

## Introduction

Diseases of the colon and intestines are common. A colostomy and an ileostomy are types of surgery used to treat a colon or intestinal disease. During a colostomy or ileostomy, a surgeon connects parts of the intestines to an opening in the abdomen where stool drains out.

This reference summary will help you better understand what a colostomy and ileostomy are and how to care for your stoma.

## Anatomy

The inside wall of the abdominal cavity is made of a thin layer of tissue called the peritoneum. A thick layer of muscles covers the peritoneum, and skin covers the muscle.

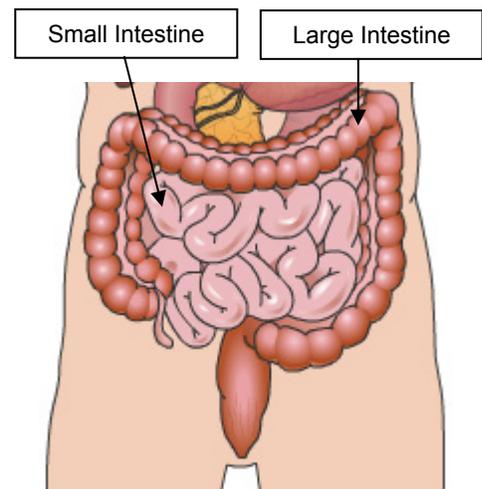
Inside the abdominal cavity are the:

- Liver.
- Stomach.
- Spleen.
- Intestines.

Swallowed food goes through the esophagus and into the stomach, where it is partially digested. Partially digested food goes from the stomach to the small intestine, where nutrients are further digested and absorbed.

The small intestine is made up of several sections:

- The duodenum.
- The jejunum.
- The ileum.



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Fibers and digested food finally reach the colon. The colon absorbs water. It is a storage area for stool.

The colon has several sections:

- The ascending colon.
- The transverse colon.
- The descending colon.
- The sigmoid colon.
- The rectum.
- The anus.

## Symptoms and Causes

The most common intestinal diseases include:

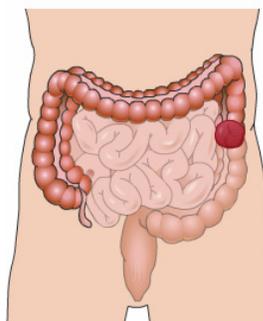
- Diverticulitis.
- Cancer.
- Crohn's disease.
- Ulcerative colitis.

About 1 out of every 15 people gets colon cancer. If found early, colon cancer can be cured.

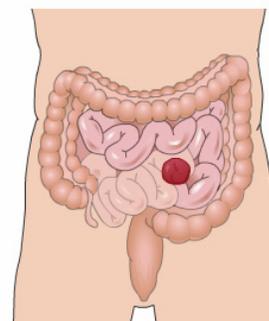
Diverticulitis is a disease that causes the colon to have many small pouches. These pouches are called diverticula. Diverticula can get infected, which can lead to serious medical problems.

Crohn's disease and ulcerative colitis together are called Inflammatory Bowel Disease, or IBD. Ulcerative colitis is found only in the colon. Crohn's disease can be found anywhere in the digestive system. Both conditions can cause serious complications.

During surgery on the small intestine or colon, the surgeon may decide to reroute the remaining part of the intestines to the outside of the body through an opening in the abdomen. The surgery to make this opening is called an ostomy.



Colostomy



Ileostomy

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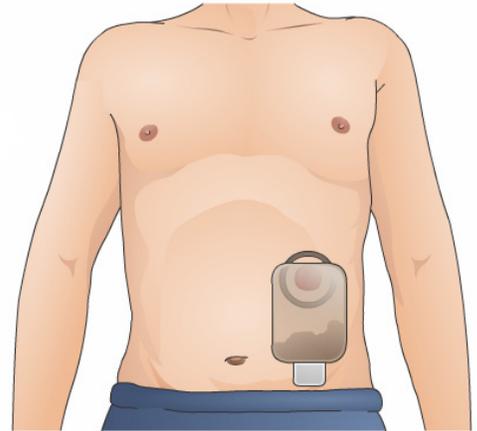
When an ostomy involves the colon, it is called a colostomy. When an ostomy involves the ileum, the last part of the small intestine, it is called an ileostomy.

## Colostomy and Ileostomy

Stoma is another term used for the opening created on the outside of the body during an ostomy.

Since colostomy and ileostomy patients cannot control their bowel movements, there are special pouches that fit the stoma and collect stool and gas. The pouches are called ostomy pouches.

Ostomy pouches do not allow any gas, fluid or odor to leak to the outside. The pouches need to be changed regularly and the skin that surrounds the stoma needs special care.



People with a permanent colostomy or ileostomy do not pass gas or stool rectally. If the ostomy is temporary, you may still pass mucous rectally. Bowel movements may be solid or liquid, depending on where in the bowel the stoma is placed.

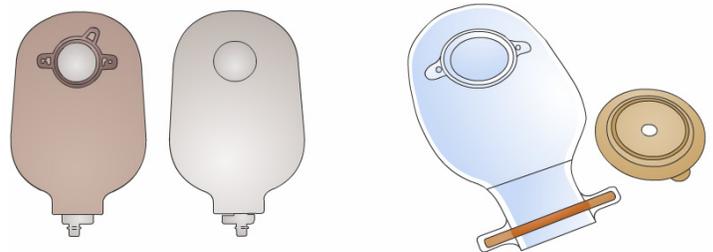
A few weeks after surgery, you can usually go back to doing the things you did before surgery. But you may have some restrictions.

