



CEDARS-SINAI MEDICAL CENTER.

PATIENT EDUCATION AND INSTRUCTIONAL BOOKLET

for

THE PATIENT WITH COLOSTOMY



**ENTEROSTOMAL THERAPY
OUTPATIENT CONSULTATION SERVICE:**

NURSING RESEARCH AND DEVELOPMENT

CEDARS-SINAI MEDICAL CENTER

This booklet was developed for Cedars-Sinai Medical Center Ostomy patients by Josephine Doyle Martinson, RN, CETN, Christine Moore, RN, CETN, Glenda Hamburg, RN, BSN, CETN and Anne Lowes Fischer, RN, CETN

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CEDARS-SINAI MEDICAL CENTER.

OUR CREDO

We are committed to being one of the nation's premier health systems and pledge to deliver the finest care and service to our patients, their families, and our community.

We warmly welcome all who entrust us with their care and promise to treat them with compassion, dignity and respect.

For additional information, please call (310) 423-5189.

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ACKNOWLEDGMENT

The Blywise Foundation for Enterostomal Therapy (ET) was established at Cedars-Sinai Medical Center in 1980 by a former patient, Robert T. Blywise. Seeing the overwhelming need for ET Nurse services, Mr. Blywise established a foundation through which donations are used for patient education and/or aide to anyone with an ostomy or wound management need. The Foundation also supports seminars, workshops and conferences for the advancement of ET Nursing in order to provide continued excellence in patient care.

Your donation will be gratefully appreciated. Please send to:

Blywise Foundation for Enterostomal Therapy
Cedars-Sinai Medical Center
8700 Beverly Boulevard
Los Angeles, CA 90048

Thank you.

PREFACE

Each year more than 100,000 people in the United States undergo surgery in which a fecal or a urinary stoma is made. Today for many, an ostomy is a way of living and that is what this booklet is all about. Its contents will help you to understand and care for your colostomy. It is a stepping-stone to assist you in your recovery.

This booklet has been compiled through the efforts of Enterostomal Therapy (ET) Nurses. An ET Nurse is a registered nurse (RN) who has received specialized education to assist people who have had ostomy surgery throughout their rehabilitation period.

While you are here in Cedars-Sinai Medical Center (CSMC) you will be seen by one of the ET Nurses who will assist you in adjusting to your ostomy and provide you with the instructions and guidance that you will need.

We also provide an outpatient service where you can be seen by the ET Nurse for consultation and continuation of instructions that began following your surgery. This service is available to you for follow-up care at least yearly thereafter.

If your physician or ET Nurse tells you something different from what you read here, ***FOLLOW THEIR ADVICE.***

INTRODUCTION

The Gastrointestinal (GI) Tract is one long tube between the mouth and the anus. It is a complex organ we think little about until part of it doesn't work quite right!

Along the 28-foot long tube lie many areas and structures that play important roles in the maintenance of life and health. It produces juices and chemicals to digest and absorb nutrients from food. They propel and store waste, absorb fluids and control defecation (bowel movements).

And like the rest of our body, the GI Tract is prone to disease, injury and birth defects. Sometimes these problems require the creation of an ostomy to allow the healthy area to function while the diseased or injured areas are removed and/or allowed to heal.

Living with an ostomy, be it for six weeks or a lifetime, can be scary and trying at first, but soon, with a little skill and support you will feel confident and independent in your own care.

This booklet has been prepared to provide you with the basic information you will need to care for your ostomy and to assure you there are people and resources to support and assist you in your recovery throughout the period you will live with an ostomy.

OSTOMY PATIENT SKILLS CHECKLIST FOR COLOSTOMY MANAGEMENT

Dear Patient,

The following list identifies skills and information important to the efficient management of your ostomy. You and/or your caregiver, will learn a little at a time, not always in this order, the skill you need prior to your discharge from the hospital. Your care and instruction may continue, if needed, with a visiting nurse at home or in Outpatient Enterostomal Therapy Consultation until you are secure and competent in your own ostomy care.

DATE	INITIAL	
		1. Remove and reapply closure clamp on drainable pouch.
		2. Emptying the pouch whenever it becomes 1/3 full (rinsing and cleansing lower portion of pouch) while sitting on toilet in bathroom.
		3. Determining when the pouch should be changed.
		4. Removing the old pouch and discarding it.
		5. Cleaning peristomal skin area.
		6. Assessing peristomal skin.
		7. Assessing stoma.
		8. Measuring stoma size.
		9. Making and cutting out stoma hole pattern on the skin barrier. (Type _____)
		10. Applying the ostomy pouch.
		11. Proper use of belt if worn.
		12. Other related treatments, i.e., incision site and/or wound care.
		13. For the patient who has had a proctectomy, self care of the perineal wound.
		14. Type of discharge expected from stoma.
		15. Source of supplies (Medicare reimbursement, insurance).
		16. Activities, social and sexual.
		17. Diet.

Notify ET Nurse of any skin break down or if difficulty in maintaining pouch seal.

WHAT IS A COLOSTOMY?

A “colostomy” is an opening in the abdominal wall through which the colon (also known as the “large bowel” or “large intestine”) is brought to form a “stoma.”

“Stoma” is a Greek word meaning “mouth” or “opening.” An opening into the colon is a “Colon Stoma” or a “Colostomy.”

A colostomy is **not** a disease. It is a means to correct or bi-pass a disease or injury in the lower bowel. It is a new route to excrete body waste when the lower bowel is obstructed or injured.

Common Reasons for colostomy surgery are:

1. Inflammation: Diverticulitis, Crohn’s Disease
2. Trauma: Gun-shot wounds, stab wounds, crush injury
3. Congenital: Birth defects, Hirschprung Disease
4. Neoplastic: Cancer
5. Degenerative: Poor blood supply; twisted bowel

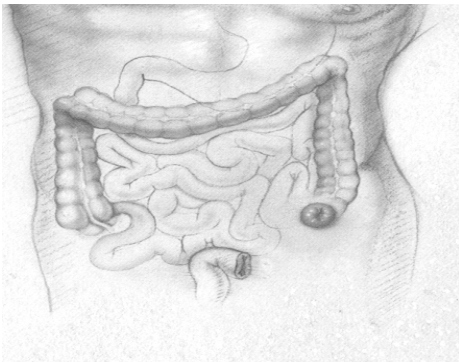
WHERE WILL THE STOMA BE PLACED?

The stoma will be placed on the right or left side of the abdomen. It will be positioned “proximal to” or “above” the area of disease or injury, to enable you to excrete body waste without further pain or infection.

