

Your Guide to Ileostomy

Skin Care, Tips & Hints,
Products and Accessories

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



OMNIGON

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ACCESSORIES

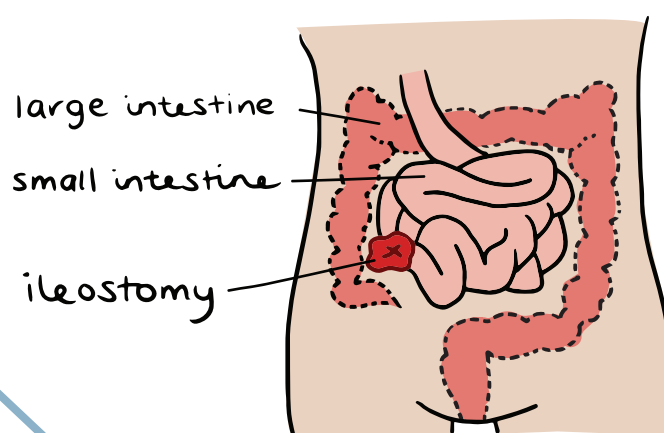
An ileostomy involves a surgical procedure to create a stoma in the digestive system. The stoma is formed at the end of the ileum, the last section of the small intestine...
ile(ileum)-**ostomy**(stoma).

The ileostomy is *usually* located on the right side of the abdomen, and the waste product will pass from the stoma into a secure pouch on your abdomen. There is no voluntary control in the passing of waste or gas from the stoma.

There are many conditions that may result in the need to have abdominal surgery and an ileostomy 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 an ileostomy include:

- Management of an inflammatory bowel disease such as Crohn's or Ulcerative Colitis
- Managing bowel cancer
- Familial Adenomatous Polyposis (FAP)
- To prevent complications following large bowel resection
- Congenital abnormalities of the newborn baby

When you have an ileostomy it changes the way your digestive system would normally work, and there will be quite a period of adjustment as your body adapts to this new normal. There will be a lot of focus on teaching you about digestion, nutrition (how food keeps you healthy) and hydration (keeping your water and electrolytes balanced), especially in the first few weeks and months.



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 (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 an ileostomy. 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 ileostomy appliances and accessories supplied by Omnigon. You may find them helpful in the management of your ileostomy.

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1. WHEN SHOULD I SEE MY STOMAL THERAPY NURSE (STN)?

As part of your stoma journey you will have likely received care from a Stomal Therapy Nurse (STN), who has had specialised training in the care and teaching of people who have had surgery resulting in the creation of a stoma. STNs are located in most major hospitals, some Australian ostomy associations and some community nursing services.

They are available for assessment, education and advice on how best to live with and manage your stoma on a daily basis. Importantly, they can provide specialist care and recommendations when complications or problems with the condition or function of your stoma arise.

Individuals are generally advised to contact an STN if they notice any abnormal or unusual changes in the condition or function of their stoma. These issues may include:

- Experiencing frequent leakage in, around, or under your pouching system.
- Skin damage around the stoma which may appear as red, itchy, bleeding, or weeping skin.

- Blood in your stool.
- Any lumps, bulges, or protrusions from under or within the stoma.
- Loose or watery bowel motions from the stoma for longer than 48 hours.
- Reduced output or concerns regarding any lack of output from any stoma.

It is generally advised that people who live with a stoma are checked annually to ensure that all is well and that the most suitable appliance is being used.

Product and accessory choice should always be aimed at providing a secure seal that protects the skin around the stoma from coming into contact with moisture or faeces. If at some time you consider changing to a different appliance, this should always be done in consultation with your STN.

Felicity Rackham, VIC



2. HOW DO I PREVENT A HERNIA?

Hernias happen when a weakness in the abdominal muscles occur, this weakness in the muscle wall allows bowel to push outward under the skin creating a bulge, making appliance fitting difficult and can cause pain.

