Colostomy / Ileostomy

An ostomy is a surgically created opening in the abdomen for the discharge of body waste. After the ostomy is created, you will expel or release waste through a stoma.

Ostomies that discharge stool are called ileostomies or colostomies.

Your stoma is the end of the small or large intestine that can be seen protruding or sticking out of the abdominal wall. It is the new site where stool will leave the body and be collected in the ostomy pouch. The size and location of the stoma depends on your specific operation and the shape of your abdomen.

Most stomas are similar and will:

- Stick out of the body, usually an inch or less above the skin
- Vary in size
- Be round or oval in shape
- Be red and moist (similar to the inside of your mouth)
- Have no feeling
- Be slightly swollen for the first weeks after the operation and then shrink to their permanent size

Who needs an Ostomy?

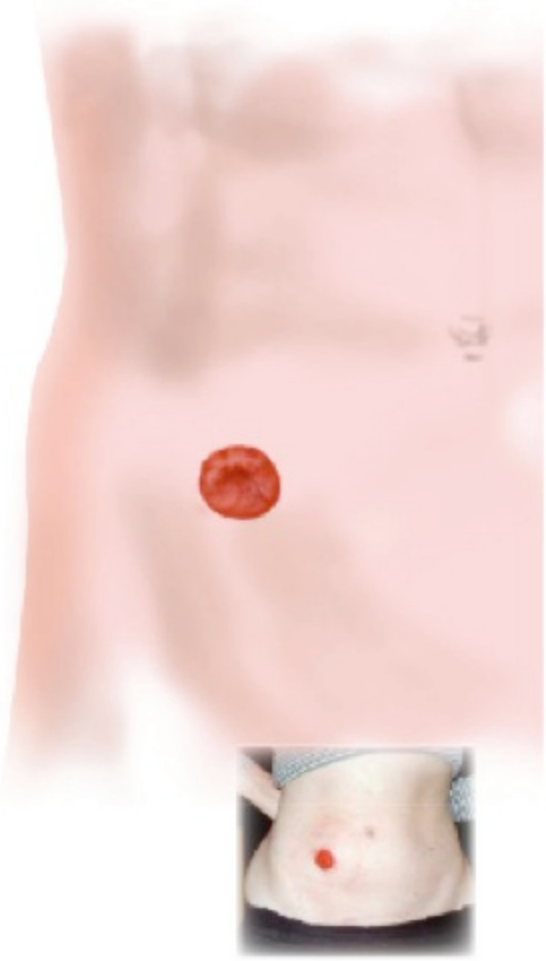
Disease or injury such as cancer, trauma, inflammatory bowel disease, and certain birth defects can block the flow and drainage of stool. If the segment of the intestine cannot be repaired, then your surgeon will perform an ostomy. The ostomy will reroute the stool to a new opening on the abdomen.

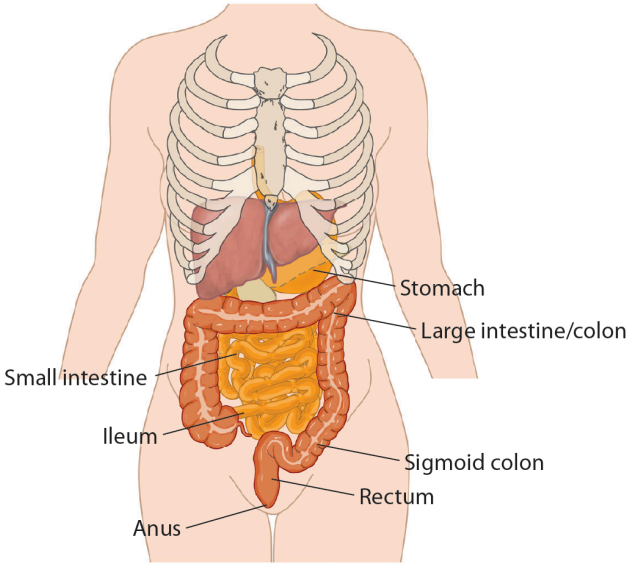
Your Ileostomy/ Colostomy Operation

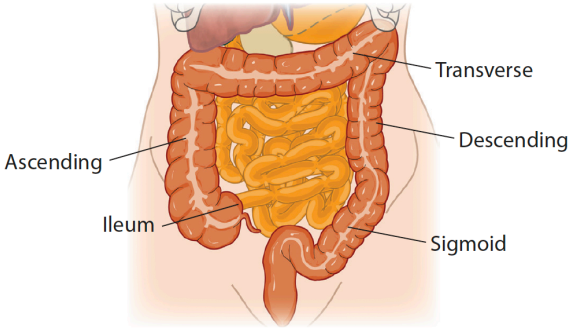
Understanding Your Digestive System

Food passes from your mouth through your esophagus to your stomach. The stomach breaks down food into small pieces that move into the small intestine, also called the ileum.

