Ileostomy and Its Purpose

An ileostomy is an opening from your small intestine through your abdominal wall. To make the ileostomy, your surgeon brings part of your ileum through an opening in your abdominal wall, called a stoma. An ileostomy lets stool pass from your body without going through your colon or anus. The stool goes into an external pouching system.

An ileostomy may be necessary when a diseased colon cannot be successfully treated with medication. The most common reasons for an ileostomy are colorectal cancer, bowel resection, chronic ulcerative colitis, Crohn’s disease, familial (multiple) polyposis, bowel injury or a birth defect.

An ileostomy may be temporary or permanent. A temporary ileostomy is made to allow a portion of the bowel to rest and heal. After healing, which may take several months, the temporary ileostomy is closed surgically. A permanent ileostomy may be necessary due to the type, location and severity of your disease. It will not be closed.

This information is about the ileostomy surgical procedure and how to care for yourself after surgery. It also explains how to manage your ileostomy. Carefully follow all instructions your health care team gives you. If you have questions after you read this information, talk with your surgeon, your wound, ostomy, continence (WOC) nurse, or another member of your health care team.

Your health care team

A health care team takes care of you while you are in the hospital. The team may include physicians, physician assistants, nurses, nurse practitioners and dietitians. You are a key member of the team as well. Your active participation in the process is important.

Another key person on the team is your wound, ostomy, continence (WOC) nurse. Your WOC nurse has special training to help people who have an ileostomy. He or she can answer questions you and your family may have both during and after your hospital stay. Your WOC nurse teaches you how to care for your ileostomy and helps you adapt to changes in your bowel function if your ileostomy is closed.

Your Digestive System

To understand your surgery, it helps to know about your digestive system and how it works. Figure 1 shows the digestive system.

When you eat and drink, food and fluids move from your mouth through 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 about 1 inch across and almost 21 feet long. It has three parts: the duodenum, jejunum and ileum. The last part, the ileum, connects to your large intestine, also called the colon.

Your small intestine takes in nutrients from your food through millions of tiny, hair-like structures called villi. The villi line the inside of your small intestine.
Food then enters your colon. The colon absorbs water from the food and then stores anything that is left as stool. The lining of the colon makes mucus to help stool move through it.

Stool passes from your colon to your rectum. Your rectum stretches when it fills with stool. This gives you the urge to have a bowel movement.

The muscle around the lowest part of your rectum is called the anal sphincter. It keeps stool and gas from leaking out of the anus. The anus is the opening through which stool leaves your body.

Figure 1. Normal digestive system
Ileostomy Surgery

Preparing for surgery
Preparation for surgery varies. Follow the preparation instructions your health care provider gives you.

Before your surgery, talk with your health care provider about your use of caffeine, alcohol, tobacco, e-cigarettes or other drugs. Your use of any of these products before or after surgery may affect your healing and recovery.

Your WOC nurse will see you before your surgery to mark the ileostomy site. Several factors affect ileostomy site selection: your natural skin folds, the muscles in your abdomen, scars, navel, waistline, hip bone and visibility of the site when you are sitting and standing. Selecting the proper location makes it easier to care for the ileostomy after surgery.

Ways to do the surgery
There are three ways to do the surgery: straight laparoscopic, hand-assisted laparoscopic, and open surgery. Figure 2 shows the incisions you may have for different kinds of surgeries.

Usually, you recover faster with less pain and a shorter hospital stay after you have straight laparoscopic or hand-assisted laparoscopic surgery. Your surgeon will talk with you about the kind of surgery that is best for you.

Straight laparoscopic
This surgery uses a few small incisions in your abdomen. A large incision is not needed.

A laparoscope is a thin tube with a tiny camera at the end. Your surgeon puts this tube and other surgical tools through the incisions in your abdomen. The camera at the end of the tube lets your surgeon see inside your body to do the surgery.

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 and puts his or her hand through a small device called a hand port.

Open surgery
You may not be able to have one of the above surgeries. If not, your surgeon makes a larger, single incision in the middle of your abdomen to do the surgery.
Figure 2. Incisions for different kinds of surgeries
Types of ileostomies

There are two types of ileostomies: loop ileostomy and end ileostomy. Your surgeon will decide which type of ileostomy will function best for you.

Loop ileostomy

To make a loop ileostomy, your surgeon brings a small loop of your ileum out through an opening in your abdominal wall. He or she divides the loop of ileum into one stoma with two openings. See Figure 3. Stool passes through one opening, called the proximal loop. Mucus passes through the other opening, called the distal loop. You should be able to see the proximal loop but you may not be able to see the distal loop.

