



# Hollister Stoma Diary

Hollister Ostomy. **Details Matter.**<sup>™</sup>



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# Your Journey

The Hollister ostomy experience is about more than just products. It's about addressing all of your individual needs to ensure a life lived with freedom, confidence, and courage.

Every year thousands of people have ostomy surgery. For some, it is a lifesaving event and may be performed to repair an injury, remove a tumour or eliminate disease.

Once you are home, it is important you keep a record about your experiences and this Stoma Diary will help you to do this. Inside this Stoma Diary, we have also included a reusable stoma sizing guide to help measure your stoma regularly, particularly in the first 6 weeks after your surgery.

It's natural to have questions and concerns after surgery and it is important to address these with your Stomal Therapy Nurse and follow their instructions, particularly when you are first discharged from Hospital.

Date of Surgery: .....

Hospital where you had surgery: .....

.....

Name of Surgeon: .....

Phone Number: .....

Time & Date of first appointment: .....

Type of Stoma: .....

Stoma Characteristics: .....

.....

Name of Stomal Therapy Nurse: .....

Phone Number: .....

Time & Date of first appointment: .....

Ostomy Association: .....

Phone Number: .....

Address: .....

.....

Date of first Association Order: .....

Association Open Days: .....

.....

# Your Products

You and your Stomal Therapy Nurse may choose a few.

Products / Pouching System: .....

1 Piece: ..... Code/s: .....

2 Piece: ..... Code/s: .....

Flat / Convexity: .....

Accessories: .....

.....

Products / Pouching System: .....

1 Piece: ..... Code/s: .....

2 Piece: ..... Code/s: .....

Flat / Convexity: .....

Accessories: .....

.....

Products / Pouching System: .....

1 Piece: ..... Code/s: .....

2 Piece: ..... Code/s: .....





Flat / Convexity: .....

Accessories: .....

.....



# Week One – Post Discharge

Date: .....

To Do	Comments
<p><b>Measure Stoma</b>  <i>Your stoma may shrink over the next 6 weeks - very important to measure. If your stoma has shrunk, make sure you adjust your template to fit.</i></p>	<p>My stoma size is.....mm</p>
<p><b>Describe your fluid Intake</b>  <i>Did you drink 6-8 glasses of water per day?</i></p>	<p>Number of glasses of water.....            Other fluids.....</p>
<p><b>Is your appetite OK?            Is gas a problem?</b></p>	
<p><b>Describe consistency of the output</b>  <i>Was it runny? Like toothpaste? Thick?</i></p>	
<p><b>Were any leaks present?</b>  <i>Using a clock face to describe time will assist.</i></p>	
<p><b>Did you notice any odour or gas build up when wearing your bag?</b></p>	<p>If so, please comment:</p>
<p><b>How often did you change and/or empty your pouch/wafer?</b></p>	
<p><b>What type of activity did you do?</b></p>	
<p><b>What improvements have you noticed?</b>  <b>How are you feeling?</b></p>	<p>Improvements:.....            .....            Please circle:   </p>





# Week Two – Post Discharge

Date: .....

To Do	Comments
<p><b>Measure Stoma</b>  <i>Your stoma may shrink over the next 6 weeks - very important to measure. If your stoma has shrunk, make sure you adjust your template to fit.</i></p>	<p>My stoma size is.....mm</p>
<p><b>Describe your fluid Intake</b>  <i>Did you drink 6-8 glasses of water per day?</i></p>	<p>Number of glasses of water.....            Other fluids.....</p>
<p><b>Is your appetite OK?            Is gas a problem?</b></p>	
<p><b>Describe consistency of the output</b>  <i>Was it runny? Like toothpaste? Thick?</i></p>	
<p><b>Were any leaks present?</b>  <i>Using a clock face to describe time will assist.</i></p>	
<p><b>Did you notice any odour or gas build up when wearing your bag?</b></p>	<p>If so, please comment:</p>
<p><b>How often did you change and/or empty your pouch/wafer?</b></p>	
<p><b>What type of activity did you do?</b></p>	
<p><b>What improvements have you noticed?</b>  <b>How are you feeling?</b></p>	<p>Improvements:.....            .....            Please circle: </p>



# Week Three – Post Discharge

Date: .....

