

Ileostomy

Understanding your ileostomy

Hollister Ostomy. **Details Matter.**



Table of contents

Your ileostomy	2	Routine care of your ileostomy	16
About your ileostomy	3	◦ Hair removal around the stoma	16
◦ What is an ileostomy?	3	◦ Try to get into a routine when changing your stoma pouch	16
◦ Before your surgery	4	Follow up care	18
◦ The gastrointestinal (GI) system	4	◦ Following surgery:	18
◦ The stoma	6	discharge information	18
◦ Stool from an ileostomy	6	◦ About supplies	19
Understanding your ileostomy	7	◦ Call your stoma care nurse if you notice any of the following problems...	19
◦ Skin care	7	◦ Questions to ask my doctor or my stoma care nurse	19
◦ Bathing or showering	7	◦ Other questions related to living with an stoma	19
◦ Diet	7	Ileostomy pouching systems	20
◦ Odour	8	◦ One-piece and two-piece pouching systems	20
◦ Gas	9	◦ Drainable pouches	21
◦ Food blockage	9	Notes	22
◦ Diarrhoea	10	Glossary	24
◦ Medication	11		
Maintaining your lifestyle	12		
◦ Clothing	12		
◦ Returning to work and travelling	12		
◦ Activity, exercise and sports	13		
◦ Sex and personal relationships	14		
◦ Going home	15		

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

Your ileostomy

This booklet can help you understand and manage your ileostomy. It is important to remember that you are not alone. Every year thousands of people have ileostomy surgery. For some, it is a life saving event. It may be performed to repair an injury or remove a diseased part of your bowel. 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 an ileostomy.



This symbol indicates where detailed information is available about certain topics on our website 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 17 and 20. 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 ileostomy

What is an ileostomy?

An **ileostomy** is a surgically created opening into the small intestine through the abdomen. The purpose of an ileostomy is to allow stool to bypass the colon.

An ileostomy may be temporary or permanent, depending on the medical reason for the surgery. Because of an injury or disease – such as ulcerative colitis or Crohn's Disease – the colon *may* be surgically removed, along with the rectum and anus.

Remember, the colon's main purpose is to absorb water and store stool. Your body can continue to function even without a colon. When you have an ileostomy, stool is no longer eliminated through the anus. Instead, stool is eliminated through the ileostomy.

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

An alternative to a permanent ileostomy is a procedure called ileal anal pouch anastomosis or ileal reservoir. After removal of the colon, the small intestine is used to create a reservoir pouch that is placed in the pelvis and connected to the anus. A temporary ileostomy is often needed while the reservoir heals.

With an ileostomy, a section of the small intestine and the large intestine (colon) have been removed or bypassed.



Before your surgery

Determining where the stoma will be placed on your abdomen is a very important part of the preparations for your surgery.

Generally, an **ileostomy** stoma is located on the abdomen in what is called the right lower quadrant. That is an area just below the waist, to the right of your navel – or belly button.

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.

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**.

The large intestine



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

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**.



The stoma

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

To construct an ileostomy, your surgeon brings part of the small intestine (ileum) through the abdominal wall. This new opening on the abdomen is called a stoma. Your stoma will probably be swollen for a period of time after surgery.

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 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 ileostomy *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 and stay in place.

Stool from an ileostomy

Just after surgery, the stool from an ileostomy is generally a steady liquid type of drainage. However, as the small intestine begins to adapt, the stool will become thicker and more paste-like.

Remember the stool from an ileostomy comes directly from the small intestine, so it contains digestive enzymes that can be very irritating to your skin. Because of that, the pouch you wear must have a protective skin barrier that fits closely around your stoma.

Understanding your ileostomy

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 an ileostomy, 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. 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 ileostomy 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.
- Add foods to your diet gradually, to see how those foods agree with your system.
- Drink plenty of water, juice or other fluids each day.

Empty your pouch when it is necessary and convenient; for many people with an ileostomy that means four to six times a day. Emptying 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 be likely to 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. Filters work best with a more formed discharge.

Foods and beverages that may increase gas:

- Beans
- Beer
- Beverages
- Broccoli
- Brussel sprouts
- Cabbage
- Fizzy drinks
- Eggs
- Fish
- Garlic
- Onions
- Some spices

Food blockage

If the drainage from your ileostomy suddenly stops or consists only of watery fluid and you have abdominal pain you may have a food blockage. This can occur when high fibre foods have difficulty passing through the intestine and exiting the stoma. The symptoms (cramping, stoma swelling, abdominal distension) are similar to bowel obstruction of other causes so it is important to contact your healthcare provider or seek help at a GP/accident and emergency.

Foods that may contribute to blockage include high fibre foods such as: celery, Chinese vegetables, coconut, corn, nuts, dried fruit, and popcorn.

