What Is a Colostomy?

A colostomy is an opening in the abdominal wall made by a surgeon to bring the end of your colon to the outside of your abdomen. It is made when you can’t use the lower part of your digestive system — the lower colon, rectum or anus — to pass stool and gas.

The colostomy opening on the outside of your abdomen is called a stoma. Most often, the stoma is simply called a colostomy.

A colostomy may be permanent or temporary. A permanent colostomy is never closed. A temporary colostomy is made when part of the colon needs to rest and heal. After it heals, the temporary colostomy may be closed. It may take many months before the colostomy is ready to be closed. When the colostomy is closed, your stool passes through your anus again.

Passing stool with a colostomy

The last part of your digestive system, your anus, has a muscle that controls when you pass stool. A colostomy does not have a muscle to control the flow of your stool. When your body is ready, your stool passes through the colostomy into a pouching system. You wear the pouching system on the outside of your abdomen.

Your health care team

You will have many health care providers helping you while you are in the hospital. The team usually includes your surgeon as well as other physician(s), physician assistants, nurses, nurse practitioners, and dietitians. You are a key member of the team. Your active participation in the process is very important.

Another key person on the team is your wound, ostomy and continence (WOC) nurse.

- Wound refers to an opening in the skin.
- Ostomy refers to an opening in the body made to help you get rid of stool.
- Continence refers to being able to hold your urine and stool until you choose to release them.

Your WOC nurse has special training to help people who have a colostomy. He or she teaches you how to care for your colostomy and helps you adapt to changes in your bowel function. You and your family members may ask your WOC nurse questions before, during and after your hospital stay.
Your Digestive System

To understand how your body will work after surgery, it may help to review how your digestive system should work. Figure 1 shows the digestive system.

When you eat and drink:

- Food and fluids move from your mouth through a tube, the esophagus, into your stomach. The stomach makes digestive juices that help to break down the food.
- Once the food is partly liquid, it passes from your stomach into your small intestine. The small intestine is a tube about 1 inch across and almost 21 feet long.
- Your small intestine takes in nutrients from your food through millions of tiny, hair-like parts called villi. The villi line the inside of your small intestine.
- The last part of the small intestine connects to your large intestine. The large intestine is also called the colon. There are three parts to your colon — ascending, transverse and sigmoid.
- As food moves through your colon, the colon absorbs water and stores the rest of the food as stool. The lining of the colon makes mucus. Mucus helps stool move through the colon.
- Stool passes from your colon to your rectum. Your rectum stretches as it fills. That feeling gives you the urge to have a bowel movement.
- The lowest part of your rectum has a muscle called the anal sphincter. That muscle keeps stool, and usually gas, from leaking out. Stool and gas pass from your body through the anus.

When you have a colostomy

A colostomy changes how you pass stool and gas.

A colostomy may be made from any part of your colon. The amount and thickness of your stool when it passes from your stoma varies. If your stoma is in the first part of the colon, stool is loose. By the time stool reaches the end of the colon, it is usually soft-to-formed.
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Four Types of Colostomy Surgery

There are four ways to do this surgery:

• Straight laparoscopic.
• Robotic laparoscopic.
• Hand-assisted laparoscopic.
• Open.

Most people stay in the hospital for a shorter time, have less pain and recover faster after laparoscopic surgery. There are many issues involved when deciding which type of surgery a person will have. Talk to your surgeon about which type he or she plans for you.

**Straight laparoscopic surgery and robotic laparoscopic surgery**

These two types of surgery use a few small incisions in your abdomen. They do not use a large incision.

A laparoscope is a thin tube with a tiny camera at the end. The camera lets your surgeon see inside your body during surgery.

A robotic surgery system includes a camera arm and other arms that hold the surgical tools. Your surgeon is in the surgical room. He or she uses a monitor to guide the camera and tools.

