

An artificial opening into the body, in this case the digestive tract. From the Greek word meaning mouth or opening. Also known as an “ostomy”.

## **Stool**

Waste material from the bowel. Also known as faeces or bowel movement.

## **Two-piece**

The skin barrier is separate from the pouch. Both pieces are needed to create a complete pouching system.



## **UK**

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