

Living with a Colostomy

Essential advice for before and after your operation

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.



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 Stomal Therapy 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.

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.

The information contained in this booklet is general and some of it may not apply to you. Inevitably there will be some issues that this booklet doesn't address or that you would like more information about.

So in addition to this booklet, at Coloplast we've developed a number of other resources to help you through your experiences. For complimentary copies please call us on:

Australia - 1800 653 317

New Zealand - 0800 265 675



This booklet has been produced by Coloplast with content reviewed by Bowel Cancer Australia's Stomal Therapy Nurse.

Coloplast is a proud supporter of Bowel Cancer Australia, a national charity working to reduce the impact of bowel cancer in our community through advocacy, awareness, education, support and research. To do all this Bowel Cancer Australia relies on public support. If you would like to get involved or make a donation, please visit bowelcanceraustralia.org

Your operation

Understanding your digestive system	1
What is a colostomy?	1
What difference will having a colostomy make?	1
What will the stoma look and feel like?	3
Why do I need a colostomy?	3
Why do I need to wear a bag?	5
How does a colostomy bag work?	5
How can my Stomal Therapy Nurse help?	5

In hospital

How will I feel after my operation?	8
What should I know?	8
When will my stoma begin to work?	8
What happens when the bag needs emptying?	9
Will I always have to wear a bag that needs emptying?	9
How do I change my bag?	9
How often do I need to empty or change my bag?	9
What sort of bag should I choose?	11
Stoma bags and accessories	11
How should I dispose of used bags?	11
Changing guide	13
What else should I know?	14

Going home

How do I obtain supplies?	15
Do I need a special diet?	15
Will I still be able to travel?	17
Should I still exercise?	17
What about sex?	17
Who can I turn to for support?	17

Sources of help and advice

Ostomy Associations	19
Useful contact information	21

Understanding your digestive system

Having any type of surgery can feel 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 liquidised by the digestive juices in the stomach. 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 is the initial making of faeces or stools. This material then moves forward into the large bowel (colon) where your body absorbs more fluid to make the faeces more solid. The muscles in your colon wall then push any faeces forward into your rectum where it passes out of your body through your anus.

What is a colostomy?

