# Your Guide to Colostomy

Skin Care, Tips & Hints, Products and Accessories

> Tips & hints kindly supplied by experienced Australian and New Zealand STNs





STN	
ASSOCIATION	
APPLIANCE CODES	
ACCESSORIES	

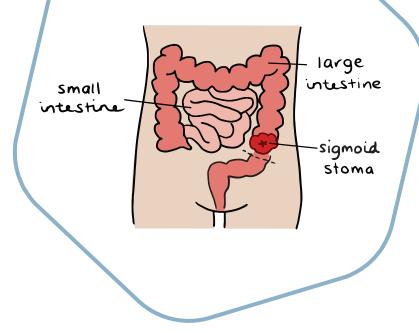
A colostomy involves a surgical procedure to create a stoma in the digestive system. The stoma is formed in the large intestine, also known as the colon...**col**(colon)-**ostomy**(stoma).

While the colostomy can be formed anywhere along the colon, the most common place for a colostomy is in the sigmoid on the left hand side of the abdomen.

There are many reasons that someone may need to have abdominal surgery and a colostomy formed. The stoma may be a temporary measure to manage a particular disease or medical situation, but in other cases may be required permanently for life. Some of the most common reasons for a colostomy include:

- Managing bowel or rectal cancer
- Diverticular disease
- Crohn's disease
- Obstruction of the bowel
- Trauma and injury to the bowel
- Bowel incontinence
- $\cdot$  Healing complex wounds in the anal area
- · Congenital abnormalities of the newborn baby

The waste that would normally pass through your rectum and anus, will now pass through the colostomy stoma and into a secure pouch attached to your abdomen. There is no voluntary control in the passing of waste or gas from the stoma.



Before you have your operation, your surgeon will arrange for you to meet your Stomal Therapy Nurse (STN), a specialist nurse experienced in stoma care. Your STN will become an important part of your preparation for surgery, answering your many questions and helping choose the right position for your stoma on your abdomen (called "siting" your stoma) before the operation. Following your surgery, they will work closely with your surgical team, preparing you for home and ensuring you learn how to care for your stoma, apply your stoma pouches and slowly get back to your daily routines of life.

# This booklet will help answer many of the questions you have and give you guidance in the months ahead.

Disclaimer: All views expressed in this guide are the opinions of independent Stomal Therapy Nurses from Australia and New Zealand and not Omnigon's. If you have any issues or disagree with the advice given please refer to your own Stomal Therapy Nurse or Doctor.

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This guide is designed to assist people with a colostomy. We asked a number of experienced Stomal Therapy Nurses from Australia and New Zealand to provide their expert opinions to the most frequently asked questions. On the following pages you will find their responses.

In the centre of the booklet you will find the wide range of colostomy appliances and accessories supplied by Omnigon. You may find them helpful in the management of your colostomy.

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# **1. SHOULD I CHANGE MY DIET?**

You do not need to change your diet if you have a colostomy but should eat a well-balanced diet like everyone else. Initially after surgery you may find it easier to eat 6 small meals a day so as you do not feel bloated. You can slowly over a 4 week period build up to 3 regular meals a day. Regular meal patterns aid in more predictable bowel movements.

#### Sue Delanty, TAS

### 2. HOW OFTEN SHOULD I CHANGE MY POUCH?

This will depend on the type of stoma appliance you have:

If using a **1 piece** (closed) appliance, change the whole appliance when 1/2 - 1/3 full (or if it leaks onto your skin), this could be several times a day.

If using a **2 piece** appliance, change the wafer/ base-plate on Monday, Wednesday and Friday (or if it leaks onto your skin).

Change the top pouch (click, clip or stick on appliance) when 1/3 - 1/2 full, this could be several times a day.

### Donna Gillies, QLD

### 3. CAN I SHOWER WITH MY POUCH OFF?

Yes you can. The water will not harm your stoma or be able to get in through your stoma.

- Shower as you would normally.
- Gently wash with warm shower water.
- Once out of the shower ensure your skin is dry.
- Apply your new stoma appliance.

Melanie Juttner, QLD



### 4. WHEN SHOULD I SEE A STOMAL THERAPY NURSE (STN)?

Not every stoma problem/concern warrants contacting your STN, but certain issues are causes for concern and should be assessed by a trained professional. You should contact your STN if you notice any of the following problems...

