



# Managing Your Loop Ileostomy

Patient Education Series

## Your Loop 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 stoma care.

What is a stoma? A stoma is a surgically made opening from an area inside the body to the outside. A loop ileostomy is a stoma made using part of the small bowel (intestine) and bringing it to the skin surface. This means a person with a stoma needs to wear a bag (pouch) on their abdomen over the stoma to collect the content that passes through the large bowel and then passed in the toilet.

This booklet can help you understand and manage your stoma. It is important to remember, that you are not alone. Every year thousands of people have stoma surgery. For some, it is a lifesaving event. It may be performed to remove a diseased or injured part of your bowel, to protect an anastomosis (re-joining of the bowel) or to protect a newly formed internal pouch. Whatever the reason for your surgery, it's natural to have questions and concerns. If you are not using a Hollister product please check with your STN if the content is applicable to your personal situation.

The length of time a person will have a stoma will vary from individual to individual. Some people have their stoma closed/reversal after a few weeks, some a few months and others occasionally later. This is best discussed with your STN or your doctor. Some words used throughout are highlighted in **bold** and to make it easy for you to understand their meaning, a brief explanation is on page 14 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](http://www.libertymed.com.au)

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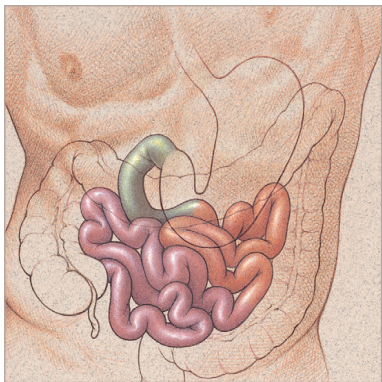
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## About Your Loop Ileostomy



The small intestine.

### The gastrointestinal (GI) system

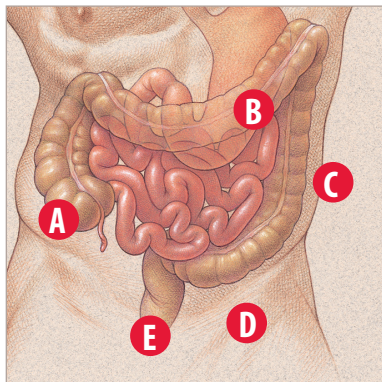
When you chew your food and swallow it, the food goes down your oesophagus into your stomach. Stomach acids and chemicals called **enzymes** break down the food until it becomes a liquid mixture. From your stomach, the liquid food mixture goes into your small intestine.

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.



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

### What is a temporary loop ileostomy?

A temporary **loop ileostomy** is a surgically created opening into the small intestine.

A common reason for a loop ileostomy is to protect an **anastomosis**, which is a procedure that rejoins the bowel.

A healthy loop ileostomy should be pink and moist and not painful to touch. The stoma may be swollen after surgery and it may take several weeks to settle to its permanent size.

A loop ileostomy is often constructed with a supporting rod or bridge that is removed after 3-5 days. Some loop ileostomies are constructed without a supporting rod; it depends on the preference of the surgeon.

A loop ileostomy does not have a sphincter muscle and as such, does not allow you control over your bowel movements. It is therefore necessary to wear a stoma pouch at all times.

### Prior to surgery

Pre-operative counselling and siting is a very important preparation for surgery. The positioning of the stoma will be selected by you and your **STN**.

Generally, a loop ileostomy is sited on the right side of abdomen, below the waistline in a position that you can see and manage the stoma.

## Ileostomy Output



The stoma

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

### Loop ileostomy output

Immediately after surgery, the stool from the loop ileostomy will be fluid.

As the bowel begins to adapt, the stool will become thicker to the consistency of toothpaste. The normal output from a loop ileostomy is between 500-800ml per 24 hours.

If your faecal output is greater than 1000ml per day for longer than 48 hours it will be necessary to be reviewed by your doctor.

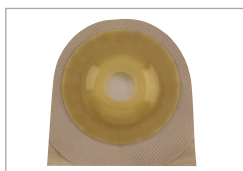
## Ostomy Pouching Systems



One-Piece Drainable Pouch



Two-Piece Drainable Pouch and Skin Barrier



Convex Skin Barrier

### Stoma appliances

You can choose the kind of Hollister **pouch** you want to use providing it is available. Your pouch may be a one-piece or a two-piece pouching system, and many have clear or opaque 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 is designed to release gas, but not odour. It also prevents gas from building up, so the pouch does not inflate like a balloon.