Figure 3. Loop Ileostomy
End ileostomy

With an end ileostomy, the end of the small bowel is brought out through the abdominal wall to form a stoma. This type of stoma has only one opening. Stool passes through it. See Figure 4.

**Common side effects and risks of surgery**

**Common side effects**

You may have some pain or discomfort around your incisions for a few weeks after surgery. As you recover, you should 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**

All surgery has risks including bleeding, infection, blood clots, pneumonia and risks of anesthesia. Ileostomy surgery has its own risks and complications including ileostomy blockage, dehydration and diarrhea. Talk with your surgeon about the risks and complications of your surgery.
Managing Your Ileostomy

The WOC nurse and the nurse caring for you will teach you how to care for your ileostomy during your hospital stay. The ileostomy, unlike the anus, does not have a sphincter muscle to control stool output. A pouching system must be worn at all times to contain stool output. Gas also passes through the stoma into the pouching system.

You will help with emptying and changing the pouching system as part of your education to become independent in caring for your ileostomy. Your confidence will increase with practice. During the ileostomy teaching and practice sessions, you may want to have a family member or friend with you so you have someone to provide support after you leave the hospital.

While in the hospital, your ileostomy pouching system will be changed every one or two days. When you are home, you will change your ileostomy pouching system about two times a week for the first three to four weeks. As your ileostomy output becomes more predictable, you may be able to increase the time between pouching system changes to every five to seven days as long as the pouching system seal remains secure.

**The stoma**

The stoma looks red, swollen and moist. It usually protrudes about one-half to one inch above the skin of your abdomen. The swelling will decrease, and your stoma may become smaller over the six to eight weeks after surgery. You may notice that your stoma moves slightly. This movement is normal and happens throughout your intestinal tract.

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

Initially, you may see the stitches around your stoma. These will dissolve as your body heals. You may find pieces of the stitches as you clean your stoma and the skin around it. This is not a cause for concern. It means healing has occurred and the stitches under your skin have dissolved.

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

**Cleaning the skin**

Clean the skin around your stoma with warm water and a soft cloth. Make sure the skin is clean and dry before putting on the pouching system. Soap is not needed. However, if you choose to use soap, wash off all soap film before putting on the pouching system. Otherwise, the soap may irritate your skin and the pouching system may not stick to your skin. See “Bathing and swimming” for information about bathing.
Pouching system

A variety of pouching systems are available for ileostomies. All are odor-proof. Your WOC nurse will help you decide which type of pouching system is best for you. You will receive written instructions on using the pouching system.

Pouching systems have a skin barrier that protects the skin around the ileostomy. See Figure 5. The opening in the skin barrier should fit closely around the edge of your stoma to protect your skin as much as possible. 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 to empty your pouching system from the bottom while sitting on the toilet. The pouching system can be emptied as often as needed. To keep the pouching system from showing under clothing, empty it when it is about one-third full. This also avoids excess weight in the pouching system, which may loosen the seal. You may find that most stool output occurs one to two hours after eating a meal.

Figure 5. Pouching system
**Gas**

When bowel function returns after surgery, gas and stool will be expelled from the ileostomy. Because of surgery and anesthesia, you will have more gas than usual after surgery. As you recover and return to your regular activities and diet, the amount of gas typically decreases.

The gas may make noise as it passes from the ileostomy. This noise will be less noticeable when you wear regular clothing with more covering over the stoma.

Chewing gum, drinking through a straw, or any other activity where you swallow air may cause more gas. Certain foods cause more gas. See “Guidelines for food choices.”

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

**Odor control**

Odor is a common concern for people with ileostomies. Although the pouching system is odor-proof, there will be some odor when you empty it. You may find that certain foods cause more odor in your stool. See “Guidelines for food choices.”

If the odor is bothersome, deodorants, such as M-9™ and DevKo™, are available for use in the appliance. Deodorants that can be taken by mouth, such as Derifil™ and Devrom™, also are available. A member of your health care team can talk with you about deodorants.

**Consistency and frequency**

At first when your ileostomy begins to function, the stool is liquid. The stool usually thickens to a mushy consistency within a few weeks as the small intestine begins to absorb more water. Absorbing water was a function of the large bowel before surgery. Factors such as diet, emotional state and medications may affect the consistency of your stool.

The frequency of stool from the ileostomy may be unpredictable when bowel function first returns. Shortly after surgery, you may need to empty the pouching system more often.

