

# A New Beginning

English

## The most important questions about stoma

### What is a stoma?

The word stoma describes an **artificial outlet in the intestine or an artificial urinary duct**. A stoma is always made when part of the digestive organs or the excretory organs have to be removed or relieved because of an illness or an accident. The readjustment to a stoma is associated for most patients with fear and numerous questions. We wish to answer some of

these in the following. Because the improvement in the **quality of life** of stoma patients is an objective of prime importance to Coloplast. With information, advice and modern care products, we wish to provide stoma patients the safety and flexibility which they need for an active life without appreciable restrictions.

### How is a stoma made?

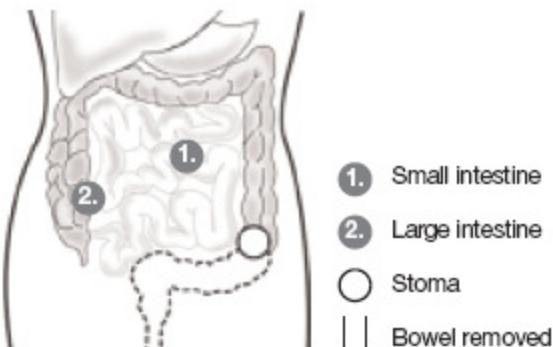
In order to make an artificial outlet in the intestine, an **operation** is necessary. During an in-patient stay in hospital, the operation will be undertaken by a surgeon.

There are three different types of stoma: the **colostomy** (outlet from the large intestine), the

**ileostomy** (outlet from the small intestine) and the **urostomy** (urinary outlet). The colostoma and the ileostoma can be made as a simple or double lumen stoma. Not every stoma is intended as a permanent solution. A temporary stoma can often be restored back to the original state again.

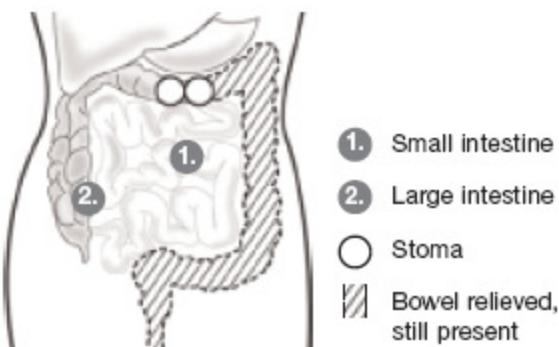
## The colostomy

- The colostomy is an **outlet from the large intestine**.
- It is mostly applied after removal of the anus, sphincter muscle and a part of the colon.
- The excretions are in a similar state as before the operation, in other words solid and **well-formed**.



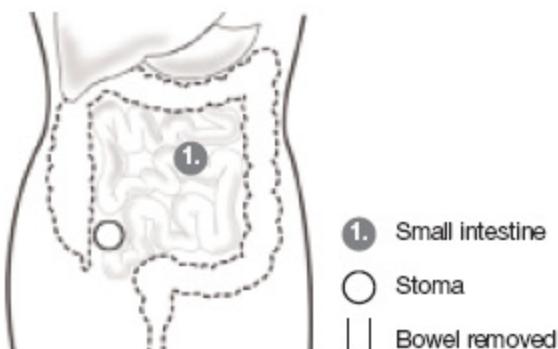
## The double lumen colostomy

- The double lumen colostomy is only made temporarily.
- A loop of the colon is pulled in front of the abdominal skin and opened; in this way, a section leading to the stoma is created through which most of the excretions can enter the stoma bag. Small amounts of mucus are still excreted through the anus via the efferent part of the intestine leading away from the stoma.
- This serves to relieve and to immobilize the posterior section of the intestine, which is not to be removed.
- The excretions via the stoma are of a pulpy consistency, those via the anus are thin and mixed with mucus.