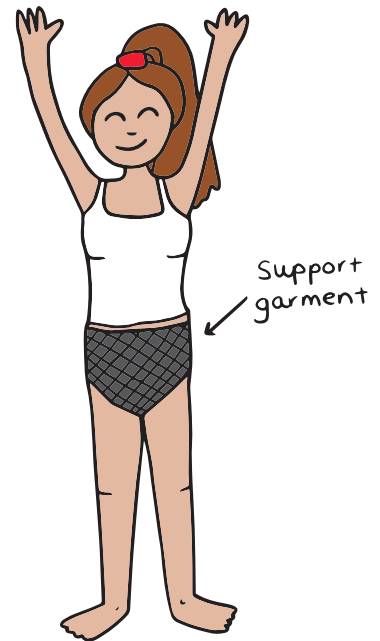
Ways to prevent a peristomal hernia include reducing abdominal pressure through:

- Education in gentle exercise, including getting out of bed cautiously - a physiotherapist or STN can provide education.
- Maintain an optimal weight – decreasing or increasing slowly.
- Eating a nutritious diet and including proteins for muscle development.
- Refrain from lifting children, washing baskets or groceries for the first 6-8 weeks after your surgery.

- Support abdomen with your hands during coughing, laughing or sneezing.
- Reduce or cease smoking to reduce the amount of coughing.
- Wearing a hernia support garment – fitted by your STN.
- Follow post-operative instruction regarding driving, strenuous activities, sport and returning to work, seeing your surgeon for clearance and your STN prior to commencing to be fitted for a hernia garment.

If a peristomal hernia occurs see your STN, for advice and management options.

**Nez Cook &
Maria Emerton-Bell, NSW**



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

This cauliflower looking lump may be a granuloma or mucosal implant and both are not dangerous. They can be a nuisance as they often bleed easily on pouch removal or stoma cleaning. The lump can grow bigger or you may get more on the edges of your stoma. Simple management at home to stop the bleeding is to apply pressure over your stoma by using a face washer rinsed in cold water. Stoma powder (available from your association/supplier) can be sprinkled onto your stoma and this will also help stop the bleeding.

Note - If you are on blood thinning medications or having chemotherapy the bleeding maybe more frequent or take longer to stop. If the bleeding is not stopping, seek medical assistance.

It is recommended that you contact your STN for a consultation and further management.

Justine Wilkinson, VIC



4. 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. Avoid leaving them anywhere that will expose them to heat, as this can affect the baseplate adhesion and general function.
- 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.
- 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.
- 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 travelling and consider taking remover and barrier wipes if applicable, instead of sprays. Pack the dangerous items mentioned above into the check-in luggage.
- 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 2 piece system to assist the release of gas.
- It is important to consider a holiday checklist when you're travelling.
- 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.
- 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

5. HOW DO I KNOW IF I HAVE A BLOCKAGE?

If you experience pain or cramping with your ileostomy and your stoma is not working like it usually does, you may have a blockage.

If the output is watery and unusual smelling or there is no output at all, food may have caused the blockage. Your stoma may also be swollen and your tummy distended.

High fibrous foods such as celery, mangoes, corn, carrots, peas and pineapple can cause a blockage. Also, if you eat meat that is quite tough and not chewed properly, it can also cause a food blockage.

We recommend to stop eating for a little while.

Meanwhile, drink warm fluids, massage your tummy and move around.

This should help the stoma to work again.

However, if the stoma does not commence working after 8 hours and you don't feel any better and develop vomiting or further pain, ring your STN and/or go to the emergency department at your hospital.

Normally, a gentle fluid washout of the stoma will be required by your STN or team in the emergency department to dislodge the blockage. Additionally, an abdominal x-ray may be required.

Remember to always chew your food well, eat small amounts at a time and avoid high fibrous foods that you know will cause a blockage.

Always keep your fluids up to keep the stoma working well.

Lisa Graaf, NSW



High fibrous food such as certain fruits and veggies can cause a blockage

6. CAN I SHOWER WITH MY POUCH OFF?

Yes you can shower with your pouch on or off, it's your personal preference. The pouches (bags) are waterproof and can be dried with a towel after your shower. Some people like to use a hair dryer for 10 seconds on the material to dry it.

You can shower with your pouch off. Shower as you normally would but make sure any soaps are rinsed off the skin around the stoma. Avoid using moisturising soaps on the skin around your stoma as this will stop the bag from sticking well. Often the bathroom is humid when you finish showering so make sure the skin around the stoma is perfectly dry before you put your new bag on. The stoma

might function just after you finish your shower so make sure you have an extra cloth to clean the skin just in case and have your new pouch ready.

The stoma might function while you are in the shower. The faeces will go into the sewage system from the shower drain and that's ok. Some people find the best time to change their ileostomy bag is first thing in the morning before they eat when the stoma is less active. Really you can shower without your bag at any time that suits you and your plans.