**Hand-assisted laparoscopic surgery**

This surgery combines laparoscopic and open surgery methods. Your surgeon puts a laparoscope and other tools through small incisions in your abdomen. Another incision is made just big enough for your surgeon to put his or her hand in as a guide for the tools.
Open surgery

If you can’t have one of the laparoscopic surgeries for some reason, an open surgery is done. With this, your surgeon makes a larger, single incision in the middle of your abdomen. Figure 2 shows the incisions you would have for each type of surgery.

**Figure 2.** Incisions for different kinds of surgeries
Which Part of the Colon Is Used?

A colostomy may be located in any part of the colon. The colostomy is named for the part of the colon used to make the stoma. For example, a colostomy in the transverse colon is called a transverse colostomy.

**Transverse colostomy**

A colostomy in the transverse colon may be on the right or the left side of the abdomen. (See Figure 3.)

If you have a transverse colostomy, you need to use a pouching system at all times. Your digested food, or stool, now passes through a short part of the large intestine before it reaches the transverse colostomy. Also, you may pass loose or semi-formed stool often throughout the day.

![Figure 3. Transverse colostomy](image-url)
**Descending or sigmoid colostomy**

If the colostomy is in the descending or sigmoid colon, the stoma usually is placed on the left side of the abdomen. (See Figures 4 and 5.)

The stool may be formed or solid. This is because some of the water has been absorbed by the first part of the colon. You may have a similar bowel pattern as you had before surgery.
Types of Colostomies

There are different ways to create a colostomy. The type of colostomy will be decided by your surgeon.

**End colostomy**

An end colostomy is the most common type of colostomy. It is usually located in the descending or sigmoid colon on the left side of the abdomen. (See Figure 6 for an example of where an end colostomy may be placed.)

During this surgery, part of the colon and the rectum may be removed. The end of the colon then is brought through the abdominal wall to form the stoma.

**Colostomy and mucus fistula**

After the diseased part of the colon is removed, the two healthy ends of the colon are brought through the abdominal wall to form two stomas. The colostomy passes stool. The other stoma, called a *mucus fistula*, passes mucus. (See Figure 7 for an example of where a colostomy and a mucus fistula may be placed.)
Loop colostomy

A loop colostomy is formed by bringing a loop of colon through the abdominal wall. A small rod may be placed under the loop to hold it in place until the swelling goes down. The rod is usually taken out in about 3 to 7 days.

The loop is partially divided to create one stoma with two openings. One opening passes stool and the other passes mucus. (See Figure 8 for an example of a loop colostomy.)

Figure 8. Loop colostomy procedure
Getting Ready for Surgery / Surgery Day

**Getting ready for surgery**

Follow the instructions your health care provider gives you about how to get ready for surgery.

As soon as possible:

- Talk to a member of your health care team about your use of caffeine, alcohol, tobacco, and any other drugs. **Using any of these products before or after surgery may slow your healing and recovery.**
- Tell your health care provider about all medications, vitamins and supplements you take. Tell him or her how much (the dose) and how often you take them.

**Choosing a pouching system**

Different kinds of pouching systems are available for colostomies. Each has different features. Each of the pouching systems is made to hold odors in.

Your WOC nurse will help you decide which type of pouching system may work well for you. Be sure to get written information about how to use the pouching system.

**Before surgery: marking the location**

Your WOC nurse marks your abdomen where your colostomy could be placed. He or she thinks about:

- The type of colostomy you will have.
- Where your rectus muscle is. This muscle is often called the “abs.”
- Where your natural skin folds are.
- Whether you have any scars on your abdomen.
- Where your waist line, navel and hip bones are.

The goal is to put the stoma where you can see it and take care of it when you are sitting and when you are standing. Also, it needs to be in a place where you can get a good fit with your pouching system.
**Surgery**

During the procedure, your surgeon looks at your colon. He or she may remove diseased areas at this time. *Sometimes diseased areas are not removed.* This may be done to allow the colon to heal or for other treatment to be done.