In the small intestine, enzymes break down food into a thick liquid. The body absorbs nutrients, vitamins, and water. The material moves into the large intestine, also called the colon. In the colon, water is absorbed from the stool. It becomes thicker as it moves through the parts of the colon. Your stool passes from the colon into the rectum and is expelled through the anus. Your operation will bring either the small or large intestine to the surface of the abdomen.



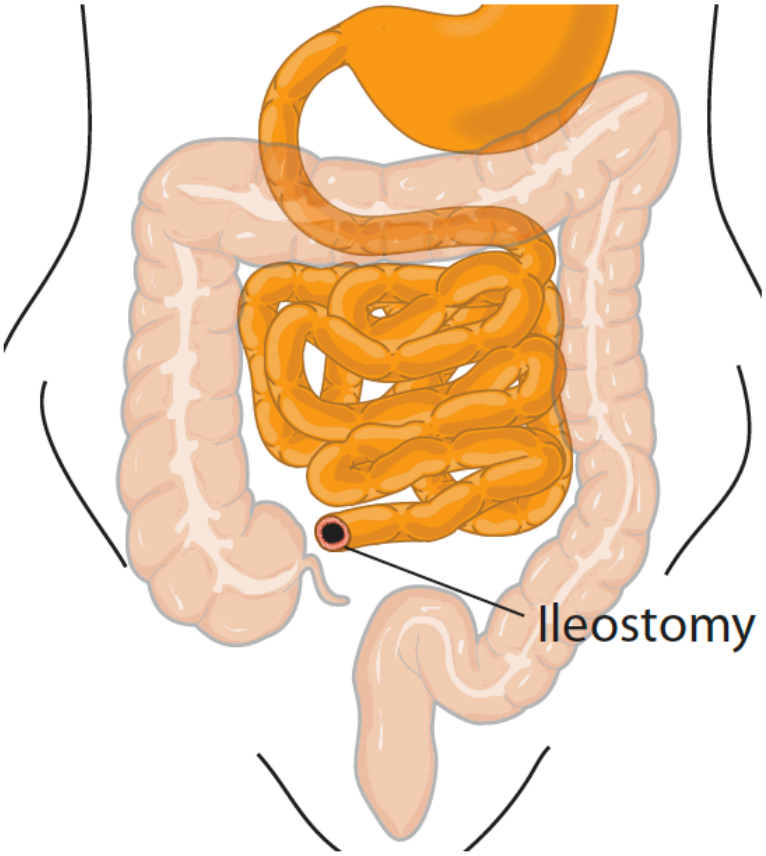




Ileostomy

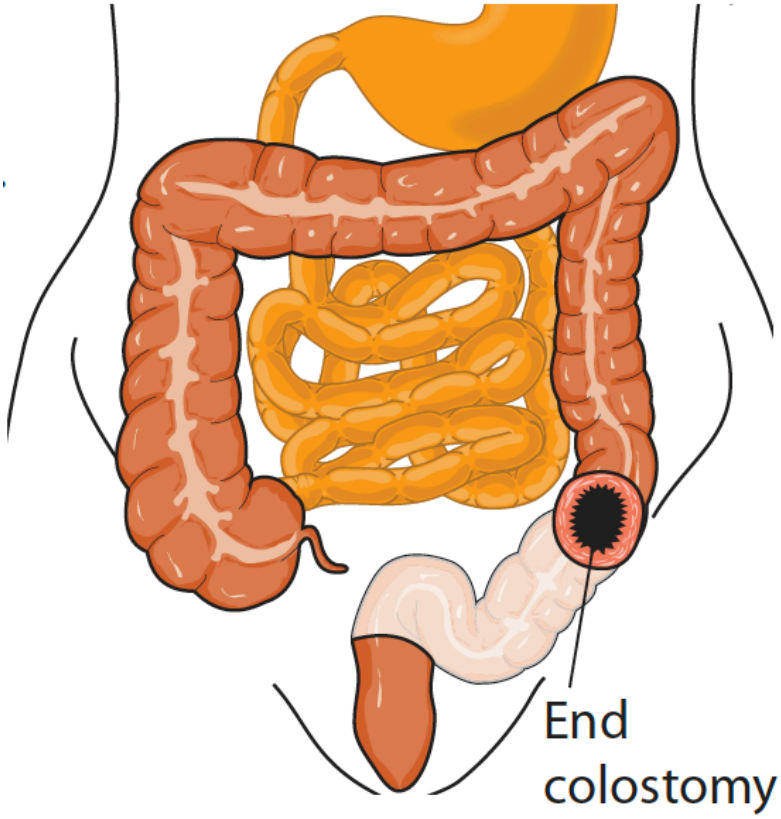
An ileostomy is the opening created by the surgeon to bring the small intestine (ileum) to the surface of the abdomen. An ileostomy may be temporary or permanent. Ileostomies are created higher in the