Bronwyn Overall and Amy Hunter, SA

7. MY OUTPUT IS WATERY, HOW DO I MAKE IT THICKER?

This is quite a common concern for ileostomies and there are a few tricks of the trade to help.

But first of all, you need to ask yourselves some medical questions. Are you feeling fatigued or unwell? Are you feeling nauseous or have you been vomiting? Is your stomach bloated? Have you heard wind in your bag lately? Do you think you are dehydrated? Has your urine output been low and is the colour dark?

If you answered yes to any of these questions and you have had watery output for over 24 hours, you should contact your STN or seek medical advice. But, if you have not answered yes to these questions, here are some great tips to thicken up your stoma output:

1. The foods that will help thicken up the bowel are: starchy foods such as rice, pasta, white bread and potatoes.
2. A banana a day is a great food choice for ileostomates as it thickens up the stoma output and also gives back potassium that is lost in the volume output daily.
3. Increase your protein intake. Trying some protein drinks such as Sustagen is worth a try!
4. Metamucil – 2 tablespoons daily is an excellent choice to bulk up the bowel consistency. Do it every day and you should see the results!

5. Always try and have a combination of water and an electrolyte drink. This also helps the output consistency. It also helps the balance of your electrolytes and keeps you hydrated and feeling well. If you want to make your own rehydration solution, please use this method:

ST MARK'S REHYDRATION SOLUTION

Ingredients

- 1 level teaspoon salt (3.5g)
- 6 level teaspoons glucose powder
- ½ teaspoon sodium bicarbonate powder
- 1L water

Mix together well. Can be refrigerated or unrefrigerated. Add a small amount of squash, lemon juice etc. and have it as a slushy or chilled to make it more palatable.

6. If the output is still watery after 24 hours, gastrostop is a great medication to help thicken up the output. But it is always recommended to speak to your STN or doctor before taking it. The rule of thumb is: if your output is over 1000mls in 24 hrs, gastrostop is needed! But ring your STN or doctor and have a chat!

Emily Day, QLD

8. I'M SCARED TO GO OUT, HOW DO I GET BACK TO LIFE?

You need to give yourself time to become comfortable with your ileostomy. You may think your bag is obvious to everyone, but most people won't even know you have it unless you tell them.

Start by trying a few small trips out, such going to the shop or meeting a close friend for a coffee.

As time passes you will gain confidence and will be able to get back to doing all the things you normally did without being scared of your ileostomy.

Kellie Burke, ACT

Give yourself
time – start with
small trips and
you will gain
confidence



9. HOW DO I GET A GOOD NIGHT'S SLEEP?

Firstly, have confidence in your stoma appliance (pouch). A correctly fitting pouch should enable you to have a good night's sleep. However, there are a few things you can do before retiring at night that will assist you in waking up fresh as a daisy.

Firstly, try not to have a large meal too late at night. Having a smaller meal early, before 6pm, should guarantee that your bowel has emptied before bed. Also, if it does work overnight, it should only be a smaller output.

The other hint that I give my ostomates, is to set an alarm at 2am to check the fullness of the pouch. If it does not require emptying, you are still within the 15min time to go back to sleep. If you are a light sleeper and find it difficult to go back to sleep, you might like to put a larger pouch on before bed. Also, people usually get up during the night to pee anyway, so empty your pouch then.

A stoma belt will give you extra security as well.

Some people experience tummy pain in the early days following surgery, so a supportive pillow or rolled up towel under your tummy, will provide good support if you are a side sleeper. If you sleep on your back, a pillow under the back of your knees will take the strain away from your tummy by lying flat.

Kelley Dunk, QLD

10. 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 an ileostomy. 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

