

# Patient Information following Ostomy Surgery

Helpful Hints and Suggestions



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# Introduction

## Colostomy

A colostomy is a surgically created opening into the colon (large intestine) through the abdomen. Its purpose is to allow the stool to bypass a diseased or damaged part of the colon. The output from a colostomy can be liquid or formed stool (or somewhere in between), gas, and odor.

*A colostomy:*

- can be made at almost any point along the colon.
- may be permanent or temporary.
- is usually located on the left side of the abdomen.

## Ileostomy

An ileostomy is a surgically created opening into the small intestine through the abdomen. With an ileostomy, a section of the small intestine and large intestine (colon) have been removed or bypassed. The output from an ileostomy after surgery is generally a steady liquid type of drainage. Over time though, the stool will become thicker and more paste-like.

*An ileostomy*

- is usually located on the lower right-hand side of the abdomen.
- may be temporary or permanent.

The digestive enzymes make the output from your stoma very corrosive, so protecting the skin around your stoma, or peristomal skin, is extremely important.

## Urostomy

A urostomy is a surgically created opening to drain urine from the body when the bladder has been removed or bypassed.

One common type of urostomy is an **ileal conduit**. An ileal conduit is created by removing a short segment on the small intestine (ileum) and using it as a pipeline for urine to flow out of the body through a stoma (opening). This stoma is usually created on the lower right-hand side of the abdomen. After surgery there are usually stents or tubes in the stoma. These are temporary and are removed by the surgeon. The section of small bowel used will continue to produce mucous that will also exit through the stoma. A urostomy is generally a permanent ostomy.

# Changing Your Ostomy Appliance

## 1. Emptying the pouch

- Empty your pouch when it is  $\frac{1}{3}$  to  $\frac{1}{2}$  full as the weight of the output could cause the flange to pull off the abdomen and possibly cause leaks.
- Put some toilet paper in the toilet to keep it from splashing back when emptying.

### *Emptying positioning options:*

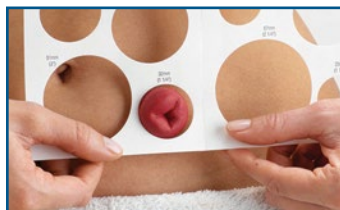
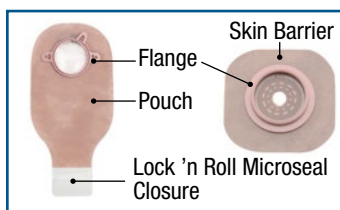
- Empty sitting down on the toilet (as if you were peeing). Open your bag, and aim it between your legs to empty it into the toilet. If you use a clip, you can fold back the bottom part (turtlenecking it) so that stool doesn't touch the whole length to the end of the bag. If you use a Velcro, you squeeze either side to get the opening to open and then let the contents fall out.
- Empty sitting down facing the toilet (like you're straddling it). Open the bag and aim it between your legs to empty into the toilet. Same process for clip and velcro.
- Stand facing the toilet, open your bag and empty it into the toilet. Same process for clip and velcro.
- Kneel on the ground leaning up against the toilet (this is best at home where you know your toilet is clean). Open the bag and aim it into the toilet. Same notes about splashing and clip versus velcro processes. if you use a velcro closure, squeeze either side to get the opening to open and let the contents fall out.

## 2. Frequency of changing

- It is suggested changing the appliance twice weekly for the first 6 weeks as the stoma size may change (decrease) and the plan is to change every 5-7 days after the 6 week period.
- Please change the appliance if there are any signs of leakage, or you have a burning sensation or itchy sensation as this may be a sign of stool sitting on your skin and causing skin breakdown/irritation.

## 3. Assemble any supplies needed

- Pouch, skin barrier, measuring guide, scissors, barrier rings, strips or paste (if needed), wet and dry cleaning cloths, disposal bag to discard old appliance. Gloves are not necessary, just good hand washing before and after is sufficient.



#### 4. Removing old appliance

- Gently remove the appliance by keeping one finger against the skin, working in the direction of the hair growth. Place in a disposable bag. Adhesive removal wipes are sometimes used to help remove any adhesive residue. After use, the area should be washed with water prior to application of the next skin barrier. These products can leave the skin a little greasy and interfere with adherence.

#### 5. Cleansing stoma and surrounding area

- Gently cleanse the stoma and surrounding skin with a wet warm cloth. Avoid using soaps that contain moisturizers as they can interfere with the adhesion of the skin barrier.
- Do not use alcohol or any other harsh chemicals to clean your skin or stoma as these may be irritating to your skin.
- Gently pat skin dry.

#### 6. Assess your stoma and surrounding skin

- Your stoma may be swollen for approximately 6 weeks following your surgery until it is reduced to its permanent size.
- The color of your stoma may be red or light pink in color.
- The stoma is moist and may bleed slightly when being cleansed and this is normal, as the tissue contains small blood vessels. Due to the lack of nerve endings, there is no sensation when touching a stoma; so please be gentle when cleansing the stoma.
- The skin around the stoma should not have any signs of a rash or redness, and the stoma and surrounding skin should not be painful.
- The stoma is part of your bowel. It is protected by mucus so stool or urine will not hurt it. A stoma rarely becomes infected. The most important thing is to protect the skin around your stoma. A correct fitting pouching system is the best way to prevent an infection of your skin.



#### 7. Measuring of stoma and preparing the skin barrier

- Measuring of the stoma is only required for the first 6 weeks until the swelling goes down and is reduced to its permanent size. After that time you may pre-cut skin barriers in advance. There are skin barriers that come pre-cut but until your stoma swelling decreases you will need to cut to fit.
- Measure the stoma using a measuring guide allowing wiggle room between the stoma and flange opening, approximately 1/8" away from the edge of the stoma. This room allows the stoma to expand and pass stool through the opening.