### Drainable pouches

Drainable pouches with convexity are often used for loop ileostomies, with or without a supportive belt. The stoma may be under tension causing it to retract back to skin level or below the abdominal wall and may need gentle pressure to the immediate peristomal skin to maintain a seal between the skin and the pouch.

Drainable pouches also have a clamp or an integral closure, so emptying is quick and easy. The pouch is usually emptied between 4-6 times per day.

Please note, it is best to empty the contents of the pouch down the toilet before changing. Do not flush the used pouch down the toilet.

## Managing Your Temporary Stoma

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### 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.

### Bathing or showering

With a stoma, 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. However, with a loop eRaiser, discharge can happen at any time and it is advisable to wear your pouch at all times.

### Skin care

The output from a loop eRaiser comes directly from the small Bowel and contains digestive enzymes that are potentially very irritating to the skin.

To prevent skin irritation, you should wear a pouch that fits the shape of your stoma and have regular reviews from your STUDIO. Sometimes it is necessary to protect the skin with skin care products like protective powder, paste or rings; however the use of these products should be directed by your STN.

If you should experience long term skin problems, contact your STN.



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## 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.

## Diet

Immediately after surgery, you will be on a restricted diet for the first few days. After your recovery from surgery, you should be able to go back to a normal healthy diet unless you are otherwise instructed.

It is very important that you eat slowly and chew your food thoroughly to avoid food blockages in the bowel.

### **Foods to that may cause blockages include:**

- sweet corn
- celery
- peanuts
- rhubarb
- pineapple
- stringy asparagus

Drink at least 2 litres of fluid per day, or as directed by your doctor. People with loop ileostomies need to be aware that gastroenteritis and antibiotics may cause severe diarrhoea.

### **Foods that may help thicken stool include:**

- ripe bananas
- boiled white rice
- cheese
- creamy peanut butter
- mashed potato
- pasta
- white bread

## Gas

As your bowel begins to function after surgery, you will notice gas in your pouch. The amount of gas varies from person to person and is usually due to eating particular foods.

Gas can be caused by swallowing air, drinking carbonated beverages, smoking and chewing gum.

### **Foods that may cause increased gas include:**

- beer
- dried peas or beans
- baked beans
- onions
- cabbage
- brussel sprouts
- broccoli
- cauliflower

## Odour

Odour may be a concern for people who have ostomy surgery. Hollister stoma 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. Some foods and nutritional supplements may also affect the odour of faecal output.

## Medication

Some foods and nutritional supplements may change the colour, odour or consistency of your faecal output. Antibiotics can also alter your output consistency.

If you have any concerns, discuss them with your doctor, pharmacist or STN.

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

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## Lifestyle Tips

- Empty your pouch before having sexual relations.
- Sexual activity will not hurt you or your stoma.
- 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.

## Activity, exercise and sports

A stoma 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 stomas 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 wear-time of the pouching system.

## Sex and personal relationships

Because stoma 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 concern is how to tell someone about their stoma.

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

Stoma 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 stoma surgery. If you have questions about pregnancy, be sure to ask your doctor, family planning, genetic counsellor or your STN.

## Routine Care of Your Stoma

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 stoma.

- Empty your pouch when it is one-third to one-half full.
- Replace your one-piece pouch as required.
- Replace the flange on a two-piece system every 2nd to 3rd day and change pouches as necessary.
- Cleanse 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.
- You can shower or bathe with your skin barrier and pouch in place.
- If your skin becomes red and sore, or your pouch is not staying in place, be sure to see your 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 watery stools.
- Diarrhoea with pain and/or vomiting.
- A sudden stop or reduction of fluid from your stoma.

## Stoma Closure Care (Reversal)

### After closure of the stoma

Some people may experience **loose stools** after the stoma is reversed. This will often settle down in time.

Loose stools can cause **perianal skin** problems and make the area around the anus very sore. Just as you would protect the peristomal skin, you need to protect the perianal skin. Where possible, rinse or bathe the area after each bowel action and apply a protective barrier crème. Alternatively baby wipes can be used to cleanse the skin. Again, apply a barrier crème after each bowel action.

If your perianal skin becomes very painful or bleeds, see your STN for advice as there are many preparations available which can help protect and heal your skin if needed. If loose stools persist, your doctor or STN may suggest medication which may help. Always follow their advice and directions, as some products can interfere with medications.

