Managing Your Ileostomy

Patient Education Series

Hollister

Your Ileostomy

This booklet is provided to you by your health care team and Hollister. You have received it because you are most likely using a Hollister product. It supplements information given to you by your Doctor and your Stomal Therapy Nurse (STN) – a nurse who specialises in ostomy care.

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 lifesaving event. It may be performed to remove a diseased part of your bowel or to protect an anastomosis (re-joining of the bowel). Whatever the medical reason for your surgery, it's natural to have questions and concerns.

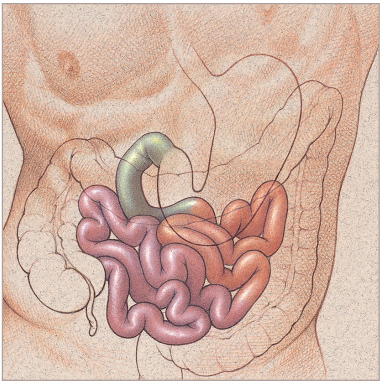
The purpose of this booklet is to answer some of your questions and to ease some of your concerns about living with a ileostomy. If you are not using a Hollister product please check with your STN if the content is still applicable to your personal situation.

Some words used throughout are highlighted in **bold** and to make it easy for you to understand their meaning, a brief explanation is found at the back of this booklet.

For the latest resources and other relevant information about returning to life post your surgery, please call 1800 219 179 or visit www.libertymed.com.au

Table of Contents

About Your Ileostomy



The small intestine.

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 is located on the abdomen on the right side, just below the waist, to the right of your navel - or belly button.

Before your surgery, your STN 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 six metres 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 one metre 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. A muscle in your anus, called the anal sphincter, allows you to control when to have a bowel movement.

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 disease – such as ulcerative colitis or Crohn's Disease – the colon may be surgically removed, along with the rectum and anus.

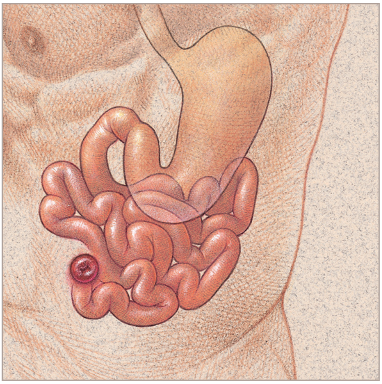
When you have an ileostomy, stool is no longer eliminated through the anus. Instead, stool is eliminated through the ileostomy. An ileostomy does not have a sphincter muscle, so you have no voluntary control over bowel movements. Instead, you will wear a disposable drainable pouch to collect the stool.

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 STN.)

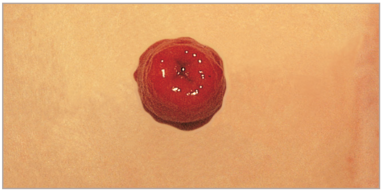
Your stoma will probably be swollen after surgery. It may take several weeks for the stoma to shrink to its permanent size. If you have a temporary stoma, it may be a loop ileostomy. A loop ileostomy may have a supporting rod that is normally removed after five to seven days.

The skin around the stoma is called the peristomal skin. This skin should be well protected and free from irritation. The most important thing you can do to keep your skin healthy is to use ostomy products that fit well.



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

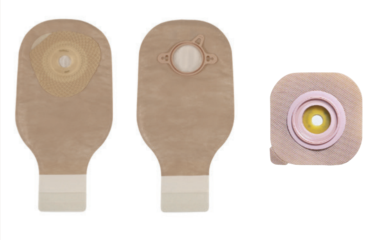
Remember, the colon's main purpose is to absorb water and store stool. Your body can continue to function without a colon.



The stoma

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

Ileostomy Pouching Systems



Left to right:
One-Piece Drainable Pouch,
Two-Piece Drainable Pouch
and Skin Barrier.

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 the stool contains digestive enzymes that can be very irritating to your skin. Because of that, the pouch you wear must have a protective skin barrier to fit around your stoma.

You can choose the kind of Hollister ileostomy pouch you want to use. Your pouch may be part of a one-piece or two-piece drainable pouching system, and many 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.

Hollister provides odour barrier pouches with filters to increase your confidence when wearing a pouch. 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 the majority of its pouches with the AF300 Filter, which is recognised as industry leading in terms of reducing odours and preventing gas build up in the pouch. This is important to increase your confidence when wearing a pouch and to ensure maximum pouch acceptance

Drainable pouch

Drainable pouches are best for managing your ileostomy. They have a clamp (older styles) or an integral closure, so emptying the pouch is quick and easy. When you are finished using the pouch, you can dispose of it appropriately.

Managing Your Ileostomy

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.

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 pouch that fits properly.

Each time you remove your 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 STN.

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 major concern for people who have ostomy 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.

Empty your pouch when it is necessary and convenient; for many people, 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
- 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. Filters work best with a more formed discharge.

Foods and beverages that may increase gas:

- beans
- beer
- beverages
- broccoli
- brussel sprouts
- cabbage
- carbonated beverages
- eggs
- fish
- garlic
- onions
- some spices

Diarrhoea

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

Foods that may help thicken your stool:

- applesauce
- bananas
- cheese
- creamy peanut butter – not chunky
- noodles – any type
- pretzels
- white rice
- white toast
- yoghurt

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 STN.

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.

Maintaining Your Lifestyle

Lifestyle Tips

- When flying, pack your ostomy 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 ostomy products in a cool, dry place.
- Plan ahead. Know where to contact a local STN when travelling.
- 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.