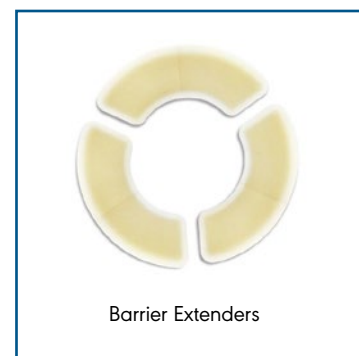
- Cut the size of the stoma on the skin barrier allowing the small wiggle room from stoma to skin barrier and place on stoma to see if it is a good fit.
- Some stomas may be round or oval so cut the opening to match the shape and size of your stoma.
- A skin test may be necessary to see if you have a reaction to the glue from the skin barrier/tape. If you do have a reaction to a certain adhesive it will usually match the shape of the product, and you should contact your ostomy nurse so they can help you find a different product if needed. Always change your appliance if there are any signs of leakage: do not try to reinforce/patch.
- If you have a hairy abdomen, you may shave with an electric razor or dry shave with ostomy barrier powder. To help protect the stoma when shaving, you can place an empty toilet paper roll over the stoma. Shave in the direction of hair growth as it may limit skin irritation.
- At this time, you may choose to use a barrier product (spray or wipe) which is used to protect the skin and puts a protective layer from adhesives and moisture. Ostomy paste or rings can be placed on the skin barrier or around the stoma to help fill in uneven skin surfaces and seal gaps between the ostomy and skin barrier.
- The skin barrier sticks well to dry, clean skin, but will not stay on if skin becomes wet from leakage. By applying a thin layer of stoma powder, you can use it to treat wet skin around the stoma and allows the skin barrier to stick.
- Remove hard plastic or paper from the back of the skin barrier and put in place around the stoma, pressing down gently. Peel back paper on either side of skin barrier and press down gently. It may be helpful to apply the skin barrier while standing in front of a mirror to help center.

## 8. Attaching the pouch

- Ensure you apply the pouch in the desired hanging position/direction, off either to the side or in-between legs to empty in toilet.
- Attach the pouch by placing fingers under pouch and flange rim, and seal around the circle like Tupperware closure (no need to press on abdomen to maintain a seal).
- You may choose to use barrier extenders or belts to improve ways of holding the skin barrier to the skin.



Stoma Belt



Barrier Extenders

## 9. Showering/Personal hygiene

- Showering is permitted. The appliances are designed to get wet and no extra adhesive barrier tape is necessary.
- You may shower with or without your pouching system in place. If you plan to shower without your appliance on, please try to do it first thing in the morning or before you have had any food to eat so it decreases the chances of becoming active while bathing.
- It is okay if soap rinses off on your stoma. No soap or water can get into your stoma. If the water pressure of the showerhead is too strong, do not let it hit your stoma directly.
- Your appliance is water-proof, therefore it is safe to swim with the appliance on, but some people may feel more secure wearing skin-friendly tape around the edges of your skin barrier when they are in the water.
- Gas filters stop working once they get wet, so please ensure you apply a waterproof seal or waterproof tape over the filter before any water activities. Many of the manufacturers supply filter seals with pouches.
- Some people may find it helpful to use a blow dryer on a cool setting to help speed up the drying of the cloth/paper part of the barrier. Please ensure the dryer is not set to hot as the stoma has no sensation and you will not feel if it is hot/burning.

## Why is my Appliance Leaking

A well fitted ostomy appliance should not leak. All of the output should fall directly into the pouch. Some of the reasons an appliance may leak is:

1. Improper application if the skin around the stoma is wet. The skin barrier will not stick to it, therefore, it is important to wipe the skin dry and to ensure it is clean and dry just before application.
2. Weight loss or weight gain can change the shape of the abdomen, which can affect the fit of the appliance. Sometimes after surgery, the abdomen is firm and usually softens over time and the pouching system may need to be changed to fit your belly contours as it changes such as using either a convex, or flat skin barrier etc.
3. Waiting too long in-between appliance changes. Your pouching system should be changed regularly and not wait until it leaks. The average change time is twice per week.
4. Broken skin - It can be hard to get the skin barrier to stick to the skin if you have a wound there that is draining fluid. You can apply a small dusting of stoma powder to help absorb the drainage. If your skin does not heal then contact your ostomy nurse or provider.
5. Cutting the skin barrier opening too big can lead to skin breakdown and leakage. Please ensure that you cut the opening no bigger than  $\frac{1}{8}$ " larger than the stoma.



Flat Skin Barrier



Convex Skin Barrier

*Remember to consult your ostomy nurse if you are experiencing any problems that you are unable to resolve.*



# What About Gas

Ostomy pouching systems are designed to control odor. No odor should ever be detected when the appliance is secure and in place. There are measures which can aid in reducing the odor or stool such as deodorizing tablets or liquids used on the inside of your pouch, and using aerosols to freshen the bathroom. Some pouches are designed with a small charcoal filter located near the top of the pouch. This filter allows the gas to escape while deodorizing the gas.

Eat regular balanced meals. Skipping meals is more likely to increase gas production. Initially after surgery there will be more gas as well as noise since the bowel has been handled and is empty. Gas and noise lessen once diet and activity is resumed.

- Release gas by burping when needed by opening from top of flange attached to the bag slightly, just enough to allow gas to get out (may need to gently pat bag), and reseal.

Eat slowly and chew food well. Avoid chewing gum, smoking, mouth breathing, drinking carbonated drinks or sucking on ice chips or candies, which all include swallowing large amounts of air. (Please refer to food reference sheet for foods that contribute to gas.)