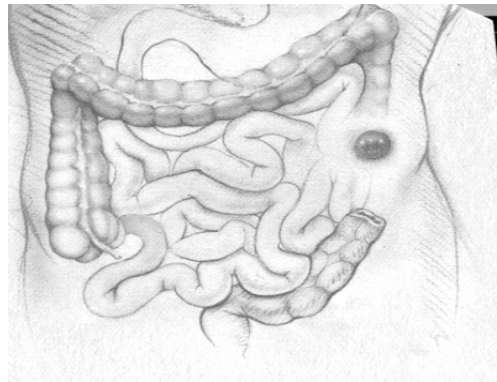
Your colostomy may be located in the sigmoid, descending, transverse or ascending colon.

- a) Sigmoid Colostomy: For disease or injury to the anus or rectum. Output is usually solid, occurring once or twice a day.
- b) Descending Colostomy: For disease or injury to the sigmoid colon. Output usually solid, occurring once or twice a day.
- c) Left or Right Transverse Colostomy: For disease or trauma in the descending or left transverse colon. Output is usually soft, pasty and may occur 2-4 times a day.
- d) Ascending Colostomy: For disease in the transverse or ascending colon. Output is liquid occurring 4-6 times a day.

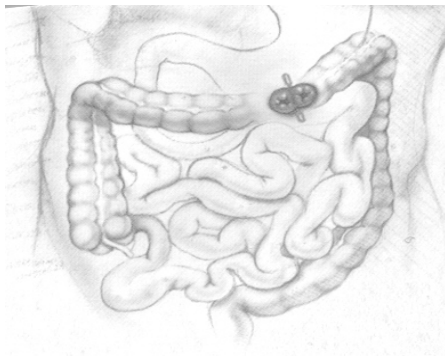
Sigmoid Colostomy



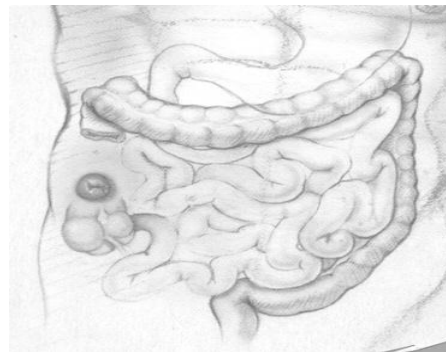
Descending Colostomy



Transverse Loop Colostomy



Ascending Colostomy



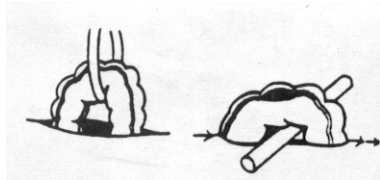
“ONE” OR “TWO” STOMAS?

When the bowel is divided to remove or bi-pass disease or injury, the surgeon will decide which is **the** best procedure **for you** to aid your recovery.

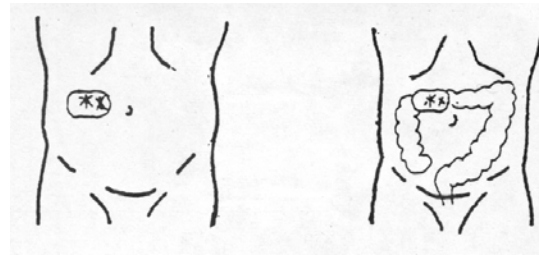
1. **Hartman’s Procedure:** (One Stoma) Disease is removed, the lower bowel is stitched closed inside you and the end of the upper bowel stitched to your skin as a single stoma. You may experience intermittent urges to pass “stool” from the rectum. **This is normal.** It is a build-up of mucous in the still healthy rectum. You may sit on the toilet and allow it to pass, but do not strain to push it out!



2. **Loop Colostomy:** (One Stoma with two openings) An incision is made in the skin and the surgeon pulls through it a “loop” of bowel, which is opened but not divided. The loop is prevented from falling back inside by placing a “rod” or “bridge” under the loop until the skin heals around the stoma in about 6-10 days. The rod will then be removed. This is “one” stoma having “two” actual openings, “Proximal” - from which the stool passes, and “distal” – toward the rectum. You may still experience some stool or mucous discharge from the rectum. This is normal.

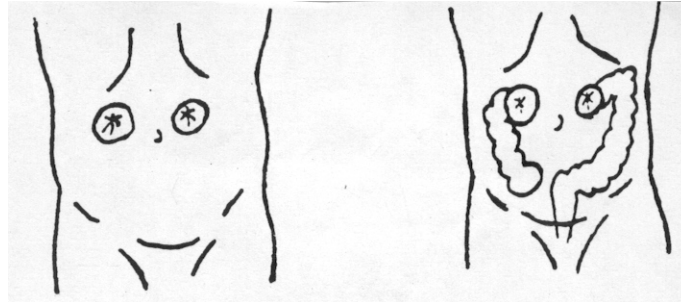


Making Loop



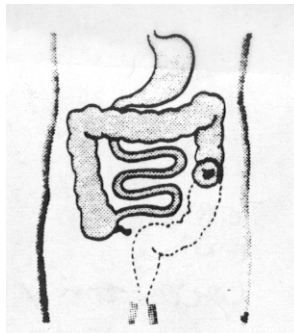
Loop Colostomy

3. **Double Barrel Colostomy:** (Two Stomas) An area of disease or injury is removed, the end of the upper bowel is stitched to the skin as a stoma for passing stool. Likewise, the top end of the lower bowel is stitched to the skin as another stoma to allow the lower bowel to decompress or avoid internal inflammation. This second stoma is sometimes called a “mucous fistula” or a “distal-stoma.” You may need to wear a pouch on this stoma also, to contain any excessive drainage.



Double Barrel Colostomy

4. **Permanent “End” Colostomy:** (One Stoma) The anus and rectum are removed and the end of the upper bowel is stitched to the skin for the passage of stool.



Terminal End Colostomy

ABOUT YOUR STOMA

Stoma comes in all shapes and sizes. Yours may be flush, flat with your skin, or it may protrude. A stoma should be reddish pink in color. This means that it is healthy. The stomal lining is like the lining in your mouth. When you brush your teeth, sometimes you may see some bleeding. You may also see a small amount of bleeding when you wash your stoma. Do not be alarmed! This is normal. However, if you have a large amount of bleeding from your stoma, you should call your doctor or ET Nurse. Any change in color of your stoma, especially a darkening should be reported.

Do not be afraid of your stoma! There are no nerve endings in your stoma, so it will not hurt to touch it. If you notice your stoma moving, this is the squeezing action (peristalsis) of the intestine, which helps move intestinal contents out of your bowel and into your pouch.

After surgery, your stoma is at first large and swollen. It will become smaller in size during the first six to eight weeks following surgery and may continue to shrink for up to a year. It is important to remember to re-fit your pouch opening according to the changing size of your stoma.

SEE YOUR ET NURSE YEARLY FOR PROPER SIZING AND NECESSARY FOLLOW-UP CARE.