If the anus has to be removed, the area usually is closed with stitches. After that is done, your surgeon forms the colostomy.

A colostomy is made when your surgeon moves a small part of your colon across the abdomen and out through the front of your abdominal wall. To make the stoma, the edge of the colon is rolled back, like folding over the cuff on a sleeve. The visible part of the colon is a moist lining, called the *mucosa*. The mucosa is similar to the lining in your mouth.

The stoma is not sensitive to touch. It does not have nerve endings.
Common Side Effects and Risks of Surgery

Every person is different. Each person’s reaction to surgery depends on their overall health and many other issues. Your risk for any of these issues varies.

Common side effects

You may have some pain or discomfort around your incisions for a few weeks after surgery. As you recover, you should slowly have less pain. Before you leave the hospital, talk with your health care provider about medication and other ways to improve your comfort.

You may have side effects from anesthesia, such as sore throat, shivering, sleepiness, dry mouth, nausea, and vomiting. These may last for a few days.

Risks

Common risks include:

• **Infection.** This is usually treated with prescription medication.
• **Bleeding.** You may need another surgery to treat this.
• **Blockage in the bowel, also called a bowel obstruction.** You may need another surgery to treat this.
• **Issues related to anesthesia.** Examples include bleeding or infection, most likely at the insertion site; damage to teeth, mouth and/or the throat; and damage to dental hardware.
Major risks include:

- **Blood clots.** Blood clots may happen because your blood slows during surgery, when you are not active. To help avoid this, you may be given a blood-thinning medication before surgery and while you are in the hospital.

  *As soon as you are approved to walk after surgery, go for walks.* Walking helps your blood circulate. This can help you lower your risk for clots. If you do get a clot, it is usually treated with prescription medication.

- **Pneumonia.** Pneumonia is a lung infection. It may be caused by stomach acid or food that backs up the esophagus and goes into the lungs. It is best to have surgery when you have an empty stomach.

  *To help prevent lung problems, after surgery, as soon as you feel able, practice deep breathing.* Ask your nurse to explain how to do this, if needed. If you do get a lung infection, it is usually treated with prescription medication.

- **Issues related to anesthesia.** Rare problems, or complications, for general anesthesia include allergic reactions; inflammation of the veins, called *phlebitis*; injury to the arteries or veins; nerve injury or paralysis; a collapsed lung, called *pneumothorax*; and damage to or failure of the heart, liver, kidneys, and/or brain. In addition, there is a very small risk that you could die.

  If you have questions about the possible side effects and risks, please talk to your surgeon or to an anesthesiologist as needed.
Managing Your Colostomy

Learning how to care for your pouching system

While you are in the hospital, your WOC nurse and the nurse who cares for you will show you how to care for your colostomy and the pouching system. A pouching system must be worn at all times, except when you shower or take a bath, to hold the stool output.

As you learn, you will help empty your pouch and change the pouching system. Your confidence will increase with practice. We suggest that a family member or friend attend these sessions too so they can support you after you go home.

After surgery, one of your nurses will change your pouching system every one or two days. After you go home, you will change the pouching system about twice a week. The pouching system can be emptied as often as needed.

Everyone is different. After surgery, your stool may be like thick liquid or softly formed. There’s no way to know. And there’s no way to know how often you may pass stool. Your output may become more predictable as you begin to eat solid food at regular times.

The pouching system

Your pouching system includes a pouch to hold the stool and a wafer to attach the pouch to your skin and protect your skin. The wafer may also be called a skin barrier. (See Figure 9.)

The opening in the pouching system should fit closely around the edge of your stoma so stool does not touch your skin. Stool in contact with skin over time will cause healthy skin to break down. If the pouching system lifts off your skin, it must be changed to protect your skin.
You will be taught how to empty your pouching system from the bottom while you sit on the toilet.

To keep the pouching system from showing under your clothes, empty the pouch when it is about one-third full. This will also keep the pouch lighter, so it doesn't pull away from the skin.