## Glossary of Terms

<b>Anastomosis</b>	The re-joining of the bowel.
<b>Anus</b>	The last section of the digestive tract where faeces are expelled.
<b>Colon</b>	Another term for the large intestine or last portion of the gastrointestinal tract.
<b>Colostomy</b>	An ostomy (surgical opening) created in the colon, part of the large intestine.
<b>Enzymes</b>	Digestive enzymes break down the food we eat so it can be used as a source of nutrition.
<b>Flange</b>	The base plate (skin barrier) of a two-piece system that adheres to the skin.
<b>Large intestine</b>	Another term for the colon or the last part of the gastrointestinal tract.
<b>Loop Ileostomy</b>	An ostomy (surgical opening) created in the ileum, part of the small intestine.
<b>Loose stools</b>	Loose bowel movements. See Stool.
<b>One-Piece</b>	The skin barrier is attached to the pouch.
<b>Perianal skin</b>	The skin area around the anus.
<b>Peristomal skin</b>	The skin area around the stoma.
<b>Pouch</b>	The bag that collects the discharge from the stoma.
<b>Rectum</b>	The lower end of the large intestine, leading to the anus.
<b>Skin barrier</b>	Part of the pouching system to protect your skin.
<b>Small intestine</b>	The portion of the gastrointestinal system that first receives food from the stomach. Divided into three sections: duodenum, jejunum and ileum.
<b>Sphincter</b>	A muscle that surrounds and closes an opening. A stoma does not have a sphincter.
<b>STN</b>	Stomal Therapy Nurse or Stoma Care Nurse.
<b>Stoma</b>	Another term for ostomy, a surgically created opening.
<b>Stool</b>	Waste material from the bowel. Also known as faeces or bowel movement.
<b>Two-Piece</b>	The skin barrier is separate from the pouch. Both pieces are needed to create a complex pouching system.



## Australian and New Zealand Stoma Associations

### Australian Capital Territory

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

### New South Wales

Colostomy Association (02) 9565 4315 [ostomy@iinet.net.au](mailto:ostomy@iinet.net.au)

Ostomy NSW (02) 9542 1300 [orders@ostomynsw.org.au](mailto:orders@ostomynsw.org.au)

### Northern Territory

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

### Queensland

Gold Coast Ostomy Association (07) 5594 7633 [gcoa@bigpond.com.au](mailto:gcoa@bigpond.com.au)

North Queensland Ostomy Association (07) 4775 2303 -

Queensland Ostomy Association (07) 3848 7178 [admin@qldostomy.org.au](mailto:admin@qldostomy.org.au)

Queensland Stoma Association (07) 3359 7570 [admin@qldstoma.asn.au](mailto:admin@qldstoma.asn.au)

Toowoomba & South West Ostomy Association (07) 4636 9701 [bob.schull@bigpond.com](mailto:bob.schull@bigpond.com)

Wide Bay Ostomy Association (07) 4152 4715 [wbostomy@bigpond.com](mailto:wbostomy@bigpond.com)

### South Australia

Ostomy Association of SA (08) 8235 2727 [colosa@colostomysa.org.au](mailto:colosa@colostomysa.org.au)

Ileostomy Association (08) 8234 2678 [ileosto@bigpond.net.au](mailto:ileosto@bigpond.net.au)

### Tasmania

Ostomy Tasmania Inc (03) 6228 0799 [admin@ostomytas.com.au](mailto:admin@ostomytas.com.au)

### Victoria

Bendigo & District Ostomy Association (03) 5441 7520 -

Colostomy Association (03) 9650 1666 [colostomy@mail2me.com.au](mailto:colostomy@mail2me.com.au)

Geelong Ostomy Association (03) 5243 3664 [goinc@geelongostomy.com.au](mailto:goinc@geelongostomy.com.au)

Ileostomy Association (03) 9650 9040 [ileovic@onestream.com.au](mailto:ileovic@onestream.com.au)

Ostomy Association of Melbourne (03) 9888 8523 [enquiries@oam.org.au](mailto:enquiries@oam.org.au)

Peninsula Ostomy Association (03) 9783 6473 [poainc1@bigpond.com.au](mailto:poainc1@bigpond.com.au)

Victorian Children's Ostomy Association (03) 9345 5522 -

Warrnambool & District Ostomy Association (03) 5563 1446 [warrnamboolostomy@swh.net.au](mailto:warrnamboolostomy@swh.net.au)

### Western Australia

West Australian Ostomy Association (08) 9272 1833 [waostomy@waostomy.asn.au](mailto:waostomy@waostomy.asn.au)

### Federation of New Zealand Ostomy Societies

Mr Richard McNair (President) (07) 573 7443 [richardmcnair02@gmail.com](mailto:richardmcnair02@gmail.com)