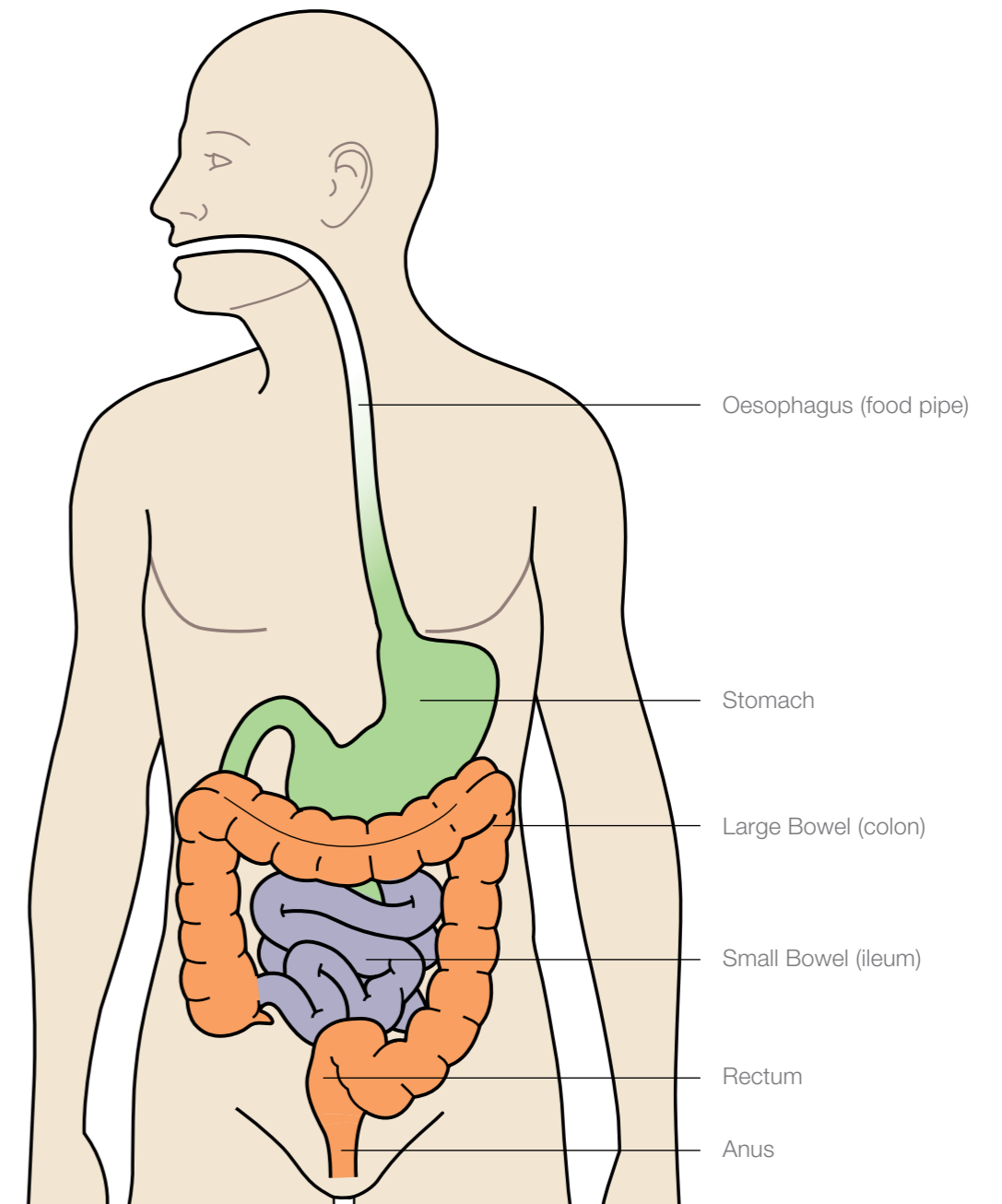
A stoma which is formed after removing the large bowel or colon is known as a Colostomy. During your operation, part of your large bowel (colon) will be brought to the surface of your abdomen to form a stoma (opening). If possible, you may be able to agree on a site for your stoma with your Stomal Therapy Nurse before your operation. The opening 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 performed it alters the usual way you pass faeces. After surgery, instead of the faeces coming out through your anus, it will pass through the stoma instead. Normally the 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.

Colostomy bags are specially designed to help you with these challenges, so that you can live life to the fullest!

“Your surgeon and Stomal Therapy Nurse will explain the type of surgery you’ll be having and why you need to have a stoma”



What will the stoma look and feel like?

The stoma will be moist and pinkish red in colour and will 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.

Why do I need a colostomy?

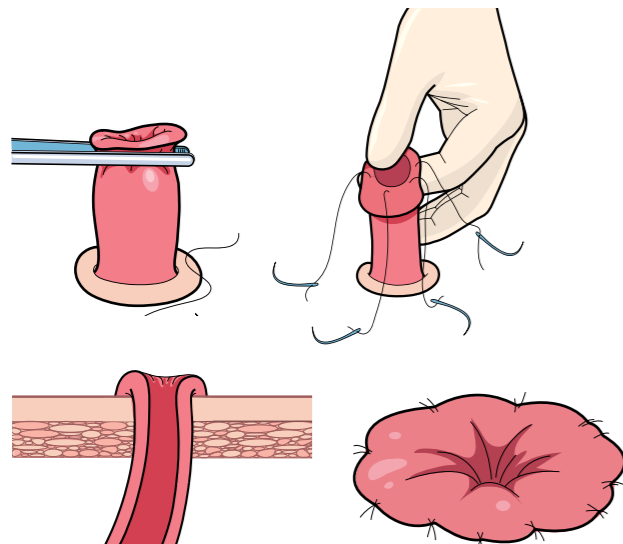
Your surgery may need to be performed for a number of different reasons and your surgeon and Stomal Therapy Nurse will explain all of this to you. A colostomy may be an end colostomy or a loop colostomy.