**The stoma**

After surgery, the stoma looks red, swollen and moist. The swelling goes down and your stoma may become smaller over the next 6 to 8 weeks. You may notice that your stoma moves slightly. This is normal.

A small amount of bleeding from the surface of the stoma or the skin edges is common when you clean the stoma. This may happen as long as you have your stoma.

There are no nerve endings in the stoma. Any discomfort you may feel comes from the edge of the skin where the stoma is attached.

You will see stitches around your stoma. These dissolve as your body heals. You may find pieces of the stitches as you clean your stoma and the skin around it. This is normal. It means that the area is healing and the stitches under your skin have dissolved.

**Helpful information about how to manage a colostomy**

- Change your pouching system before breakfast.
- Before you empty your pouch, spread toilet paper on top of the water in the toilet. This will help prevent splashing.
- Use a full-length mirror when you check your stoma and apply the pouching system.
- Stand when you put on your pouching system. This helps you avoid skin wrinkles around your stoma.
- Keep an extra pouching system with you at all times in case of an emergency.

**Cleaning your abdomen**

Clean the skin around your stoma as you would any part of your body. Use warm water and a soft cloth. Soap usually is not needed. However, if you choose to use soap, be sure to wash off all soap film before you put on the pouching system. If some soap stays on the skin, it may irritate your skin. Make sure your skin is clean and dry before you put the pouching system back on.

See also “Bathing and swimming.”
Gas

When your bowel function returns after surgery, gas and stool will pass from your colostomy. You will have more gas than usual after surgery. This is caused by anesthesia and a lack of movement during surgery. As you return to your normal activities and diet, the amount of gas should decrease.

The gas may make noise as it passes from the colostomy. This noise will be less noticeable when you wear clothes over the stoma. Chewing gum, drinking through a straw and any other activity where you swallow air may cause more gas. Certain foods cause more gas. See “Eating and Drinking.”

Over-the-counter medications, such as Gas-X\textsuperscript{TM}, Mylanta-Gas\textsuperscript{TM} and Phazyme\textsuperscript{TM} contain simethicone which may help control gas. Beano\textsuperscript{TM} does not contain simethicone, but it also may help control gas.

Odor control

Odor is a common concern for people with colostomies. Although the pouching system is odor-proof, there will be some odor when you empty it. You may find that some foods cause more odor. See “Eating and Drinking.”

If the odor bothers you, you may use a deodorant, such as M-9\textsuperscript{TM} and DevKo\textsuperscript{TM}, in the pouching system. Ask your WOC nurse about this if needed.

Stool consistency and frequency

\textit{Every person is different.} When the colostomy begins to work, or function, the stool may be like thick liquid or it may be softly formed. The stool may thicken to a soft or formed consistency within a few weeks.

The type of colostomy you have, your diet, your emotional state and your medications may affect the consistency of your stool.

Shortly after surgery, you need to empty the pouching system more often. Over time, as your body recovers from surgery, the amount of stool you pass should decrease.

Anal discharge

If you still have your anus, you may have some discharge during the first few days after surgery. This discharge is the mucus your intestine produces normally. At first, the discharge will be dark brown or reddish-black as old blood from the surgical procedure is passed. Over time, the discharge becomes clear or yellowish-gray and has a mucus-like consistency.

\textbf{Caution} It is normal for the mucus to be pink-ish in color or to have streaks of bright red blood. If you pass a lot of bright red blood through the anus, call your surgeon or go to your local emergency center.
Eating and Drinking

Having a colostomy does not change how your body digests food. There is no long-term colostomy diet. Over time, you will learn how your body reacts to foods.

The following information may help you manage your colostomy.

• **Eat meals at regular times. Eat three or more small meals a day.** This helps with digestion and helps control the amount of stool you pass.

• **Eat slowly. Chew all food completely.** Chewing helps with digestion.