- If you have issues with pancaking (pancaking is where faeces collects around the stoma instead of dropping into the pouch) leading to recurrent appliance leakage.
- Your wafer or your pouch is not sticking/ staying on.
- Any skin irritation when first observed. It is best getting advice promptly to prevent worsening of skin irritation which may cause excoriation/ ulceration leading to leakage issues (you may need to make an appointment to be seen).
- Initially in the post op period, after you are home, any signs of infection or a wound breaking open.
- Muco-cutaneous separation the breakdown of the suture line securing the stoma to the abdominal surface.
- Your stoma is changing shape or size and the appliance is not fitting well.
- You have developed a bulge/hernia around your stoma.
- Prolapse your stoma is getting longer
- Retracting stoma lower than skin level

- Granulomas raised areas of cauliflower appearance on stoma or muco-cutaneous junction
- Folliculitis a pustular inflammation of hair follicles caused by shaving
- Blood in your stool/pouch... your STN can advise whether you need to see your GP or go to a hospital.
- Persistent diarrhoea
- Diarrhoea with pain or vomiting
- Stenosis of stoma your stoma output is a 'toothpaste' consistency and is struggling to come out
- Ballooning of pouch is causing you issues
- If your colostomy has not worked for more than 24 hours as there could be a blockage.
- Your weight has changed significantly, and you are having stoma and appliance issues.
- If you are experiencing any other problems with your stoma.
- A yearly check-up with your STN is recommended after your stoma formation/operation.

#### Suzie Hey, QLD

Bring your pouch change supplies with you when you are out and about

### 5. HOW SHOULD I DISPOSE OF MY CLOSED POUCHES WHEN I AM OUT?

When going out to the shops or travelling away don't forget to take some cleansing wipes, remover wipes and a nappy bag with you in a zip lock bag, then if you need to change your bag you can do this easily.

Remove the stoma bag with a remover wipe if using a 1 piece bag or if using a 2 piece just unclip or peel of the bag then clean around the stoma with the cleansing wipe and dry the skin using toilet tissue, place the stoma bag in the nappy bag and tie up using the handles, this can then be placed in any bin available.

Cheryl Jannaway, ACT

### 6. WHAT SHOULD I KNOW ABOUT TRAVELLING WITH A STOMA?

Preparation will play a big role in minimising stress levels and help you to enjoy your holiday.

Please refer to some tips and hints below that may help minimise any uncertainty and make you feel more confident with travelling:

- Consider taking double the supply you would normally need when you go on a holiday.
   Remember that changes in your daily routines may alter your normal stoma care plan.
- Contact your association (AUS) or your Stoma Nurse Specialist (NZ) to discuss your travel arrangements and give them plenty of time to order your supplies before travelling.
- When organising your carry-on and check-in luggage, divide your products up, packing half in your carry-on luggage and the other half in your check-in luggage, just in case something happens with your check-in luggage on arrival at your destination.
- If you are going on a road trip please be aware of pouch storage and avoid leaving them anywhere that will expose them to heat, as this can affect the baseplate adhesion and general function.
- If you use closed pouches also consider taking some drainable pouches in case you need to empty it before airport screening security checks, on the plane, and/or if you experience diarrhoea due to environmental and/or diet change.
- Arrange to have a travel certificate or doctor's letter, highlighting your medical condition and the need for you to wear a stoma pouch. This is helpful to present at security screening checkpoints at airports.
- Request an aisle seat on the plane if possible, so you have free access to the toilet.

- Drink plenty of water on long flights to avoid risk of dehydration, especially in hot climates.
- It is important to consider a holiday checklist when you're travelling.
- Some items are forbidden to be in your carry-on luggage e.g. dangerous items like flammable aerosols, powders, gels and scissors are not allowed. If you use cut-to-fit pouches, pre-cut them before traveling and consider taking remover and barrier wipes if applicable, instead of sprays. Pack the dangerous items mentioned above into the check-in luggage.
- It may be helpful to add toilet paper, plastic bags and cleansing wipes to your travel kit to assist in the clean-up and disposal of your used pouch when convenient to do so.
- For ostomates concerned about the possible increase in gas or wind caused by cabin pressure on a plane or due to a different diet, try the following tips: avoid carbonated drinks, and foods that are likely to cause gas, consider using a drainable pouch, or a 2 piece system to assist the release of gas.
- Body scanning at airports can cause concern for some ostomates. The Australian Government has guidelines to help those who use medical devices due to medical conditions such as stoma.
- Always consider an appropriate level of travel insurance. It is important to make sure that pre-existing conditions are covered in your policy, so always discuss your needs with your travel agent or chosen insurer.