WHAT IS A PERINEAL WOUND?

The space left after the rectum has been removed is known as the perineal wound.

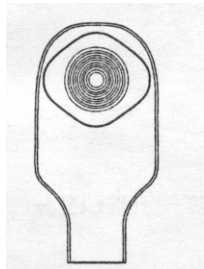
Routine Perineal Wound Management Tips

- Keep the wound clean and dry.
- Irrigate the wound with warm water after urinating if needed.
- The healing time varies.
- A warm tub bath or sitz bath may be comforting.
- It is normal to feel the need to have a bowel movement from the rectum if it has been removed. Your nerve endings still function. Often, sitting on the toilet can dispel the feeling.
- If you are having drainage from the wound, you may wear a panty shield, peri-pad or incontinence-type undergarment to protect your clothes.
- Your doctor may tell you something different about your wound care, follow his or her advice.

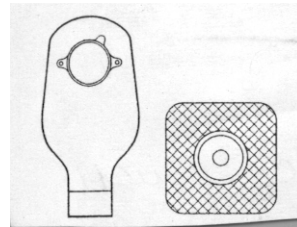
COLOSTOMY POUCHES

There are many different types of pouches on the market. Several types of pouches may be tried to find the best one for you. Modern pouches are odor proof and hypo-allergic. They can be worn for 3-7 days depending on your own personal needs. Pouches may be “one-piece” or “two-piece,” with “flat” or “convex” adhesive. Most pouches now have built-in skin barriers to protect your skin. Pouches may be “drainable” or “closed-end.” They may be “pre-sized” to your stoma or “cut-to-fit” while your stoma is shrinking as it heals.

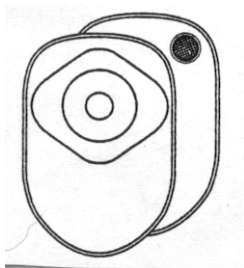
a. One-piece



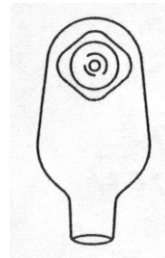
aa. Two-piece



b. Closed End



bb. Convex Adhesive/Skin Barrier



THINGS TO REMEMBER ABOUT YOUR POUCH

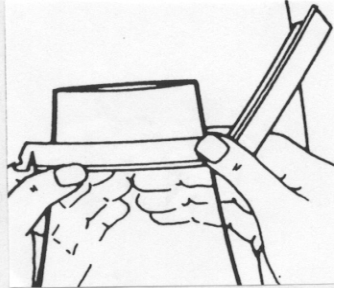
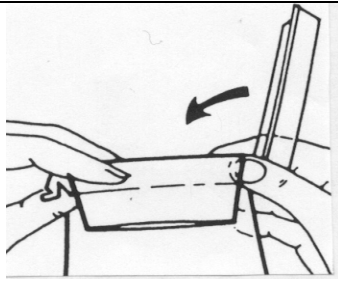
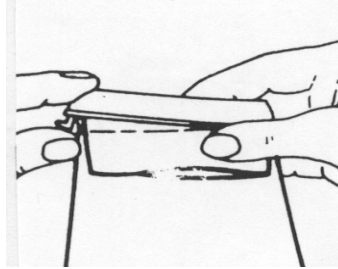
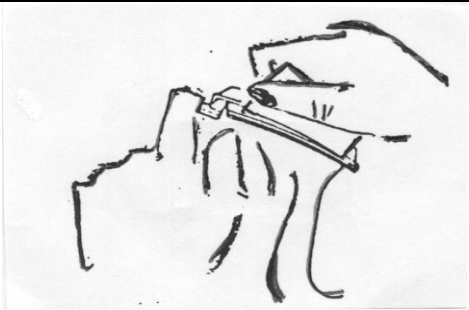
- You should be able to wear the same pouch 3-7 days, as long as you have a good seal.
- Anytime your pouch leaks – ***CHANGE IT***. Patching or taping a leaking pouch traps stool and causes your skin to get irritated.
- Burning or stinging under your pouch may be a sign of skin irritation and the pouch needs to be changed.
- The pouch needs to be emptied when one third to one half full of gas or stool. A pouch full of stool or air could loosen the seal and cause a leak.
- Sit down on the toilet and empty the pouch between your legs. If you turn a cuff on the bottom of the pouch, you can empty it without any mess. Always clean the bottom of the pouch with toilet tissue or handiwipe. This will prevent odor.
- Make sure your clamp for pouch is clean.
- Sometimes, not every time, you may want to rinse out the pouch with cool or room temperature water after you empty it: Any squirt bottle can be used. Do not allow water to wash over the stoma. This may loosen the skin seal causing sore skin and leakage.
- If you stand to empty the pouch, put toilet tissue in the toilet bowl first to prevent splashing.
- Check your supplies and reorder as necessary. Never wait until you have used all your supplies before ordering.
- Cloth pouch covers may make wearing your pouch more comfortable. These may be bought or hand made.
- Medicare and most insurance companies cover some portion of the cost of supplies depending on the terms of your policy. (Use the word **prosthesis** for your ostomy supplies when applying for insurance reimbursement.)
- Always carry an extra pouch just in case your pouch leaks. It is good to change your pouch before meals or wait 1-2 hours after eating.
- Gather all your supplies before you take your pouch off.
- Measure your stoma and adjust the pouch opening size as needed.

THINGS TO REMEMBER ABOUT YOUR POUCH

(Continued)

- It may be helpful to change your pouch in front of a mirror.
- You can change your pouch while sitting or standing.
- Remove your pouch using both hands and the push-pull technique, that is; push your skin off the tape. Be gentle in removing tape.
- Observe peristomal skin for any redness or irritation and call your ET Nurse if you are unsure of how to manage it.
- Do not use any creams or ointments under your ostomy pouch as these will prevent your pouch from sticking securely.
- Clean the peristomal skin with warm water and mild soap (such as Ivory). Rinse and pat dry.
- Use skin barrier to protect your peristomal skin from your colostomy drainage. You must protect the peristomal skin.
- Do not leave your ostomy supplies in the car during the warm months.
- Store your ostomy supplies in a cool, dry place.

