Coloplast®
Care

Coloplast

Essential advice for before and after operation · User

Your guide to living with a colostomy

Your colostomy

Having any operation can be an emotional experience but being well prepared can help you to know what to expect. Whether your operation was planned or an emergency, this booklet has been specially written to answer some of the questions often asked about having a colostomy and can also act as a quick reference guide for later on.

…we're here to help

The first thing you can be assured of is that you will have lots of support. Your care team includes your surgeon, your specialist stoma nurse and many other healthcare professionals. We are all here to give you, your family and carers, help and advice both before and after your operation, while you are in hospital and when you go home.

Inevitably there will be some issues that this booklet doesn't address or that you would like more information about. Similarly, the information is general and some of it may not apply to you. So in addition to this booklet, we've developed a useful guide to help you through the first year following your operation. If you haven't been given this by your nursing team, please call

[INSERT LOCAL DETAILS]

for a complimentary copy.

And don't forget, it's natural to have lots of questions so, no matter how small it may seem, if you have any concerns please ask a member of your care team. They will be more than happy to help.

Your operation

In hospital

Going home

Sources of help and advice

Understanding your digestive system

Having any type of surgery can feel a little daunting. So, to help you understand what is involved in your operation, we'll first take a look at your digestive system and describe how it works.

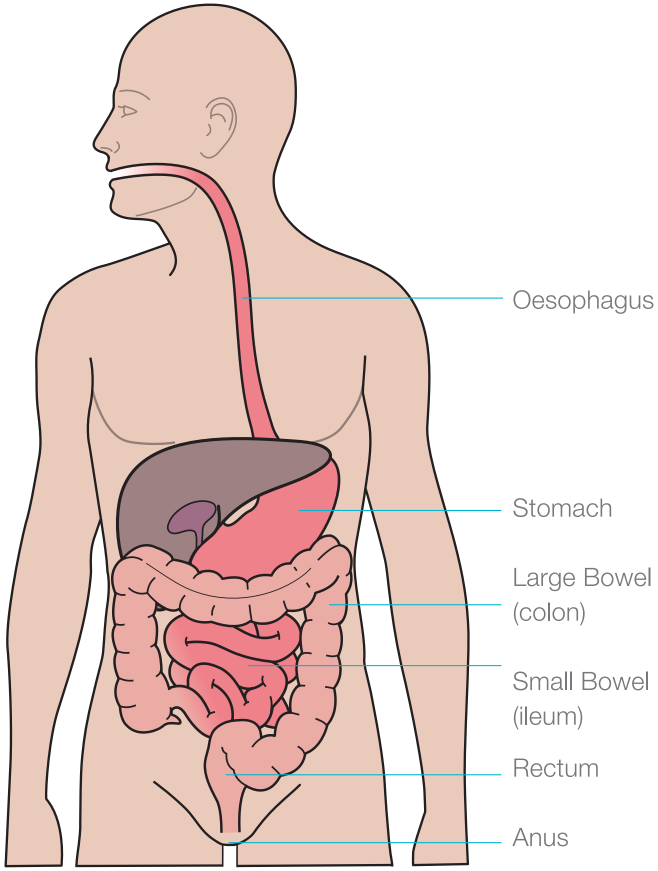
Have a look at the diagram of the digestive tract and starting at the mouth follow it all the way down to the anus.

When you eat or drink, the food travels down a long, narrow tube called the oesophagus (food pipe) into your stomach.

Once here the food is churned into smaller pieces and your digestive juices begin to liquidise it. The journey continues as the contents of the stomach move into the small bowel (ileum). Here digestion finishes and your body begins to absorb, via your bloodstream, the nutrients it needs for energy, growth and building new cells. The residue from digestion, very importantly, leaves waste and roughage behind.

This then moves forward into the large bowel (colon) where your body absorbs more fluid to make the waste more solid.

The muscles in your colon wall then push any waste forward into your rectum where it passes out of your body through your anus as faeces.



> “Your surgeon and specialist stoma nurse will explain the type of surgery you’ll be having and why you need to have a stoma”

What is a colostomy?

The type of stoma you will be having is called a colostomy. During your operation, part of your large bowel (colon) will be brought to the surface of your abdomen to form a stoma (opening). If possible, you may be able to agree on a site for your stoma with your specialist stoma nurse before your operation.

This is usually made on the left-hand side of your body, but may in some circumstances be on the right-hand side.

What difference will having a colostomy make?