#### Erika Carvalho, NSW

### 7. MY POUCH GETS FULL OF GAS, IS THIS NORMAL?

Yes, this is very normal. Your stoma should pass stool and gas every day, and depending on your diet and your bowel activity, gas can pass at any time of the day or night.

Every pouch used for a colostomy has an inbuilt filter. If you look at the top of the pouch you will see it. This filter is designed to allow gas to escape the pouch, and the carbon section in the filter will assist to deodorise it as it passes through the filter. Make sure you are changing your pouch frequently enough, the filter is most optimal when your pouch is at its freshest.

If you are using a closed pouch then changing a couple of times a day should see your filter be effective and a change every 1-2 days if you are using a drainable should manage the situation.

In a lot of pouches the filter may be exposed to water during a shower or with swimming, so make sure your STN shows you how to protect the filter with the little sticky dots that come in your pouch boxes.



If you plan on changing the pouch each time you shower or swim, then it isn't necessary to use the sticky dots. If you are using a drainable pouch or you are in a 2 piece system, then it is easy to release the gas regularly if the filter is not managing it well.

If you still find that you are struggling with too much gas in the pouch, you may want to consider the things in your diet that may be contributing.

The foods and drinks that made you gassy before you had a stoma, will continue to cause you wind issues, so if this bothers you, adjust your diet accordingly. The types of foods/ drinks that may make you more gassy are cabbage, cauliflower, broccoli, kale, beans and legumes, onions, carbonated soft drinks, beer, milkshakes and chewing gum.

Not all of these things may affect you, no doubt you will have your own gas making culprits, so you can decide what sits well with you. There are also some deodorising gel products available through your stoma supplier that you may find helpful.

Jan Fields, QLD

these can cause gas!

### 8. I THINK I'M CONSTIPATED, WHAT SHOULD I DO?

You can still experience constipation when living with a colostomy. The signs of constipation can be passing harder and drier stools or a decrease in how regularly your colostomy normally works. Causes of constipation and how you should treat this are the same as before you had a stoma:

- Drinking more fluids approximately
  1.5 2L of fluids a day such as water, cordial or fruit juices. Try to avoid drinking too many caffeine drinks such as tea and coffee as these can cause dehydration.
- Try eating foods such as fruits, vegetables, prunes and liquorice to stimulate bowel function.

- Walk and exercise more this encourages the stool to move through your bowel.
- Increasing the fibre in your diet, like wholegrain cereals and bread.

Some medications can also increase constipation. Talk to your GP if you think that you are taking a medication that is causing you to be constipated.

Sometimes if these solutions aren't successful, you may need to take a gentle laxative so that your colostomy can pass softer stools. It is important to talk to either your GP or STN for advice on which type of laxative medication is best for you.

#### Kelly Vickers, SA

### 9. HOW DO I MANAGE THE NOISE IT MAKES?

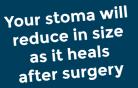
The normal anatomy of defecation or pooping is controlled by your anal sphincter and your relaxing nervous system in your body. When you are relaxed, and you need to poop, your brain says "okay, let's go". However, as there is no longer any sphincter to control over when your stoma works, noise and poop will occur often at an inconvenient moment.

When you are wearing clothing over the top of your stoma and pouch, the noise is usually less and muffled. Depending on the company you are keeping, this is not a problem, however, if for example you are in an elevator, without the background music playing, and your stoma makes a noise, you can say "pardon my hungry tummy, must be time to eat". This usually satisfies the sideways glances. The activated charcoal filter will take care of the odour, so no worries there.

To reduce the gas, you can avoid food and drinks that for you, make you pass more wind. Everyone is different, but usually carbonated drinks and the food you ate before that caused gas, will continue to do so.