HOLLISTER DRAINABLE BAG CLAMP

	<p>Open drain clamp; hold at hinge with right hand, with finger latch pointing toward top of bag.</p> <ol style="list-style-type: none">1. Lay thin inner bar of clamp flat on bag, with finger latch pointing toward top of bag.
	<ol style="list-style-type: none">2. Fold bag up once around the bar, making certain there are no wrinkles in bag near the fold.
	<ol style="list-style-type: none">3. Holding bag firmly around bar, close the clamp.4. Press the two parts together until they lock securely at the finger latch.
	<p>To Drain Bag: Hold bottom of bag upward with right hand, while left hand holds the bag near the clamp. Release latch with finger of left hand; hold clamp and pull bottom of bag gently. Remove the clamp and allow bag to drain. To refasten, wipe bottom of bag with tissue and repeat steps 1 through 4.</p>

CHANGING YOUR POUCH

1. Gather all your supplies:
 - Pouch
 - Skin barrier paste/powder _____
 - Clamp
 - Paper towels
 - Plastic garbage bag
 - Scissors
2. Gently remove the pouch using the “push-pull” technique.
3. Wash your skin with warm water and mild soap. Rinse well.
4. Pat your skin dry.
5. Measure your stoma using the measuring guide leaving 1/16 – 1/8 inch clearance between stoma edge and measuring device. Transfer measurements to back of your pouch on adhesive release paper.
6. Cut out the opening for the stoma.
 - If you have to cut an opening in your pouch to fit over the stoma, do this first – before you remove your old pouch.
7. Remove release paper.
8. Apply a bead of skin barrier paste (stomahesive) to edge of opening you just cut.
9. Center the pouch adhesive over your stoma and press firmly. Smooth out the paper edges.
10. If you are wearing a two-piece pouch system, affix the pouch to the pouch ring.
11. Place the clamp on the bottom.
12. Place used disposable pouch in the plastic bag along with used paper towels and dispose in the regular trash.
 - Clean any reusable pouch or parts ready for next use.

If your skin is irritated, see section for skin problems. If not relieved after one or two pouch changes, call your ET Nurse.

CARING FOR THE SKIN AROUND YOUR STOMA (PERISTOMAL SKIN CARE)

The skin around the stoma needs extra care. An ounce of prevention is worth a pound of cure. This means that the pouch should always be gently removed from the skin using push-pull technique. Gentleness also includes leaving the pouch on for several days. Pouches removed too often can irritate the skin. If the pouch leaks, change it right away. There is no safe way to patch a leaking pouch.

Keeping the skin protected from the harsh enzymes in the intestinal content is a must. The pouch needs to fit well around the stoma. If any skin is showing around the stoma, a skin barrier must be used to protect the skin. Blistered, weepy, reddened skin, where the intestinal content has sat on the skin, calls for fast action. If the problem doesn't improve or if it gets worse, it is time to get help from an ET Nurse.

SKIN PROBLEMS

Causes of Skin Problems:

1. Allergic reaction to the product
2. Perspiration
3. Yeast or fungal infections
4. Intestinal content on the skin

Prevention of Skin Problems:

1. Treat your skin gently
2. Keep skin clean
3. Keep skin protected by using a correctly fitted pouch and/or skin barrier.

Solving Skin Problems:

1. **Intestinal content on the skin**

Appearance: Skin looks blistered, red and perhaps weepy

- Solution:
- a) Use a correctly fitted pouch and a skin barrier so no skin is showing
 - b) Change pouch regularly
 - c) Change pouch immediately if a leak occurs
 - d) Sprinkle stomahesive powder on the reddened skin. Massage into red weepy skin, brush off excess powder so the pouch will stick. Apply your pouch in the usual manner.
 - e) Call your ET Nurse

2. **Allergic reaction to pouch or skin care product**

Appearance: Skin looks red, swollen, feels itchy exactly where the product touched the skin.

- Solution:
- a) Stop using that particular pouch or product
 - b) Patch test new product. Place a small amount of the product on the skin away from the stoma and cover it with tape. Check the area after 48 hours for redness or signs of irritation. Remove the patch test earlier if itching or other problems occur. An allergic reaction can occur after using a product several years.
 - c) Call your ET Nurse

3. **Heat Rash**

Appearance: Skin looks red, sweaty and rashy under the plastic of the pouch.

- Solution:
- a) Dust with cornstarch
 - b) Wear a pouch cover **OR**
 - c) Place a piece of thin cotton fabric underneath the pouch such as T-shirt fabric, baby's cotton bib or a clean dry washcloth

4. **Yeast infection**

Appearance: Red rash with tiny white bumps with some possible itching and pain.

- Solution:
- a) Call your doctor for a prescription of Nystatin Powder or Mycostatin Powder.
 - b) Wash the irritated skin with warm water and mild soap (Ivory), rinse and pat dry. Sprinkle powder on skin. Massage into red, weeping skin; brush off excess powder so pouch will stick. Apply pouch in the usual manner.
 - c) Call your ET Nurse

5. **Mildly red skin**

- Solution:
- a) Remove the pouch gently (push-pull technique)
 - b) Wash skin with warm water and mild soap (Ivory) and a washcloth or paper towel – rinse skin thoroughly.
 - c) Pat the skin dry
 - d) Sprinkle stomahesive powder on the reddened skin, brush off excess powder so the pouch will stick. Apply your pouch in the usual manner.

DIET TIPS FOR THE COLOSTOMY PATIENT

Everyone needs to eat well-balanced meals to keep healthy and keep bowel activity normal. For a few weeks after surgery, your doctor may tell you to avoid high fiber foods. Foods high in fiber (nuts, raw vegetables, corn, beans with hulls or strings, etc.) are hard to digest and may cause some discomfort. After a few weeks, you should be able to eat and enjoy the same foods you ate before your surgery. However, remember: **MASTICATE! MASTICATE! MASTICATE!!! Chew your food, chew your food, chew your food!!**

Do not think you can keep your bowel from moving by not eating. An empty bowel makes a lot of gas. You should eat regularly. Your colostomy will work better if you do.

By trial and error you will learn which foods you can eat and enjoy. Usually whatever you ate before surgery, you can eat after surgery. If you eat something and it causes you a problem, try it again in a few weeks after your body has healed more. If a favorite food causes a lot of gas, do not quit eating it, just eat less of it. The final authority must be you. Remember, you cannot always go by what others say because what is "one man's meat is another man's poison." For example, some people can drink milk and some cannot, or one will have diarrhea from over indulgence in foods but if they cut down on the amount and chew very well they may be able to tolerate it without a problem. You need to experiment. Remember, **MODERATION.**

A. GAS-FORMING FOODS:

Below is a list of foods that may cause extra gas. Try each food by itself to see if it causes a problem for you. Eating habits may also cause gas. Foods should be eaten slowly and chewed well.

BEER	BEANS
MUSHROOMS	BRUSSEL SPROUTS
CABBAGE	CAULIFLOWER
COCA-COLA	SPINACH
STRING BEANS	CUCUMBERS
BROCCOLI	RADISHES
ONIONS	PEAS
CORN	

B. ODOR

Below is a list of foods likely to cause an increase in odor in your stool. Remember that your pouch is odor proof and there should only be an odor

when you empty your pouch in the bathroom. The rule of thumb is anything that goes in smelling strong, comes out smelling strong.

