# Understanding Your Ileostomy

Hollister

Ostomy Care

*Healthy skin. Positive outcomes.*

The information provided in this guide is not medical advice and is not intended to substitute for the recommendations of your personal physician or other healthcare professional. This guide should not be used to seek help in a medical emergency. If you experience a medical emergency, seek medical treatment in person immediately.

If you are about to have — or recently had — ileostomy surgery, this guide can help you understand what it is and how to manage it. The more you know, the more you can ease some of the concerns you may have about living with an 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 repair an injury, or remove a tumour. No matter what the reason, having questions and concerns is a natural part of the process. This guide is intended to complement information given to you by your healthcare professional, such as a nurse who specialises in ostomy care.

**A glossary is included at the back of this guide to help with some terms with which you may not be familiar.**

# Table of Contents

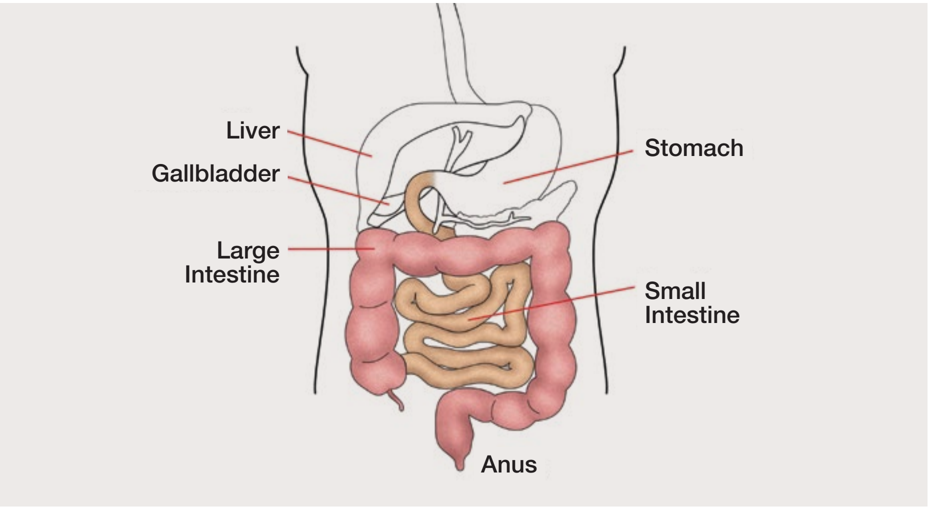
# Understanding Your Body

## In order to better understand your ileostomy, it is helpful to first understand more about the human digestive 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.

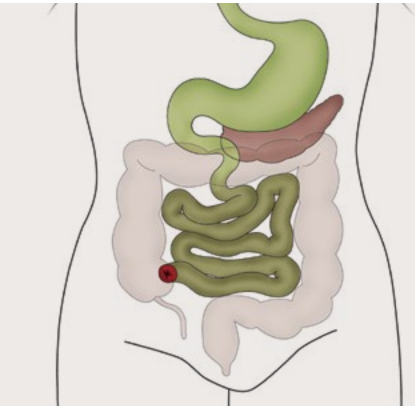
From your stomach, the liquid food mixture goes into your small intestine, where most digestion takes place. Vitamins, minerals, proteins, fats, and carbohydrates are all absorbed into your body through your small intestine. Any food that is not absorbed in the small intestine goes into the large intestine (colon) as liquid waste or stool.

Your large intestine absorbs water from your stool so it becomes more formed as it moves through. It also stores your stool until you have a bowel movement. 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 (ostomy) to eliminate waste out of the body after a section of the small intestine, or the entire large intestine (colon), has been removed or bypassed.



With an ileostomy, waste is eliminated through the ostomy instead of through the anus. Because there is no sphincter muscle to voluntarily control when to eliminate waste, it collects into an ostomy pouching system.

# How an Ileostomy Is Created

To construct an ileostomy, your surgeon brings part of the small intestine (ileum) through the abdominal wall. This new opening in your abdominal wall is called a stoma (or ostomy).

An ileostomy may be temporary or permanent, depending on the medical reason for the surgery. In some cases where the anal sphincter is intact but a portion of the bowel needs to rest and heal, a temporary ostomy is created.

