



ILEOSTOMY INFORMATION



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DRUG RELATED TIPS FOR ILEOSTOMATES

1. Ensure your pharmacist is aware you have had surgery and that you have an ileostomy so they can personalize your treatment protocol.
2. Respect all drugs, both prescribed and over-the-counter medications. Discuss any new medications or supplements/vitamins with your physician or pharmacist.
3. Your pharmacist will inform you which medications you should take with food (in order to decrease gastrointestinal irritation) and which should be taken on an empty stomach.
4. Some ileostomy patients have higher stoma output than others, especially in the early post-operative weeks. These patients should be wary of coated tablets or long-acting, sustained-release products:
 - a) Some Ileostomates may not get the same effectiveness from long-acting drugs, because such drugs can pass through the intestinal tract too quickly and not get fully absorbed.
 - b) Products which can be either crushed, chewed, or which are liquid can be a better option for absorption. Note that some medications are dangerous to crush, always ask your pharmacist.
 - c) After taking a new drug, feel your pouch to see if it has passed through unabsorbed. If a tablet appears in the pouch, inform your pharmacist and physician and they can advise a better option for you.
5. Beware of certain antibiotics.
 - a) Many antibiotics can cause watery stools by altering the normal bacteria in the gut.

- b) Some broad-spectrum antibiotics can cause fungal infections of the skin around the stoma.
 - c) Take all antibiotic drugs as directed by your pharmacist, and continue for the full course of treatment.
6. Use diuretics with care.
- a) Ileostomates should use diuretics (“water pills”) such as HydroDiuril and Lasix with great care because salt imbalance and dehydration can result from additional fluid loss.
 - b) An increased urine flow can be expected.
 - c) When taking certain diuretics, eating a banana or drinking a glass of orange juice daily will help replace lost potassium. Again, ask your pharmacist for advice.
7. Beware of laxatives.
- a) Laxatives are used to help pass fecal matter from the colon. If there is no colon, there is no need for laxatives.
 - b) Ileostomates should never need a laxative. Remind your physician if you are hospitalized, to write on your chart “No laxatives, enemas, and/or rectal temperatures at any time”.
8. The ostomate and vitamins.
- a) If on a bland or restricted diet, vitamins may be used to supplement your diet.
 - b) Usually, supplemental vitamins are unnecessary if diet is adequate.
 - c) Vitamins can produce a strong odor.
 - d) Vitamin B12 must be injected in ileostomates to be effective.

DIET GUIDELINES FOR THE ILEOSTOMATE

Experimenting and individualizing are the keys to each ostomate's diet. The fact that your colon was removed does not require you to be on a special diet. Your small intestine can still perform its important digestive and nutrient absorbing duties, and a normal diet can usually be enjoyed.

The colon's primary function is to reabsorb water and electrolytes from intestinal matter. The small intestine does take over some of this function once the colon is gone. You may notice this adaptive response as your discharge becomes less watery. However, you should increase your intake of salt, potassium and water especially when experiencing extra losses of body fluids during illness, diarrhea, exercise, and hot weather. Drink two to three more glasses of fluid than you did prior to having your ileostomy and salt your food as desired. If you develop gastroenteritis (stomach flu) and are unable to take adequate fluids, contact your physician; dehydration can quickly become a concern if you are losing body fluids and are not able to replace them.

Your doctor may order a low fiber diet after surgery to ease the digestive process in the early days of your recovery. Unless your doctor says to continue with this after your discharge from hospital, you should gradually work yourself back to a regular diet over a six week period. Here are some suggestions on how to ease into a regular diet:

- Try eating small meals spread throughout the day. For example, three small meals: breakfast, lunch and dinner with a snack between meals and before bed. Gradually your appetite will increase and you will return to three larger meals daily.
- Add fibrous foods to your diet one at a time and in small amounts. *Chew* everything thoroughly. It may take four to six weeks for the edema (swelling) in the operative area of the small bowel to resolve. Add new foods gradually and make sure that you are *drinking adequate fluids* to help transport the food through the small intestine.