• **Drink enough fluid every day.** For most people, that is about 6 to 8, eight-ounce glasses. Drinking enough fluids helps you avoid constipation.

• **Keep track of how different foods affect your stool.** This helps you choose foods that will keep your stool in fairly consistent form from day to day.

• **Try one new food at a time.** This helps you learn whether that food may cause diarrhea, a lot of gas or constipation.

**How food may affect your stool**

Some foods have different effects on stool. The following lists may help you select or avoid foods.

**Remember:** bowel function changes over time. Foods that bother you soon after surgery may not affect you the same way months later.

**Foods you may not digest fully:**

Do not eat fresh fruits or raw vegetables for two weeks after surgery. These foods don’t digest completely and may block the colostomy.

**Foods and drinks that may give you gas:**

Beans  
Beer  
Broccoli  
Brussels sprouts  
Cabbage  
Carbonated drinks  
Cauliflower  
Onions

**Foods that may make your stool thick:**

Applesauce  
Bananas  
Breads  
Cheeses  
Pasta, rice, potatoes without skin  
Peanut butter that is creamy  
Tapioca

**Foods and drinks that may make your stool thin:**

Alcoholic drinks  
Apple juice  
Grape juice  
Heavily spiced foods  
Prune juice
**Foods that may cause odors:**
- Asparagus
- Garlic
- Eggs
- Onions
- Fish

**Foods and drinks that may help reduce odors:**
- Buttermilk
- Yogurt

**Important reminders**

- Eating two or more foods from the same list at the same time may intensify the effect of gas and odor, for example.
- Do not take a food out of your diet without trying it a few times.
- Your stool may look red after you eat beets or foods and beverages that have red food coloring. *This is not blood.*
- Broccoli, asparagus and spinach may make your stool darker than usual.
- Ask your health care provider whether you need vitamins or supplements.

**Eat a balanced diet**

A well-balanced diet gives your body the nutrients you need to keep your cells and body working as they should. It also gives you energy.

The following information may help you maintain or improve your health.

- You cannot get all of the nutrients your body needs every day from just one food group. A well-balanced diet should have a variety of foods. Vegetables, fruit, grains, protein, and dairy products give your body most of your needed daily nutrition.
- Food that includes more than one food group, such as casseroles and pizza, should be counted as servings from all of the included food groups.
- See the figure below to learn how to balance the amount you eat from each food group. Most dietitians suggest using a nine-inch plate.
- Foods such as fats, oils and most desserts have few nutrients. They may add only calories to your daily intake. Use them sparingly.
Getting Ready to Leave the Hospital

**Getting ready to go home**

If you have questions as you learn to care for your colostomy, ask your nurse or WOC nurse. Learning anything new takes time, practice and patience.

If you think you may need help with your colostomy after you leave the hospital, talk to your nurse or WOC nurse as soon as possible. There are many home nursing care services available. Your nurse or WOC nurse can help you make plans for these services if needed. As you become more confident in your colostomy care, you may decide that you no longer need these services.

**Know when to go in for follow-up appointments**

If you plan to return for follow-up appointments, before you leave the hospital, ask when you should return. Also, get the name and telephone number of your hospital WOC nurse and a WOC nurse in your hometown, if needed. Plan to see a WOC nurse within 4 to 6 weeks after you leave the hospital.
Returning to your daily activities and physical activity

Some activity limits are needed for 4 to 6 weeks after surgery.

- Avoid strenuous activities and lifting, pushing or pulling anything that weighs more than 10 pounds. This reduces your risk for developing a hernia — a weakening in some part of the body where tissue or organs can bulge out.
- Ask your health care provider when you may drive again.

In the weeks after surgery, your strength and endurance, as well as your skills in managing your colostomy, usually get better. This may help you feel better prepared to return to work or school and to your normal activities.

Being active again

After surgery, exercise regularly to maintain good health and a healthy weight. Even simple exercises help firm muscles and keep the digestive tract working well.