## When to Call the Doctor

- Temperature or fever 37.9 °C or greater
- Increased pain, drainage or redness along your incision line
- Change in the color of your stoma (from red/pink to grey/dusky or black)
- Your stoma is swelling and more than a half inch larger than normal
- Your stoma is pulling in below the skin level
- Your stoma is bleeding more than normal
- You have a skin rash, or the skin around the stoma is raw (ulcers)
- A cut or injury to the stoma
- No ostomy output for 4 to 6 hours followed with cramping and nausea
- You have skin around your stoma that is pushing out (hypergranulation)
- You have diarrhea (severe watery output lasting more than 5 to 6 hours)
- Excessive bleeding or discharge from your rectum
- Cloudy, foul smelling urine (for urostomy)
- Prolonged nausea and vomiting and no ostomy output
- If you are unable to get in touch with your physician and are in need of medical assistance, go to your local Emergency Department

# Lifestyle Change and Returning to Work

For many, ostomy surgery is lifesaving, but the changes in your body take some getting used to. An ostomy should not affect your ability to resume your lifestyle. Having an ostomy does not change who you are or what you are able to do. After recovery, work to strengthen your abdominal muscles to help prevent the risk of hernia. Feel free to enjoy all your usual activities, including swimming, but be sure to get clearance from your surgeon before starting any exercise regimen. Most people can continue all of the activities that they enjoyed prior to illness and surgery. It may take time before you will be physically and emotionally ready to resume normal activity. For many, ostomy surgery is lifesaving, but initial feelings can sometimes be negative. For people with inflammatory bowel disease, life after surgery is frequently viewed as a positive improvement and the promise of a return to a normal life.

Your ostomy nurse will provide you with comprehensive education, including practice pouch changes, emptying, and burping. You will be aided in determining the supplies that will work best. You should store your supplies at a cool room temperature. Heat and extreme cold or dampness can reduce how well the adhesive works.

It is recommended to go on small trips to some of your favorite places/restaurants, assess the bathroom facilities and try and do an appliance change in your mind so that you will be better prepared in the event that you really have to.

Please be assured that there should not be an odor unless there is a leak as the appliance is a closed system. The only time there will be an odor is when gas needs to be released, or when emptying or changing the appliance, which can all be done in the bathroom if you are in a public space.

Noises may be muffled by clothing or by placing an arm across the stoma site. The appliance is not visible as it is underneath your clothing. The key thing to remember is that as a person you have not changed but rather have undergone a surface change that has given you back your health. The decision to share with others that you have an ostomy is very personal and should only occur if you want it to. Clothing you wore prior to surgery can generally be worn following surgery.

# Preventing Dehydration

When you have an ileostomy, your body will lose more salt, potassium, and water than usual. This can lead to dehydration. Drink 8 to 10 (8 ounce) glasses (about 2 liters) of liquids throughout the day. Drink sports drinks (such as Gatorade or Powerade) and oral rehydration solutions (such as Pedialyte), if you can.

Throughout each day, keep track of your liquid intake (how much liquid you drink). You should also keep track of your ostomy output. If you are having high output you may want to call your doctor as they may recommend a fiber supplement or medication.

<b>Foods Rich in Sodium</b>	<b>Amount</b>	<b>Sodium Content</b>
Table Salt	1 tsp	2373 mg
Broth	250 ml	1217 mg
Vegetable Cocktail	250 ml	690 mg
Bacon	1 slice	178 mg
Cheddar Cheese	2 oz (50 mg)	310 mg
Ham	1 slice	436 mg
Canned Soup	250 ml	1660 mg
Pickle	1 medium	833 mg
Frozen Pizza	100 mg	555 mg
Sausage	1 link	821 mg
Hot Dog	1	670 mg
Pancake	1 medium	368 mg
Cottage Cheese 2% M.F.	125 ml	485 mg

<b>Foods Rich in Potassium</b>	<b>Amount</b>	<b>Potassium Content</b>
Banana	1 large	487 mg
Apricots Dried	½ cup	930 mg
Buttermilk	250 ml	466 mg
Milk 2% M.F.	250 ml	473 mg
Orange Juice	250 ml	500 mg
Peach Raw	1 medium	186 mg
Tomato Raw	1 medium	292 mg
Baked Potato	1 medium	926 mg
French Fries	medium portion	923 mg
All Bran Cereal	½ cup	408 mg

## **Sodium and Potassium**

Gatorade 250ml	Sodium 102mg	Potassium 28mg
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# Diet Following Surgery

Follow these guidelines for the first few weeks after your surgery. This will help keep you comfortable while your colon heals.

- Eat small meals often. Try to have 6 small meals throughout the day instead of 3 large ones.
- Eat slowly and chew your food well.
- Drink 8 to 10 (8 ounce) glasses (about 2 liters) of liquids every day.
- Eat mostly bland, low fiber foods.
- When you add foods back into your diet, introduce them 1 at a time.
- After your surgery, you may have some food intolerances that you didn't have before surgery. A food intolerance is when eating a certain type of food causes uncomfortable symptoms, such as diarrhea, bloating, gas, or bad odor. Sometimes, food intolerances go away as your bowel heals.
- If a certain food causes uncomfortable symptoms, don't eat it for a few weeks. Then try it again. No two people will react the same way to food. You'll learn through experience which foods, if any, you shouldn't eat.

## Ostomates Food Reference Chart

For individuals who have had ostomy surgery, it is important to know the effects of various foods on ileal output. The effects may vary with the remaining portion of functioning bowel.

Listed are some general guidelines of the effects of foods after ostomy surgery. Use trial and error to determine your individual tolerance. Do not be afraid to try foods that you like, just try small amounts.