PELICAN™
Pouches

eakin®
dot

eakin®



FLAT
MINI, MIDI, MAXI

CTF 15-65mm
Pre-cut 20, 25, 27.5,
30, 32.5, 35, 37.5, 40,
45, 50mm



CONVEX
MINI, MIDI, MAXI

CTF 12-60mm
Pre-cut 20, 22.5,
25, 27.5, 30, 32.5,
35, 37.5, 40mm

FLAT
MINI, MIDI, MAXI

CTF 15-50mm
Pre-cut 20, 22.5, 25,
27.5, 30, 32.5, 35, 37.5,
40, 45, 50mm

CONVEX
MINI, MIDI, MAXI

CTF 15-60mm
Pre-cut 20, 22.5,
25, 27.5, 30, 32.5,
35, 37.5, 40mm

Aurum
with Manuka Honey

Welland
Medical



FLAT
MINI, MIDI, MAXI

CTF 13-80mm
Pre-cut 19, 22,
25, 29, 32, 35,
38, 44mm



CONVEX
MINI, MIDI, MIDI PLUS,
MAXI, MAXI PLUS

CTF 13-60mm
Pre-cut 19, 22, 25, 29,
32, 35, 38, 44mm

Aurum
Profile
with Manuka Honey

Aurum2
with Manuka Honey



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

CTF 13-60mm
Pre-cut 19, 22,
25, 29, 32, 35,
38, 44mm



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,
HIGH FLOW**

CTF 15-76mm
Pre-cut 25, 30,
35, 40mm



**CONVEX
MIDI**

CTF 15-45mm
Pre-cut 25, 30mm



Flexima® Active



**FLAT
MINI, MIDI, MAXI**

CTF 15-65mm
Pre-cut 25, 30, 35, 40mm



**FLAT
MIDI, MAXI, HIGH FLOW**

CTF 15-65mm
Pre-cut 20, 25, 30, 35, 40, 45mm



**CONVEX
MIDI, MAXI**

CTF 15-46mm
Pre-cut 25, 30mm



Flexima® Key

**HIGH FLOW
COLLECTOR**



**FLAT
MIDI, MAXI**

CTF 15-75mm



**CONVEX
MIDI, MAXI**

CTF 15-45mm
Pre-cut 25, 30,
35, 40mm



12. CAN I EAT WHAT I USED TO EAT?

Most ileostomy patients will be on a modified diet in the recovery time after their surgery (usually about 4-6 weeks). Once recovered and under the direction of their doctor/dietitian/STN they can resume a mostly 'normal' diet.

Be 'sensible' when making food choices i.e. tomato is fine in slices on a sandwich, but sitting down to a big bowl of pasta full of tomato skins is not a good idea, it's mostly about moderation.

Avoid whole nuts in large quantities (but some carrot cake with walnuts, crushed nuts on cereal etc. is fine), popcorn kernels, poor quality or really tough meat.

Trial and error is a big thing especially with high gas food or food that cause odour etc. Reintroduce these food one at a time and slowly. If you don't agree with them, then leave it a week and try again. Most ostomates will avoid foods that upset them anyway.

Alison Carlin, VIC

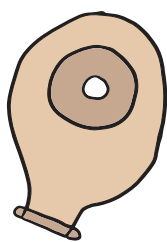
13. DO I NEED TO DRINK EXTRA FLUIDS?

As an ileostomate you must maintain a fluid intake of 2-3 litres per day to balance electrolytes and good health. High fluid intake assists in digestion and nutrient absorption in the small intestine to help sustain a consistent semi-thickened stool output.

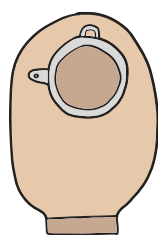
Bill Tyrrell, NSW

14. WHICH IS BETTER... A 1 OR 2 PIECE?

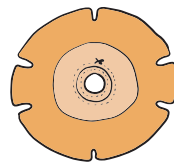
There is no right or wrong way to pouch your stoma, there is just what is right for you. It may take you a little while to decide if a 1 piece or 2 piece system works best for you. Your STN can help you with this as there are many choices available on the Stoma Appliance Scheme.



1 piece systems go on as one and come off as a single unit. You may like this as the profile is usually a little slimmer and so can appear more discrete and is generally more flexible than a 2 piece system. You will need to be able to line up the pouch correctly. This can take a little practice for some people.



pouch



baseplate

2 piece systems come with a baseplate that sticks to your abdomen. The pouch attaches to the baseplate with either a mechanical (click) type coupling or an adhesive coupling system. Both the mechanical and adhesive couplings are equally as reliable as each other and it is your personal preference. It is important that with any 2 piece system that you use the same brand base and pouch to ensure a secure attachment.

Wendy Pearson, WA

15. WHAT'S NORMAL OUTPUT FOR MY STOMA?

During your hospital stay, and immediately after you go home you will have had an adjustment period as you watch your digestive system adapt to a new process of absorption and maintaining your body's hydration. You probably learned from your doctors, nurses and/or dietitian that the small intestine would change a little how it performs now that you have an ileostomy, especially with absorbing fluids and keeping all electrolytes (like sodium and potassium) at normal levels.