PO Box 10011, Bayfair, Mt Maunganui 3152

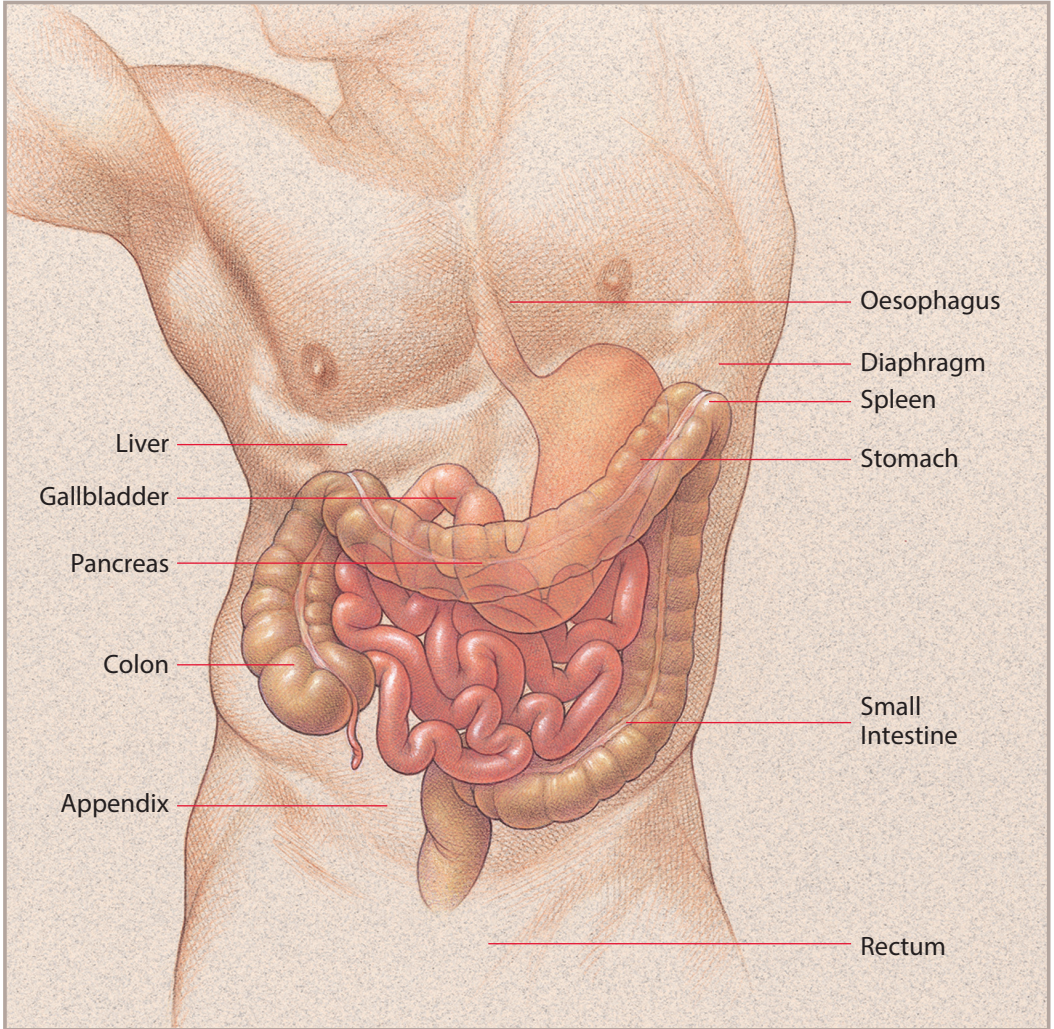
Mr Karl Moen (Secretary) (03) 347 2304 [secretary@ostomy.org.nz](mailto:secretary@ostomy.org.nz)

P.O. Box 119, Rolleston 7643

Mr Barry Maughan (Treasurer) (07) 853 8355 [jackieandbarry@xtra.co.nz](mailto:jackieandbarry@xtra.co.nz)

21 Strathconnan Court, Hamilton 3210

## The Digestive System



## 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.

### Discharge information following surgery

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

Type of ostomy: \_\_\_\_\_

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

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

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

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

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

You can get your stoma products through the following Local Stoma Association.

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

Association Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### STN Contact Details (attach business card, if available)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



Additional educational materials and video programs are available from:

**Australia**

6/345 Ingles Street  
Port Melbourne, Victoria  
Australia 3207

**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)