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 diseased bowel is removed but it is not safe to join the bowel together again at the time.

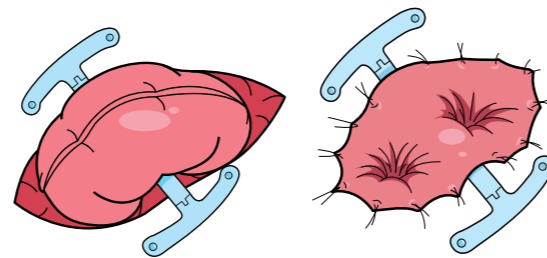
Formation of an end colostomy

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 or colostomy 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. You may still pass mucus/old blood from the rectum.

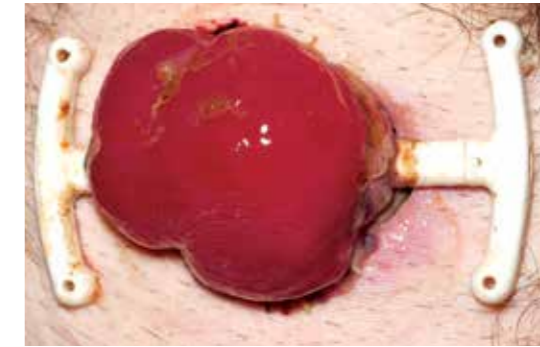


Formation of a loop colostomy

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.



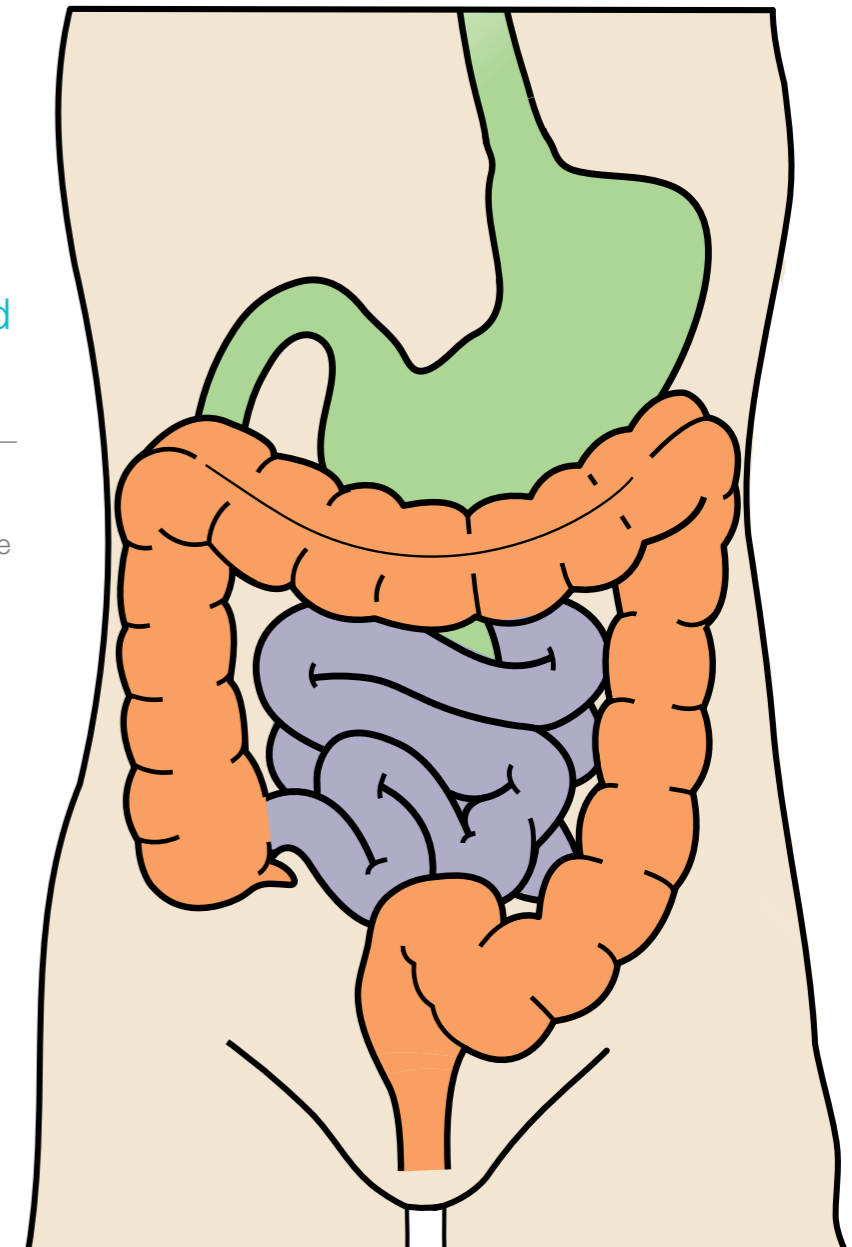
Healthy end colostomy – some time after surgery