To Do	Comments
<p><b>Measure Stoma</b>  <i>Your stoma may shrink over the next 6 weeks - very important to measure. If your stoma has shrunk, make sure you adjust your template to fit.</i></p>	<p>My stoma size is.....mm</p>
<p><b>Describe your fluid Intake</b>  <i>Did you drink 6-8 glasses of water per day?</i></p>	<p>Number of glasses of water.....            Other fluids.....</p>
<p><b>Is your appetite OK? Is gas a problem?</b></p>	
<p><b>Describe consistency of the output</b>  <i>Was it runny? Like toothpaste? Thick?</i></p>	
<p><b>Were any leaks present?</b>  <i>Using a clock face to describe time will assist.</i></p>	
<p><b>Did you notice any odour or gas build up when wearing your bag?</b></p>	<p>If so, please comment:</p>
<p><b>How often did you change and/or empty your pouch/wafer?</b></p>	
<p><b>What type of activity did you do?</b></p>	
<p><b>What improvements have you noticed?</b> <b>How are you feeling?</b></p>	<p>Improvements:.....            .....            Please circle:   </p>

# Week Four – Post Discharge





Date: .....

To Do	Comments
<b>Measure Stoma</b> <i>Your stoma may shrink over the next 6 weeks - very important to measure. If your stoma has shrunk, make sure you adjust your template to fit.</i>	My stoma size is.....mm
<b>Describe your fluid Intake</b> <i>Did you drink 6-8 glasses of water per day?</i>	Number of glasses of water..... Other fluids.....
<b>Is your appetite OK? Is gas a problem?</b>	
<b>Describe consistency of the output</b> <i>Was it runny? Like toothpaste? Thick?</i>	
<b>Were any leaks present?</b> <i>Using a clock face to describe time will assist.</i>	
<b>Did you notice any odour or gas build up when wearing your bag?</b>	If so, please comment:
<b>How often did you change and/or empty your pouch/wafer?</b>	
<b>What type of activity did you do?</b>	
<b>What improvements have you noticed?</b> <b>How are you feeling?</b>	Improvements:..... ..... Please circle: 







# Week Five – Post Discharge

Date: .....

To Do	Comments
<p><b>Measure Stoma</b>  <i>Your stoma may shrink over the next 6 weeks - very important to measure. If your stoma has shrunk, make sure you adjust your template to fit.</i></p>	<p>My stoma size is.....mm</p>
<p><b>Describe your fluid Intake</b>  <i>Did you drink 6-8 glasses of water per day?</i></p>	<p>Number of glasses of water.....            Other fluids.....</p>
<p><b>Is your appetite OK? Is gas a problem?</b></p>	
<p><b>Describe consistency of the output</b>  <i>Was it runny? Like toothpaste? Thick?</i></p>	
<p><b>Were any leaks present?</b>  <i>Using a clock face to describe time will assist.</i></p>	
<p><b>Did you notice any odour or gas build up when wearing your bag?</b></p>	<p>If so, please comment:</p>
<p><b>How often did you change and/or empty your pouch/wafer?</b></p>	
<p><b>What type of activity did you do?</b></p>	
<p><b>What improvements have you noticed?</b> <b>How are you feeling?</b></p>	<p>Improvements:.....            .....            Please circle:   </p>

# Week Six – Post Discharge

Date: .....

To Do	Comments
<p><b>Measure Stoma</b>  <i>Your stoma may shrink over the next 6 weeks - very important to measure. If your stoma has shrunk, make sure you adjust your template to fit.</i></p>	<p>My stoma size is.....mm</p>
<p><b>Describe your fluid Intake</b>  <i>Did you drink 6-8 glasses of water per day?</i></p>	<p>Number of glasses of water.....            Other fluids.....</p>
<p><b>Is your appetite OK?            Is gas a problem?</b></p>	
<p><b>Describe consistency of the output</b>  <i>Was it runny? Like toothpaste? Thick?</i></p>	
<p><b>Were any leaks present?</b>  <i>Using a clock face to describe time will assist.</i></p>	
<p><b>Did you notice any odour or gas build up when wearing your bag?</b></p>	<p>If so, please comment:</p>
<p><b>How often did you change and/or empty your pouch/wafer?</b></p>	
<p><b>What type of activity did you do?</b></p>	
<p><b>What improvements have you noticed?</b>  <b>How are you feeling?</b></p>	<p>Improvements:.....            .....            Please circle:   </p>

# Questions

Write down any questions you would like to ask your Stomal Therapy Nurse and Surgeon on your next visit.