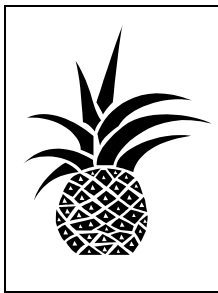
- Foods that could not be tolerated prior to your illness may still bother you now. For instance, if the cabbage family caused too much gas before, the same may hold true now.

Diarrhea, gas and odors, and blockage are the most important diet concerns for the ileostomate. The following are some guidelines related to each of these topics. Remember that each person's digestive system is different and you will develop your own diet through trial and error.

Foods which may cause blockage

High fiber foods, especially those with seeds, kernels, or skins may cause a blockage. This can usually be prevented by chewing foods thoroughly and limiting your intake of high fiber foods. Chewing foods thoroughly aids digestion and minimizes the chances of a large mass of food becoming lodged in the small intestine.

The following foods should be tried in small amounts, one at a time, and chewed thoroughly:



- Celery, bean sprouts, lettuce, corn, many raw vegetables
- Bran, nuts, seeds, dried fruit, raisins
- Popcorn, beans
- Raw pineapple, grapefruit, grapes
- Chinese Vegetables, mushrooms, potato skins
- Meats in casings (sausages, bologna, other luncheon meats)
- Corn on the cob (slit the kernels before eating)

If you experience any of the symptoms listed below, you may be developing a blockage:

- Discharge changes from a semi-solid to a thin watery liquid. When food becomes lodged, water transfers from your body cells to the small intestine in an effort to relieve the blockage
- Output increases and discharge becomes continuous. Initially, water may pass around the blockage.
- The discharge has a foul odor.
- Abdominal cramping followed by thin, liquid output.
- Stoma swelling.

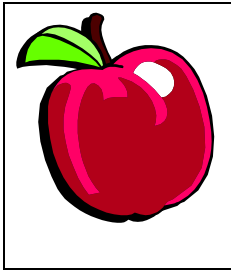
Many blockages can resolve on their own; the following suggestions may help:

- No solids but continue to drink fluids. You can become dehydrated due to the amount of fluid discharging from your stoma. Drink clear, warm broths or tea, fruit juices or Gatorade, unless you have nausea/vomiting. Coffee acts as a bowel stimulant and may increase cramping if a blockage is occurring.
- Lie down and get into a fetal or knee-to-chest position and try to relax.
- Take a soothing bath or shower.
- Have a few pouches on hand with a slightly larger opening than you normally wear. Put on the larger opening pouch which will better accommodate a swollen stoma.

If your symptoms progress to more intense abdominal cramping, nausea, vomiting, and/or no ileostomy output, you need medical attention. Contact your physician or go to the emergency room. You will probably need intravenous fluids and possibly an ileostomy lavage by an Enterostomal Therapist.

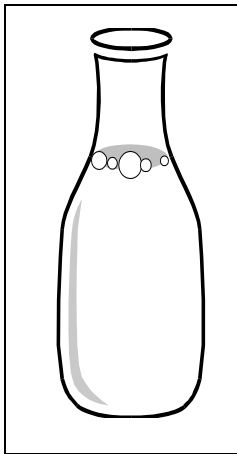
Diarrhea

The following foods may result in loose output:



- Green beans, spinach, broccoli
- Raw fruits
- Fried or highly spiced foods
- Beer

The following foods can help thicken the stool. You may want to try these if diarrhea occurs:



- Bananas, applesauce
- Boiled rice
- Boiled milk, buttermilk
- Tapioca
- Creamy peanut butter
- Yogurt
- Marshmallows

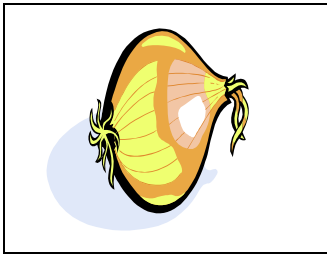
When you are having diarrhea, it is very important that you replace the water and electrolytes you are losing. A dehydrated person may feel weak, thirsty, rapid heartbeats and have muscle cramping.