One of the best physical activities after surgery is walking, indoors or outdoors. In the first weeks after surgery, you may only be able to take short walks. Slowly, as you feel able, increase the amount you walk.

Your colostomy does not need to limit your physical activity. After about 4 to 6 weeks, almost any activity you choose will help you heal and feel better. The level and type of exercise you choose may depend on the exercises you were comfortable with before surgery.

Bathing and swimming

Tips for swimming and taking showers and baths

- You may shower after surgery with or without the pouching system over the colostomy.
- You do not need to cover the pouching system or the stoma when showering.
- On the days you change your pouching system, you may wish to shower or bathe without it. Water will not go into the stoma.
- Soap will not harm your stoma, but you do need to rinse off any soap film from the skin around it. Soap film sealed under the pouching system may irritate your skin.
- Dry the tape and pouching system well after you shower, bathe or swim. Use a hair dryer on a cool setting to dry the area if needed.
- You may want to shower or take a tub bath when the stoma is less active, such as first thing in the morning.
- Ask your health care provider when you may take baths again.
Taking tub baths

Taking a tub bath for 10 minutes or less usually does not loosen the pouching system. If you take long, very warm baths, the pouching system may become loose and need to be changed more often. To avoid this, keep the water level below the wafer barrier.

Do not use bath oil and soaps that have a lot of oil or lanolin. They may keep the wafer's seal from sticking to your skin.

Swimming

You may swim with a colostomy. Swimsuits with a pattern or design in the fabric may cover the colostomy better. To help you begin to feel more confident, you may want to wear a swimsuit while you sit in a bathtub.

Clothing

For most people, there's no need to buy new clothes to wear after surgery. If it is needed, the most common change is to avoid restrictions, such as a belt, below the colostomy. Tight belts could keep the stool from flowing into the pouching system.

Returning to work or school

After recovering from surgery, people have different levels of energy and strength. Talk to your surgeon about when you can go back to work or school.

- You may want to return to work or school part-time and slowly build up to full days.
- If your job involves heavy lifting, you may need to ease back into work more slowly.
- Unexpected events happen. Keep an extra pouching system with you when you are away from home. Some people keep the extra pouching system and some paper towels in a small bag or tote.
- People may ask about your surgery or your time away from work or school. Share only as much information as you wish. Some people prepare one or two answers ahead of time, so they feel more comfortable when questions come up.

Relationships

After surgery, you may have some concerns about your relationships with others. It takes time to recover from a major operation and to adjust to having a colostomy. Your recovery time can help you feel more comfortable with the changes to your body and more confident about how to manage your colostomy. In time, you can enjoy the people and social activities you have always enjoyed. If you have concerns or questions about adjusting to your colostomy, talk with your WOC nurse.
Sexuality (if sexually active)

It’s totally normal to feel nervous about sexual activity with a colostomy.

We encourage you to talk to your partner about whether your colostomy may affect your intimacy. Please don’t assume that your partner will no longer care for you sexually. Be patient, and talk about the feelings you and your partner have.

In the first few weeks after surgery, your desire for sexual activity may be lower than usual. You may have some discomfort for the first 4 to 6 weeks as your incision heals. Most physicians suggest that you wait 4 to 6 weeks before you have sexual activity. During this time, talking, hugging and simply being close to your partner may be the most comfortable.

Some lovemaking positions may be more comfortable than others. You may need to try different positions. It helps to know and assure your partner that the stoma will not get hurt when you are intimate. Try to keep a sense of humor to help you through unexpected happenings — such as a noisy stoma.

The following suggestions may help before you are intimate.

• Wear a pouching system that is not see-through, one that is opaque.
• Use a pouching system cover.
• Make sure the pouching system is empty and clean. Make sure that the wafer is sealed on your skin. If you wish, you may use special underwear or an “ostomy support belt.” Ask your WOC nurse what type of underwear or belt you may want to consider.
• Wear clothes that make you feel attractive.
• Use birth control if you want to prevent pregnancy.