BRUSSEL SPROUTS
CABBAGE
EGGS
FISH
LIVER

GARLIC
ONIONS
SPICES
CHEESE

There are many products available to help control odor – pouch deodorants, room deodorants, pouches with gas-release valve and drugs. Discuss this with your ET nurse.

Foods that decrease odor are PARSLEY, BUTTERMILK, ORANGE JUICE AND YOGURT. Ask your ET Nurse for more information if this is a problem for you.

C. DIARRHEA

There are some foods that are more likely than others to cause diarrhea. Again, if they did not cause you any problem before surgery, they probably will not after surgery. Try them and see how you do.

BEER
BROCCOLI
HIGHLY SEASONED FOODS

GREEN BEANS
RAW FRUITS
SPINACH

You can still get diarrhea caused by a stomach virus. The following may be tried as a “home remedy.” If the diarrhea continues for 24 hours, call your doctor. It is important not to get dehydrated.

1. Try eating STRAINED BANANAS, TAPIOCA, APPLESAUCE, OATMEAL, PEANUT BUTTER (WITHOUT NUTS), BRAN CEREAL, PRETZELS, PASTA, CHEESE.
2. Drink GATORADE.
3. You can usually still take Pepto Bismal. Kaopectate or Donnagel-PG if you were able to take them before your surgery.

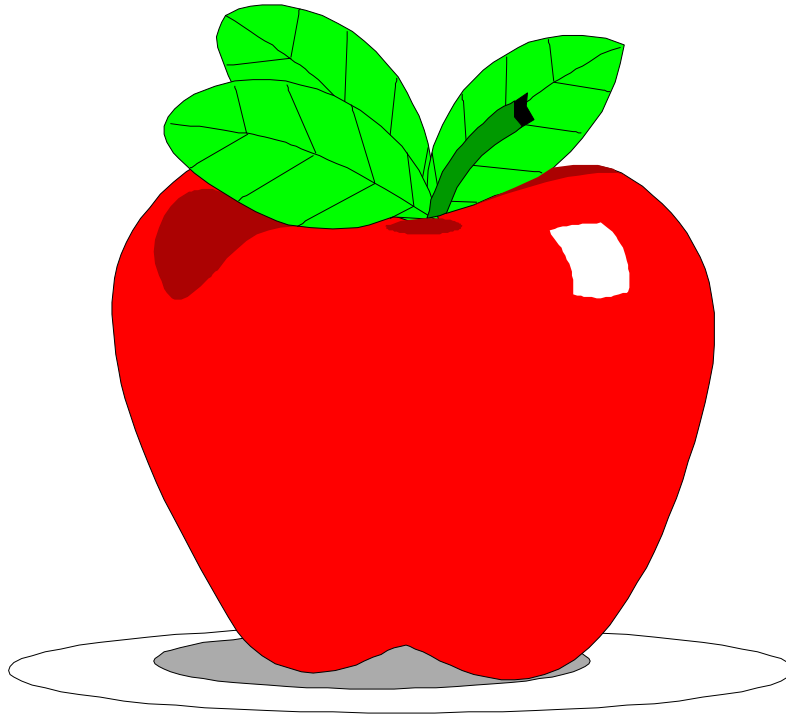
NOTE:

If you irrigate your colostomy, stop irrigation until the diarrhea stops. You should also wear a drainable pouch until the diarrhea stops.

D. CONSTIPATION

Sometimes you may feel constipated just as you did before surgery. The following ideas may be tried to prevent constipation:

1. Drink more water and fruit juices.
2. Eat more high fiber foods (CELERY, BRAN CEREAL, RAW VEGETABLES, FRUITS).
3. If constipation is a problem, call your doctor or ET Nurse.



COLOSTOMY IRRIGATION

Colostomy Irrigation is an optional method of bowel control for people with permanent or long-term sigmoid colostomies. Its purpose is to evacuate the lower bowel of stool to provide a 24-48 hour period of no further bowel movement.

Colostomy irrigation is similar to an enema. It should be done at the same time every day to establish a bowel "habit."

You should **not** irrigate your colostomy if you have had radiation therapy or if your bowel habits were irregular before surgery. It is not an "absolute must" to do colostomy irrigation to manage your colostomy. Today's order-proof pouching products make this procedure less of a necessity. Many people have even discontinued their irrigation procedure and wear only a pouch routinely.

Discuss this option with your ET Nurse.

COLOSTOMY IRRIGATION (ENEMA)

Equipment:

- 1) Colostomy Irrigation Set (bag, tubing, sleeve and belt).
- 2) Water-soluble lubricant (KY Jelly, Lubifax, etc.).
- 3) Irrigation fluid (usually water).
- 4) Pitcher, toilet paper, water, washcloths.
- 5) Routine colostomy dressing or appliance equipment.

Procedure:

1. Fill irrigator bag with one quart of lukewarm water. Suspend so that bottom of bag hangs at shoulder level when seated.
2. Remove appliance or dressing from stoma carefully and remove surplus stool or mucus with toilet paper.
3. Place irrigation sleeve over stoma and secure with the belt. Sit comfortably on, or in front of, the toilet, placing **the end of the sleeve in the toilet**.
4. Lubricate the cone tip.
5. Direct cone into the sleeve and start water flowing at a "slow" rate.
6. With water running, insert cone into stoma and hold firmly against stoma to prevent water seeping out and escaping down the toilet. ALLOW 5-10 minutes for one (1) quart of water to run in. If cramping occurs kink tubing to halt flow until cramp subsides, then release and allow water to continue flowing.
7. When all the water has run in, remove the tubing and sit for 10-15 minutes for 80% of the water and stool to return down the sleeve into the toilet.
8. Rinse out the sleeve using pitcher and water. Wipe bottom of sleeve dry, fold up and secure bottom to top with clamps and do as you wish for 30-45 minutes to ensure all stool and water have returned.
9. Remove sleeve, shower or bathe, apply new dressing or pouch.
10. Wash irrigation equipment in warm water and detergent, rinse and hang up to air dry.

To Gain Control of Bowel Movement:

- A) irrigate at the same time every day, until you have experienced no spillage between irrigations for at least a week. Stay on a low residue diet during this time.
- B) Begin adding one food at three-day intervals. If you lose control, this MAY be a laxative food for you, omit it, and try it again later. Continue daily irrigations.
- C) After you have tolerated all foods you desire in your diet, you may want to try irrigating every other day. If spillage occurs, return to daily irrigations.
- D) With sluggish or no returns: DO NOT repeat irrigation that day. Increase oral fluids to at least eight glasses a day.

TRAVEL

You have the freedom to go wherever you want. There is no need to stay home. The travel motto is “be prepared.”

