Ostomy Home Management

There's more to having an ostomy than changing pouches. You will have to make a few other adjustments. Let's go over the different areas of your home management and find out how to accomplish some everyday activities.

Bedroom

Dressing

- Modern pouches lie pretty flat against your body, so even though the pouch is very obvious to you, you usually cannot see it under most clothes. Emptying your pouchwhen it's 1/3 full will keep it from bulging. There is also specially designed underwear and support belts to help secure the pouch; bicycle pants and stretch girdles may help during periods of increased activity. If your pouching system crosses your belt line, the pants can cause pressure, so you may want to try wearing suspenders.

Sleeping

- The pressure of your body on a full pouch may cause leakage and soiling of your bed linens.
  - This problem may be prevented by emptying the pouch right before you go to bed. You may also want to stop eating or drinking a few hours before bedtime. If you have a large amount of output, then you can use a larger pouch at night.

Urostomy: Since urine continues to flow throughout the night, you will attach your urostomy pouch to the nighttime drainage bag.

Intimacy

- You can have sex when you feel ready, your wound site has healed and your surgeon/nurse has given you permission to resume all activities. Talk to your partner about any concerns you have about the changes in your body and intimacy. You can help each other adjust. Some steps that may help with your comfort are to empty the pouch, cover or use lingerie to cover the pouch. Be aware that there will not be any odor. New positions may help to decrease any extra pressure on the pouch. For women

who have had their colon and rectum removed, the sensations may feel different with vaginal penetration. Some men may have difficulty having an erection after the operation. If you have any questions, feel free to talk to your doctor or nurse. Pregnancy is possible following an ostomy.

Bathroom

Your Medicine

- Some changes may need to be made to your regular medications. Let your primary care doctor and pharmacist know that you have an ostomy. With an ileostomy, coated tablets and extended-release medications may come out whole into the pouch or pass through too quickly to be fully absorbed. Medication may have to be changed to a liquid or gel.

Bathing

- You may shower with or without the pouch on. Many people find it easiest to change the pouch system during shower time. Remove the entire pouch and barrier prior to the bath or shower. Clean and inspect the skin, then apply the new barrier and pouch. Since a urostomy and ileostomy drain often, it may work best to remove the pouch at the end of the bath or shower, which keeps stool or urine from ending up in the tub water or on the floor of the shower. When you shower without the pouch, remember that soap and water do not hurt the stoma. Avoid lotions and oils on the peristomal skin.

Toilet

- A drainable pouch should be emptied when it is 1/3 to 1/2 full. Pouch deodorant can help to decrease stool odor.
- If you have a disposable pouch, you will need to have a supply of disposable waste bags in your bathroom. The soiled pouch will need to be placed in a sealed bag and then thrown in the trash.
- If your rectum and part of your colon have not been removed surgically, it is common to have mucus discharge from your anus. Sometimes the mucus becomes firm enough to look like stool. You may get the urge to have a bowel movement. This is a normal sign to go to the bathroom and pass the mucous. This type of anal discharge is not a cause for concern.

Kitchen/ Diet

Ileostomy/Colostomy

- Right after your surgery, you often start with a low-fiber diet. This includes cooked vegetables, ground and cooked meats, breads and soft cereals, fruit juices, and soft fruits. You will begin to notice which foods cause diarrhea.
- Once you have been given the OK by your surgeon, you can return to eating a well- balanced diet. You may want to start on a low-fiber, low-residue diet and then advance to a regular diet. As you add new foods, you will see the effect they have on your ostomy management. A dietician can work with you to help with food adjustments.
- Chewing your food thoroughly and eating 3 or more small meals daily may be helpful.
- Foods that can cause gas:
  - Beer, carbonated beverages, broccoli, cabbage, beans, onions, Brussels sprouts, cucumbers
  - You may also have an increase in gas from swallowing air while you eat or from chewing gum, smoking, drinking from a straw, or sucking on candy.
- Foods that can cause an odor:
  - Fish, eggs, garlic, beans, turnips, cheese, cabbage
  - Your ostomy pouch is odor proof, so the only time you will notice an odor is when you empty the pouch.
- Foods that thicken stool:
  - Pudding, creamy peanut butter, baked apples/applesauce, pasta, rice, cheese, bread, potatoes
- Foods that can cause blockage if not chewed well:
  - Nuts, celery, coconut, mushrooms, raw crunchy vegetables, dried fruits, popcorn
- High-fiber foods that can decrease constipation and keep stools soft:
  - Beans (brown, black, kidney, pinto, lentils, lima, soybeans), avocados, fiber-rich cereal, oats, brown rice, turnip greens, wheat pasta, fruit (raspberries, grapefruit, pears, papaya, apples with skin), potatoes with skin, sweet potatoes, yams

Dining Room/ Cafeteria

- In general, you should be able to entertain as before. You may hear noise coming from your ileostomy/colostomy during digestion. Usually the noise is barely heard by anyone else. Eating slowly and eating small meals throughout the day may decrease the digestive sounds.

Outdoors

Returning to Work and School

- You should be able to return to work or school as soon as you heal, usually 3 to 6 weeks after the operation. Let your surgeon know the type of work that you do, especially if it involves heavy lifting.
- Usually, students will not return to gym class or play strenuous sports for 6 weeks after the operation.
- You will need to have extra supplies and possibly a change of clothes.
- Be prepared for what you will tell the people you meet about your operation. Tell them as much as you want them to know. You can also tell them very little and still say simply that you had abdominal surgery or had part of your colon removed.

Traveling

You may travel as normal with a little extra planning:

- You should not drive a car for the first week after your operation or while you are taking pain medications.
- Be sure you take extra supplies, since they may not be available while traveling. Take the phone number of where you can get your products just in case you have to order more in an emergency.
- For airline travel, pack supplies in your carry-on luggage. Precut the pouches at home because scissors won't be allowed in a carry-on. You should also have a note from your doctor identifying that you need the pouching system and also that you would need a private area in case airport security does an extended search. If you use pouch deodorants, cream, or powder, they will need to be in a sealed plastic bag for carry-on luggage.
- For road trips, check the location of your seat belt to avoid pressure on the pouch. If the seat belt rests on the pouch, put the seat belt below or above the pouch. Do not keep your pouches in areas of extreme heat, such as the back rear window or trunk of your car. If you use disposable pouches, remember that you will need zip-top bags to dispose of the pouches.

Exercise and Activity

- Heavy lifting may cause a hernia near the stoma site. Do not lift anything heavier than 10 lbs. (a gallon of milk) for the first 2 to 6 weeks after your operation. Lifting limitations may last longer; consult your surgeon.
- You can return to all exercise when you feel ready. Heat and sweat may decrease a pouch's barrier adhesive, so you may need to check your pouch more often. Special belts or binders are available to keep your pouch in place. Talk to your doctor about contact sports and a stoma guard for contact activities.
- You may swim and get in hot tubs with your ostomy. You will just need to make sure that the pouch is supported and that you keep a good seal. Suggestions include wearing a swimsuit with a high waistline and one with extra support; using a closed-end mini pouch; and checking the skin barrier to

make sure you have a good seal. Support belts especially made for added security during swimming are available. Some people tape the edges of the barrier.

Family Discussion

- Your family and dear friends will want to understand more about your operation and care. Initially, you may feel tired and need help with daily routines. Soon, changing and emptying your pouch will be managed quickly and require little extra attention. Some things you might want to talk about include: who should know about the ostomy, how each person feels about the operation, and what to do if someone notices a pouch leak (for example, signal system).

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