During the first 2-6 weeks of having your ileostomy the output volume and consistency should have slowly become more like what is desired. If you are emptying your pouch around 3-5 times a day (and if you usually empty it when it is 1/3 - 1/2 full) it would be safe to say that the volume should be equal to or less than about 800mls. The stool consistency, while a little

variable at times, should be as thick as toothpaste a lot of the time, so long as you are eating a reasonably good diet, rich in carbohydrates and foods that help keep it thicker. If you feel well, have good energy levels, are not shedding weight and are enjoying a good amount of food and fluids then things are going well.

If your output is very loose or watery most of the time, and you are feeling the amount coming out is more than 1 litre (you are emptying your half full pouch more than five times a day) then you should seek advice from your STN, GP or treating doctor. You should seek more urgent review by a doctor (or go to the emergency department) if at any time you are feeling unwell, lethargic, nauseated, dizzy or are not tolerating food or fluids well.

Jan Fields, QLD

16. CAN I GO SWIMMING?

Yes, you can! There are minimal limitations on what you can do with a stoma.

We encourage returning to your normal activities and hobbies as soon as you feel able to and your surgical wounds have healed.

As far as swimming is concerned, we encourage you to enjoy your swim as you would have prior to having an ileostomy. Just empty your pouch prior to entering the water.

Your stoma appliance is designed not to leak, so check your seal is intact before you enter the water, put on your favourite swimming costume, and you can enjoy your swim, without any effect on your stoma.

Stoma appliances are water resistant, not water proof, so we encourage you to change your bag, once you are out of the water. Immersing a stoma appliance in water can make the base plate waterlogged and could lead to decreased wear time and eventually leakage, if the adhesive gets too moist.

Changing your appliance as part of your routine after swimming is a good way to ensure it is fresh and clean. It will give you the confidence that your appliance is secure.

Brooke Goldfinch, WA

17. 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, and discuss with your doctor or STN regarding the need for Oral Rehydration Solutions (ORS) if you do very strenuous exercise.

Jan Fields, QLD



18. WHY IS MY POUCH LEAKING ALL THE TIME?

If up to now things have been manageable, but are now more difficult...

- What has changed?
- When did the problems start?
- Is the leakage always from the same place?

First, it is important to contact your STN if you are faced with constant leaks that you can't stop on your own. An STN can watch how you change your appliance and might be able to troubleshoot along the way if you continue to have problems after trying some of the suggestions below.

OUTPUT CONSISTENCY

- If your output is too liquid, drain your pouch more frequently, at least when it is 1/3 full, before bedtime and first thing when you wake up. If you are an active person take the opportunity to drain your pouch whenever you get a chance.
- The best time to change your appliance is first thing in the morning before eating and drinking. Ensure your skin is clean and dry with every appliance change.
- Keep track of what you eat and how it affects your ostomy! Especially new ostomates who have not yet seen how their diet affects their ostomy. All foods are digested differently, this includes how your body passes it. Follow up with an STN / dietitian for some guidance.
- Gelling products can be used in the pouch as a quick option without forcing too many dietary changes.
- If you have a night time high output problem causing leakages then an overnight high output flow collector may help (discuss with your STN if it will work with your pouch).

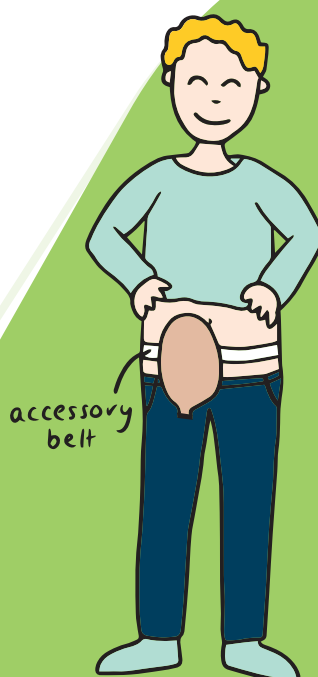
APPLIANCE FIT

The most logical place to start since leaks are often caused by an improperly fitted appliance.