To attempt to prevent dehydration, try alternating the following drinks each hour: one cup of sweetened tea or orange juice and one cup of broth or one cup of Gatorade or Powerade (available at most large grocers). If the diarrhea persists for more than twelve hours, contact your physician. Drinking red Gatorade may cause your ileostomy drainage to be red - don't confuse this with blood!

Foods that may cause gas or odor

The degree of odor or gas in the stool depends on each person's individual body chemistry. Experiment with the foods listed below and as with everything in life, moderation is the key. Odor or gas may be embarrassing, but it is not harmful.

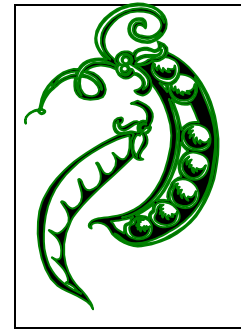
Odor causing:



- Onion, asparagus, cabbage family ω
- Eggs
- Fish
- Garlic and some spices

Gas forming:

- Corn, cucumbers, cauliflower, turnip, radishes, string beans, Brussels sprouts, cabbage family
- Dried beans, lentils and peas
- Sauerkraut
- Beer
- Melons
- Drinking with a straw
- Chewing gum



Chew foods with your mouth closed to prevent swallowing air.

Miscellaneous

You will notice undigested food in your ileostomy discharge - mushrooms, carrots, etc. This is normal as the bacteria needed to break down these materials is not present in the small intestine.

After eating beets, your ileostomy discharge will be red - don't confuse this with bleeding.

Red Gatorade may also cause your discharge to be red.

TIPS FOR ILEOSTOMATES

ODOUR?

- ↪ Pouch deodorants are available from ostomy supply stores.
- ↪ Adding parsley, buttermilk and yogurt to your diet may reduce odor of the stool.
- ↪ Burning a candle or match in the bathroom may help reduce odor when emptying your pouch.
- ↪ Adding some mouthwash to your pouch after emptying may help reduce odor next time you empty.
- ↪ Make sure the bottom of the pouch is clean after emptying.

LEAKS?

- ↪ You may need to empty/deflate your pouch once during the night so it doesn't overfill and cause a leak - too much gas will blow your pouch off!
- ↪ Has your stoma shrunk? or enlarged? A pouch opening that is too large or too small can cause the pouch to leak.
- ↪ Do not wash your pouch out vigorously. Too much water or too vigorous cleaning can cause a leak. You never need to wash your pouch out - it only helps loosen sticky stool.
- ↪ If wearing a belt on your appliance, make sure that it is not riding up and pulling the pouch up and off.
- ↪ Snug-fitting clothes or underwear may reduce the capacity of the pouch and cause leaks.
- ↪ Have you gained or lost weight? This may change the contour of your abdomen and the way your pouch is fitting.

SKIN PROBLEMS CAN BE AN ISSUE



- ↪ If an issue with the skin persists beyond 2 pouch changes, call E.T. to make an appointment for an assessment.
- ↪ Make sure the size of opening in pouch corresponds to stoma size. Skin exposed to stool may become inflamed.

- ↪ Wear a cloth pouch cover if perspiration is a problem.
- ↪ If using paste, apply the paste to the skin barrier and let dry for 10 minutes before applying pouch. DO NOT apply paste directly onto the skin as it needs to dry first.

SPARE SUPPLIES

- ↪ Always have a spare pouch (and clip if you are using one) handy.
- ↪ Suitable carrying cases include eyeglass cases, cosmetic bags, shaving kits, etc. If you keep spare pouches in the car, replace them periodically as heat may damage and deteriorate the product.
- ↪ An elastic band can secure a pouch if you lose your clip; adhesive tape will not.

RECTAL DRAINAGE?

If you still have your rectum, you may periodically feel a sensation of pressure. You may have to pass some old stool and/or mucous. Don't be alarmed as this is normal.

MEDIC ALERT



If you have a permanent ostomy, you may want to purchase a medic alert bracelet stating the type of ostomy surgery you have had. If you have had your rectum removed, state "no rectal temperatures, enemas, or suppositories".