# The Stoma

While stomas come in a variety of sizes and shapes, a healthy stoma:

**End Ileostomy Example**

- Is pink or red in colour and is slightly moist
- Is not painful
- Bleeds easily when rubbed or bumped (for example, when washing), but should resolve quickly

## Before surgery

- Determining where the stoma will be placed on your abdomen is a part of preparing for surgery
- Your Stomal Therapy Nurse (STN) may look at your abdomen in multiple positions such as lying down, sitting, bending, and standing
- Other considerations for placement may be the surface of the skin, your ability to see the area, and your lifestyle
- Generally, the stoma for an ileostomy is placed in an area just below your waist between your navel and hip on the right side of your body
- Final placement will be determined by your surgeon during surgery

## Right after surgery…

- Your stoma will probably be swollen. It may take several weeks or months for the swelling in your stoma to resolve.
- The stool from an ileostomy can vary. It typically starts out as fairly liquid, and then may become thicker as you resume a regular diet.
- The digestive enzymes make the output from your stoma very corrosive, so protecting the skin around your stoma is extremely important.

# Ostomy Products Explained

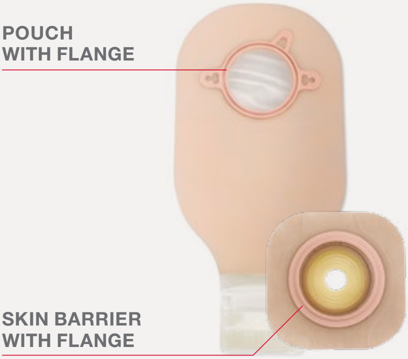
## Ostomy Pouching Systems

Ostomy pouching systems consist of two main parts:

- The **skin barrier (or wafer)** should fit immediately around your stoma. It protects your skin and holds your pouching system in place.
- The **pouch** collects output from the stoma. Pouches come in a variety of options for different needs and ostomy types.

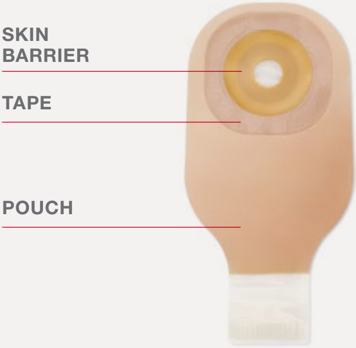
### Two-Piece Pouching System

The skin barrier and the pouch are two separate pieces connected by a plastic ring called a flange. The pouch can be removed and changed without removing the skin barrier from your body, until the skin barrier needs to be changed.



### One-Piece Pouching System

The skin barrier and the pouch are a single unit and must be removed together when changed.



The type of pouch most commonly used with an ileostomy is a drainable pouch like the ones shown here. Drainable pouches have integrated closure systems so you can open, drain, clean, and reclose during emptying. They should be emptied when 1/3 – 1/2 full.

# The Role of the Skin Barrier

The skin barrier is very important because it helps to maintain healthy skin around your stoma. The *fit* of the pouching system and the *formulation* of the skin barrier go hand in hand. Your pouching system will not maintain a good seal without proper *fit*. Without the correct *formulation*, the skin around your stoma can be at risk for complications.

## What Is Fit?

The *fit* of the pouching system will help to provide the most secure seal around the stoma to help prevent leakage under the skin barrier and maintain skin health.

### Flat skin barrier

- Has a level or even surface area that comes in contact with the skin
- May be used if stoma sticks out above the level of your skin and the area around the stoma is flat

### Convex skin barrier

- Curves outward toward the peristomal skin to increase the depth of the skin barrier
- Outward curving is designed to come in contact with the skin directly around the stoma, to help promote a good seal between the pouching system and skin
- May be used if the stoma is flush with or retracted from the skin
- Convexity can be firm or soft.

Both tape and tapeless options are available. Tape-bordered pouching systems can offer some people an enhanced sense of security.

**TIP**

A good fit is when the skin barrier opening is sized to be as close to the stoma size and shape without actually touching it, and you have filled in any gaps, creases, or folds. Measure your stoma size before every barrier application during the first 6-8 weeks after surgery as swelling reduces. Then measure periodically to ensure stoma size has not changed due to factors like weight gain or loss.

### What Is Formulation?

The *formulation* is the combination of ingredients with different adhesive and fluid handling properties that have been blended together to give the skin barrier its performance expectations. The ingredients inside the skin barrier work together to provide:

1. **Adhesion** – to adhere (or stick) the barrier to the skin.

2. **Absorption** – to absorb moisture from the stoma or perspiration on the skin.

3. **Erosion Resistance** – to hold the skin barrier together in the presence of fluid and provide the right wear time.

### An infused barrier is a skin barrier option where an additional ingredient is part of the barrier formulation, such as ceramide.

Ceramide is a natural component of human skin that helps protect against damage and dryness. In addition to helping keep the skin healthy, a ceramide-infused skin barrier also provides adhesion, absorption, and erosion resistance.