- Is the hole for your stoma wafer being cut too large (or too small), or the adhesive not making proper contact with your skin?
- Do not use baby wipes as they often contain ingredients that will stay on your skin and impact your wafer sticking.
- Adding a barrier ring/seal if you are not using one may help the wafer to mould onto skin and stick better.

- If you have a hairy abdomen it can create leaks by causing the output to tunnel under your wafer as hair pushes against the adhesive. You should shave at least weekly.
- Skin changes can cause trouble for your appliance. Weight changes, age, or surgical scars can create divots and creases around our stoma which can lead to tunnels/creases under your wafer causing leakages.
- Is your stoma flush/retracted? A stoma that does not stick out enough can cause leaks because output goes under the wafer instead of into the bottom of the bag. If this is the case, you may need to use a convex wafer. The convexity pushes on the skin around your stoma and helps the stoma to pop out a bit, which many ostomates find dramatically reduces leaks.
- If you have a hernia (bulge under the skin) around or under your stoma, chances are that it's causing some issues for you. Some hernias can be repaired through surgery. You can also try special hernia support belts and garments that apply pressure to keep a hernia down and assist in appliance adherence. I would strongly suggest speaking with your surgeon or STN if you are struggling to cope with a hernia.
- And lastly, a yearly check-up with your STN is recommended after your stoma formation / operation.

Suzie Hey, QLD



If you use an accessory belt to keep your pouch supported, you will need to tighten it slightly when going to bed as your abdomen is always flatter when lying flat. Make sure that it is not going on too tight, you should be able to slip two fingers easily in between belt and skin when standing or lying down.

If your accessory belt is too tight it can tug on the side of your flange and cause a leak – it can also cause pressure sores and other skin issues that you really don't want to have to deal with.

19. 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 skin's 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 it's 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



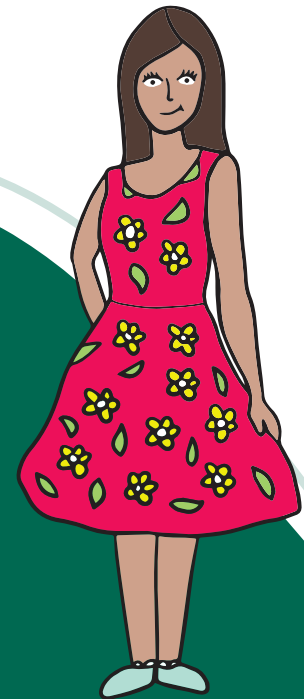
20. I SEE FOOD PARTICLES IN MY OUTPUT, IS THAT NORMAL?

Because the stool output exits your body through your ileostomy stoma (and this stoma comes from the end of the small intestine) you may see particles and chunks of food in your pouch. There will be some things that pass through only partly digested or maybe not digested at all. It is important to maximise digestion of food and the absorption of essential nutrients, so here are some points to remember:

- Chew your food very well... did I say CHEW WELL!
- The foods that don't digest easily include fruit and vegetable skins, raw vegetables, peas/corn, nuts, pineapple, celery, mango, tough cuts of meat, large seeds like pumpkin seeds, sausage casings... Be cautious of these, avoid them totally for the first few weeks, and then introduce them into your diet slowly and in very small amounts... and did I say CHEW WELL!

- If something doesn't sit well with your gut, avoid it.
- Large chunks of food particles can cause a blockage of the stoma, so avoid that particular food if you notice it as an issue.
- Eat small meals more frequently, especially in the beginning, to maximise digestion... and did I say CHEW WELL!
- If you ever see pills or whole medications in your pouch discuss this immediately with your doctor and pharmacist. The medication preparation may need to be altered to ensure you absorb all medications properly.

Jan Fields, QLD



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

Most patients don't have to change their type or style of clothing. However, in the early post op phase, clothing for comfort and movement would be essential. This will also be of benefit for pouch care and maintenance of stoma.

If the optimum position for the stoma is above the waist line, patients may be limited in the use of belts and "tuck in shirts" or blouses. This is the time to experiment for a "new look".

Regular emptying/burping/changing of pouch goes a long way to maintaining a discreet look.

This could include:

- Over-shirt or blouses
- Layering in clothing
- High/mid waisted briefs
- Pleated trousers, loose fitting pants or track suit pants. Experimenting with braces
- Patterned or dark coloured tops or shirts may conceal a stoma pouch

Don't forget to contact your STN and ask about support belts and support wear. These are available through the Stomal Appliance Scheme in consultation/advice from your STN.