There is another way you can regain some control over when your colostomy works, is to learn colostomy irrigation. Talk to your surgeon and STN about your suitability for learning colostomy irrigation.

Kelly Dunk, QLD



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### 10. MY STOMA IS SMALLER THAN IT USED TO BE... IS THAT NORMAL?

Yes. Your new stoma will continue to shrink as it heals and the swelling goes down; this process can take up to 6 weeks after your surgery. Your stoma will then settle into a size that should not change too much, unless you lose or gain a lot of weight.

Make sure you see your STN regularly during this time so you can get advice on how large to cut your baseplate as the stoma changes and for general reviews. Your STN can recommend products and accessories to accommodate any changes in stoma size or shape. If your colostomy continues to shrink and becomes much smaller over time you should see your STN as you could have a "stenosed" stoma. This is when the stoma becomes very small and tight and can cause problems with bowel emptying. Your STN can advise you about how to dilate the stoma which is a simple procedure you can do at home once shown how.

If the stoma gets very small it may need to have an operation to "refashion" (stretch) or re-site it in another place. Your STN will request you see your surgeon to have an assessment if needed.

Mandy Hawkins and Alyssa Higoe, NSW

### 11. WHAT SHOULD I USE TO CLEAN THE SKIN AROUND MY STOMA?

Peristomal skin is the special name for the skin directly around the stoma. This skin is still the same as all other skin on your body, and does not need anything special to clean it. The best option is often the most simple, just a plain wet cloth/ face-washer. Some people have a preference to use disposable cloths and if so there are a range of rolls of non-woven cleaning cloths available with no chemicals. These are recommended due to the soft fabric and cheap price. Others choose to not use anything at all and make their appliance change part of the shower routine and therefore no special cleaning is required.

Whilst the peristomal skin does not need anything special to clean it, some people may have issues with sticky residue left on the skin after they remove their appliance (baseplates, seals, bag). There is a range of adhesive remover wipes and sprays available to help remove any sticky bits. The area should then be cleaned with a damp cloth to make sure the next appliance will adhere properly.

Lots of people think that they need to buy special wipes to clean the skin around their stoma, however most products on the market may in fact be creating problems with the skin. Baby wipes and alike usually contain moisturisers perfumes and preservatives. The oils in moisturisers can affect the ability of an appliance to stick to the skin, whilst the perfumes and preservatives can irritate the stoma. Alcohol wipes should NEVER be used as prolonged use can kill off the natural elements in the skin and dry the skin out, causing damage.

Your STN may also recommend the use of special barrier wipes to help an appliance to stick when there are skin issues as they leave a thin film over the skin; but these are usually not needed all the time and don't allow the appliance to be utilised for their specific properties such as the Manuka infused hydrocolloids.

This information is provided as a general guide, if you have been given specific instructions by your STN with clinical justification, please consult with them before making changes or additions to your cleaning routine.

#### Rebecca Howson, VIC





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FLAT MINI, MIDI, MAXI

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**CTF** 13-50mm **Pre-cut** 35mm Available soon







PROFILE MINI, MIDI, MIDI PLUS, MAXI, MAXI PLUS

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#### FLAT MINI, MIDI, MAXI

**CTF** 13-65mm **Pre-cut** 19, 22, 25, 29, 32, 35, 38, 44mm CONVEX MINI, MIDI, MAXI

**CTF** 13-48mm **Pre-cut** 19, 22, 25, 29, 32, 35mm







#### FLAT MINI, MIDI, MAXI

**CTF** 19-50mm **Pre-cut** 25, 29, 32, 35, 38, 44mm

## 13. CAN I GO SWIMMING?

Having a colostomy should not deter you from swimming. Once you have recovered from your surgery and your wounds have healed, swimming can provide a beneficial form of exercise and it is great fun!

You may feel apprehensive when swimming for the first time – this is normal. Modern ostomy pouches are water resistant and if fitted properly are designed not to leak.

Prior to going for a dip it is a good idea to empty your pouch and make sure your seal is secure. Wearing barrier tape/flange extenders or a belt is not necessary but can provide peace of mind especially if swimming for an extended period of time. You don't need a 'special' pouch to go swimming, your usual pouch is fine.