# Ostomy Accessories

Ostomy accessories are sometimes used together with your pouching system. Each serves a specific function such as helping to:

- Enhance the performance of your pouching system (eg. wear time, skin protection)
- Solve a problem (eg. leakage)
- Improve your quality of life (eg. eliminating odour)

Your STN may recommend accessories for you to use. It is a good idea to check with your STN before making any additions or changes to your recommended pouching system.

# Pouch Options and Features

Ostomy pouches come in different sizes and with different features available to suit your needs.

### Closure Systems

The type of pouch most commonly used with an ileostomy is a drainable pouch. These pouches have an integrated closure system (a closure mechanism that is built into the pouch) to allow you to open, drain, clean, and re-close the pouch.

**Drainable Pouch with Lock ‘n Roll Microseal Closure**

**Drainable Pouch with Filter and Clear Front Panel**

**Drainable Pouch with Viewing Option and Integrated Closure**

## Filters

Some pouches include filters that help to minimise gas from building up, so the pouch does not inflate like a balloon. The filter slowly lets the gas out, but not the odour.

## Visibility Options

- **Pouch panel (or film)** options can include ultra-clear, clear and beige.
- **Viewing option** (available on one-piece systems) offers the discretion of a beige panel and the confidence of a clear pouch all-in-one. When the beige flap is lifted, the stoma and output can be observed clearly and privately.

# Managing Your Ileostomy

## General Care Guidelines

- Empty your pouch when it is 1/3 to 1/2 full of stool or gas
- Change your skin barrier on a routine basis. You will get more comfortable with this after you learn what works best for you
- Wear time is based on personal preference, stoma characteristics, and skin barrier formulation
- If you use soap, make sure it does not contain creams, lotions, or oils that may leave a residue. This can interfere with your skin barrier adhesion
- Make sure the peristomal skin is clean and dry before applying your skin barrier
- Verify that no skin is showing between the skin barrier opening and the stoma to help prevent leakage and skin irritation
- If you wear a two-piece pouching system, try placing the skin barrier on your body in a diamond shape for a smoother fit
- After you apply your skin barrier, apply gentle pressure for about a minute for best adhesion
- 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
- Removing a pouch from a two-piece system before showering may affect the skin barrier adhesion — it's best to leave the pouch on or remove both the pouch and skin barrier
- Be sure to assess your peristomal skin on a regular basis to ensure your skin is healthy and to help address any issues in a timely manner
- If you discover red, broken or moist skin around the stoma, or your pouching system is not staying in place, be sure to see your healthcare professional or STN

# Maintaining Skin Health

## Establish regular healthy skin cleaning habits

Skin barriers adhere best to clean, dry skin. For most people, water is sufficient for cleaning the skin. Soaps and cleansers are generally not recommended, as they may leave a residue on the skin that can interfere with the adherence of the skin barrier.

## Regularly assess the skin around your stoma

The skin around your stoma (also called peristomal skin) should be intact without irritation, rashes, or redness. It should look similar to healthy skin anywhere else on your body. Itching with otherwise healthy-looking skin can also indicate a problem. If you discover red, broken or moist skin around your stoma, seek the assistance of your STN.

## Don’t accept leakage as normal

Help prevent leakage by ensuring your skin barrier fits securely around your stoma. Be sure to fill in any gaps, creases, or folds with ostomy accessories if needed.

**Healthy peristomal skin should look like this.**

If peristomal skin does not look similar to healthy skin anywhere else on your body, seek the assistance of your STN.

**TIP**

Whether your stoma is large or small, protrudes above the level of the skin, or is flush with the skin, drainage should empty into your pouch without leaking under the skin barrier.

## 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 pouching system on or off – the choice is yours. Choose a soap that is free from all moisturisers, oils, and residue.

If you use a two-piece pouching system, you may find it convenient to switch to a different pouch for the shower so that the pouch you wear stays dry. If you choose to remove the pouch while showering or bathing, it's suggested to also remove the skin barrier to prevent exposing it to too much moisture.

## Maintaining Diet and Fluids

Immediately after surgery, you may be on a restricted diet. To promote optimal healing and help you regain weight you may have lost either before or after your operation, it is vital to re-establish a healthy diet. After you recover from surgery, you should be able to go back to your usual diet unless you are otherwise instructed. However, it is important to know that certain foods may impact the odour or consistency of your output.