intestine, and less water is absorbed from stool. The stool that comes out of your stoma will be more liquid. It will get thicker over time.



Colostomy

A colostomy is the opening created by the surgeon to bring the colon (large intestine) to the surface of the abdomen. There are various kinds of colostomies, each named for the location in the colon where the ostomy is formed. They are: ascending, transverse, descending, or sigmoid colostomy.



Ileostomy/Colostomy Output

The stool that comes out of your stoma will be liquid after the operation. It will get thicker within several days. Stool that drains from an ileostomy is more liquid. Ileostomies are created higher in the intestine, and less water is absorbed from stool. The stool draining from a colostomy is more formed. If your rectum and part of your colon have not been removed surgically, it is common to have mucous discharge from your anus. Sometimes the mucous becomes firm enough to look like stool. This type of anal discharge is not a cause for concern.

About the Pouch

Your stool will exit from a new opening called a stoma and will be collected in a pouch. You won't be able to feel or control your stool as it leaves your body through the stoma, so you will need to wear an ostomy pouching system.

The pouching system sticks or adheres to the skin around the stoma. The pouch:

- Collects stool
- Contains the odor
- Protects the skin around the stoma

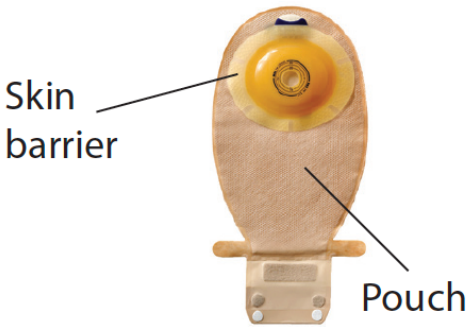
Stool on the stoma will not cause any problems, but stool on the skin surrounding the stoma can cause the skin to get red or irritated. Ostomy pouching systems are lightweight and lie flat against the body. Pouching systems come in different sizes and styles. Your doctor or a WOC nurse can help you choose which one is best for you. Most people try several types of pouches before they choose one permanently.

Pouching System/Types

Pouch systems are made up of the skin barrier that holds the pouch to the skin and the pouch that collects the drainage. They are available as a one-piece or a two-piece system.

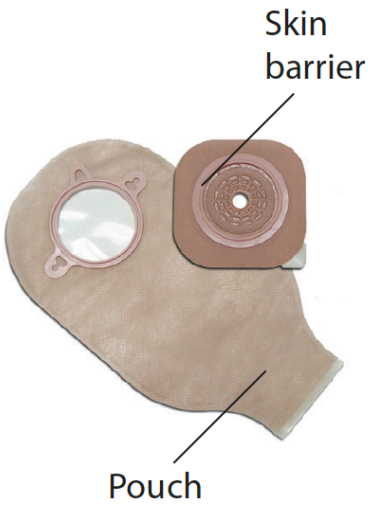
One Piece-System

A system can have one or two pieces. In a one-piece pouch, the pouch and skin barrier are attached together.



Two-Piece System

In a two-piece system, there is a skin barrier and a separate attachable pouch. The skin barrier adheres to the skin around the stoma and protects the skin, giving you a place to attach the pouch. The skin barrier usually includes a flange or rim that is used to seal the pouch to the skin barrier. Flange sizes are made to fit exactly to a specific pouch.



Drainable Pouch

A drainable or open pouch expels waste at the bottom of the pouch. You do not need to remove a drainable pouch to empty. The pouch can remain in place for several days. Drainable pouches are easy to empty and are an option for people with ostomies that need to be emptied several times a day.

Closed-End Pouch

A closed-end pouch has no opening and can't be emptied. When the pouch is full, you throw it away. Since you could use 2 to 5 pouches a day, you will need to carry extras.
You will also need plastic bags to place the full pouch in before throwing it in the trash. A closed-end pouch is generally not suitable for patients with an ileostomy because of the need to frequently empty the pouch.