When a colostomy is made on your abdomen it alters the usual way you go to the toilet to pass faeces. After surgery, instead of coming out through your anus, your faeces will pass through the stoma instead. The traditional way you pass faeces is controlled by a special sphincter muscle in the anus. However, the main difference you will notice when you have a stoma, is that you will no longer be able to hold on to or have control over, when you need to pass faeces. You will also not have any control over when you pass wind or flatus.

What will the stoma look and feel like?

The stoma will be moist and pinky red in colour and should protrude slightly from your abdomen. It may be quite swollen to begin with but will reduce in size over time – usually after 6-8 weeks. Despite being red, there is no sensation in the stoma and it’s not painful.

Loop colostomy – just after operation and with plastic bridge

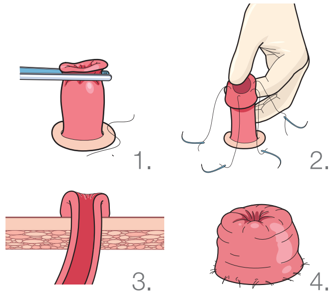
Healthy end colostomy – some time after operation

Why do I need a colostomy?

Your surgery may need to be performed for a number of different reasons and your surgeon and specialist stoma nurse will explain all of this to you. A colostomy may be an end colostomy or a loop colostomy.

End colostomy

It is usually formed when parts of the large bowel (colon) and/or the rectum are removed and the remaining large bowel is brought out to the surface of the abdomen to form a stoma.
An end colostomy can be temporary or permanent. A temporary end colostomy is usually created when a diseased bowel is removed but it is not safe to join the bowel together again at the time.



Formation of an end colostomy

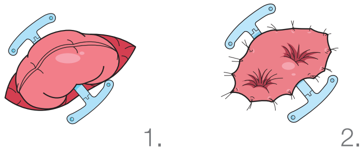
1. An artificial opening is created in the abdomen and the end of the intestine is pulled up through the abdominal wall and layers of skin.
2. The intestine is folded back to form a cuff.
3. The cuff is stitched to the abdomen to keep the intestine in place.
4. An end stoma is formed.

Loop colostomy

A loop colostomy may be formed in order to protect a surgical join in the bowel. The intention is that a loop colostomy is temporary.

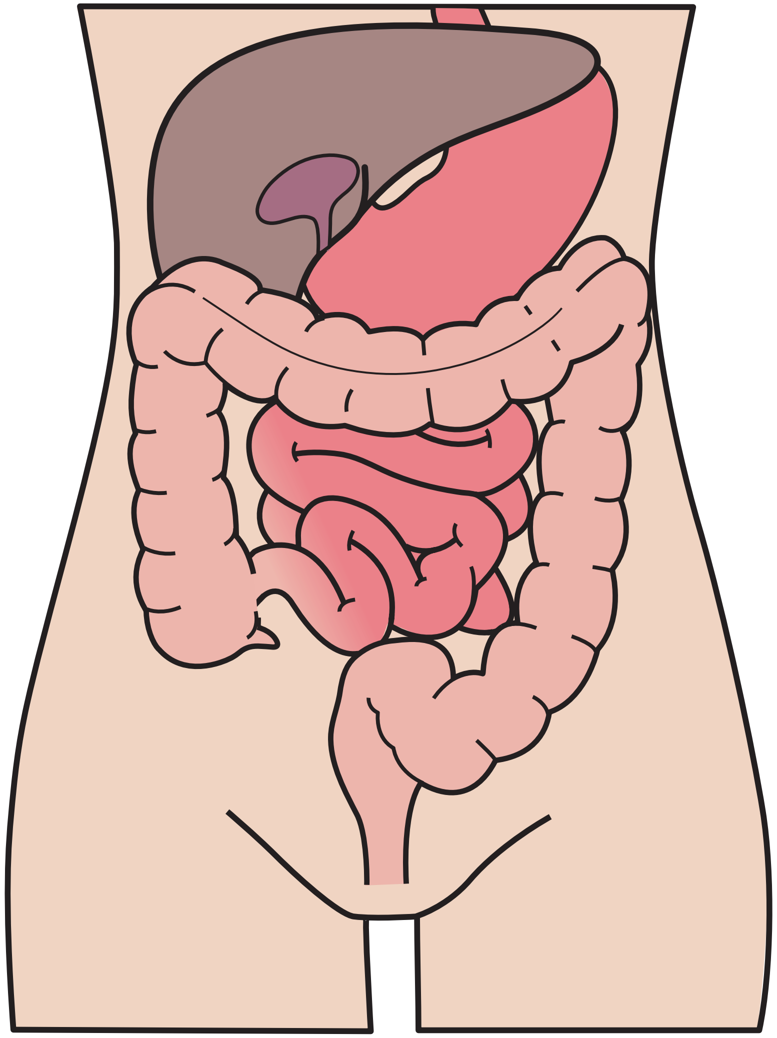
The most common way of constructing a loop colostomy is to lift the intestine above skin level and hold it in place using an ostomy rod. An incision is made on the exposed loop of intestine, and the bowel is then rolled down and sewn to the skin.