Now, what to wear? The answer is wear what makes you feel most comfortable and confident. Some people are happy to wear a bikini or speedos and show their bag while others prefer to cover it up. For women, a one piece swimsuit with a pattern or ruching across the tummy to disguise the pouch may be an option. For a two piece, perhaps a tankini top and/or high waisted bottoms. Remember, sarongs and beach wraps are a great addition to any swimsuit. Men may prefer a higher waisted swim-short or to wear a rash vest.

So, whatever you choose to wear, pop it on and start swimming.

### Jill Fairhall, NSW

# 14. CAN I PLAY SPORTS?

Absolutely! Of course, you will need to recover fully from your surgery before you do too much, so always check with your surgeon what is recommended. But even during your recovery you will be encouraged to do frequent bursts of gentle exercise such as walking, to minimise the risks of complications.

If you played sports prior to your surgery and it is something you enjoy, then it should be fine to resume once you have the all clear from your doctor and you are feeling up to it again. Contact sports such as football are not usually recommended, as injury to the stomal area can cause major complications, but most sports are very manageable.

Support belts will offer abdominal support, may minimise the risk of hernia and also help the security of your pouch. Your STN can help measure you and advise on the right one for you. Keeping active is good for your physical and your mental health, so do the things you enjoy. Remember also, to keep well hydrated, especially in hot weather, to prevent getting constipated.

#### Jan Fields, QLD

### **15. I HAVE HEARD ABOUT IRRIGATING, IS THIS SOMETHING I CAN DO?**

Colostomy irrigation is a method of bowel management generally used for people with a permanent colostomy. It is not a necessity and does not suit everyone. Colostomy irrigation is the instillation of lukewarm (tepid water) into the colon via the colostomy stoma, (bottled water is used in areas where tap water is not fit for human consumption). In effect, it is really a self-administered water enema, using specific equipment available through your product supplier.

Colostomy irrigation allows the bowel to be regularly evacuated at a predictable time of day. Usually, the procedure is performed second daily although some irrigate daily or sometimes even third daily. The method may be so successful that you may not need to wear a pouch, opting for a small cap or plug. The purpose of irrigation is to clear the colon of all faecal content. The advantage of irrigation is that you can regain control through bowel re training, and the issue of gas and odour is often reduced.

Please discuss with your STN and surgeon if you want more information. If it is appropriate for you to be taught irrigation, your STN will authorise and advise on the right equipment to be ordered through the stoma association.

#### Pat Walls, QLD

### Colostomy irrigation is not a necessity but it does have its benefits

### 16. THE SKIN AROUND MY STOMA IS RED AND SORE, WHAT SHOULD I DO?

Red or sore skin around your stoma is not normal and you should not put up with it. The skin around your colostomy should feel comfortable and look the same as the skin on the rest of your abdomen. You should speak to an STN as soon as you can.

The hospital where you had the surgery should have an STN. Call them and if they have an outpatient clinic they will book you in. They might be able to work out the cause over the phone. Some associations (where you get your colostomy supplies) also have STN clinics. Give them a call to find out and to book in. If you're not sure who to contact or you don't know of any STNs, contact your local major hospital and ask to speak to the STN. The most common causes for red sore skin around the colostomy is a poorly fitting bag. Faeces will cause skin irritation if it's on the skin. You might need to re-measure your stoma and resize the hole in your pouch. Your belly shape and size can also change so you might need a slightly different pouch that will conform and seal better.

Another cause for irritated skin around the stoma is cleansing products. Avoid using "baby wipes", soaps or other cleansers on the skin around the stoma. Use plain water on a soft cloth to clean the skin. Often the less products we use on this area the better our skin health is.

#### Bronwyn Overall and Amy Hunter, SA

### **17. HOW DO I PREVENT A HERNIA?**

Parastomal hernia is the name given to the type of hernia that can occur around any type of stoma. The reason a parastomal hernia occurs is simple. The entire thickness of skin, fat and muscle is surgically cut through to create the opening which holds the new stoma.

The muscle opening, although hidden behind the stoma, is at its weakest point.

The bowel is able to bulge through the muscle opening and create a hump.