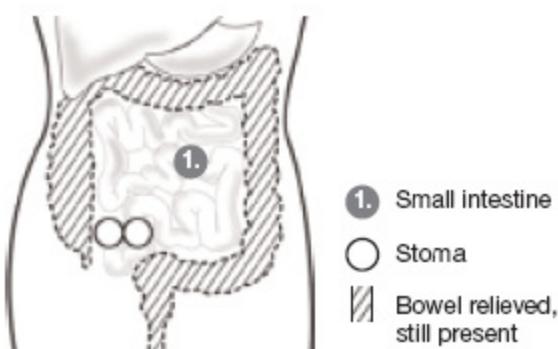
## The ileostomy

- The ileostomy is an outlet from the small intestine.
- It is mostly applied after removal of the entire large intestine and the sphincter muscle.
- The excretions are pulp-like to liquid.



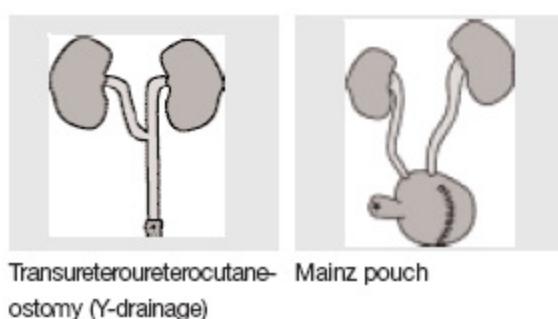
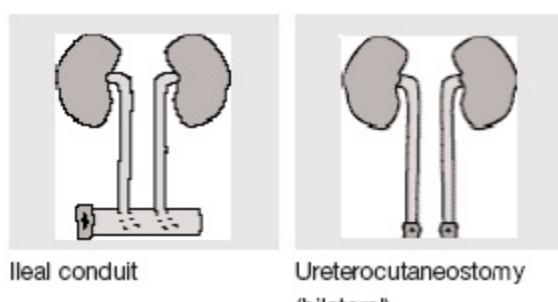
## The double lumen ileostomy

- A part of the small intestine leading to the stoma and a part leading away from the stoma are created in order to relieve the large intestine.
- The excretions are normally pulp-like to liquid.



## The urostomy

- The urostomy is for the drainage of urine through a stoma.
- Depending upon the clinical picture, different types of urostoma are used:
  - Ileal conduit: A piece of small intestine is removed and closed on one side. The ureters are diverted into this piece of intestine. The second side is led out through the abdominal wall as a stoma.
  - Ureterocutaneostomy: Both ureters are led out through the abdominal wall.
  - Transureteroureterocutaneostomy: Both ureters are joined together and led out on one side through the abdominal wall.
  - Mainz pouch: A substitute bladder is formed from parts of the large or small intestine, which has to be catheterized intermittently through an opening in the navel.
- Care is provided via a stoma bag.



# What does ostomy care consist of?

Ostomy care consists normally of a bag with skin protection and an **integrated filter**. There are one and two-piece care appliances. With the one piece care from Coloplast, the spirally shaped structured Assura skin protection is firmly connected to the stoma bag. It adapts well and thus allows flexibility and mobility. When changing the care appliance, the bag is removed completely and replaced with a new one after cleaning the stoma. In order to avoid overburdening the skin, the one-piece appliance should be changed at the most three time per day.

The **two-piece** Coloplast ostomy care consists of a base plate with Assura skin protection and exchangeable bags. It is particularly kind to the skin, as the base plate does not have to be changed until after several days. The bags are changed, depending on the amount of excretions, several times a day. The base plate is simply cleaned at the same time and remains on the stoma. That is noticeably kinder to your skin.

You should discuss and decide which type of individual ostomy care you should ideally resort to with your stoma therapist.

The Coloplast bags are characterized by particularly low-rustling bag film and a skin-friendly **fleece**. The Assura active **charcoal filter** reduces the build-up of odour. A special, multi-layered construction protects the filter from moisture, and this encourages especially long-lasting and high effectiveness.



## The colostomy ...

... can be cared for with a one or two-piece system. Here closed bags are used. The one-piece care or the bag of the two-piece appliance should be changed several times a day as required, however, at least every 24 hours. The base plate of the two-piece care appliance can remain against the skin for several days.