### General Diet Guidelines

- Eat a balanced diet
- Eat slowly and chew your food well
- Drink plenty of fluids each day
- Add different foods to your diet gradually, to see how those foods agree with your system

### Be aware of food blockages

Swelling may occur in the bowel, which may narrow it. This usually happens in the first four to six weeks after surgery, and can make some foods difficult to digest. Cramping and abdominal pain along with watery diarrhoea or no stool output may indicate a food blockage or obstruction. If you suspect you might have an obstruction or blockage, contact your healthcare provider immediately.

### Foods that may cause blockages^:

- sweet corn
- celery
- peas
- popcorn
- mangoes
- coconut
- nuts
- coleslaw

Your STN will discuss foods that may be problematic.

## Managing Odour and Gas

Today's ileostomy pouches are made with odour-barrier film, designed to contain odour from output 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.

Emptying your pouch regularly can help reduce the risk of leakage, and therefore odour. Empty your pouch when it is 1/3 to 1/2 full of discharge or gas (typically, four to six times per day). The best time to change your pouching system is in the morning before you have had anything to eat or drink.

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

It is normal to have gas, but drinking and eating some foods can produce more gas. 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.

Foods that have always given you wind will continue to do so. This is normal and does not mean you should avoid them, just be mindful of this when you eat them.

---

^https://www.health.qld.gov.au/__data/assets/pdf_file/0026/152558/gastro_ileostomy.pdf

### Foods and beverages that may increase odour and gas:

- asparagus
- beans
- beer
- cabbage family
- carbonated beverages
- eggs (hard boiled)
- fish
- melon
- milk products
- onions
- spiced foods

## Taking Medications

Some medications or nutritional supplements may change the colour, odour, or consistency of your stool. Even non-prescription medications like antacids, can cause changes such as constipation or diarrhoea. 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
- Oral contraceptive pill

Before taking any medication, it’s a good idea to ask your healthcare professional or pharmacist.

# Support After Surgery

## When to Call Your Stomal Therapy Nurse

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

- Skin irritation
- Recurrent leaks under your pouching system 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
- A stoma that appears to be getting longer

# How to Get Your Ostomy Product Supplies

## Australia

The Department of Health's Stoma Appliance Scheme (SAS) provides free stoma appliances and products to people who have a stoma.

To obtain your ostomy product supplies, you will need to become a member of a Stoma Association. Stoma Associations purchase ostomy products from suppliers such as Hollister Incorporated to distribute to their members monthly. An annual membership fee is required to assist the association with administration costs.

### 1. Ordering your ostomy products through the Stoma Appliance Scheme (SAS)

Your STN/healthcare professional can help you complete the necessary forms to become a member of a Stoma Association. Once you become a member, the association will provide details to place your monthly order for your ostomy product supplies.

**Ostomy Associations around Australia:**
*www.australianstoma.com.au/associations*

### 2. Finding a STN near your home

The Australian Association of Stomal Therapy Nurses (AASTN) – (website *www.stomaltherapy.com*) is a professional organisation of STNs.

The AASTN website provides information on where to find a Stomal Therapy Nurse and links to current Ostomy Associations in your area, where you can order your monthly supplies.

## New Zealand

After surgery, your STN will establish a product fit that is right for you. Supply of your product is organised by your STN, via a distributor.

**Ostomy NZ**
*www.ostomy.org.nz*
(The Federation of Ostomy Societies NZ) represents, at a national level, the interests of regional Ostomy Societies located throughout New Zealand. Helping ostomates and their families/caregivers feel educated and empowered to lead a normal life is the main focus.

# Resources

Your STN will be very important resources for you in the days ahead. You also have ongoing access to online information or printed educational materials:

## Ostomy Learning Centre

Find useful content that's easy to read and share with others.

**Australia:**
*www.hollister.com.au/*
*ostomylearningcentre*

**New Zealand:**
*www.hollister.co.nz/*
*ostomylearningcentre*

Understanding an Ostomy

Maintaining Skin Health

Living With an Ostomy

Using Ostomy Products

## Hollister Incorporated YouTube Channel

*www.youtube.com/hollisterincorporated*
View a variety of how to and lifestyle videos. Also includes interviews and tips from people living with ostomies.

