Life with your ostomy
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Coloplast started almost 70 years ago when nurse Elise Sorenson developed the world’s first disposable adhesive ostomy pouch with an adhesive ring. Elise’s idea gave her sister, who had an ostomy, and now millions like her around the world, the ability to live the life they want.

At Coloplast, we’ve taken this product and skin-friendly adhesive expertise a step further. We also consider how you and other ostomates may be feeling at any given time along your journey. **We offer ostomy solutions for the whole you by personalizing your care of skin, body & mind.**

In this brief brochure, we invite you to explore how your new ostomy pouch will work for you, and we encourage you to download the **MyOstomyLife app by Coloplast® Care** for more information. This app will provide you with the basics on product and lifestyle education, inspiring videos, and more!

You can also reach out to Coloplast® Care for personalized product and lifestyle guidance at 1-877-858-2656.

Sincerely,

Coloplast Corp.
Colostomy – Digestive system – brings part of the colon (large intestine) to the surface of the abdomen, usually on the left-hand side. Stool is more solid.

Ileostomy – Digestive system – brings part of the ileum (small intestine) to the surface of the abdomen, usually on the right-hand side. Stool is more liquid.

Urostomy – Urinary system – “ileal conduit” – diverts urine through a conduit made of a section of the small intestine that is brought to the surface of the right-hand side of the abdomen.
After the surgery

A healthy stoma is moist and red or pink in color. The stoma has no nerve endings, so it will not hurt when touched. It is normal for the stoma to be large and swollen after surgery, however, it will shrink to a smaller size within a few weeks. You may see your stoma move slightly. This is called peristalsis and is a normal function of the intestine which helps move stool through your GI tract. This movement will continue to help move output into the pouch on your abdomen.

If you have an ileostomy or colostomy, it may start to function 3 to 5 days after surgery and will be mostly gas or gas with liquid stool until you resume a normal balanced diet as directed by your provider. It is normal to feel weak after surgery as it is a large operation.

If you have a urostomy, urine will generally drain constantly since the conduit (or pipeline) does not replace the bladder or store urine. A pouch must be worn at all times to collect urine. It is normal to feel weak after surgery as it is a large operation.

*Ask your clinician or surgeon for more details*

Going home

**Obtaining supplies:** Upon leaving the hospital, your WOC Nurse will provide you with information on what supplies you will need for your ostomy and how to obtain them. Your doctor will write a prescription for your ostomy products to an ostomy product supplier of your choice. Be careful not to store your pouches in direct sunlight or near heat (this includes the glove box or trunk of a hot car). This may cause the barrier which attaches the pouching system to your skin to break down. If stored in cool temperatures, let the barrier return to room temperature before using.
Types of pouching systems

**Drainable pouch with integrated closure**

For use with: Colostomy or Ileostomy

Type of output:
- Liquid stool
- Paste-like to formed stool

Outlet for emptying

**Urostomy pouch with spout closure**

For use with: Urostomy

Type of output:
- Urine

Outlet for emptying

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**Do not use with stool** – spout will not properly drain the stool. Bedside drainage bag may vary per facility/care setting.

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**Closed systems**

For use with: Established colostomy

Type of output:
- Paste-like or formed stool

Why use a closed system?
- Patient preference
- Convenience
  - One-time use, remove and throw away

No outlets for emptying

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Used when ostomate has established a regular bowel routine, ideally 1-2 bowel movements a day.

**Not** recommended for use in the postoperative setting.
The length of time a pouch is worn depends on your body, activity level, output, and type of pouch used. Plan a regular time to change the pouch; do not wait for it to leak. If you ever feel burning or itching under the pouch or barrier, you should change the pouching system and check your skin.

“Healthy skin” means the skin under your barrier looks like the skin on the other side of your abdomen.

If your skin is red, moist, or painful, you should consult your WOC Nurse to confirm your product fit and pouching routine are still appropriate for your body.

During the first four to six weeks after surgery, you will need to remeasure your stoma once a week (since the stoma will decrease in size after the operation). Moving forward, measure your stoma at least once a month to make sure you have a secure fit – which prevents stool or urine from irritating your skin.

The best time to change your pouch is when the ostomy is not active and draining. Therefore, the morning may be a good time (before eating or drinking) since the stoma is not as active. If the morning is not a good time for you to change the pouch, wait at least two hours after a meal. However, if the pouch is leaking, it should be changed as soon as possible. If output (stool or urine) comes in direct contact with your skin, it can irritate the skin under your ostomy barrier quite quickly and further impact your next pouch’s ability to adhere to your skin - so it’s important not to put off pouch changes if you notice an issue!
Finding the right fit is imperative to improving comfort and helping **reduce the risk of leakage** and other skin issues

**Example of good fit**
No visible skin between the barrier and stoma. Appropriate convexity to help push stoma to proper position.

Follow the steps in your pictorial guide or instructions for use for your pouching system.