1. Always keep your ostomy supplies in an overnight bag with you. Sometimes luggage gets lost.
2. If you are going to travel out of the state or country, contact your ET Nurse or UOA for the name of an ET Nurse located in that part of the world.
3. Try to carry enough supplies to last on the trip until you return home.
4. Some water in other countries may give you diarrhea. Carry some lomotil with you when traveling. Get a prescription from your doctor. Carry equipment to boil your drinking water if possible.
5. If you wear a reusable pouch, you may want to take along some disposable pouches in case of an emergency.
6. Before traveling abroad, get a copy of the current directory of English speaking doctors who charge a standard fee (UOA, United Ostomy Association).
7. Seat belts worn when flying or traveling will not harm the stoma when adjusted properly.
8. Travel until your heart is content and join the many thousands of ostomates who travel extensively in the United States, Canada and abroad.



TELLING OTHERS

1. If you have children, answer their questions simply and truthfully. A simple true explanation will be enough for your children.
2. If you are thinking about marriage, a thorough discussion with your future spouse about life with an ostomy and its effects on sex, children and family acceptance is in order.

Invite your future spouse to a local ostomy club meeting, a talk with your doctor or a visit to your ET Nurse. Talking to other couples where one has an ostomy will help clear up any questions.

3. Being open with others about your ostomy will help educate the public. If you don't wish to tell others, that is your right. There are lawyers, movie stars, athletes, bankers, pharmacists, hospital administrators, nurses and many others with ostomies.



FRIENDSHIP, LOVE AND SEX

True friendship and deep relationships on any level are built upon trust and mutual understanding. You have the same attributes you possessed before surgery and your ability to develop friendships has not changed.

The fact that you have an ostomy does not change you as a caring, loving and respectful person.

Sexual functions in the female are not impaired by an ostomy, while sexual functions in the male can sometimes be affected if he has had abdominoperineal surgery, usually for a short time. If you have concerns, please discuss this with your doctor or ET Nurse.

SEXUALITY

Because of the importance we place on physical beauty, the idea of ostomy surgery can be very threatening. At first, it may be very difficult to believe that an intimate relationship is still possible. Some people worry about being accepted by their spouse or loved one. Do not ever assume that your partner is “turned off” by your stoma or pouch. Talk together about your feelings and your ostomy. Your partner may be afraid of hurting you, and you need to let him/her know that sexual activity will not harm the stoma. You might find it helpful, and fun, to experiment with positions while fully clothed to assure yourselves of comfort and security.

Women of childbearing age need to plan for birth control, at least until your doctor approves of a pregnancy after enough healing has taken place.

There are a Few Basic Tips About Sex:

1. Empty your pouch first.
2. Be sure you have a good seal around the pouch.
3. You may want to wear a pouch cover.
4. A smaller closed end pouch could be worn for the period of intimacy, but do change to your normal pouch before settling to sleep.
5. A cummerbund or crotchless panties, or taping the pouch snug to your body can camouflage or stabilize the appendage!
6. Enjoy the moment.

If you have any other sexual concerns, please ask your ET Nurse or doctor.

SOCIAL ACTIVITIES

Your social life can be just as active as it was before surgery. You can enjoy all activities: swimming, parties, attending church, attending meetings of civic and social clubs.

The first time out of the house, you may feel that everyone is watching you or your pouch even though it is not visible under your clothes. This is normal and the feeling will soon leave.

You may also worry that the pouch will fill up with intestinal content and gas. A quick trip to the bathroom to check will ease your mind.

After a meal, you may think your pouch will fill up, but remember, even people without ostomies sometimes have to make a quick trip to the bathroom after a meal. Always carry an extra pouch with you, in your purse, baggie, hip pocket or brief case.

WORK

You should be able to perform duties at work that you did before surgery. An exception would be a job that requires very heavy lifting, which could cause the stoma to get longer or bulge.

However, there are people with ostomies who do heavy lifting, such as fireman, mechanics, truck drivers and roofers. There are athletes with stomas. If you will be doing heavy lifting, ask your ET Nurse about an ostomy support binder. Check with your doctor if you are in doubt about your type of work.

You will be off work for a while until you regain strength from your operation, which is true with any major surgery. A letter from your doctor to your employer stating your health condition and limits would be helpful if your employer has doubts about your work performance and abilities.



SERVICE ORGANIZATIONS FOR PEOPLE WITH OSTOMY

The local ostomy association in your area provides a good source of information and support as you learn to care for your ostomy. The association is open to all people with ostomies and their family and friends.

<p>United Ostomy Association (UOA) 19772 McArthur Boulevard, #200 Irvine, CA 92612-2405 Phone: (800) 826-0826 Fax: (949) 660-9262 Email: www.uoa.org</p>	
<p>Crohn's Colitis Foundation of America, Inc. (CCFA) National Headquarters 386 Park Avenue South New York, NY 10016-8804 Phone: (800) 343-3637 Email: www.ccfa.org</p>	<p>CCFA LA Chapter 3731 Wilshire Blvd., #518 Los Angeles, CA 90010 Phone: (213) 380-3800</p>
<p>American Cancer Society (ACS) 1599 Clifton Road N.E. Atlanta, GA 30329 Phone: (800) 227-2345</p>	<p>American Cancer Society Local Chapter 5731 West Slauson Culver City, CA 90230 Phone: (310) 390-8766</p>
<p>Newsletter "Quality Care" related to Urinary & Fecal Continence (NAFC) National Association for Continence P. O. Box 8310 Spartanburg, SC 29305-8310 Phone: (800) BLADDER (252-3337) Email: www.NAFC.org</p>	<p>Cancer "Hotline" Information National Cancer Institute (800) 4-CANCER (422-6237)</p>

RESOURCES FOR OSTOMY SUPPLIES

**Suppliers who may accept assignment on Medicare.*

+Suppliers who may accept Medical. Please verify by phone.