## Stoma Care

Stomas vary in size and color. A beefy, red color is normal. Some stomas bulge slightly outward, some are flush with the skin, and some are drawn slightly inward. The way a stoma looks can change during the day, depending on the activity of the intestines. If a stoma is accidentally bumped, it may bleed just a little. This is normal.

There are many different types of pouches or appliances that can be used to collect stool. One-piece pouches are applied directly on the skin surrounding the stoma.

Two-piece pouches have a wafer that is applied to the skin. The pouch itself then gets applied onto the wafer just like Tupperware<sup>®</sup>. Ask your health care provider how often to change the wafer.



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Pouches are either close-ended or open-ended. For example, patients with an ileostomy may benefit more from an open-ended pouch because they have more liquid stools.

When either kind of pouch is placed, you need to make sure that it fits well, about 1/8 to 1/4 inches (3/10 to 2/5 centimeters) from the stoma. It should not allow any stool to leak. Special paste is available that will make a secure seal.

Each pouch is different, so ask your health care provider how often to change your pouch. When changing pouches, you should clean the surrounding skin well. Soft paper towels can be used to clean the stoma and the surrounding skin.

You can take showers with or without a pouch on. It is important that the skin is dry before a new pouch or wafer is applied.

Hair on the skin surrounding the stoma can be clipped with scissors or an electric razor. It is best not to use regular safety razors.

## **Nutrition**

Regular, well balanced meals are recommended. Follow the dietary restrictions you were told to follow before surgery.

Chewing your food well helps your body digest it more completely. It also reduces the risk that food will block the stoma.

Since stool may be watery due to diarrhea or small bowel output, you could lose a lot of fluid without noticing. It is important to drink fluids to replace the fluid lost through the stoma, especially during hot weather and after exercising.

Watery stool also causes you to lose 2 important minerals: sodium and potassium. You can replace these minerals by eating or drinking foods with potassium and sodium, within your diet restrictions. A Nutritionist can recommend a special diet for you.



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It is best to try new foods individually to make sure that specific foods do not cause gas, bloating or bad odor. Some foods, if not eaten in small bites and chewed well, can cause a blockage if you have an ileostomy.

You should tell your health care providers about your condition. Some medications may not get totally absorbed by the remaining intestines. You may have to switch medications.

## Stool Problems

Bowel movements have odors. The pouches have a built in odor barrier. Odor can be detected when the pouch is opened to be emptied, if the end of the pouch is not kept clean or if there is a leak. It is important to change or empty the pouch when it gets to be  $\frac{1}{3}$  to  $\frac{1}{2}$  full.

Using a deodorizer in the pouch may also help reduce odors. Be aware of foods that produce gas. Learn which foods cause gas by eating a small amount of each, one at a time.

Some foods that commonly cause odors include:

- Asparagus.
- Cauliflower.
- Beans.
- Alcohol.
- Fish.
- Onions.



Eating parsley or drinking cranberry juice when eating foods that cause odors may help to reduce the odor.

Passing gas is due to when and how food is eaten. Most passed gas through the stoma is simply swallowed air. Since eating fast causes air to be swallowed, it is best to eat slowly. Swallowed air can result from chewing gum, drinking through a straw or drinking carbonated drinks. It is important to eat meals regularly. Skipping meals increases gas.

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To prevent the stoma from becoming clogged, it is important to take small bites and chew everything well, especially for patients who have an ileostomy. Some foods that can cause a blockage include:

- Celery.
- Popcorn.
- Raisins.
- Coleslaw.
- Nuts.

## Urgent Signs

You need to recognize situations that require a call to your health care provider. The following pages discuss urgent signs that would require you to call your health care provider right away.

- Diarrhea that lasts more than 1 day.
- Severe bleeding from the stoma.
- The stoma turns black.
- Severe abdominal pain, bloating or fever.
- Fluid leaking from around the stoma, not through it.
- A bulge around the stoma. This could be a hernia. A hernia is when abdominal organs begin to poke under the skin through the abdominal muscles.

## Sexual Activity

Sexual function is usually not affected by an ileostomy or a colostomy. When surgical incisions are healed, it is safe to have sex. It is important to discuss this with your health care provider first. Incisions usually heal within 5 to 6 weeks after the operation.

An ostomy pouch should be changed before sex. Sometimes it is possible to cover the pouch with a garment of clothing, depending on what makes you more comfortable.



To prevent rubbing against the stoma, certain sexual positions may need to be avoided. The stoma itself should not be disturbed or penetrated during sex.

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## Summary

Diseases of the colon and intestines are common. When diseases of the intestines are treated with surgery, it sometimes results in a colostomy or an ileostomy.

A colostomy and an ileostomy are both procedures where a surgeon connects parts of the intestines to an opening in the abdomen where stool drains out. Another term used for the opening created on the outside of the body is called a stoma.

Since colostomy and ileostomy patients cannot control their bowel movements, there are special pouches that fit the stoma and collect stool and gas. The pouches are called ostomy pouches.

Most people who have an ostomy live active lives. You may want to ask about local ostomy support groups in your community.

Taking good care of a stoma and knowing what to watch for is extremely important in preventing serious complications.

It is important for you to notify your health care provider if any urgent signs or problems happen. The earlier problems are noticed, the better the chances are of correcting them.



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