- Plan on changing your pouch in the morning, before your ostomy becomes active.
- You may shower with your pouching system on or off.
- If you spend time in a hot tub or sauna, the heat may loosen the barrier. Always check your barrier to make sure you have a good seal.
- Make sure skin is clean and thoroughly dry before applying the pouching system.
- Warm the barrier between your hands before applying, then use gentle warming hand pressure once applied.
Unless your doctor has prescribed a special diet, you should not have to change your diet. Over time you will become aware of foods that produce more gas than others. Examples of some foods that can cause gas are:

- beer
- dried beans
- broccoli
- cabbage
- cucumbers
- carbonated beverages

Products can be bought at the drug store or grocery store to reduce gas. Always check with your physician before taking these or other medications.

**Constipation/Diarrhea**

You may become constipated or have diarrhea, just as you did before surgery. If you become constipated, try eating more fiber (vegetables, fruits, and brans) and drinking more water. Check with your doctor to see if a mild laxative is appropriate for your condition. If constipation becomes a problem, talk to your doctor or WOC Nurse. If you are experiencing diarrhea, treat it the same as before you had surgery, and remember to drink plenty of fluids – you might try a “sports” drink to replace fluids and electrolytes. If your diarrhea persists call your doctor or WOC nurse.
You no longer have a large intestine to absorb water, which means fluids are passed more quickly through your stoma. Drinking more fluid will help your body replenish the lost fluids and avoid becoming dehydrated. It is recommended to drink 8 – 10 glasses of fluids daily unless your healthcare provider recommends otherwise. It is best to drink liquids throughout the day with the majority being between meals. It is also recommended to avoid fluids high in sugar, caffeine, and alcohol as these can increase gut motility and actually contribute to dehydration.

Maintaining adequate hydration is vital to your health and well-being. Dehydration can occur due to the loss of sodium and potassium. Your healthcare provider may suggest that you include foods high in sodium and potassium into your daily diet. You may need to increase your fluid intake if you are sweating due to hot weather or when participating in sports. If you are weak, unable to keep fluids down, short of breath, have a headache, and have dark, concentrated urine, call your doctor or WOC Nurse immediately (or visit an emergency room).

**Foods that thicken stool:**
- Pudding
- Creamy peanut butter
- Potatoes
- Bread
- Pasta
- Applesauce
- Cheese
- Rice
Food blockage
Some foods may cause a food blockage. A food blockage means that the undigested part of food “clumps up” and blocks (clogs) the intestine. Chewing food well can sometimes prevent this from happening. A food blockage can cause cramping, pain and a watery output with a bad odor, or the blockage may cause you to have no output. Your abdomen and stoma may also become swollen and you may feel sick to your stomach or begin to vomit. If you think you have a food blockage, call your doctor or WOC Nurse (or go to an emergency room). *Never take a laxative. This could cause severe dehydration.*

Tips to prevent blockage:
- Do not eat high fiber-foods until your surgeon says it’s okay (about four to six weeks after surgery).
- Add high-fiber foods in small amounts.
- Chew foods well and drink plenty of fluids.

It is very important to maintain adequate intake of fluids and electrolytes (i.e sodium, potassium) to prevent dehydration.
Unless your doctor has prescribed a special diet, you should not have to change your diet. Be aware that some foods cause an odor in urine including:
- asparagus
- fish
- onions
- garlic

These foods can still be eaten. However, you may become aware of an unusual odor. You should drink at least 8 glasses of fluid daily unless your healthcare provider recommends otherwise. Be sure to drink extra fluids when exercising or sweating.

**Urinary Tract Infections (UTIs)**

UTIs can occur with a urostomy. Signs and symptoms of a urinary tract infection include:
- increased amount of mucus in the urine
- cloudy and strong-smelling urine
- fever
- confusion
- loss of appetite
- back pain
- nausea and vomiting
- blood in urine

*If you experience these symptoms, contact your physician.*
Continuing care

After surgery, it’s important that you begin enjoying life as quickly as possible. Your doctor or WOC Nurse is available to help with any problems or questions. Organizations are also in place to provide information and support for you and your family. Ask your WOC Nurse for information about local groups and chapters.

To be completed by WOC Nurse

Nurse: __________________________ Phone: __________________________

Surgeon: __________________________ Patient Name: __________________________

Type of Stoma: __________________________ Date of Surgery: __________________________

Stoma Size: __________________________

Coloplast ostomy products given upon discharge:

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<tr>
<th>Product Code</th>
<th>Description</th>
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This information should be used when obtaining product from your ostomy supplier; you may need a prescription at your pharmacy:

Ostomy product supplier: __________________________

Phone: __________________________

Address: __________________________

Coloplast® Care Advisor 1-877-858-2656

Download the MyOstomyLife app or visit the www.ostomy.ColoplastCare.us website for more information

This information is for educational purposes only. It is not intended to substitute for professional medical advice and should not be interpreted to contain treatment recommendations. You should rely on the healthcare professional who knows your individual history for personal medical advice and diagnosis.

Call your healthcare provider if you have any medical concerns about managing your ostomy. You may also contact your Coloplast® Care Advisor for product usage and availability questions at 1-877-858-2656.

IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 911.

Prior to use, refer to the product ‘Instructions for Use’ for intended use and relevant safety information.