### HERNIA PREVENTION STARTS IN HOSPITAL

- Do not use an overhead lifting triangle (monkey bar).
- Some hospitals provide an abdominal binder after surgery.
- Do not get out of bed unless you are shown the correct method by turning onto your side and pivoting up using your opposite hand and nearby elbow to push yourself up.
- Ensure that any support garment that you wear does not have a hole for the stoma bag.
- There needs to be even firmness across the abdomen.

### LIFESTYLE CONSIDERATIONS

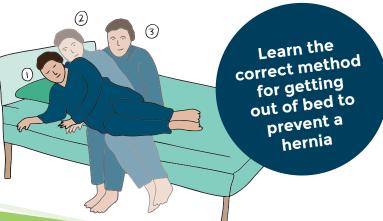
- If you smoke, think about quitting. A rattly cough may contribute towards a hernia.
- Do not allow yourself to become overweight or obese.
- Do not lift anything for the first 6 weeks following surgery.
- After 6 weeks, if well, consider lifting only 3-6 kilograms, if required. (Ask someone else to lift if you can).
- Regular light exercise is encouraged. This includes walking, gentle cycling and swimming.

### SUPPORT GARMENTS

If you get a parastomal hernia, there are several support garments available.

- Once you are measured and fitted for a garment (e.g. binder), it may be best to lie down and gently reduce the hernia before donning the binder.
- Ensure the Velcro is located on your opposite side so that there is only one layer of material over the stoma appliance.
- It needs to be "comfortably firm".
- The support garment is not designed to be worn in bed.

### Diana Hayes, VIC



### 18. I AM PASSING POO AND MUCUS FROM MY BACK PASSAGE, WHY IS THAT?

This may be very normal for many people even though you have a colostomy. If the surgery you had has meant you still have bowel, rectum and your anus (below the position of your stoma) then some mucus discharge and some remnants of stool even, may need to pass from your bottom.

This is more likely if you have a "loop" stoma, where both ends of your bowel form part of your stoma. Do not be alarmed if you get the urge to "do a poo". Do not strain on the toilet, just relax and let it pass. You may even need to wear a small panty liner at times if the discharge is difficult to control.

At any time there is fresh blood or you are concerned at all, seek advice from your STN or doctor as soon as possible.

Jan Fields, QLD

### **19. I'M WORRIED PEOPLE WILL SEE MY POUCH, WHAT CLOTHES ARE BEST?**

Having a stoma should not stop you from wearing your usual clothing. Initially you may feel comfortable in loose fitting clothing due to the swelling in your abdomen after your surgery. After the swelling has settled down the following tips may be useful in helping to reduce the outline of your pouch under clothing:

### **CLOTHING CHOICES**

- Clothing can be fitted but not too tight as this will restrict the flow of the output and could cause leakage.
- Pants, trousers, skirts or underwear should either sit below the pouch or completely over the pouch.
- Try not to have clothing sitting on the pouch as it will reduce the amount the pouch can hold and could cause a leak.
- Use of a belly band, tube top, bandeau or a maternity type band over the pouch can help to provide some support and reduce the outline of the pouch under clothing.
- A singlet under clothing can also be worn to help to conceal.
- Use of patterns, pleats, layers, ruched or bunched up clothing can help to distract the eye from the pouch under your clothing.
- Men may prefer shirts that sit over their pants or shorts. A patterned business shirt may be more distracting than a solid colour, and darker colours often more camouflaging.

### INTIMATE APPAREL OR LINGERIE

- There are companies who specialise in lingerie or undergarments for women or men who have a stoma.
- Use of a lacy or skin coloured bandeau or band can be used over the pouch.

### SWIMWEAR

- Wear what you will feel most comfortable in.
- For women, a 1 piece or high waisted bikini.
- For men, a rashie or swim shirt.
- There are also pouch covers available online.

### BELTS

- Avoid the belt buckle sitting directly near the stoma. It may cause damage to the stoma.
   Position the buckle slightly off centre away from the location of the stoma.
- Suspenders or braces could also be an option.

There are some companies who specialise in clothing for people with a stoma. Some clothes have an internal pocket to allow the pouch to sit comfortably without restriction.

And always remember that you can still enjoy life to the full with a stoma!