Loop colostomy – just after surgery and with plastic bridge

Your operation is called

Your Stomal Therapy Nurse can show you on the diagram which part 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 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 bowel movements or when you pass wind. Hence the need to wear a colostomy bag to collect the faeces.

Initially after your operation you will find that the output from the stoma may smell stronger (the stoma is closer to your nose than your anus) 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 types of colostomy bags and your Stomal Therapy Nurse will show you ones that are most 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. The 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 the smell is minimised - the one thing that people often worry about the most.

The bag is waterproof so you can wear it whilst you are in the shower or bath.

How can my Stomal Therapy Nurse help?

Your Stomal Therapy 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 Stomal Therapy 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 colostomy and issues such as the type of clothes you wear.

Your Stomal Therapy 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 would 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 yourself 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 routine procedures 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 watery and may have a strong smell given 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 some lower bowel (rectum) to feel the need to go to the toilet as they did before. This is normal and should reduce with time. You may pass some old blood and mucus. 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, 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 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 Stomal Therapy 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 at 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 guide' 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 to three times per day depending on the amount of faeces and how often you open your bowel.



“Your Stomal Therapy Nurse will teach you how to look after your stoma and change your bag – it really is quite simple when you get used to it”

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 more liquid in nature, a drainable bag may be more appropriate.

There are many different types of closed and drainable bags available and your Stomal Therapy Nurse will be able to help you choose the most appropriate one for you. For example, you may wish to substitute the clear bag fitted immediately after your operation with an opaque bag.

Also if you have had an end colostomy it may be possible to try to manage your stoma with a colostomy plug or by irrigating. If you are interested in this, please talk to your Stomal Therapy Nurse.

Stoma bags

There are two main types of systems:

One-piece system

This consists of the collection bag with an integrated baseplate attached which firmly fits around your stoma.

Two-piece system

This has the collection bag separate from the baseplate and the two parts are securely clipped or sealed together. This means that you don't have to remove the baseplate from around the stoma every time you change the bag.

Both systems 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. The bags are available in a variety of sizes to suit your specific needs.

SenSura[®] Mio



ONE-PIECE SYSTEM WITH ELASTIC ADHESIVE BASEPLATE

SenSura[®] Flex



TWO-PIECE SYSTEM WITH ADHESIVE COUPLING

SenSura[®] Click



TWO-PIECE SYSTEM WITH MECHANICAL COUPLING

How should I dispose of used bags?

If you are using a drainable bag, it's recommended that you empty the bag before you remove it. Then seal the bag inside a disposable bag and place in the bin.

DO NOT flush it down the toilet, as it will cause a blockage.

If you are using public disabled toilets they should have suitable facilities. You can also use nappy changing bins or sanitary bins if available.

“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 disposable bag
- a new stoma bag
- scissors (if required)



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 baseplate 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 baseplate 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 protective film

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 baseplate and pull the blue release tab away from the baseplate to remove the protective film.



Application

Apply the baseplate 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 baseplate as described above.