<p><b><u>Stoma Obstructive</u></b>            Apple peels            Cabbage, raw            Celery            Chinese vegetables            Corn, whole kernel            Coconuts            Dried fruits            Mushrooms            Oranges            Nuts            Pineapple            Popcorn            Seeds</p>	<p><b><u>Odor Producing</u></b>            Asparagus            Baked beans            Broccoli            Cabbage            Cod liver oil            Eggs            Fish            Garlic            Onions            Peanut butter            Some vitamins            Strong cheese</p>	<p><b><u>Increased Stools</u></b>            Alcoholic beverage            Whole grains            Bran cereals            Cooked cabbage            Fresh fruits            Greens, leafy            Milk            Prunes            Raisins            Raw vegetables            Spices</p>
<p><b><u>Gas Producing</u></b>            Alcoholic beverages            Beans            Soy            Cabbage            Carbonated beverages            Cauliflower            Cucumbers            Dairy products            Chewing gum            Milk            Nuts            Onions            Radishes</p>	<p><b><u>Colour Changes</u></b>            Asparagus            Beets            Food colourings            Iron pills            Licorice            Red jello            Strawberries            Tomato sauces            Constipation relief            Coffee, warm/hot            Cooked fruits            Cooked vegetables            Fresh fruits and fruit juices            Water            Any warm or hot beverage</p>	<p><b><u>Odor Control</u></b>            Buttermilk            Cranberry juice            Orange juice            Parsley            Tomato juice            Yogurt</p>
		<p><b><u>Diarrhea Control</u></b>            Applesauce            Bananas            Boiled rice            Peanut butter            Pectin supplement (fiber)            Tapioca            Toast</p>

## Colostomy Guidelines

Initially the surgeon may order a low residue diet. A low residue to help prevent gastrointestinal symptoms. You may get constipated, just as you may have before your surgery. To help prevent constipation, eat a diet high in fiber, fruits, vegetables and whole grains. If the constipation does not resolve, check with your physician about considering a laxative but it is important to check before you try one.

Constipation is having fewer than three bowel movements per week, having hard bowel movements, having a hard time passing bowel movements, or all three. Constipation can be caused by:

- Certain pain medications
- Certain anti-nausea medications
- Not eating enough fiber or drinking enough liquids
- Not exercising enough

## Ileostomy Guidelines

As you recover, you will start on low fiber foods. Most people return to a normal diet within 6 weeks. Since you no longer have the large intestine to absorb water, fluid will be lost through your stoma, so you need to keep well hydrated. However, sugary beverages should be limited because they may lead to higher output of your stomas and more dehydration. Some of the signs of dehydration are dry mouth and tongue, decreased urination, darker than normal urine, dizziness when standing, weakness and decreased reaction time, leg or arm cramps, tingling in hands or feet.

Ileostomies are at an increased risk for food blockages, and less common with colostomies, however it can happen with both. Prior to surgery large particles of food passed through your large bowel. Now, however, large food particles can get caught where your intestine comes through the abdominal wall. If this happens it can cause a blockage. A blockage may cause abdominal cramps, pain, or watery stools with a bad odor. Stool may be released in spurts trying to get the waste past your blockage. This is why for the first 6 to 8 weeks after surgery you should avoid high fiber foods that absorb water. Even long after your surgery certain foods may cause you to have a blockage. Please refer to the list of foods that can cause a bowel obstruction sheet.

## Urostomy Guidelines

Unless your physician gives you specific diet instructions, people with a ileoconduit/urostomy do not need a special diet. However there are a few tips to keep in mind to avoid infections and urine odour.

- Drink at least six to eight glasses of water and other fluids per day.
- Limit certain foods that can cause urine odour such as asparagus, fish, eggs, alcohol, certain vegetables such as cabbage, brocolli, kale, brussel sprouts, cauliflower, baked beans, onions, and cheese.
- Certain foods that can help with urine odour are cranberry juice, buttermilk, parsley, yogurt.

# Traveling Tips for People With an Ostomy

Planning and taking a holiday can be both exciting and stressful. The following suggestions can make travelling with an ostomy worry free.

- Before departing on a trip, research the name and address of the local ostomy vendor for supplies, or nearest ostomy nurse. Take double the amount of supplies and accessories you would normally require and keep your supplies in your carry-on in case your luggage gets lost. Pre-cut skin barriers ahead of time to avoid the need for scissors (pack your scissors in your checked luggage). Have your ostomy nurse or doctor supply you with a letter outlining the medical reasons for the ostomy supplies in case of unnecessary questions from immigration.
- Passengers with an ostomy pouch should tell the screening officer before the screening process begins. Liquids, gels or aerosols must be in containers smaller than 100 ml in your carry-on and put into a 1L clear plastic bag. You can pack any size in your checked baggage. Use the Family/Special Needs security line, where screening officers are trained to provide additional assistance.
- Do not keep supplies in a car in the summer as the heat may interfere with ostomy adhesives. Take advantage of available bathroom facilities to empty your pouch more frequently than you normally would to avoid unexpected bathroom delays.
- Carry moistened tissues or pre-moistened wipes in the event that a rest room is unavailable. An aisle seat close to the washroom may be more convenient. Empty your pouch before boarding the plane and plan bathroom visits before meals are served when the aisles are clear. Urostomy patients may find wearing a leg bag beneficial.
- If a pouch leak occurs, ask the flight attendant to get your carry-on luggage for you, a newspaper to shield any spillage, and direct access to the bathroom.
- Do not try a new type of pouching system just before going on holiday in case you react to the glue.
- Your pouch time may be reduced due to humidity and perspiration and more frequent changes may be required.
- You can wear a cotton pouch cover to keep moisture away from your skin. If a yeast rash develops apply an antifungal powder and no sting barrier with each pouch change.
- Limiting carbonated beverages and wearing a pouch with a filter can help reduce gas accumulation.
- Bring extra clips and adapters. An elastic band can be used to secure an open ended pouch in case clips are lost.

# Swimming With an Ostomy

After healing from ostomy surgery, people of all ages enjoy swimming, surfing, scuba diving or just relaxing in a hot tub. We understand the anxiety from worrying about leaks can keep some people out of the pool. There are no ostomy restrictions to swimming in public pools.