#### Nandani Louchart, QLD

### 20. MY SKIN LOOKS OK, BUT IT'S ITCHY. WHAT SHOULD I DO?

Skin changes as we age. Earlier in life the skin is plump and moist and rejuvenates quickly to aid healing. We also sweat more. Later in life, it becomes thinner, drier and wrinkly and we don't sweat as much.

Many ostomy appliances are designed to interact with the skin to improve the skins' condition and prevent problems from frequent bag changes. It's important not to apply unnecessary products to the skin that may prevent this interaction. However sometimes there are issues with the skin around your stoma that need attention and it's best to discuss this with your STN.

A few tips to keep skin healthy and prevent itchy skin include:

- Measure your stoma from time to time to be sure the hole in your appliance is the correct size. There should only be 1-2mm gap between the stoma and the pouch. Any output sitting on your skin will cause itching.
- Avoid hot showers.
- Avoid using soap on your skin. Use only water and a soft cloth to clean around your stoma and avoid baby wipes and other commercial cleansers.
- Ensure your skin is thoroughly clean and dry with each pouch change. Use adhesive remover wipes to remove any residual stickiness from the skin.
- Change your pouch after your shower to avoid a wet bag sitting on your skin.

- Use adhesive remover wipes or sprays to gently remove your appliance to avoid damage from pulling the pouch off your skin.
- Eat a well-balanced diet to ensure you are getting adequate vitamins, minerals and protein to keep the skin nourished.
- Drink lots of water to keep your skin hydrated (about 2 litres a day unless advised otherwise by your doctor).
- Gentle walks and exercise will increase blood supply, oxygen and nutrients to your skin.
- If smoking, consider giving it up as it affects long term skin health.
- If hairy, consider clipping the hair rather than shaving.

Some people find stoma powder very lightly dusted on the skin around the stoma helps but its best to discuss this with your STN first. There are also a few commercial moisturisers and barrier creams available from your association specifically for skin around the stoma but it's important to discuss this with your STN first. They may interfere with pouch adhesion and must be used very sparingly, rubbed in well and only trialled when home all day.

#### Fiona Bolton, SA

### 21. THERE'S A BULGE AROUND MY STOMA, WHAT SHOULD I DO?

The bulge you have observed could possibly be a hernia. It is not uncommon for patients to develop a hernia following stoma surgery. A hernia is where the intestines push through the muscles around the stoma, resulting in a noticeable bulge under the skin. This is due to the weakening of the abdominal muscle that was cut or separated to allow the stoma to be formed.

Seek advice from your STN who can support and guide you with the appropriate management of your hernia, also called a parastomal hernia. A parastomal hernia can occur as a result of sneezing, coughing straining or heavy lifting.

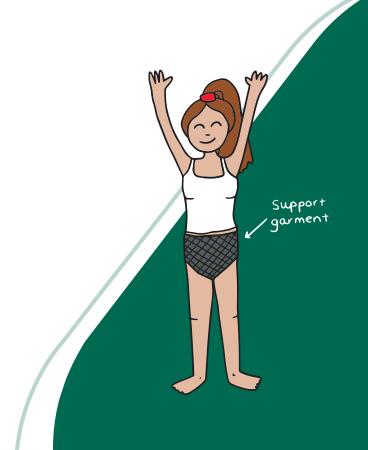
Parastomal hernias are often more noticeable when sitting or standing. Many parastomal hernias cause no problems whilst some patients may find them uncomfortable and may experience discomfort, dull or sharp pain, a feeling of heaviness or dragging, and the size and shape of your stoma may change. Up to 50% of people who have a stoma develop a parastomal hernia, with a higher rate occurring within the first 12 months. In a small number of cases the parastomal hernia may cause a blockage to the bowel.

As a Stomal Therapy Nurse we may suggest modifying your stoma appliances and cares i.e. change your pouch to a flat pouch for less pressure, add hydroframes to provide added security and adhesion and/or measure you for a support garment.

There are a wide range of support garments available. These garments range from moderate support, that can be worn to support a small bulge to intermediate and firm support that can be worn to support a more developed hernia.

Of course, as a Stomal Therapy Nurse we adopt the prevention is better than cure approach.