In this way, a loop ostomy actually consists of two stomas (double-barrelled stoma) that are connected to one another.



Formation of a loop colostomy

1. An artificial opening is created in the abdomen and a loop of intestine is pulled through the abdominal wall and layers of the skin. A bridge is placed through the loop to rest on the skin and keep the intestine in place.
2. The intestine is cut, folded back and stitched to the skin.



Your operation is called

Your specialist stoma nurse can show you on the diagram which part(s) of your digestive system will be affected by your operation.

Why do I need to wear a bag?

After your operation your faeces will pass out through your stoma instead of your anus. However, unlike your anus, there is no sphincter muscle around the stoma, so you'll have no control over your bowels or when you pass wind or flatus and will need to wear a colostomy bag to collect it.

Initially after your operation you will find that the output from the stoma may smell stronger and will be more liquid, or looser, than you are used to. After some time the output will become more formed but may change or fluctuate depending on your diet. There are several different types of bag and your specialist stoma nurse will show youw ones that are suitable for you.

How does a colostomy bag work?

The bag is designed to stick onto your abdomen where it will collect the faeces and flatus from your stoma. A colostomy bag has several special features including a filter. This filter works by releasing wind so your bag doesn't inflate (which is called 'ballooning').

The filter also has a deodorising action which makes sure that there is no smell, which is one of the things that people often worry about the most. The bag is waterproof so you can wear it whilst you are showering or bathing.

How can my specialist stoma nurse help?

Your specialist stoma nurse is a qualified nurse with additional training in all aspects of stoma care who will be able to help you and your family before, during and after your operation.

Depending on your circumstances, your specialist stoma nurse may be able to help you to decide on a suitable site for your stoma before your operation. This is important as it can affect the care of your colo-stomy and issues such as the type of clothes you wear.

Your specialist stoma nurse, along with many other healthcare professionals, will provide you with as much help as you need, for as long as you need it – not only while you are in hospital but also after you have gone home.

"I felt quite emotional before going into surgery, but knowing what to expect and that there would be a whole team taking care of me really helped"

> “Please ask about anything that may be bothering you, particularly in these early days. You can be sure that your concerns will have been raised before”

How will I feel after my operation?

Following surgery it’s not surprising that you will feel weak. You may go through a whole range of emotions and this will vary from person to person. It’s important to remember, emotionally and physically, it may take a while for you to recover and to get back to feeling like your old self again.

What should I know?

When you wake up after the operation you’ll be wearing your first bag. This will probably be a clear one so that your nurses will be able to check on your new stoma easily. At first your stoma may be swollen but it will gradually decrease in size over several weeks.

You may also have drips and drains attached to your body and there may be a ‘bridge’ (supporting rod) which goes underneath the stoma to support it for the first few days. Please don’t be alarmed as these are all perfectly routine and will be removed with very little discomfort when appropriate. Your doctor will advise you when you will be able to eat and drink as usual.

When will my stoma begin to work?

Your stoma will begin to work shortly after your operation, usually within a few days. At first the output will be a watery liquid and may be strong smelling as your bowel hasn't been working for a while. Occasionally your bowel motions may be mixed with blood. However, please be reassured that the consistency will thicken slightly and the smell will settle as you resume a more balanced diet. Initially, it is also likely that a certain amount of noisy wind (or flatus) will come from the stoma – again this is perfectly normal.

It is not uncommon for patients who still have a lower bowel/ rectum to feel the need to go to the toilet as they did before. This is normal and should reduce with time. If your anus is still present there may be some mucus discharge from it. Again this is expected but it may help to sit on the toilet to help pass the mucus.

What happens when the bag needs emptying?

In the first few days after your operation you'll wear a clear bag, like that shown in the picture but you can then move onto an opaque bag. The faeces are often quite watery when the stoma first starts to work after the operation. Your nursing staff will help with emptying the bag, and other tasks, until you are ready and have learnt how to do it for yourself.

Will I always have to wear a bag that needs emptying?

No. Most people who have had a colostomy wear a closed or non-drainable bag as the output from the stoma is similar in consistency to the output you had before the operation. As you recover and start to eat more normally the faeces will usually become more formed and at this stage you may wish to discuss with your specialist stoma nurse the types of closed bags you can use.