San Fernando Valley – Simi Valley – Lancaster

Park West Pharmacy Healthcare
7230 Medical Center Drive
West Hills, CA 91307
(818) 346-6550

Burbank Medical Tower Pharmacy
140 North San Fernando
Burbank, CA 91502
(818) 843-2241

+Dos Caminos Pharmacy
2412 Ponderosa Drive North
Camarillo, CA 93010
(805) 484-1059

Colonial Pharmacy
1326 S. Baldwin Avenue
West Arcadia, CA 91007
(626) 447-3591

+Mid-Valley Pharmacy
2519 Royal Avenue
Simi Valley, CA 93065
(805) 527-4013

+Reliable Pharmacy
18350 Roscoe Boulevard
Northridge, CA 91325
(818) 885-7722

Antelope Valley Sick Room Supply
44814 North Date Avenue
Lancaster, CA 93534
(661) 942-0455

West Valley Surgical Supply
5363 Balboa Boulevard
Encino, CA 91316
(818) 981-2600

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Los Angeles/ Glendale/ Santa Monica/ Inglewood

+California Medical Pharmacy
2201 West Temple Street
Los Angeles, CA 90026
(213) 483-3736

+York Professional Pharmacy
5821 York Boulevard
Los Angeles, CA 90042
(323) 254-6839

Horton & Converse
8631 West 3rd Street
Los Angeles, CA 90048
(310) 657-1524

Total Remedy Prescription
1245 Wilshire Boulevard, 1st Floor
Los Angeles, CA 90017
(213) 481-3917

*+Comfort Care
5220 Santa Monica Blvd. (at Hobart)
Los Angeles, CA 90029
(323) 666-0414

Horton & Converse
2001 Santa Monica Boulevard
Santa Monica, CA 90404
(310) 829-1834

Colonial Drug
1812-1/2 N. Vermont Avenue
Los Angeles, CA 90027
(323) 666-4044

Horton & Converse
11600 Wilshire Boulevard
West Los Angeles, CA 90025
(310) 478-0801
Fax: (310) 477-3509

+Arbor Vitae Medical
6208 West 87th Street
Los Angeles, CA 90045
(310) 641-5296

+Waldon Surgical
5495 S. Sepulveda
Culver City, CA 90230
(310) 398-2288

+Marc Pharmacy, Inc.
6200 Wilshire Boulevard
Los Angeles, CA 90048
(323) 938-7131 or 938-2854

+Waldon Surgical
935 N. Fairfax Avenue
West Hollywood, CA 90046
(213) 654-2299

+Prescription Pharmacy
(Twenty-Ten Pharmacy)
2010 Wilshire Boulevard
Los Angeles, CA 90057
(213) 483-5910

Victory Drug
17325 S. Bellflower Boulevard
Bellflower, CA 90706
(562) 925-7575

*+Walker's Prescription Pharmacy
555 West Compton Blvd., #102
Compton, CA 90220
(310) 638-1109

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San Gabriel Valley

+F. D. Titus
160 S. Garfield Avenue
Alhambra, CA 91801
(626) 284-3221

San Gabriel Valley Ostomy and
Health Care Center
1355 W. Foothill Boulevard
Azusa, CA 91702
(626) 969-5886

South Bay/ Orange County

+Kovac's Frey Pharmacy
2860 Artesia Boulevard
Redondo Beach, CA 90278
(310) 371-7541

*Medical Centre Pharmacy
4201 Torrance Boulevard
Torrance, CA 90503
(310) 540-3312

*+Abrams and Clark Pharmacy
3841 Atlantic Avenue
Long Beach, CA 90807
(562) 427-7901

+La Palma Surgical
1120 West La Palma
Anaheim, CA 92801
(714) 776-2802

Deckert Surgical Company
409 South Main Street
Santa Ana, CA 92701
(714) 542-5607

College Pharmacy
ATTN: Karl Spinner
440 Fair Drive
Costa Mesa, CA 92626
(714) 546-3288

+Shield Health Care
9520 Norwalk Boulevard
Santa Fe Springs, CA 90670
(800) 372-6205
(will ship anywhere)

The Druggist
24022 Aliso Creek Road
Laguna Niguel, CA 92677
(949) 643-0740

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MAIL ORDER COMPANIES

CALL FOR CATALOGS

*Edgepark Surgical, Inc.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(800) 321-0591
4U@edgepark.com

M.O.M.S.
P. O. Box 922
Santa Clarita, CA 91380-9022
(800) 232-7443

Bruce Medical Supply
411 Waverly Oaks Road
P. O. Box 9166
Waltham, MA 02454-9166
(800) 225-8446

Torbot Group, Inc.
1367 Elmwood Avenue
P. O. Box 3564
Cranston, RI 02910
(800) 545-4254

AARP Ostomy Care Center
(800) 284-4777 – Inquiries
(800) 284-4788 – Orders

+Shield
(800) 228-7150

The Parthenon Company, Inc.
3311 West 2400 South
Salt Lake City, UT 84119
(800) 453-8898

American Ostomy Supply
P. O. Box 13396
Milwaukee, WI 53213-9911
(800) 858-5858

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FOLLOW UP CARE

Your doctor will tell you when he or she wishes to see you again after discharge.

Call the **doctor** if any of the following symptoms occur:

- If your stoma color changes from pinkish red to purple or black.
- If you are having diarrhea and/or vomiting lasting 24 hours or more.
- For bleeding (of one cup or more) from within your stoma.
- Abdominal pain and distention with no stool output.

Your ET Nurse should see you approximately six (6) weeks after your surgery to evaluate your equipment, peristomal skin and review any questions you may have in regard to living with your stoma.

Call the **ET Nurse** if any of the following occur:

- Questions or problems related to your pouch or stoma.
- Problems with pouch leakage or odor.
- Any signs of redness, rash or other irritation of the skin around our stoma.

A six (6) month and yearly visit is recommended to ensure your continued good health and successful rehabilitation. Product manufacturers develop new and more effective products every year. With regular visits you can be assured you are using the best products for you and your lifestyle.

How do I contact my ET Nurse?

Anne Fischer, RN, CETN

call (310) 423-5645

Glenda Hamburg, RN, CETN

call (310) 423-5646

Please leave a message, we will be automatically paged and will return your call as soon as possible or the next working day.

ET Outpatient Consultation Service

Description of Services

- Preoperative counseling, stoma site selection and marking.
- Post-operative instruction, including post-op follow up after ostomy surgery, include:
 - Client and family counseling (regarding living with an ostomy)
 - Teaching of cleanliness, comfort and odor control.
 - Care of and selection of ostomy prosthesis.
 - Dietary counseling.
 - Extended instruction on stomal care.

- Periodic stomal recalibration and re-evaluation of pouching system
- Evaluation and treatment of skin or stomal problems.
- Psychosocial counseling.
- Incontinence and skin care.
- Fistula and draining wound management.
- Consultation of Pressure Dermal Ulcer Management.
- Management of radiation skin reaction.

We take pride in our training, knowledge and capabilities, and we want you to know that we are dedicated to giving you quality health care.

Office Hours

Regular days and hours are Tuesday 8:00 a.m. to 2:00 p.m. and Friday 8:00 a.m. to 12:00 p.m. (noon). Other appointments may be made if you need attention other than during normal hours. We will try to see you at your scheduled time. We strongly believe in the value of your time and will do our best to keep you from waiting. We would appreciate 24 hours notice if you find it necessary to cancel or change your appointment.