RBWH STN team, QLD

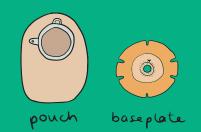


### TIPS FOR PREVENTING A HERNIA

- 1. Eat a healthy, well balanced diet
- 2. Support to your abdomen with your hands when you sneeze, cough or laugh
- 3. Stop or reduce smoking to lower your risk of coughing
- 4. Reduce heavy lifting, especially within the first 6-8 weeks after surgery
- 5. Maintain a healthy body weight
- 6. Keep stools soft and avoid getting constipated
- 7. Wear hernia support garments as a preventative measure

### 22. WHICH IS BETTER... A 1 OR 2 PIECE?

Your STN will show you a selection of 1 & 2 piece appliances and will explain how each system works. It may be that it will basically come down to your personal preference once you have been shown each. On occasions your STN will recommend one over the other.



### 2 PIECE APPLIANCE MAY BE RECOMMENDED:

- If you have very fragile, sensitive skin a 2 piece appliance may be better for you. This will mean that you are not removing the adhesive barrier too frequently which in turn may cause trauma to your skin
- If your bowel function requires frequent pouch changes then a 2 piece appliance may be a better option

Deb Day, NSW



#### 1 PIECE APPLIANCE MAY BE RECOMMENDED:

- If you find it difficult to manage
  a 2 piece appliance then a 1 piece
  pouch may be easier for you to apply
- If you prefer or require a more flexible pouch
- If you would rather an appliance that is lower profile under your clothing
- If you prefer to completely remove your appliance at each change so that you can thoroughly clean your skin. Some people feel this is a "cleaner" option

Your STN will help guide and advise you to make the best decision for your needs

### 23. THERE IS A LITTLE BLEEDING LUMP AT THE EDGE OF MY STOMA, WHAT SHOULD I DO?

The little lump on the edge of your stoma is probably a granuloma or an overgrowth of tissue. Some people have lots and some people none at all, sometimes it's initiated by an injury to the stoma surface such as your baseplate rubbing in that area or faecal leakage.

If it's not causing you any problems or discomfort you can just leave it alone, however if you find its getting worse and the bleeding is causing you difficulty with applying your pouch your STN can cauterize the area with silver nitrate. You may need repeated treatments for this to be successful.

If you are concerned make an appointment to see an STN who will be able to check your appliance is fitting correctly and provide you with the treatment if required.

Karen Eastwood, QLD

## 24. WHY IS MY POUCH LEAKING ALL THE TIME?

Leaking causes the skin around your stoma to become sore, red and prevent your bag from sticking. Looking after your skin and keeping it healthy is important for your quality of life whilst living with a stoma.

### THERE A NUMBER OF CAUSES TO LOOK OUT FOR:

- Check your stoma size and shape for changes to ensure your pouch fits snugly.
- Change your pouch or base plate every 3 days, extending wear time may cause the breakdown of the flange.
- Take care when removing your pouch to prevent skin stripping; remover wipes and sprays may help.
- Avoid using oils, creams and talc powders that may prevent the pouch from sticking.

Pancaking occurs when stool gets caught around the stoma and fails to drop down into the pouch. It is usually caused by a lack of air in the pouch and/or a thick sticky poo. Ways to fix the problem include:

- Increase your water intake, eat more fibre and fruit.
- You may need to use a regular stool softener.
- Before applying your pouch, you can add a small amount of baby oil in the bag to help the poo slip down.

- Add a small amount of damp tissue in the bag to prevent the sides of the bag sticking together.
- Blow air in the bag and place a sticker over the air filter as too much air could be escaping causing a vacuum.

### **BODY CHANGES**

If you have had your colostomy for some time, your tummy may have changed size or shape or may have even noticed swelling around your stoma. There may be new creases or dips. All these changes may prevent your pouch from sticking well thus leaking more. A review by an STN may be beneficial to review your pouch, accessories and hernia support garment.

### **SKIN CARE TIPS**

- 1. Gently remove your pouch
- 2. Clean with warm water and a soft cloth only
- 3. Measure your stoma regularly 3 to 6 monthly
- 4. Only use accessories if needed keep it simple
- 5. See an STN every 1 to 2 years for a review

Remember always – you don't have to put up with leaking and sore skin, see an STN for advice and enjoy your life.

#### Ann Carter, WA





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