Home Management and Other Resources

ACS
AMERICAN COLLEGE OF SURGEONS

Overview

There's more to having an ostomy than changing pouches. You may 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.

WATCH VIDEO

Ostomy Home Skills Program: Life with an Ostomy

BEDROOM

Dressing

- Pouching systems lie flat against your body, so even though the pouch is very obvious to you, others usually cannot see it under most clothes. Emptying your pouch when it's 1/3 full will keep it from bulging. Specially designed support belts and underwear can help secure the pouching system. Bicycle pants, light stretch undergarments, and /or a belly band may help flatten the pouching system. If your belt crosses over your pouching system, this can prevent stool from filling the pouch. You can consider several devices that prevent a belt from causing problems over the pouch such as the stoma tuck, stoma shield, stoma guard.

Sleeping

- Emptying the pouch right before you go to bed can prevent over filling the pouch while asleep. You may also want to stop eating or drinking a few hours before bedtime.

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. Be sure your partner understands that the stoma has no sensation, and you will not feel pain in your stoma. Some steps that may help with your comfort are to empty the pouch, use an opaque pouch cover, use lingerie or a belly band to conceal the pouch. 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. Talk to your doctor or nurse about any questions. Pregnancy is possible following an ostomy.

BATHROOM

Medication

- Some changes may need to be made to your regular medications. Let your health care provider 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 or bathe with or without the pouch on. Many people find it easiest to change the pouch system during shower time. You can shower with the pouching system in place. The outer adhesive is waterproof, so just dry the pouch and adhesive after showering. If you shower without a pouch on, remember that soap and water do not hurt the stoma. Since the stoma can drain while bathing, it may work best to remove the pouch at the end of the bath or shower. This keeps stool from ending up in the tub water or shower floor.

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 may need to have a supply of disposable waste bags in your bathroom. The soiled pouch can 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 mucus. This type of anal discharge is not a cause for concern.

KITCHEN

Diet

- Right after surgery, you will start a low-fiber diet (because the stoma is swollen, and high fiber foods may cause cramping when stool passes though the stoma). This includes cooked vegetables, ground and cooked meats, breads and soft cereals, fruit juices, and soft fruits.
- Once you have been given the OK by your surgeon, you can return to eating a well-balanced diet. As you add new foods, you will see the effect they have on your ostomy management. A registered dietitian (RD) can help with food adjustments.
- Chewing your food thoroughly and eating frequent small meals may help.

- Foods that can cause gas:
  - Beer, carbonated beverages, broccoli, cabbage, beans, onions, Brussels sprouts, and 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, mushrooms, raw vegetables, dried fruits, popcorn
- High-fiber foods that can decrease constipation and keep stools soft for the person with a colostomy:
  - 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, yams

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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.
- In general, strenuous sports and activities are not recommended for 6-8 weeks after the operation.
- 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 say simply that you had abdominal surgery or had part of your colon removed.

- Consider carrying an emergency kit with you when you return to work or school. The kit can contain a ready to apply pouching system with all accessories, tape, a garbage bag, moist towels, dry towels. You can use tape in case of the edges of the pouch pull up (tape in place) or if the pouch seal leaks.

Travel

- 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 some supplies in your carry-on luggage. Pre-cut the pouches at home because scissors won't be allowed in a carry-on. Take the United Ostomy Associations travel card with you for use at the TSA check points. This card explains you have a medical device that might be seen upon the security check. If you use pouch deodorants, use a container that is less than 3 oz and carried 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.

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 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.
- Once your wound is fully healed and you've been cleared by your surgeon, you may swim and get in hot tubs with your ostomy. You will need to make sure that the pouch is supported and that you have a good seal. Suggestions include wearing a swimsuit with a high waistline or for men wearing a swim shirt if the stoma is located above the swim trunks. Women should consider a suit with support material and/or material that is not shiny (could see the outline of the pouch). Support belts especially made for added security during swimming are available. Some people use waterproof tape around 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 discuss in advance with loved ones: 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).

ADDITIONAL SUPPORT

Nurses that are certified in ostomy wound and continence care are called WOC nurses. Check with your surgeon to see if there is a WOC nurse (sometimes called ostomy nurses) that you will have access to. If you need to find an ostomy nurse, visit the WOCN resource page at wocn.org.

The United Ostomy Associations of America is a non-for-profit organization that supports people who have had or will have ostomy surgery. At their web site (ostomy.org) you will find support groups and other information.

Additional Ostomy Resources

Resources

American College of Surgeons Ostomy Home Skills Program and E-Learning Course
facs.org/ostomy | 1-800-621-4111

Wound, Ostomy and Continence Nurses Society (WOCN®)
wocn.org | 1-888-224-9626

United Ostomy Associations of America (UOAA)
ostomy.org | 1-800-826-0826

American Society of Colon and Rectal Surgeons (ASCRS)
fascrs.org

American Urological Association (AUA)
auanet.org

American Pediatric Surgical Association (APSA)
apsapedsurg.org

American Pediatric Surgical Nurses Association (APSNA)
apsna.org

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