## Questions for your Stomal Therapy Nurse:

1.....

2.....

3.....

4.....

5.....

6.....

## Questions for your Surgeon:

1.....

2.....

3.....

4.....

5.....

6.....

## Points to Remember

- Post surgery your stoma will be swollen and will shrink in size. This generally takes about 6 weeks. If your stoma changes after this period, contact your Stomal Therapy Nurse.
- Measure your stoma every week for the first 6 weeks. It is normal that your stoma will shrink and change size. This is why it's so important to measure.
- If your stoma shrinks - you **MUST** change your template accordingly
- Your stoma should be red in colour and moist to the touch.
- Keep it simple! Don't overwhelm yourself with too many products or accessories
- Your skin around your stoma is called the peristomal skin. It should be **HEALTHY** skin – free from rashes or sores, and not red or itchy. This skin should look like any other skin on your body.

### **POINTS TO REMEMBER**

If you have ANY concerns or questions, please contact your Stomal Therapy Nurse

# Diet Recommendations

Immediately after surgery, you should be able to return to your usual diet, unless otherwise instructed by your nurse. A well balanced diet is important for overall good health. Always ensure you chew your food well and eat slowly. Please see below the foods and fluids to avoid and include in your diet. It is a good idea to keep a note of these foods and evaluate the effect these foods have on your system.

## **Foods and fluids which may help replace lost electrolytes**

Sports drinks, bananas, strong hot tea, broths (e.g. chicken or beef bouillon), potatoes, tomatoes, crackers

## **Foods that may help to thicken loose stools**

Applesauce, bananas, cheese, noodles (cooked), pretzels, white rice, white toast, marshmallows

## **Foods that can contribute to food blockages**

Celery, corn, coconut, dried fruit, popcorn, stringy vegetables, nuts, mushrooms, grapes or raisins, rhubarb, mangoes

## **Foods and fluids which increase intestinal gas**

Beers, carbonated beverages, broccoli, brussel sprouts, cabbage, onions, cucumbers

## **Foods which may increase stool odour**

Asparagus, broccoli, brussel sprouts, cabbage, cauliflower, eggs, fish, garlic, onions, some spices



# My Food Diary

Date	Time	Food Eaten	Notes/Issues

# General Notes

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# Australian Ostomy Associations

## Australian Capital Territory

ACT & District Stoma Association Inc (02) 6205 1055

## New South Wales

NSW Stoma (02) 9565 4315

Ostomy NSW Ltd (02) 9542 1300

## South Australia

Ostomy Association of SA (08) 8235 2727

Ileostomy Association of SA (08) 8234 2678

## Victoria

Bendigo & District Ostomy Association (03) 5441 7520

Colostomy Association of Vic (03) 9650 1666

Geelong Ostomy Association (03) 5243 3664

Ileostomy Association of Vic (03) 9650 9040

Ostomy Association of Melbourne (03) 9888 8523

Peninsula Ostomy Association (03) 9783 6473

Victorian Children's Ostomy Association (03) 9345 5522

Warrnambool & District Ostomy Association (03) 5563 1446

## Tasmania

Ostomy Tasmania (03) 6228 0799

## Western Australia

Western Australia Ostomy Association (08) 9272 1833

## Northern Territory

Cancer Council of the Northern Territory (08) 8927 4888

## Queensland

Gold Coast Ostomy Association (07) 5594 7633

North Queensland Ostomy Association (07) 4775 2303

Queensland Ostomy Association (07) 3848 7178

Queensland Stoma Association (07) 3359 7570

Toowoomba & South-West Ostomy Association (07) 4636 9701

Wide Bay Ostomates Association (07) 4152 4715

## 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, please call  
Customer Engagement on:

Australia **1800 219 179**

New Zealand **0800 678 669**



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