Female sexual changes

Vaginal intercourse may be uncomfortable at first for women who have had surgery in the anal area. The discomfort usually gets better as the area heals. Gentleness and patience, trying a different position or using a water-soluble vaginal lubrication may help.

Changes in the rectal area may cause different feelings in the vagina during intercourse. The angle of the vagina may change too. This could affect your orgasms.

Male sexual changes

Some discomfort in the anal area is common after surgery. Men who have had this surgery may have some changes in sexual function. If you can't have or maintain an erection, it may be a temporary problem. Fatigue, fear and anxiety may also affect this.

Rarely, some men may have retrograde ejaculation after this surgery. With that condition, after ejaculation, instead of passing from the penis, the semen goes into the bladder. It then passes from the body through urine. This may be a temporary or a permanent condition. If needed, you may be referred to a urologist for treatment.
Travel

Having a colostomy should not stop you from traveling. You may want to wait until you have recovered from surgery and feel comfortable with your stoma before you plan a lengthy trip for work or vacation. To gain confidence, you may wish to try a short trip first. Continue to wear a seat belt.

When you travel, be sure to take enough colostomy supplies with you. Take your colostomy prescription, a list of your supplies, and copies of any other prescriptions you may need too. Do not leave colostomy supplies in a hot or cold car. The glue on the wafers may change in extreme temperatures.

If you travel by plane, take supplies in your carry-on bag. Empty your pouch before you board the plane.

Remember: new foods may cause you temporary intestinal upset. Before you travel, check with your health care provider for suggestions about how to manage diarrhea.

Managing constipation and diarrhea

Once in a while, you may have problems with constipation or diarrhea. Your bowel may be affected by certain foods, a virus, medications, or emotional factors such as anger or stress.

**Constipation**

To help prevent constipation or treat constipation:

- Drink extra liquids. Check with your health care provider about how much you should drink per day.

- Consider adding some high-fiber foods to your diet. See “Eating and Drinking.” There are many fiber products sold in stores. Talk to your WOC nurse for some ideas about which products you may want to try.

If you often have constipation, you may need to take a stool softener or mild laxative. If your colostomy does not work for 3 days or more, or if you feel uncomfortable, contact your physician or WOC nurse.

⚠️ Any cancer treatment you have could affect your bowels. Some chemotherapy medications are known to cause constipation.
Diarrhea

To treat diarrhea:

• Increase your fluid intake to replace the fluids lost. This may help you avoid dehydration.
• Eat foods that help thicken your stool.
• Avoid foods that are not fully digested and foods that thin the stool. See “Eating and Drinking.”

If diarrhea continues, you may need to take an over-the-counter anti-diarrhea medication. Contact your physician or WOC nurse for directions about this.

If you use irrigation to help manage your colostomy, stop irrigating for a short while and wear a drainable pouch with a skin barrier. You may irrigate again when your stool thickens.

⚠ Radiation therapy and some chemotherapy medications may cause diarrhea.
Irrigating the Colostomy

This information may be helpful for people who have a descending or sigmoid colostomy.

Irrigation is one option to manage your colostomy if your stool is soft-to-formed. This procedure is similar to giving yourself an enema, but it would be done through the colostomy. You do not need to irrigate your colostomy in order to make it work.

A colostomy does not have a sphincter muscle to hold water in the bowel. The benefit of colostomy irrigation is that it “trains” your bowel to empty only with the irrigation. After your bowel is trained, you would have very little to no output from the colostomy between irrigations.

If you choose to do this, you irrigate the colostomy daily or every other day. It takes about one hour. It usually takes 4 to 6 weeks to train the bowel. If you wish to stop doing colostomy irrigations, your bowel will return to passing stool on its own as it did before you started the irrigations.

You need special supplies to irrigate the colostomy. Ask your WOC nurse for more information.
Side Effects of Chemotherapy and Radiation Therapy

This information does not apply to every person.