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 so thin 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 pantyhose or girdles. Choose a patterned swim suit, 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 overseas, you will find that ileostomy products are available from select medical or surgical retailers throughout the world.

Activity, exercise and sports

An 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, softball, hike, sail, or jog just as they did before their surgery. Heat and moisture can reduce the weartime of the pouching system.

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 STN.

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 STN.

Lifestyle Tips

- Empty your pouch before having sexual relations.
- Sexual activity will not hurt you or your stoma.
- You may wear a smaller 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.

Routine Care of Your Ileostomy

When your doctor says it is appropriate, you can resume your normal activities. You will get used to your Hollister pouch system and develop a schedule that fits your lifestyle. Here are a few guidelines for successful care of your ileostomy.

- Empty your pouch when it is one-third to one-half full.
- Replace your one-piece pouch every 2nd to 3rd day.
- Replace the flange on a two-piece system every 2nd to 3rd day and change pouches as necessary.
- If you use soap, make sure it 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 pouch, 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 flange 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 STN.

Call your STN if you notice any of the following problems:

- 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.

Follow Up Care

Lifestyle Tips

Your doctor and your STN are very important resources.

An annual physical with your doctor is something that should definitely be a part of your routine. It's also a good idea to have an annual checkup with your STN.

Following surgery: discharge information

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

Type of ostomy: ______________________________

Date of surgery: ______________________________

Stoma size and shape: ______________________________

Recommended pouching system: ______________________________

____

Other recommended products: ______________________________

____

Other suggestions: ______________________________

____

____

You can get your ostomy products through the following Ostomy Association:

Ostomy Assoc. Name: ______________________________

Ostomy Assoc. Address: ______________________________

Telephone: ______________________________

STN Contact Details (attach business card, if available)

Name: ______________________________

Address: ______________________________

____

Telephone: ______________________________

Australian and New Zealand Ostomy Associations

Australian Capital Territory

ACT & District Stoma Association	(02) 6205 1055	actstoma@alphalink.com.au

New South Wales

Colostomy Association	(02) 9565 4315	ostomy@iinet.net.au
Ostomy NSW	(02) 9542 1300	orders@ostomynsw.org.au

Northern Territory

Cancer Council of the Northern Territory	(08) 8927 4888	ostomy@cancernt.org.au

Queensland

Gold Coast Ostomy Association	(07) 5594 7633	gcoa@bigpond.com.au
North Queensland Ostomy Association	(07) 4775 2303	-
Queensland Ostomy Association	(07) 3848 7178	admin@qldostomy.org.au
Queensland Stoma Association	(07) 3359 7570	admin@qldstoma.asn.au
Toowoomba & South West Ostomy Association	(07) 4636 9701	bob.schull@bigpond.com
Wide Bay Ostomy Association	(07) 4152 4715	wbostomy@bigpond.com

South Australia

Ostomy Association of SA	(08) 8235 2727	colosa@colostomysa.org.au
Ileostomy Association	(08) 8234 2678	ileosto@bigpond.net.au

Tasmania

Ostomy Tasmania Inc	(03) 6228 0799	admin@ostomytas.com.au

Victoria

Bendigo & District Ostomy Association	(03) 5441 7520	-
Colostomy Association	(03) 9650 1666	colostomy@mail2me.com.au
Geelong Ostomy Association	(03) 5243 3664	goinc@geelongostomy.com.au
Ileostomy Association	(03) 9650 9040	ileovic@onestream.com.au
Ostomy Association of Melbourne	(03) 9888 8523	enquiries@oam.org.au
Peninsula Ostomy Association	(03) 9783 6473	poainc1@bigpond.com.au
Victorian Children's Ostomy Association	(03) 9345 5522	-
Warrnambool & District Ostomy Association	(03) 5563 1446	warrnamboolostomy@swh.net.au

Western Australia

West Australian Ostomy Association	(08) 9272 1833	waostomy@waostomy.asn.au

Federation of New Zealand Ostomy Societies

Mr Richard McNair (President) PO Box 10011, Bayfair, Mt Maunganui 3152	(07) 573 7443	richardmcnair02@gmail.com
Mr Karl Moen (Secretary) P.O. Box 119, Rolleston 7643	(03) 347 2304	secretary@ostomy.org.nz
Mr Barry Maughan (Treasurer) 21 Strathconnan Court, Hamilton 3210	(07) 853 8355	jackieandbarry@xtra.co.nz

Details are correct as at time of printing.

Glossary

Anastomosis	The re-joining of the bowel.
Anus	The last section of the digestive tract where faeces are expelled.
Colon	Another term for the large intestine or last portion of the gastrointestinal tract.
Enzymes	Digestive enzymes break down the food we eat so it can be used as a source of nutrition.
Flange	The base plate (skin barrier) of a two-piece system that adheres to the skin.
Ileostomy	An ostomy (surgical opening) created in the ileum, part of the small intestine.
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	The bag that collects the discharge from the stoma.
Rectum	The lower end of the large intestine, leading to the anus.
Skin barrier	Part of the pouching system to protect 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. A stoma does not have a sphincter.
STN	Stomal Therapy Nurse
Stoma	Another term for ostomy, a surgically created opening.
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 complex pouching system.

Additional educational materials and
video programs are available from:

Hollister Australia
6/345 Ingles Street
Port Melbourne, Victoria
Australia 3207

Hollister New Zealand
58 Richard Pearse Drive
Airport Oaks, Auckland,
New Zealand

For more information, call:
FreeCall 1800 219 179 (Australia)
FreeCall 0800 678 669 (New Zealand)