Remember your pouching system is resistant to water and with a proper fit, it is designed not to leak. Water will not harm or enter your stoma. If you are hesitant about how your skin barrier will hold, then you can test that your pouch is secure by sitting or lying in a full bathtub for a while to test and ensure that the seal stays snug and leak free. Using waterproof tape or water specific barrier strips are not necessary for the most part but can provide a peace of mind.

- Prior to swimming, make sure your seal is secure.
- Empty your pouch before swimming. If you are nervous about output, eat a few hours before jumping in.
- If you are using a filtered pouch, use a filter cover sticker on your deodorizing filter to prevent water from entering in the pouch and remove it once you are dry.
- You should wear whatever makes you comfortable. Swimming with an ostomy should be fun and worry free regardless of what you are wearing.
- Shop for a bathing suit that works for you, and if you cannot find one you like then you can look online by searching under "ostomy swimsuits". Most importantly you should wear what makes you feel good. Some people don't mind showing their pouch at the beach, whereas some prefer to cover up. Do what makes you feel best, and if you want to wear a bikini then do it. A wrap can be a great way to cover up, wearing dark colors, busy patterns and ruching can help hide the pouch if that is something you are worried about. Boxer style swim trunks and high waisted bottoms can be a good choice to cover up.

# Intimacy With an Ostomy

Although it's normal to feel sensitive about how an ostomy changes your body, meaningful and fulfilling intimate encounters can still be part of your and your partner's lives. Even the most prepared person can feel overwhelmed and have difficulty adjusting to a stoma. You need to take the time to heal both physically and emotionally. Communication and trust are at the heart of the healing process. It's comforting to know that sexual relations will not hurt your stoma - or you. Share your feelings with your partner, and respond to their concerns as well. With time and a positive attitude, you can enjoy a mutually satisfying sexual relationship.


Trust is key to true intimacy. The more you share about your ostomy, how you feel, and what you need, the stronger the bond between you and your partner.

The old adage is true: The way you see yourself influences the way others see you. Take time after surgery to acknowledge the changes your body has been through, check in with your emotions about how you feel post-surgery, and share your feelings with your partner. You'll find that acceptance of your body after surgery comes with time.

A stoma does not have nerve endings; therefore, it does not transmit pain or other sensations, but it can bleed slightly if irritated or rubbed. Trying different positions can help you avoid any issues.

Empty your pouch before engaging in sex. For intimate moments, special pouches are available that are designed to be smaller and less bulky.

If your stoma makes you uneasy during intimate moments, cover your pouch with specially designed underwear, lingerie or pouch covers that can help take your mind off your ostomy and allow you to focus on your partner. Below is a QR code for more information on intimacy with an ostomy.




A guide to intimacy after ostomy surgery

For People Living with an Ostomy

ConvaTec | me+

Throughout your entire ostomy journey, me+™ is here to give you the support, insights and products you need.



Scan QR to view A guide to intimacy after ostomy surgery.



# Parastomal Hernia

A stoma hernia, or parastomal hernia, may develop following an ileostomy. This happens when a loop of your intestine protrudes through a weakness in the abdominal wall around the stoma. Stoma hernia can occur after a person undergoes an ileostomy procedure. During an ileostomy, the surgeon will create an opening in the wall of the abdomen and bring the end of the small intestine to the surface. The stoma can weaken the part of the abdominal wall it passes through. This makes it easier for the bowel to bulge out. A person should contact their doctor if they have concerns about any of the risk factors for a stoma hernia. A hernia may develop soon after surgery or it could take several years to develop.

Symptoms of a parastomal hernia can include: bulge around the area of a stoma, discomfort or pain around the stoma, feeling full or a sense of tightness in the abdomen, leaking from stoma appliances, skin irritation around the area of the stoma.

## Prevention and Treatment of a Parastomal Hernia

**Manage your weight.** Being overweight is one of the biggest causes of parastomal hernia, as additional weight causes pressure to push on the abdominal wall.

**Strengthen your abdominal muscles.** People with weak abdominal muscles are more likely to develop a hernia. Always check with your physician before beginning any new workout regimen or daily activity.

**Wear a light support garment (hernia belt).** Wearing a hernia belt helps to compress the weak areas of the abdominal wall, which could potentially prevent a hernia from occurring, or prevent further hernias from developing.

**Stay active** to maintain general physical well-being.

**Maintain strong muscles** that help you lift and move more safely, therefore protecting your abdomen. Start with your arms.

**Be careful when lifting.** When you lift or carry anything, do it safely and with good technique.

**Adapt exercises and daily activities** to make sure they're appropriate. Consult your healthcare professional before beginning any new workout regimen or daily activity.

**Stop smoking.**

**Surgery at times may be the only option** if the hernia leads to bowel incarceration and strangulation, thus necessitating immediate surgery, or if the hernia causes discomfort and pain and complications develop with maintaining an ostomy appliance.

# Exercise and Activity After Your Ostomy

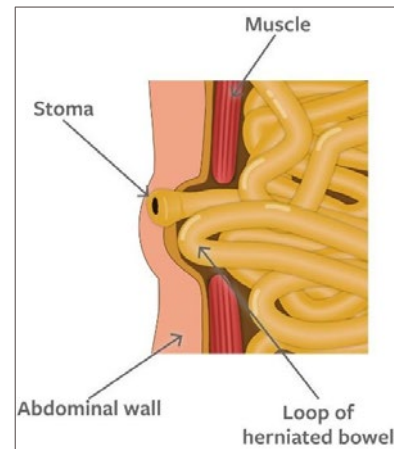
## Physical Therapy

This handout explains why exercise is important after ostomy surgery, activity and exercise guidelines after ostomy surgery, and exercises to perform.