## The ileostomy ...

... can be cared for with a one or two-piece system. Here open strip-out bags are used, as the more frequently occurring liquid excretions with an ileostomy can be disposed of through the outlet into the toilet. The one-piece care appliance or the bag of the two-piece care appliance should be changed at least once a day.



## The urostomy ...

... can be cared for with a one or two-piece system. The bags have an outlet through which the urine can be disposed of several times a day. The one-piece care appliance or the bag of the two-piece care appliance should be changed at least once a day. During the night, the care appliance can be connected to the Coloplast night bag. In the case of a catheterizable intestinal substitute bladder (Mainz pouch), emptying of the urine is carried out intermittently with disposable catheters.

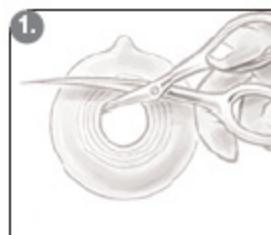


# How do you take care of the stoma?

Particularly important in ostomy care is a very well-fitting skin protection. With the help of a template, you can determine the size required for the opening in the skin protection ring for the stoma. As every stoma is different, the ostomy care has to fit exactly.

1. Before starting to change the ostomy care, you should lay out all required items: new ostomy care appliance, scissors, compresses, pH-neutral soap, waste disposal bag for the old ostomy care appliance, possibly plaster remover and razor, if necessary, shaping paste/shaping strips. Carefully cut the skin protection of the new ostomy care appliance exactly to size.
2. Remove the old ostomy care; first loosen the upper edge of the skin protection from the skin. Hold the skin tight with the other hand and create a slight counter-tension.
3. Clean the ileostoma or colostoma and the surrounding skin thoroughly with a moist compress and mild soap. The direction of cleaning should be from outside the stoma inwards. (In the case of the urostomy from inside to out!) Shave the skin areas surrounding the stoma, if necessary.
4. Then dry the stoma and surrounding skin well, preferably with dry compresses. Skin folds or scars around the stoma can be evened out using shaping strips or shaping paste, so that the ostomy care can be fitted properly and no leaks occur. Then fit a new ostomy care and press this firmly into place with your whole hand. Dispose of the used ostomy care in a waste disposal bag.

With each change of ostomy care appliance it is also necessary to clean the stoma. Cleaning can be best undertaken standing up or seated in front of the wash basin.



# How does life change with a stoma?

## Diet and personal care

In general, there are no particular limitations for the stoma patient as far as nutrition is concerned. However, try to eat a balanced diet. In this way, you will prevent digestive problems and the risk of inflammation. Only ileostomy patients should be careful not to eat fibrous foodstuffs, such as citrus fruits, asparagus, mushrooms, pineapple, nuts, hard fruit peel or fruit pips; they increase the risk of constipation. Furthermore, you should drink a lot.

It is possible to take a shower with or without the stoma bag. The filter of the stoma bag should be taped over, however, with the bag in place, so that it remains functional.

Odour-producing foodstuffs	Odour inhibiting foodstuffs
Eggs	Spinach
Meat, fish	Green lettuce
Asparagus	Parsley
Mushrooms	Cranberries, juice
Onions, garlic	Yoghurt
Cheese	
Binding foodstuffs	Gas-producing foodstuffs
Bananas	Cabbage
Dried fruits	Legumes
Cacao products	Leeks, onions
Black tea	Fresh bread
Cooked carrots	Carbon dioxide containing drinks (e.g. beer)
Rice	
Curd cheese	
White bread	

## Activities

Modern ostomy care allows you the freedom to go about almost all activities as usual, whether private or professional. Travel and sport – excluding competitive sports – are also not a problem. In relations with your partner the stoma should also not be a taboo. Speak together about the changes which the operation will bring. The subject of sexuality should also not be left

out. Openness will help in this case to put problems aside and to produce the feeling of security. Particularly discrete products, such as stoma caps, mini-bags or stoma closures will help provide you with a sure and good feeling also at special moments.



**Coloplast**

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