Bags with mechanical coupling - SenSura® Click

Ensure the mechanical coupling is open. Press the bag and the baseplate together starting at the bottom. Make sure the bag is securely positioned on the coupling and lock the mechanical coupling, when locked correctly you will hear a **'click'** sound.

Bags with adhesive coupling - SenSura® Flex

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

What else should I know?

The baseplate and your skin

The adhesive baseplate is the most important component of an ostomy appliance. Its primary role is to help maintain healthy skin around the stoma.

Coloplast worked together with Stomal Therapy Nurses and ostomates when developing this latest ostomy appliance, SenSura®. In this collaboration, Stomal Therapy Nurses and ostomates identified the five 'must have' parameters in a baseplate. These are:

1. **Flexibility** to ensure the baseplate follows the natural movements of the body, so it does not loosen from the skin
2. **Ease of removal** to be able to remove the baseplate without damaging the skin or causing pain
3. **Erosion resistance** to prevent the baseplate from dissolving, so that the skin is protected from output
4. **Absorption** to absorb excess moisture from the skin and prevent the baseplate from loosening
5. **Tack and adhesion** to make the baseplate stick securely and protect the skin from output

SenSura is the first ostomy appliance scientifically proven to maximise all of these benefits. This means you live life to the fullest. Please ask your Stomal Therapy Nurse if SenSura is suitable for you.

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

Where necessary, Brava accessories are available to reduce the risk of leakage. Your Stomal Therapy Nurse can advise you which if any accessories are appropriate for you.



* Please note: some products may not be available in New Zealand.

How do I obtain supplies?

In Australia

After leaving hospital, your local Ostomy Association will supply your ostomy products. You have the option of having the products mailed directly to you or visiting the Ostomy Association and picking up the products personally. Your Stomal Therapy Nurse will register you with your local Ostomy Association and order your products.

In New Zealand

Your Stomal Therapy Nurse will discuss with you how to organise your ongoing supply of ostomy appliances after being discharged from hospital.

Do I need 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 Stomal Therapy Nurse may also recommend a high-energy protein drink for you.

You will find that certain foods may produce more wind than others, 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 to remember to chew the food properly in order to give a good start to the digestive process. Foods such as peanuts, are notoriously difficult to digest and 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.

Also, please speak with your Stomal Therapy Nurse if you require additional information on nutrition.

Bowel Cancer Australia provides the services of a dietician to answer any further questions you may have regarding your diet.

“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”



Will I still be able to travel?

Consult with your surgeon when ready to fly due to the increased risk of Deep Vein Thrombosis (DVT), and it's also 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 make sure that you have enough supplies for the duration of your time away. 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.

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/mini caps 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 be able to do just as much, if not more, than before.

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 Stomal Therapy Nurse who is used to discussing such issues and will be able to help in many ways.

Who can I turn to for support?

After having a colostomy the main aim is to get you back to enjoying life. That means being 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 Stomal Therapy Nurse, and his or her colleagues, will always be on hand to help you with any problems or questions that you might have.



ACT

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www.actstoma.org.au

NSW

COLOSTOMY ASSN OF NSW INC.

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Stanmore 2048
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F: (02) 9565 4317
E: ostomy@inet.net.au
www.colostomynsw.com.au

OSTOMY NSW LTD

Unit 6, 555 Princes Highway
Kirrawee NSW 2232
T: (02) 9542 1300
F: (02) 9542 1400
E: orders@ostomynsw.org.au
www.ostomynsw.org.au

NT

CANCER COUNCIL OF THE NORTHERN TERRITORY INC.

Unit 2 Casi House
25 Vanderlin Drive, Casuarina
T: (08) 8927 4888
F: (08) 8927 4990
E: ostomy@cancernt.org.au
www.cancercouncilnt.com.au

QLD

GOLD COAST OSTOMY ASSN INC.

8 Dunkirk Close, Arundel 4214
T: (07) 5594 7633
F: (07) 5571 7481
E: gcoa@bigpond.com

QLD COLOSTOMY ASSN INC.