Diarrhoea

Diarrhoea can occur for a variety of reasons. With an ileostomy, you can still get diarrhoea, just as before your surgery. It's normal for ileostomy output to be unformed. If your drainage changes to mostly fluid output and a marked increase in the volume of the drainage, you may have diarrhoea. If you have diarrhoea, you need to drink more fluids to prevent dehydration. 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*
- Marshmallows/jellybabies
- 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 the diarrhoea persists, call your doctor.
- Do not take laxatives unless prescribed by your doctor.
- Other signs of dehydration include dry mouth, dark urine, reduced urine, weakness, muscle cramps, and feeling faint.
- Sports drinks will help prevent dehydration related to fluid loss better than water, juices and fizzy drinks e.g. Lucozade.

Medication

Some medications or nutritional supplements may change the colour, odour, or consistency of your stool. Even non-prescription medications, like antacids, can cause changes. Some medications may not be completely absorbed when you have had your colon removed.

These types include:

- Enteric coated
- Timed-release
- Extended or sustained release

Before taking any medication, it's a good idea to ask your doctor or pharmacist.

Maintaining your lifestyle



Clothing

After ileostomy 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 ileostomy should not limit you. You should be able to return to work or travel just about anywhere. When you travel, take your ileostomy supplies with you. Take more than you think you will need. If you need to buy supplies while travelling, you will find that ileostomy 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



A ileostomy 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 ileostomies 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.
- You may want to wear a small pouch (closed pouch) for swimming and active sports.



Sex and personal relationships

Because ileostomy 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 ileostomy.

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

Ileostomy 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 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 ileostomy 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 two 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 two 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 ileostomy

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 for washing/drying.
- Warm water for washing.
- New pouch and/or flange/wafer.
- Scissors for cutting flange/water (if required).
- Any accessories you may use.

Here are a few guidelines for successful care of your ileostomy:

- Empty your pouch when it is one-third to one-half full.
- Replace the skin barrier (the waxy part that sticks to your skin) every 2-3 days.
- If you use soap, make sure your soap doesn't contain oils or lotions that can interfere with adhesives.
- Rinse your skin with water, and dry it completely before you apply the new pouch.
- After you apply your skin barrier, hold it against your body for 30-60 seconds. The pressure and warmth help activate the adhesive.
- If you wear a two-piece system, try putting your skin barrier on at an angle, making a diamond shape, for a smoother fit.
- You can shower or bathe with your skin barrier and pouch in place, or you can remove them before bathing. Water will not harm or flow into your stoma.
- If your skin becomes red and sore, or your pouch is not staying in place, be sure to see your doctor or nurse.

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 ileostomy.

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:

Other questions related to living with an stoma:

Ileostomy pouching system

You can choose the kind of Hollister ileostomy **pouch** you want to use. The type most commonly used with a ileostomy is a drainable pouch. All pouching systems include a **skin barrier**. The skin barrier protects your skin and adheres your pouching system to your skin. Your pouch may be part of a **one-piece** or **two-piece** pouching system.

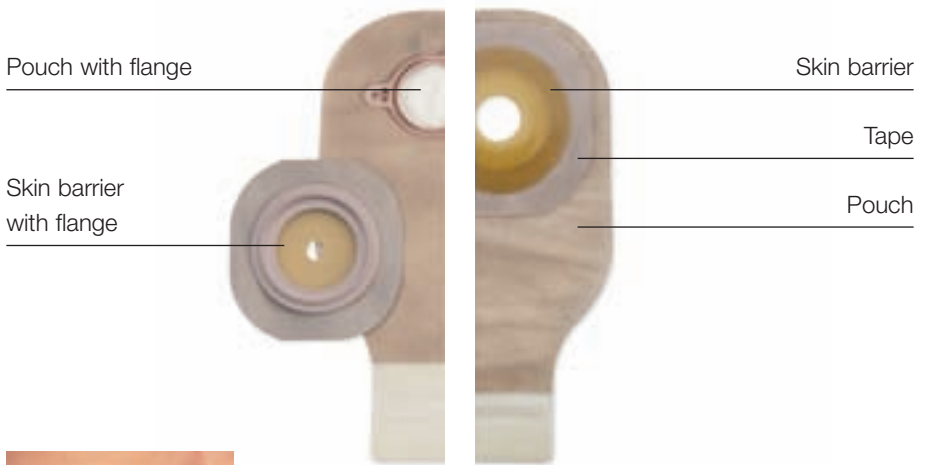
Many pouches have clear and beige options. You can also select pouches that have a soft cover, such as the Hollister ComfortWear panel, to increase your comfort.

You might choose a pouch with a filter if your drainage is mostly solid. 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 necessary for managing your ileostomy. They have a clamp or closure, so emptying the pouch is quick and easy.

▼ One-piece drainable 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.

Ileostomy

A stoma (surgical opening) created in the ileum, part of the small 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

For more information contact us FREE on 0800 521 377

**For FREE samples contact us FREE on 0800 592 202
or email samples.uk@hollister.com**

**Hollister Limited, Rectory Court, 42 Broad Street,
Wokingham, Berkshire, RG40 1AB**

Ireland

For more information contact us FREE on 1800 503 400

**For FREE samples contact us FREE on 1800 503 400
or email customerservices.ie@hollister.com**

**Hollister Limited, Unit 4045, Kingswood Road,
Citywest Business Park, Co Dublin**

www.hollister.co.uk