Contacting your ET Nurse:	Anne Fischer	Glenda Hamburg
Office/Voice Mail	310/423-5645	310/423-5646
Pager - (M-F 8-4pm)	310/423-5520	310/423-5520
	Pager 1763	Pager 1413

Be sure to enter your call-back number

Medical Supplies

You will be responsible for obtaining supplies for use at home after seeing the ET Nurse. We can assist you with obtaining equipment through appropriate referrals to medical equipment suppliers.

Fees and Payment/Insurance

Fees will be charged for your visit plus any supplies, equipment or treatment ordered or used. Payment is expected at the time the service is rendered. If you have insurance coverage, our business office will have you sign an “authorization to bill” form so that we may process your claim. Please have your insurance information ready for this purpose at your first visit. Other financial arrangements may be made through our business office if you have no insurance.

The best health care is based on friendly mutual understanding among health care providers and clients. If any problems or questions arise, do not hesitate to bring them to our attention immediately.

We look forward to providing you with the specialized care you deserve!

FINANCIAL INFORMATION

If you need help with the purchase of your ostomy supplies, ask your ET Nurse , your insurer and/or your local ostomy group for the information you need.

Local cancer societies for many years have provided assistance to ostomy patients. The March of Dimes gives assistance to those whose ostomies result from birth defects.

Ostomy care and supplies are reimbursable by Medicaid and Medicare. (Use the word “prosthesis” for your ostomy supplies.) Amount of reimbursement varies according to your insurance guidelines.

1. Insurance companies usually pay at least a portion of your ostomy supply charges.
2. Call your insurer and ask
 - a. If they have a “Preferred Provider” for ostomy supplies.
 - b. what is your coverage
3. Keep a record of your ostomy expenses, which can be used for tax deduction. Ask your dealer for receipts.
4. Some dealers will “accept assignment” for Medicare/Medi-Cal or insurance accounts. Some dealers expect full payment over-the-counter. They will provide an itemized bill for you to attach to your own insurance claim form for reimbursement.
5. Some dealers will deliver supplies to your home, some will file Medicare/Medi-Cal forms, some will give discounts for cash purchases and some will give 30 days to pay the balance.

Choose the ostomy supply dealer who is right for you or ask your ET Nurse.

Reimbursement and Dealers:

Keep a record of ostomy expenses, for they can be used as tax deductions, along with drugs and medications. Always ask your dealer for a receipt.

HELPFUL HINTS

What happens if there is a great deal of bright red blood from my stoma?

Check to see if it is coming from the mucosa of the stoma and not from within. Take a wet washcloth and apply over the spot of bleeding using a gentle steady pressure and hold it for five (5) minutes by the clock and remove wet washcloth. If bleeding does not stop after doing this procedure three (3) times, then notify your doctor and go to the emergency room at the hospital. Continue intermittent pressure until you arrive at the hospital. Be sure to take your supplies with you so you can apply a new pouch.

What can I do about odor?

- 1.) Be sure you have a good seal on your pouch;
- 2.) Use a pouch deodorant; and
- 3.) Change your pouch at least once a week.

Eat a small amount of spinach or parsley daily. If this is not effective, there are some medications that will eliminate odor (such as Bismuth Subgallate, clorophyl or charcoal). Chew one tablet after each meal and at bedtime or as directed. ***Check with your doctor before taking any medication.***

Remember, if you are taking Bismuth Subgallate and you are to have an x-ray, be sure to tell your doctor and the Radiologist what medications you are taking because the x-ray will show opaque areas. He may request you to discontinue the medication several days before the x-ray is taken. Also, when taking Bismuth Subgallate or Charcoal, your intestinal content will be black. Do not increase the dose of medication because this can cause constipation. Clorophyl will turn your stool green and it will be looser. If anything, reduce medication eventually to one (1) tablet daily or every other day.

I have some small bumps on my stoma. What is it?

They may look like warts (small or large). These are called granulation tissue and are a normal defensive reaction of the body, as a stoma lacks the resilience of the skin to everyday minor injuries. The rubbing of the appliance, if the opening is too small, or from the material of the pouch, such as cryovac, plastic vinyl. Treatment is to ignore it if they are small and not a problem, or they can be cauterized by your physician or ET Nurse as an office procedure.

HELPFUL HINTS
(Continued)

Sometimes I see bits of food in my stool.

This is normal. Just chew your food well. Remember, masticate, masticate, masticate!

What should I do about the hair on my abdomen?

The hairs under your faceplate or skin barrier should be removed by an electric razor or cut with scissors at the skin level. Caution: If using safety razor, avoid possible nick in skin or stoma. Consult with your ET Nurse before doing either procedure.

You may shower or take a bath with or without your pouch.

DISCHARGE PLANS

The time has come for you to go home, but plans for your discharge began when you were admitted to the hospital. Each time the ET Nurse talked to you about your ostomy, each time you emptied or changed your pouch, each time you read a part of this booklet or saw an ostomy film, the plans for discharge were being carried out.

If it is necessary, the doctor can arrange for a visiting nurse to see you at home following your discharge from the hospital.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CARE AT HOME, ASK YOUR DOCTOR OR ET NURSE.

GLOSSARY

Abdominoperineal Resection: An operation in which the sigmoid colon, the entire rectum and the anus are removed. A permanent ostomy is then formed by bringing the intestine through the abdomen to form a stoma.

Appliance: A bag or pouch worn over stoma to collect output, intestinal content or effluent.

Dehydration: Loss of water from body tissue due to excessive sweating, vomiting or diarrhea.

ET Nurse: Registered nurse who has received specialized training to assist people who have had ostomy surgery through the rehabilitation period.

Electrolytes: Chemicals present in body cells that are necessary to maintain body activity. Examples include salt (sodium) and potassium.

Enzymes: Substances found in digestive juices, which help to break down foods for digestion.

Herniation: Loss of muscle tone around the stoma, resulting in a bulging area beyond the normal skin contour.

Ileostomy: Surgically created opening of the small bowel (ileum) through abdominal wall, forming a stoma. Usually entire large bowel is removed.

Intestinal Content: Waste products of the digestive system also referred to as effluent/output, stool or Bowel Movement (BM).

Mucus: The viscous liquid secreted by mucus glands which lubricate the lining of bowel (may be yellow-white or clear color).

Obstruction: A blockage in the intestine, which decreases or stops any output from the stoma.

Peristalsis: The wave like contractions occurring in the gastrointestinal tract that propels food substance during the digestive process and pushes stool out through your stoma.

Peristomal Skin: The skin surrounding a stoma.

Prolapse: A stoma, which protrudes more than usual away from the abdomen.

Retraction: Situation in which the stoma draws back into the abdomen and does not protrude above the skin level.

Skin Barrier: Protective skin product to cover the skin around stoma to protect it from any body secretions.

Stoma: An opening made on the abdomen for the elimination of waste.