If you are being treated for cancer, please note that some side effects of chemotherapy and radiation therapy may affect your colostomy. The following suggestions may help with some of the common side effects.

**Constipation and diarrhea**

Chemotherapy and radiation therapy may cause constipation and diarrhea. For more information, see “Managing constipation and diarrhea.”

**Skin changes**

Some chemotherapy medications and radiation therapy can cause a rash, dryness, itching or breakdown of the skin around your stoma. The skin around your stoma may change color. Treat your stoma and the skin around it gently. Carefully change your pouching system. Use only warm water to wash around the stoma. Gently pat the skin dry.

**Stoma changes**

Chemotherapy or radiation therapy may cause your stoma to bleed more easily. Small sores, or ulcers, may show up on your stoma. The sores should heal over time. Continue to gently wash the stoma with warm water. Do not use soaps or other cleansers.

Carefully check your stoma and the skin around it each time you change your pouching system.
Resources

Your wound, ostomy and continence (WOC) nurse

Please stay in touch with your WOC nurse after you leave the hospital. He or she can be your first stop for answers to most questions you may have, including issues about skin care, changes in your stool frequency and others.

Buying your supplies

You can buy colostomy and skin care supplies at ostomy supply centers and some pharmacies. You may also be able to order through a mail-order company. Check with your insurance company to learn which supplier(s) you should use.

Support organizations

United Ostomy Association of America (UOAA)
This organization helps people who have an ostomy. They have hundreds of local support groups where you and your support people can share ideas and get support from others. For more information, go to the UOAA website.

American Cancer Society (ACS)
This national organization works to help prevent and cure cancer. It sponsors research, education, advocacy, and service. ACS has a national society and thousands of local offices across the country. For more information, go to the ACS website.

Private health insurance
Many medical insurance policies and plans with a health maintenance organization (HMO) pay for some ostomy supply costs. To learn whether your supplies are covered, call the company.

Medicaid
In most states, medical assistance benefits cover some costs of ostomy supplies. Medicaid services differ from state to state and may change often. Contact your state representative’s office to learn whether you qualify for the services and to ask any questions you may have about Medicaid.

Medicare
If you are 65 or older or if you are disabled and under 65, you may be eligible for Medicare. Medicare may cover the costs for some ostomy supplies. There are many rules about Medicare payments. For more information, contact your local Medicare representative or go to the Medicare website.

Veterans Administration (VA)
If you are a veteran, you may be able to get ostomy supplies from your regional VA hospital and clinic. Contact your local VA office for more information.
When to Get Medical Help

Get emergency medical care right away if you have any of these problems

- You see blood in your stool, your stool looks very dark or you cough-up something that looks like coffee grounds. Each of these may be a sign of bleeding inside. If you feel weak, get dizzy, look pale, and generally do not feel well, get help.
- You have bloating, which can cause swelling, cramps and pain in the abdomen; you do not pass gas when you should be able to; or you have nausea and vomiting. These may be signs of a bowel obstruction.
- You have intense pain or a bulge near your stoma or your incisions. These may be signs of a hernia.
- You have chest pain, shortness of breath, pain in the muscle on the back of your lower leg (the calf muscle), or swelling in one of your legs. Each of these may be a sign of a blood clot.

If you get emergency care, please contact your surgeon’s office as soon as possible to update him or her about your condition.

Call your surgeon’s office if you have any of these problems

- Bleeding at the incision(s).
- Signs of infection:
  - Increased tenderness, redness or swelling at the incision sites.
  - Drainage, bleeding or a bad-smelling odor at the incision sites.
  - Increased pain or pain not relieved by the prescription pain medication you were given or by over-the-counter pain medication, taken as directed.
  - Temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or greater.

Call your WOC nurse if you have any of these issues

- A problem with the skin under the wafer, such as a change in color or what looks like a small sore or wound.
- A leaking seal under the wafer.
- Questions after you read this information.