How do I change my bag?

It's a good idea to begin to establish a routine for changing your bag and to try and keep this as simple as possible. As you get used to your stoma you will find that at certain times of the day it's more active than others, for example shortly after a meal.

Don’t choose this time to change the bag but select a time when it’s relatively inactive – perhaps first thing in the morning. Before starting to change the bag make sure you have everything to hand that you will need. Just like everything else in life, a little bit of forward planning can help a lot – you may find our ‘Changing checklist’ on page 13 a useful reminder.

How often do I need to empty or change my bag?

This will vary from person to person. The stoma bag only needs to be changed when required – usually between one and three times per day depending on the amount of faeces and how often you open your bowel.

What sort of bag should I choose?

Generally, with a colostomy you will need to use a closed bag, however if the output from your stoma is particularly liquid a drainable bag may be more appropriate.

There are many different types of closed and drainable bags available and your specialist stoma nurse will be able to help you choose the most appropriate one for you.
For example, you may wish to move away from the clear bag fitted immediately after your operation to an opaque version that could also be smaller.
Also if you have had an end colostomy it may be possible to try to manage your stoma with a colostomy plug or irrigation. If you are interested in this, please talk to your specialist stoma nurse.

Inspection window

Opaque bags

Stoma Bags

There are two main sorts of system
Both types of system will be kind to your skin, lightweight, leak-proof and odour proof which means that they will be virtually undetectable to anyone else so you can carry on with life as normal. Bags are available in a variety of sizes to suit your specific needs.

One-piece system
This consists of the collection bag with an integrated adhesive plate attached which firmly fits around your stoma.

Two-piece system
This has the collection bag separate from the adhesive plate and the two halves are securely clipped or sealed together. This means that you don’t have to remove the adhesive plate from around the stoma every time you change the bag.

How should I dispose of used bags?

If you are using a drainable bag, it’s recommended that you empty the bag before removing your bag. Then seal the bag inside a disposal bag and place in the dustbin.

DO NOT flush it down the toilet, as it will cause a blockage.
Some local authorities provide a collection service for used bags. Your specialist stoma nurse will be able to tell you more about this for your particular location.
If you are using public disabled toilets they should have disposal facilities. You can also use nappy changing bins or sanitary bins if available.

One-piece

Two-piece
Mechanical coupling

Two-piece
Adhesive coupling

> “Be careful not to store your bags in direct sunlight or near heat, as this can make them deteriorate”

Changing guide

Before you start, check that you have everything you need, soft wipes, warm water, a plastic disposal bag and a new bag.

Cutting

Trace the size and shape of the stoma on the stoma guide. Cut the hole to fit the size and shape of the stoma.
To reduce the risk of leakage and skin problems it is very important that the hole in the adhesive fits perfectly around the stoma. Cutting is easier if you use a curved pair of scissors.

Removal

Take hold of the white tab on the adhesive and gently pull the bag away from the skin. Apply light pressure on the skin with your free hand as you peel the bag downwards.

Removal of clear backing

Ensure that the skin is clean and dry before you proceed with the application of your bag. Place a thumb on the white tab on the adhesive and pull the blue release tab away from the adhesive to remove the clear backing.

Application

Apply the adhesive around the stoma. To ensure a perfect fit around the stoma, fold the bag backwards, press firmly against the skin starting at the bottom and smoothing upwards with your fingers.

Applying a two-piece system

Apply the adhesive plate as described above.

Bags with mechanical coupling

Ensure the mechanical coupling is open. Press the bag and the adhesive plate together starting at the bottom.
Make sure the bag is securely positioned on the coupling and close the mechanical coupling.

Bags with adhesive coupling

Gently place the bag at the bottom of the adhesive plate without any pressure or pulling. Then apply light pressure on the bag and adhesive plate with your fingers to ensure a perfect fit around the stoma.

What else should I know?

One of the most important things to remember is to take good care of the skin around your stoma. Here are some tips that you may find helpful:

The adhesive plate needs to fit snugly around your stoma

If the hole in the adhesive plate is larger than your stoma your skin will become exposed to the harmful effects of the faeces and become sore. Additionally if the adhesive plate is cut too small it may cause damage to your stoma.

Therefore it’s important to regularly check your template size and ensure the adhesive plate has a snug fit around your stoma. A good tip is to position your template over your stoma and see if any skin is showing.

Watch out for irritants

Leakage on to the skin, excessive removal of the adhesive plate and harsh skin cleansers can all cause some irritation of the skin.