22 Beaudesert Rd, Moorooka 4105
F: (07) 3848 0561
E: admin@qldcolostomy.org
www.qldcolostomy.org

QLD STOMA ASSN INC.

4/10 Valente Close, Chermside 4032
T: (07) 3359 7570
F: (07) 3350 1882
E: admin@qldstoma.asn.au
www.qldstoma.asn.au

TOOWOOMBA & SOUTH-WEST OSTOMY ASSN INC.

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Settlement, 256 Stenner Street,
Toowoomba 4350
T: (07) 4636 9701
F: (07) 4636 9702

WIDE BAY OSTOMATES ASSN INC.

88a Crofton Street, Bundaberg
West, QLD 4670
T: (07) 4152 4715
F: (07) 4153 5460
E: wbestomy@bigpond.com

SA

COLOSTOMY ASSN OF SA INC. (C.A.S.A.)

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T: (08) 8354 2618
F: (08) 8354 2621
E: colosa@colostomysa.org.au

ILEOSTOMY ASSN OF SA INC.

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TAS

OSTOMY TASMANIA INC

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F: (03) 6228 0744
E: admin@ostomytas.com.au

VIC

BENDIGO & DISTRICT OSTOMY ASSN INC.

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COLOSTOMY ASSN OF VIC.

Suite 221, 2nd Floor, Lift 3,
Block Arcade, 98 Elizabeth Street
Melbourne 3000
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GEELONG OSTOMY INC.

6 Lewalan St. Grovedale VIC 3216
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www.geelongostomy.com.au

ILEOSTOMY ASSN (VIC) INC.

Suite 322, 3rd Floor, The Block,
98 -100 Elizabeth Street,
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E: ileovic@three.com.au
www.ileostomyvic.org.au

OSTOMY ASSN OF MELBOURNE INC.

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F: (03) 9543 1994
E: enquiries@oam.org.au

PENINSULA OSTOMY ASSN INC.

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VICTORIAN CHILDREN'S OSTOMY ASSN.

Equipment Distribution Centre,
Royal Children's Hospital,
Flemington Road, Parkville 3052
T: (03) 9345 5522
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WA

WA OSTOMY ASSN INC.

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F: (08) 9271 4605
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NZ

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W: www.coloplast.com.au

“Sometimes it’s nice to be able to ask questions of people who have had similar experiences... and the anonymity of the internet has given me the confidence to do just that”.



Real people. Real experiences.

- ▶ Do you have questions regarding ostomy care?
- ▶ Do you have experiences that may benefit others?
- ▶ Would you like to expand your support network?

Ostomates.com.au is an online support network for people with a stoma. Share your story, find support and talk to others online.

Join our conversation





Supporting people with a stoma in the community

At Coloplast we understand that, no matter how long you have had your stoma, you may require support with your ostomy appliance or have questions regarding lifestyle related issues.



At Coloplast we are here to help and "We CARE"!

Membership of the Coloplast CARE program is free of charge and offers you access to the following:

- Customer care specialists that are trained to support your product and life-style related questions
- Coloplast CARE educational tools and literature
- Monthly wellness education newsletters addressing various lifestyle related issues

Contact a Coloplast CARE specialist on 1800 653 317 (AUS) to find out if the Coloplast CARE program is right for you

Coloplast®
Care

For copies of the following and access to a dedicated customer care specialist contact Coloplast

Coloplast® Care

Wellness Education

ileostomy Dietary Guidelines

After any type of surgery it takes a while for your body to adjust, and clearly the same is true after your ileostomy surgery. In time you'll find that you should be able to eat many of the same foods you used to eat. However, there are foods you should avoid, and you will also be drinking more fluids than you did before.

Below are some general food guidelines that are helpful for people who have an ileostomy. However, if your doctor or nurse has recommended a special diet, you should follow that advice.

What changes should I make in my fluid intake?
Drink 10 to 12 glasses of fluid every day unless your doctor tells you otherwise. Since you no longer have a large bowel to help absorb water—and since fluids are lost through your stoma—you need to help your body by drinking more fluids.