### Why is exercise important?

Strengthening your abdominal muscles and moving properly after ostomy surgery can decrease your risk of a parastomal hernia. A parastomal hernia (see picture) is when there is an abnormal bulge between the stoma (or opening on the abdomen that connects to the digestive or urinary tract) and the abdominal wall. This can be a complication after surgery.

- Hernias are relatively common and can sometimes be associated with a dull pain from stretching of the tissue.
- The exercises in this handout focus on improving abdominal strength and can help decrease risk of hernias from occurring.
- If you think you may have a hernia, please contact your care team.



### Activity guidelines

After your ostomy is placed or removed, it can take several weeks for your surgical site to heal. During the recovery period it is important to follow the activity guidelines and exercises in this handout. To allow healing at the ostomy site, please follow these instructions for up to 4-6 weeks after surgery:

- Do not lift anything heavier than 10 pounds (for reference, a gallon of milk weighs 8 pounds).
- Do not push or pull heavy objects. Avoid excessive twisting motions.
- Slow your activity if you become overly short of breath or tired.
- Some discomfort at your incision site during activity and exercise is normal, however stop doing any activity if there is pain at your incision site.

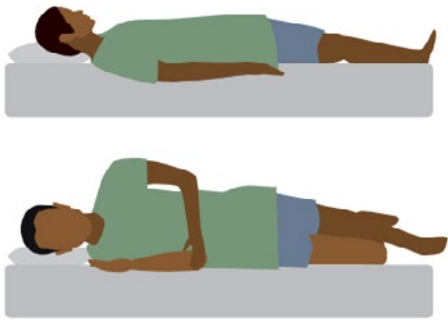
*Activity guidelines, continued*

- Prevent falls: Make sure there is proper lighting in your home, remove throw rugs and other tripping hazards, wear appropriate footwear, install grab bars as needed.

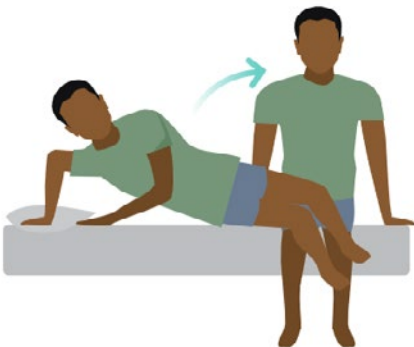
For more information on how to prevent falls, ask your care team for the How to Prevent Falls handout. To view the handout online, scan the QR code or visit [FredHutch.org/fall-prevention](https://FredHutch.org/fall-prevention).



- When getting out of bed, use the log roll technique:
  1. Roll from your back to your side.



2. Sit up on the edge of your bed by dropping your legs off the bed at the same time as you push up with your arms.



3. Stand up with proper posture. See the section below on practicing good posture to learn more.

## Exercise guidelines

Follow these guidelines when performing the exercises below:

- Do all exercises slowly, and only do them as recommended.
- Take slow deep breaths as you exercise.
- Healing is your priority after surgery. Allow yourself to feel a gentle stretch. **Stop and rest if you feel pain.**
- Do not do sit-ups, strenuous exercise or play contact sports, such as soccer, baseball or basketball.
- Your surgeon or care team may recommend seeing a physical therapist (PT) or occupational therapist (OT) starting about 4 weeks after surgery. The PT/OT will help you continue to increase your mobility and build back your strength.

## Exercises

Try to start these exercises within the first 3 weeks after surgery.

### Walk

Walking can improve your heart and lung function as well as boost energy and mood. Walking up a slight incline or hill can help gently increase abdominal strength.

- Start with walks about 10-15 minutes long.
- Walk at least 2-3 times per day.
- 2-3 months after your surgery, the goal is to walk for 30 minutes 5 days a week.

### Practice good posture

Good posture can improve breathing and prevent tightness and strain in the muscles around your chest, neck, back and shoulder.

1. Stand or sit straight and tall with your shoulders down and relaxed. Keep head in line with your shoulders.
2. Avoid shrugging shoulders towards your ears or slouching.
3. Correct posture often throughout the day.



For more information on correct posture and back health, ask your care team for the Back Health: Getting Back to Basics handout. To view the handout online, scan the QR code or visit [FredHutch.org/backhealth](https://FredHutch.org/backhealth).



This exercise helps you relax, reduces stress, and allow you to use your lungs properly after surgery.

1. Put one hand on your chest and your other hand on your belly.
2. Take a deep breath in through your nose, making your belly expand. Your belly should expand, not your chest.
3. Slowly let the air out of your mouth and pull your belly in, gently tightening your abdominal muscles.
4. Repeat 5-10 times, 1-2 times per day.



For a guided audio version of soft belly breathing, visit [FredHutch.org/patient-education-videos](https://FredHutch.org/patient-education-videos), and scroll down to “Mind-Body Relaxation” or scan the QR code.



### Abdominal activation

This exercise helps you to work on engagement and strengthening of your abdominal (belly) muscles.

1. Lie on your back with knees bent and your feet flat.
2. Place hands on lower abdomen and take a slowly breath in. As you breath out, try to gently tighten up your abdominal muscle. Hold for 3-5 seconds. Then relax.
3. Imagine you are pulling your belly button down towards your spine.
4. Repeat 5-10 times, 2-3 times per day.



### Pelvic tilt

This exercise helps engage your belly muscles and helps with mobility of your low back.

1. Lie on your back with your knees bent and feet flat.
2. Gently flatten your lower back into the bed/floor and tighten belly muscle. You should feel your pelvic tilt back towards to bed/floor as you flatten your low back.
3. Hold this position for 1 second and then relax back to starting position.
4. Repeat 5-10 times, 2-3 times per day.



This exercise helps with general abdominal control and leg movement.