TRAVEL TIPS



- ↪ Ask your ET Nurse for names of ET's in the area you are planning to visit.
- ↪ Carry your ostomy supplies with you in your carry-on luggage in case your checked baggage gets lost.
- ↪ Take extra supplies in case you experience any problems with your pouches.
- ↪ If going to tropical climates, you may need to change more often.
- ↪ Try to keep supplies in a cool place.

SPLASHES?

To prevent “splashing” in the toilet bowl, cover the water in the toilet bowl with toilet paper before emptying your pouch.

SPORTS

- ↪ Some sports may require the added support of an ostomy support belt.
- ↪ Golf, weight lifting, sit ups all exert stress on the abdominal muscles and may require some additional support - check with your ET Nurse.



SHOWERING, BATHING AND SWIMMING



Once you are steady on your feet again, you can resume daily showers. Tub baths and swimming are also okay once your incisions have healed. You can bath or shower with your pouch on, or on your change day with your pouch off. Water will not harm your stoma. Always check the tape on your pouch after showering or swimming to make sure it is secure.

DRYING YOUR APPLIANCE



After showering or swimming, a blow dryer on low/cool setting may be helpful to dry the tape on your appliance.

DRIVING YOUR CAR



You should not drive your car for 4 to 6 weeks following your surgery. Check with your doctor prior to driving again.

A FEW WORDS ABOUT HERNIA PREVENTION

Healing after bowel surgery continues long after discharge from hospital. The skin surface heals quickly but there are layers below the skin that require days and weeks to completely close. Straining the abdominal muscles before healing is completed may cause a hernia around the stoma or along the incision.

A hernia occurs when the intestine protrudes through a weak area in the muscle layer. This creates a bulge under the surface of the skin either along the incision or more likely, around the stoma. A bulge around the stoma is a parastomal hernia; a bulge along the incision is an incisional hernia. Once a hernia has developed it does not spontaneously go away. It may disappear when the individual is lying down but will show itself again when the person is sneezing or coughing or sitting/standing. The hernia creates a rounded bulge which can interfere with the adhesion of the pouch. If the hernia causes pain or obstruction, surgery may be required to repair the opening so the bowel cannot protrude. However, surgery does not guarantee the hernia won't recur.

It is very important to take measures after surgery to prevent a hernia. The muscle layer needs to heal without undue strain or pressure. Check with your surgeon and/or ET nurse before increasing physical activity.

Hernias are not always preventable but the following measures may be helpful:

- **Avoid** activities that strain the abdominal muscles for 8- 12 weeks after surgery. This means no lifting anything heavier than a light bag of groceries (3 litres of milk), no picking up children or pets, no vacuuming or lawn mowing. Continue using the method shown in the hospital for getting out of bed – do not sit bolt upright but turn onto your side, lower your legs over the edge of the bed and use your arm to push your upper

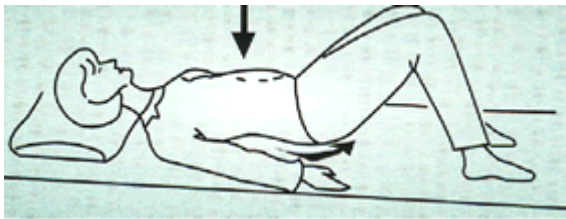
body into a sitting position. As you are able, resume your daily routines; walking is a good way to gradually increase your level of activity. Try to maintain good posture at all times.

- **Support** the abdominal wall when coughing or sneezing. The pressure inside the abdomen increases greatly during a cough or a sneeze and this pressure can make a hernia more likely. Place hands over the stoma and the incision and gently but firmly brace the abdomen during coughing or sneezing.
- **Wear** a support belt as you resume increased physical activities. In some cases the ET nurse will recommend a support belt be worn during and following your hospitalization. An ET nurse can fit you for a wide elastic belt that provides abdominal support and support around the stoma. It may be necessary for a belt to be altered to fit your body shape. A customized panty girdle is usually more comfortable for women. Belts are not covered by Pharmacare but may be covered by DVA or third party insurance. A support belt is essential if a hernia has developed; the elastic applies pressure around the stoma and can prevent the hernia from enlarging.
- **Strengthen** your abdominal muscles - use the enclosed exercises **with the approval of your surgeon.**

Abdominal Exercises following stoma forming:

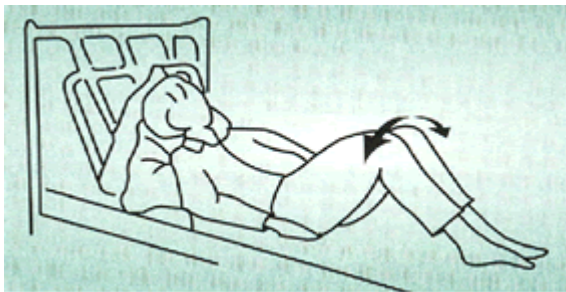
Pelvic Tilting

1. Lie on your back on a firm surface with knees bent and feet flat on the bed.
2. Pull your tummy in, tilt your bottom upwards slightly whilst pressing the middle of your back into the bed and hold for 2 seconds.
3. Let go slowly.
4. Repeat 10 times daily.



Knee rolling

1. Lie on your back on a firm surface with knees bent and feet flat on the bed.
2. Pull your tummy in and keeping your knees together, slowly roll them from side to side.
3. Repeat 10 times.



Abdominal sit ups

1. Lie on your back on a firm surface with knees bent and feet flat on the bed.
2. Place your hands on the front of your thighs and pull your tummy in
3. Lift your head off the pillow
4. Hold for 3 seconds, then slowly return to starting position
5. Repeat 10 times daily



(Taken from Thompson, M.J. Trainor, B. (2007) Prevention of parastomal hernia: a comparison of results 3 years on IN Gastro-intestinal Nursing Journal 5(3):22-28. Images reprinted with kind permission from Respond Plus.)

POUCH CHANGE

Your pouch should not leak; however should you have an unexpected leak, you may follow this procedure to apply a new pouch. You will not cause any harm to your stoma.

You will need:

- New pouch
- Garbage bag
- Warm water
- J-cloths or 3 ply Kleenex or clean cloths
- Toilet paper
- Mirror may be helpful.

STEPS	WHY YOU DO THEM
Remove paper backing from skin barrier and adhesive tape of new pouch.	So pouch is ready to apply.
Empty pouch before starting.	It keeps your garbage cleaner.
Gently remove old pouch and put it in the garbage. Save clip (if using one).	Gentle removal of adhesive and skin barrier is easier on your skin.
Clean around stoma with soft cloths to remove excess drainage. Wash skin well with warm water - no soap.	To remove any stool from skin. Soap can leave a residue on the skin and cause irritation.
Dry skin around stoma well.	The adhesive will not stick if the skin is wet.

STEPS	WHY YOU DO THEM
Look at skin around stoma, use mirror if needed.	To make sure your skin looks healthy. If not, let your nurse know.
Look at stoma.	To make sure it is pinky red and moist. It bleeds easily when rubbed so a little blood when cleaning is normal - do not be alarmed.
Make sure skin around stoma is still dry.	Skin barrier does not stick to anything wet.
Use one hand to hold skin up and the other hand to bring pouch opening underneath stoma.	To get a good position under the stoma and get rid of skin creases so pouch stays on better.
Centre the pouch opening over stoma.	To make sure the skin barrier covers the skin around your stoma.
When pouch is in place, press your hand over the pouch for a minute. Smooth tape out.	The warmth of your hand and body give the pouch a good seal around your stoma.
Don't forget to close the bottom of the pouch, Velcro, lock and roll, or the clip if you are using one!	A reminder so you won't have any leaks.

Note:

- It is best to stand while applying your own pouch.
- If you have someone that can centre the pouch over your stoma, lie flat on the bed for ease of application.
- If using *Eakin Cohesive*, apply Eakin Cohesive around the opening in the pouch, stretch to fit and press to mold it into place.
- If using *Stomahesive Paste*, apply paste around opening in pouch - may not need entire ring, just “blobs” of paste to correspond to dips or creases around stoma. Let paste dry 10-15 mins as there is alcohol in the paste which may irritate the skin.
- If using *Stomahesive Powder*, only apply to weepy skin and wipe any excess powder off dry skin as the pouch backing and tape will NOT stick to dry powder.