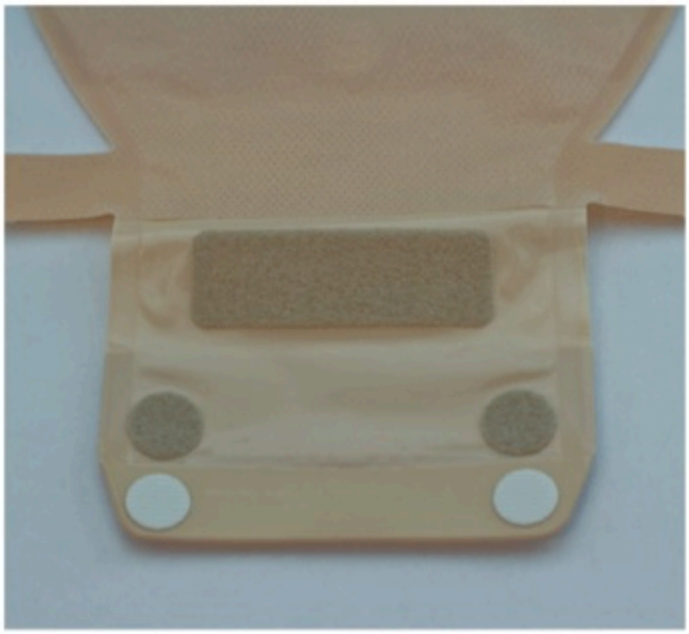
A closed-end pouch is often used:

- When the pouch does not have to be emptied often
- For convenience while traveling
- During intimate moments, because it is less bulky and has no clips or closures
- While swimming

Pouch Closure

Ileostomy and Colostomy

A clip or roll-up-and-seal method is used to close a pouch for a colostomy or ileostomy. The pouch is sealed by folding or rolling the opening, usually three times in the same direction. Then, either press across the opening or use Velcro® tabs that secure around the closure.



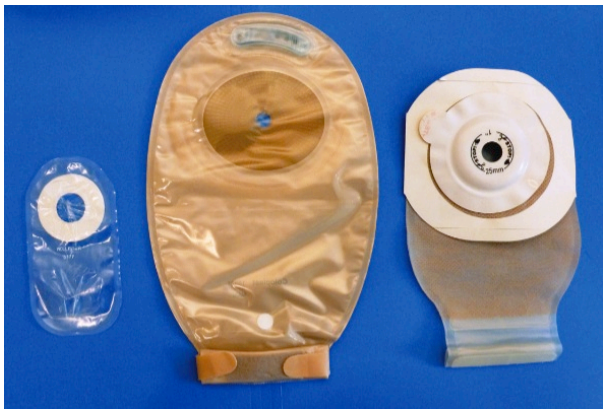
Clamp Method

When using a clamp, be sure to wrap the end or tail piece around the clamp, tug on the clamp once while holding the beg to make sure it doesn't slip off. Clamps usually last a month or longer.

Pouch Color

Some pouches are clear or transparent, and others are opaque (you can't see through them). While in the hospital, your pouch will most likely be clear or transparent. When you get home, you may prefer to switch to an opaque pouch.

Pouch Sizes



Pouches can be small or large. The size you need depends on the amount of output that you produce, as well as your personal preference. An ileostomy produces watery output and needs to be emptied about 5 times a day, so a larger pouch may be needed. Colostomy output is more formed. A person with a colostomy may often produce 1 or 2 stools per day, so a shorter pouch may work. A mini pouch is also available. It is smaller and less visible under clothes. It has to be changed or emptied more often. The mini pouch is convenient during intimacy and exercise.

Pouch with Filter

Some pouches have small vents, called filters, that allow gas to escape. The vent deodorizes gas as it filters out. Filters typically do not work well once they get wet. So if you bathe or swim, you may have to cover the opening with a cover or waterproof tape.

Pouch Belts and Wraps

Some people wear an ostomy belt or wrap around their abdomen. The belt provides extra support. Some pouch belts/wraps are made specifically for water sports. If you choose to wear an ostomy belt or wrap:

- Attach the belt so that it lies evenly against your abdomen and lies level with the pouching system.
- The belt should not be so tight that it cuts into or leaves a deep groove in your skin.

- You should be able to place one finger between the belt and your abdomen.

Pouch Covers

Pouch covers are lightweight, soft coverings that go over the pouch. They come in a variety of colors and prints. The coverings may decrease any uneasiness associated with having someone view the pouch. They may also reduce heat and moisture caused by the pouch resting against the skin.

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