1. Sit in a chair with feet firmly on the floor. Sit near the front of the chair so your back is not supported. This challenges abdominal activation.
2. Sit tall with good posture and gently tighten abdominal muscles.
3. Slowly lift one foot off the floor about 1-2 inches off the ground. Return foot to floor and repeat on other side. Keep abdominal muscles activated throughout movements.
4. Repeat 10 times, 2-3 times per day.



### Sit to stand

This exercise helps with restoring leg strength.

1. Sit close to the front of your chair so feet are firmly on the floor. It may be helpful to use a chair with arm rests.
2. Gently tighten abdominal muscles.
3. Use your legs to push up into standing. You may use chair arm rests to assist with motion. Stand up tall with good posture, then slowly lower and sit back down. If you need arm rests for balance, make sure to reach back for them when sitting down.
4. Repeat 5-10 times, 2-3 times per day.



### References:

Russell, S. (2018). *Your Guide to Recovery: After Ostomy Surgery*.

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## After Discharge

Prior to discharge you will be seen by *Ontario Health atHome* who will organize community nurses to provide you with support and ostomy education. All Ontario residents are eligible for home care.

Your hospital ostomy nurse will provide you with initial supplies and order information and where you can purchase your own supplies. Home care will provide a limited amount of supplies for approximately 4 weeks. Your ostomy nurse will provide you with initial supplies and vendor information will be provided prior to discharge.

## Resources

Each province will vary in their financial support of patients with ostomies. Prior to discharge, it is important to discuss financial reimbursement/insurance concerns and how and where to purchase supplies. Any permanent resident in Ontario who has a valid health card issued in their name (OHIP) and has either a permanent ostomy or temporary, if required for more than six months will be referred to the Assistive Devices Program (ADP). If you qualify, your surgeon or nurse practitioner will sign and give you the ADP form before you leave the hospital. If you have private insurance they may also help with covering some of the cost of your supplies.

# Ostomy Resource Support Groups

## **Chatham Ostomy Support Group**

Lori Zozzolto and Kathy Verrall  
80 Wellington St W., Chatham ON N7M 1J1  
Tel: 416-455-0453  
Email: [ostomychatham@gmail.com](mailto:ostomychatham@gmail.com)

## **Cobourg Ostomy Support Group**

Katherine McMurdo and Pam King  
600 Williams St. Cobourg, Ontario K9A 3A5  
Tel: 905-372-5801  
Email: [mcmurdokat@hotmail.com](mailto:mcmurdokat@hotmail.com)

## **Sarnia-Lambton Ostomy Support Group**

Mr. Richard Gilbert c/o Wellwise  
516 Exmouth St., Sarnia Ontario N7T 5P3  
Tel: 519-344-9797  
Email: [ostomysarnialambton@gmail.com](mailto:ostomysarnialambton@gmail.com)

## **Oshawa & District Ostomy Association**

Jayne Spina  
PO Box 96520  
1000 Simcoe St N., Oshawa, Ontario L1G 4W0  
Tel: 905-391-2564  
Email: [spina@rogers.com](mailto:spina@rogers.com)

## **Niagara Ostomy Association**

Mr. John Molnar  
Tel: 905-321-2799  
Email: [info@niagaraostomy.com](mailto:info@niagaraostomy.com)  
[www.niagaraostomy.com](http://www.niagaraostomy.com)

## **Oakville/Halton-Peel Peer Support**

Mr. Richard Olley  
2545 6th Line, Oakville, Ontario  
Tel: 905-825-3443  
Email: [richard.olley@yahoo.ca](mailto:richard.olley@yahoo.ca)

## **Ostomy Muskoka**

Ms. Carol Gibson  
34 Lake Drive, Huntsville, Ontario P1H 1E8  
Tel: 705-788-3385  
Email: [cdgibson55@gmail.com](mailto:cdgibson55@gmail.com)

## **Hamilton & District Ostomy Association**

Janet and Mike Paquet  
2-558 Upper Gage Ave., Suite 116  
Hamilton, Ontario L8V4J6  
Tel: 905-389-8822

## **Kitchener Support Group**

Mr. Josh Gohl BScN RN NSWOC WOCC(C)  
Kitchener, Ontario  
Tel: 519-895-6044  
Email: [opsg.kw@gmail.com](mailto:opsg.kw@gmail.com)

## **Ottawa Ostomy Support**

Ms. Yvonne Holland  
PO Box 11134, Station H, Ottawa, ON K2H 7T8  
Tel: 613-447-0361  
Email: [president@ottawaostomy.ca](mailto:president@ottawaostomy.ca)  
[www.ottawaostomy.ca](http://www.ottawaostomy.ca)

## **Windsor Peer Support Group**

Beth Reitsma  
Box 11, Cottam, Ontario NOR 1B0  
Office Tel: 519-839-4980  
Cell: 519-560-1967  
Email: [bethreitsma4@gmail.com](mailto:bethreitsma4@gmail.com)

## **Sudbury & District Ostomy Association**

Ms. Jean Grignon, RN, NSWOC  
2283 Angeline St., Sudbury, Ontario P3A2L5  
Tel: 705-693-3847  
Email: [annettebbm@hotmail.com](mailto:annettebbm@hotmail.com)

## **Stratford & District Ostomy Association**

Janet Heinbuch  
14-91 Avonwood Drive, Stratford, ON N4Z 1B2  
Tel: 519-273-4327  
Email: [jpheinbuch@outlook.com](mailto:jpheinbuch@outlook.com)

## **Ostomy Toronto**

Mr. Jim Fitzgerald  
PO Box 38627, RPO Cummer,  
North York, Ontario M2K 2Y5  
Tel: 647-570-4329  
Email: [jimfitzgerald40@gmail.com](mailto:jimfitzgerald40@gmail.com)  
[www.ostomytoronto.com](http://www.ostomytoronto.com)



### **Ostomy Canada Society**

Is a non-profit volunteer organization which is dedicated to all people living with an ostomy and their circles of support. Helping them live life to the fullest through advocacy, awareness, collaboration and support.