More fluids are essential so that you don't become dehydrated. You may be dehydrated if you:

- Notice that your mouth or tongue are dry
- Do not urinate as often, or as much
- Notice that your urine is darker than normal
- Get dizzy when you stand
- Feel weak and don't react normally
- Feel cramps in your legs or abdomen
- Are unable to think clearly
- Feel tingling in your hands and feet

Call your doctor if you show signs of dehydration, if you are dehydrated, try to increase your fluid intake. You will need to replace your body's electrolytes—sodium and potassium—by drinking or eating the following.

To replace potassium:

- Broths or bouillon
- Sports drinks
- Tea
- Orange juice
- Bananas
- Potatoes
- Apricots

To replace sodium:

- Electrolyte drinks or sports drinks
- Broths or bouillon
- Rice water
- Pretzels or crackers

Important: Confusion, dizziness and shivelled skin can be signs of extreme dehydration. If you notice these symptoms of extreme dehydration, go to the emergency room.

Coloplast® DialogueEducator

Your guide to healthy skin

for people with a stoma

Dietary Advice for Ostomates

Coloplast Recommendations

TO THROKEN FLOW TRY EATING MORE:	TO SOFTEN FLOW TRY EATING MORE:
Banana Boiled Milk Boiled Rice Cheese	Beans Beer Cabbage Custine Fluid
Marshmallows Noodles Pasta	Leafy Veg's Liquorice Prune Juice Spicy Foods
Potato Sago Tapioca Toast	Stone & Melon Fruits Whole Grain Products
TO REDUCE ODOUR TRY EATING MORE:	FOODS THAT MAY CAUSE GAS:
Apples Buttermilk Charcoal Tablets	Beer Broccoli Cabbage Cauliflower Chewing Gum Corn
Green Leafy Veg's Parsley	Cucumber Legumes Miso Milk / Milk Products Onion
Yogurt / Live Cultured	Peanut Radishes Soft Drinks Spicy Foods
FOODS THAT MAY CAUSE BLOCKAGE:	FOODS THAT MAY INCREASE ODOUR:
Bean Shoots Coconut Corn Fruit with Seeds	Asparagus Beans Beer Cabbage
Mandarins Nuts Oranges Pineapple Popcorn	Certain Med's Cheese Coffee Eggs
Tomato / Seeds & Skin Stir Fry Veg's Whole Grain Foods Zucchini Skin	Fish Onions

*For ileostomates only - it is important to chew well

Contact Coloplast for your free copy of the 'Tasty Treats' recipe booklet:
FreeCall Australia 1800 653 317 | New Zealand 0800 265 675

Please note: The information provided is to be used only as a guide and should not be relied upon as medical or dietary advice. Please consult your health care professional for further information.

Coloplast

TASTY TREATS

Recipes for Ostomates

Your local Stomal Therapy Nurse is

Your ostomy association is

Your local support groups are

Notes



Body shapes change over time exposing you to an increased risk of leakage and skin irritation.

In fact, over 60% of people report leakage whether they have had their stoma for 6 months or 6 years.*

That's why it's important that you regularly check the fit of your ostomy appliance.

Are you still getting the best fit from your ostomy solution?

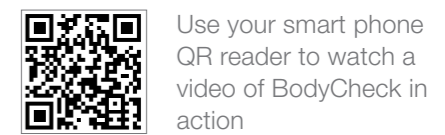
Now with BodyCheck you can take control and stay sure of your ostomy solution...

Developed in collaboration with Australian Stomal Therapy Nurses, BodyCheck is an innovative online resource that enables you to assess your individual profile and find the products that best suit you. By answering 8 simple questions, confidence in your ostomy appliance is just a few clicks away.

Coloplast Customer CARE Specialists are trained in BodyCheck



Easy to understand language and diagrams
BodyCheck animations will help you to select and use products that are appropriate for your body profile.



www.bodycheck.coloplast.com.au

A big thank you to all of the people with a stoma who helped us by sharing their experiences.

*Coloplast market research 2010
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