Renuka Clarke, VIC

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

It sounds like stool from your stoma is leaking down onto your skin. There are a few things to consider immediately...

HAVE YOU RE-MEASURED YOUR STOMA RECENTLY?

In the first few weeks the stoma often reduces in size as the swelling from your surgery subsides. If you are still cutting the hole in the baseplate the same size as you were in hospital, then this is likely the cause. Use the measuring guide found in your boxes of pouches to re-size the stoma. It is a piece of card/paper with lots of different size holes in. The right size is the hole that fits over your stoma easily with a 1-2 mm gap only. Adjust the hole you cut in the baseplate as you need to. If you are using a pre-cut size then contact your STN or Stoma Association to see if your new size is still available in a pre-cut.

ARE YOU ARE USING A SEAL/RING?

If you are, the seal should be very snug to the stoma tissue to create a leak-free seal, so check you are applying it correctly. It should fit like a polo neck jumper fits around your neck. No gap should be visible between the seal and the stoma. If you are not using a seal, contact your STN to ask if a seal may be of benefit.

ARE YOU IN A FLAT OR A CONVEX POUCH SYSTEM?

The pouch fit around your stoma is important to get right. The stool coming out of your stoma is full of digestive enzymes, intended to help breakdown your food, and if it gets on your skin it can cause major erosion to the skin surface. You may need a convex product if you are not currently on one. A convex shaped baseplate applies some pressure immediately around the stoma to promote a better seal. Contact your STN to discuss what might be best.

DO YOU HAVE STOMA POWDER?

If the skin surface has been eroded, it may also be weepy and moist, preventing your baseplate from sticking properly. Stoma powder is specifically designed to promote a dry surface where the skin has been damaged to promote adherence of your baseplate to the skin. Apply a light sprinkling to the damaged area only, dust away the excess powder (less is best) and apply your stoma products/pouch as normal. Once the skin has healed, stop using powder.

HOW LONG ARE YOU LEAVING THE POUCH/BASEPLATE ON FOR?

The wear time of a pouch or baseplate may vary a lot. If the skin around the stoma is getting sore and red, and you normally leave your pouch/baseplate on for days at a time, maybe consider changing it more frequently. The product closest to the stoma is exposed to the stool constantly and will wear away/erode the longer the product is left on. So a slight adjustment to your wear time might also help.

If tweaking things yourself does not improve the situation, then seek a review with an STN as soon as you can.

Jan Fields, QLD



23. CAN I DRINK ALCOHOL?

Yes, you can drink alcohol in moderation unless your doctor advises you otherwise. Always check with your doctor first. After surgery, consumption of alcohol should initially be limited to one drink at a sitting. This can be increased gradually as larger volumes are tolerated.

The effect of alcohol appears to be unique to the individual, but be aware that drinking beer can produce excessive wind which can be embarrassing and uncomfortable, while both beer and wine have the potential to increase output from a stoma and make it more liquid. Due to the diuretic effect of alcohol and increased risk of dehydration it is important to drink plenty of water.

Rachel Nash, QLD



Always drink plenty of water to stay hydrated if you're drinking alcohol too

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

After surgery, as the swelling in your abdomen and stoma reduces, you will notice the stoma may change shape and get smaller. After the first 6-8 weeks, the size and shape should become stable. You will also notice sutures around your stoma, and over that 6-8 weeks they will slowly be absorbed or dissolve.

WHAT DO I NEED TO DO IF MY STOMA CHANGES SHAPE?

It is important to use the measuring guide that contains different sized holes to correctly measure the size of your stoma. This should be done 1-2 times per week during the first 6-8 weeks.

Allow approximately 1-2mm clearance from the edge of your stoma to the edge of the hole you cut in your appliance or bag.

This allows for the normal swelling or expansion of the appliance.

TIP

You can also use the backing paper from your previous appliance to use as a template. This template can guide you as to how much smaller you need to cut the hole in your appliance.

Once your stoma has stopped shrinking there are pre-cut appliances available that may be suitable.

WHAT SHOULD I DO IF THE STOMA SHRINKS AFTER 6-8 WEEKS?

Some people may notice their stoma has become smaller months or years after surgery. This may be stenosis, or narrowing of the stoma externally or internally in the body.

It is best to check with your surgeon or STN if you have noticed this so a full assessment can be done.

Nandani Louchart, QLD



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