[\*www.ostomycanada.ca\*](http://www.ostomycanada.ca)

### **United Ostomy Association of America**

Is a non-profit organization that supports, empowers, and advocates for people who have had or will have ostomy or continent diversion surgery. This organization helps with Advocacy, awareness, support, hold National Conferences, and allows for people to become volunteers and leaders.

[\*www.ostomy.org\*](http://www.ostomy.org)

UOAA also provides an additional Website for a UOAA Discussion Board to support People with ostomies & other intestinal/urinary diversions.

[\*www.uoaa.org/forum\*](http://www.uoaa.org/forum)

### **International Ostomy Association (IOA)**

The goal of the IOA is to provide information, education and healthcare to all ostomy patients and their families and to pursue excellence in developing and establishing the highest level of ostomy groups all over the world. IOA works hand in hand with specialists, surgeons, wound and ostomy care nurses for the advancement of ostomy care and practice. Quality ostomy patient care and dedication to ostomy patient information and formation of support groups are the cornerstone of the IOA.

[\*www.ostomyinternational.org\*](http://www.ostomyinternational.org)

### **Crohns & Colitis Canada**

Crohns Colitis Canada is a great education resource, providing informational support and services, as well as displaying the latest research. This Website also provides new letters and the opportunity to individuals to get involved either through donation or volunteering.

[\*www.crohnsandcolitis.ca\*](http://www.crohnsandcolitis.ca)

## Ontario Ostomy Dealers and Vendors

### ***[www.CanMedDirect.ca](http://www.CanMedDirect.ca)***

An online shop dedicated to providing Canadians with discount prices on ostomy supplies, catheters, incontinence supplies, Hernia Support Products and Skin care and wound care Supplies.

### ***[www.oosmedical.com](http://www.oosmedical.com)***

Ontario Ostomy Supply is an online store for ostomy, incontinence, skin, and wound care products.

### ***[www.starkmanshealth.com](http://www.starkmanshealth.com)***

Starkmans Health Care Depot online store for specific ostomy supplies (i.e. hernia belts, ostomy, incontinence supplies).

### ***[www.meetanostomate.org](http://www.meetanostomate.org)***

Online Platform sponsored by Hollister for individuals living with ostomies or who will have them to interact and form a community where ideas and experiences can be shared and exchanged.

# Wound Ostomy Team

Our goal is to make your medical experience as comfortable and stress-free as possible for you and your family. Any questions or concerns, please call **905-895-4521, ext 2353 and ext 2234.**

**Questions/comments**

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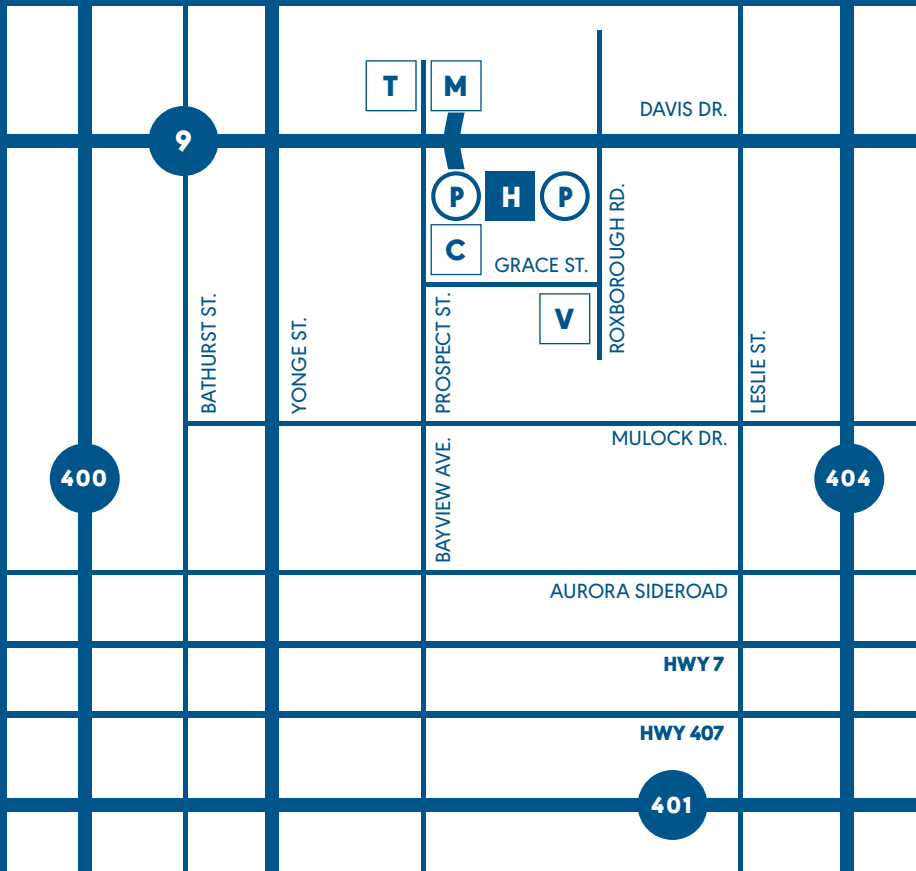
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# How To Find Us



**V** Southlake Village,  
640 Grace Street

**M** Medical Arts Building,  
581 Davis Drive

Southlake Health Foundation,  
581 Davis Drive

**H** Southlake Health

**⌋** Bridge over Davis Drive - accessible from P3 of the  
Parking Garage and Level 3 of the Medical Arts Building.

**C** Stronach Regional  
Cancer Centre

**T** The Tannery Mall,  
465 Davis Drive

**P** Parking

596 Davis Drive  
Newmarket, ON L3Y 2P9  
Tel: 905-895-4521

[southlake.ca](http://southlake.ca)