# Australian and New Zealand Ostomy Associations

## Australian Capital Territory

| | | |
|---|---|---|
| ACT & District Stoma Association Inc | (02) 5124 4888 | stoma@actstoma.net.au |

## New South Wales

| | | |
|---|---|---|
| NSW Stoma Limited | (02) 9565 4315 | info@nswstoma.org.au |
| Ostomy NSW Limited | (02) 9542 1300 | orders@ostomynsw.org.au |

## Northern Territory

| | | |
|---|---|---|
| Cancer Council of the Northern Territory | (08) 8944 1800 | ostomy@cancernt.org.au |

## Queensland

| | | |
|---|---|---|
| Gold Coast Ostomy Association Inc | (07) 5594 7633 | assoc@gcostomy.com.au |
| North Queensland Ostomy Association Inc | (07) 4775 2303 | admin@nqostomy.org.au |
| Queensland Ostomy Association Inc | (07) 3848 7178 | admin@qldostomy.org.au |
| Queensland Stoma Association Ltd | (07) 3359 7570 | admin@qldstoma.asn.au |
| Toowoomba & South West Ostomy Association Inc | (07) 4636 9701 | tswoa1991@gmail.com |
| Wide Bay Ostomates Association Inc | (07) 4152 4715 | wbostomy@bigpond.com |

## South Australia

| | | |
|---|---|---|
| Ostomy Association of SA Inc | (08) 8235 2727 | orders@colostomysa.org.au |
| Ileostomy Association of South Australia Inc | (08) 8234 2678 | info@ileosa.org.au |

## Tasmania

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

## Victoria

| | | |
|---|---|---|
| Bendigo & District Ostomy Association Inc | (03) 5441 7520 | benost@bigpond.com |
| Colostomy Association of Victoria Inc | (03) 9650 1666 | info@colovic.org.au |
| Geelong Ostomy Inc | (03) 5243 3664 | goinc@geelongostomy.com.au |
| Ostomy Association of Melbourne Inc | (03) 9888 8523 | enquiries@oam.org.au |
| Peninsula Ostomy Association Inc | (03) 9783 6473 | poainc1@bigpond.com.au |
| Victorian Children’s Ostomy Association | (03) 9345 5325 | edc@rch.org.au |
| Warrnambool Ostomy Association Inc | (03) 5563 1446 | warrnamboolostomy@swh.net.au |

## Western Australia

| | | |
|---|---|---|
| West Australian Ostomy Association Inc | (08) 9272 1833 | info@waostomy.org.au |

## New Zealand

| | | |
|---|---|---|
| Ostomy NZ | 0508 OSTOMY | secretary@ostomy.org.nz |

# Glossary

**Closed pouch**
A sealed pouch which does not open or drain.

**Convex skin barrier**
A skin barrier that is not flat but curves outward toward the peristomal skin to increase the depth of the skin barrier.

**Cut-to-fit skin barrier**
A skin barrier that can be cut to the right size and shape for the stoma.

**Drainable pouch**
A pouch with an opening at the bottom. An integrated closure is used to keep the pouch closed until it is time to empty it.

**Extended wear skin barrier**
A skin barrier that contains special additives that may achieve a stronger adherence to the skin and may be more resistant to breakdown.

**Filter**
Releases the deodorised gas from the pouch.

**Flange**
The plastic ring that is used to connect the two pieces of a two-piece pouching system together.

**Flat skin barrier**
A skin barrier that has a level or even surface area that adheres to the skin.

**Ileostomy**
A surgically created opening in the small intestine (or colon).

**Infused skin barrier**
A newer skin barrier option that is infused with an additional ingredient, such as ceramide. Also provides adhesion, absorption, and erosion resistance.

**One-piece pouching system**
A skin barrier and pouch that are a single unit.

**Ostomy**
A surgically created opening in the gastrointestinal or urinary tract. Also known as a stoma.

**Peristomal skin**
The area around the stoma starting where the skin/stoma meet and extending outward to the area covered by the skin barrier.

**Pouch**
The bag that collects output from the stoma.

**Pouching system**
Includes the skin barrier and the pouch. Options are a one-piece or two-piece pouching system.

**Pre-sized skin barrier**
A barrier opening that is already cut to the proper size of the stoma.

**Skin barrier**
The portion of the pouching system that fits immediately around the stoma. It protects the skin around the stoma and holds the pouching system in place. Sometimes called a wafer.

**Standard wear skin barrier**
A skin barrier that provides a gentle adhesion to the skin but may be less durable than an extended wear barrier. Sometimes called regular wear.

**STN**
Stomal Therapy Nurse

**Stoma**
A surgically created opening in the gastrointestinal or urinary tract. Also known as an ostomy.

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

**Two-piece pouching system**
A skin barrier and pouch that are two separate pieces.

**Wear time**
The length of time a pouching system can be worn before it fails.
Wear times can vary but should be fairly consistent for each person.

**Hollister Australia**
PO Box 375,
Box Hill, VIC 3128
www.hollister.com.au

**Customer Care**
1800 880 851

**Hollister New Zealand**
PO Box 107097,
Auckland Airport, Auckland 2150
www.hollister.co.nz

**Customer Service**
0800 678 669