Bleeding

It’s usual to experience a small amount of bleeding around your stoma when cleaning. This is not a cause for alarm. However, if bleeding comes from inside the stoma you should see your doctor urgently.

> “It’s advisable to carry a spare ‘ changing kit with you when you go out”

> “When you go home there is no reason why, with time, you will not be able to resume the life you were leading before the operation”

How do I obtain supplies?

[National procedure should be inserted here]

Do I need to eat a special diet?

No. Just like everyone else, you should eat a well balanced diet, and this can include all of your favourite foods.

You may find that if you eat large meals within the first 2-4 weeks following surgery you may feel bloated. Initially you should try to eat little and often and then gradually build this up to 3 meals a day. This is because regular meals will help you have a more predictable bowel movement.

Your specialist stoma nurse may also recommend a high-energy protein drink for you.

You will find that certain foods may produce more wind than others (just like everyone else this can be noisy), and if this bothers you then simply cut down on these foods. Alcohol is fine in moderation, although beer and lager can produce wind and cause the output from the stoma to become more liquid. With a little experimentation you will soon find a balanced diet that's right for you. It is particularly important for someone with a colostomy to remember to chew their food properly in order to give a good start to the digestive process. Foods such as peanuts, which are notoriously difficult to digest should be avoided, or at least eaten in moderation and thoroughly chewed.

Just like anyone else you can pick up a stomach bug which can give you diarrhoea or you may suffer from constipation from time to time. If this happens, treat the condition exactly the same as before. For more information on dealing with diarrhoea or constipation please see the 'Early days' section of our 'Things you need to know' guide.

Want to know more?

For more information on diet for people living with a stoma see our 'Things you need to know' guide.

Will I still be able to travel?

Generally it's not advisable to fly within the first 6 weeks following any operation because of the increased risk of Deep Vein Thrombosis and it's important to check your travel insurance. However, apart from that, there is no reason why having a colostomy should restrict your ability to travel in any significant way – whether in your country or abroad, for business or pleasure.

Just remember to pack all of the things you will need for the journey and to make sure that you have enough supplies for the duration of your time away. Plus if you are flying don't forget to divide up your supplies between your main and hand luggage to allow for lost luggage or delays.

Want to know more?

For more information on travelling abroad please see the 'Life' section of our 'Things you need to know' guide.

Should I still exercise?

Exercise is good for everyone and just because you've had a colostomy you are no exception. It is very likely that any exercise you enjoyed before the operation will also be suitable to continue afterwards. Special small bags are available for use when swimming and playing sport so there is no reason to feel like you can't join in. Obviously you will need to start with gentle exercise at first but you will soon feel able to do just as much, if not more, than before.

Want to know more?

For more information on exercise please see our 'Things you need to know' guide.

What about sex?

This very much depends on the nature of the operation you've had. Generally, a normal loving relationship can be resumed although impotence and/or discomfort may result from the removal of the rectum and may affect women as well as men. It's important to talk to your partner and try not to feel self-conscious because of the operation. It's also important to talk to your specialist stoma nurse who is used to discussing such delicate issues and will be able to help in many ways.

Want to know more?

For more information on intimacy following a colostomy see the 'Life' section of our 'Things you need to know' booklet.

Who can I turn to for support?

After having a colostomy the main aim is to get you back to enjoying life and that means you are at home, or at work, or on holiday – not in hospital – and not 'ill'. But this doesn't mean that your specialist care team is no longer there to help once you leave hospital – in fact quite the opposite. Your specialist stoma nurse, and his or her colleagues, will always be on hand to help you with any problems or questions that you might have.

[Please insert descriptions/details for national services such as:

- Colostomy/Ostomy associations
- Cancer associations/helplines
- Healthcare delivery service
- Coloplast contact]

Your local specialist stoma nurse is

Your local support groups are

Notes

The Coloplast story began back in 1954. Elise Sørensen is a nurse. Her sister Thora has just had an ostomy operation and is afraid to go out, fearing that her stoma might leak in public. Listening to her sister's problems, Elise creates the world's first adhesive ostomy bag. A bag that does not leak, giving Thora – and thousands of people like her – the chance to return to their normal life.

A simple solution with great significance.

Today, our business includes ostomy care, urology and continence care and wound and skin care. But our way of doing business still follows Elise's example: we listen, we learn and we respond with products and services that make life easier for people with intimate healthcare needs.

Ostomy Care
Urology & Continence Care
Wound & Skin Care

Coloplast

Coloplast A/S
Holtedam 1
3050 Humlebæk
Denmark

www.coloplast.com