Over time, as your body recovers from surgery and the small intestine adapts, the amount of ileostomy output should decrease. However, the shorter the length of the small intestine above the stoma, the more often you will need to empty the pouching system.

Stool output may become more predictable as you begin to eat solid food at regular intervals.

**Anal discharge**

If a portion of your intestine or rectum is remaining, you may have some discharge from the anus within a few days after surgery. This discharge is the mucus the intestine produces normally. As mucus accumulates in the rectum, you may feel the need to have a bowel movement. Expel the mucus discharge as if it were stool. Do not strain.

At first, the discharge will be dark brown or reddish-black as old blood from the surgical procedure is passed. Gradually the discharge becomes clear or yellowish-gray and has a mucus consistency. This discharge will continue until the ileostomy is closed. If you have a loop ileostomy, it is normal for some stool to flow down the distal loop causing stool and mucus to pass through the anus.
At first, you may not have control of the anal discharge, but you will gain control of it as you recover. You may use fluff gauze or an absorbent dressing to collect the discharge and protect your skin.

It is normal for the mucus to be pink-tinged or contain streaks of bright red blood. Call your surgeon or go to your local emergency room if you pass a large amount of bright red blood through your anus.

**Anal sphincter exercises**

If you have concerns about your ability to hold bowel movements after your ileostomy is closed, talk with your surgeon. He or she may suggest exercises to strengthen your anal sphincter muscles.

**Nutrition guidelines**

Your body’s ability to digest food is not affected by an ileostomy. There is no long-term ileostomy diet. Gradually, you will determine your own response to food. The following guidelines may be helpful in managing your ileostomy.

<table>
<thead>
<tr>
<th>General guideline</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat meals at regular times. Eat three or more small meals a day.</td>
<td>This helps with digestion and controlling ileostomy output.</td>
</tr>
<tr>
<td>Eat slowly. <strong>Chew all food fully.</strong></td>
<td>Chewing helps with digestion and lessens the chance of blockage.</td>
</tr>
<tr>
<td>For the first two weeks after surgery, limit foods that may cause gas or loose stools. Also limit foods that you may not digest fully.</td>
<td>This helps lessen the amount of gas and stool you have. It also lessens the chance of blockage.</td>
</tr>
<tr>
<td>Include in your diet foods that may help thicken your stool.</td>
<td>This helps food move more slowly through your small intestine to help your body take in nutrients and water.</td>
</tr>
<tr>
<td>Drink an adequate amount each day. Usually this means 8 to 10 eight-ounce glasses of water and electrolyte drinks such as Gatorade™, G2™, Powerade™, Pedialyte™ and CeraLyte™. Sip fluids slowly throughout the day.</td>
<td>Drinking these fluids helps to replace fluid lost through your ileostomy. Coffee, tea, soda and fruit juices do not help to replace fluids. Caffeine removes fluid from your body. Sugary drinks make stools thinner.</td>
</tr>
<tr>
<td>Try new foods one at a time.</td>
<td>This helps you find out what foods agree with you.</td>
</tr>
<tr>
<td>Keep track of how different foods affect your stool.</td>
<td>This helps you choose foods to manage stool consistency.</td>
</tr>
<tr>
<td>Eat tender cuts of meat. Chew well. Avoid bones and gristle.</td>
<td>This lessens the chance of blockage.</td>
</tr>
</tbody>
</table>
Guidelines for food choices

Some foods have certain effects on the bowel. The following lists may help you select or avoid foods. Individual tolerance to foods will vary, so use these lists as an initial guide.

<table>
<thead>
<tr>
<th>Foods that may cause gas:</th>
<th>Foods you may not digest fully:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beans</td>
<td>Do not eat fresh fruits or raw vegetables for two weeks after surgery.</td>
</tr>
<tr>
<td>Beer</td>
<td></td>
</tr>
<tr>
<td>Broccoli</td>
<td></td>
</tr>
<tr>
<td>Brussels sprouts</td>
<td></td>
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<tr>
<td>Cabbage</td>
<td></td>
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<tr>
<td>Carbonated drinks</td>
<td></td>
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<tr>
<td>Cauliflower</td>
<td></td>
</tr>
<tr>
<td>Onions</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Foods that may thicken stool:</th>
<th>Foods that may thin stool:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applesauce</td>
<td>Alcoholic drinks</td>
</tr>
<tr>
<td>Bananas</td>
<td>Apple juice</td>
</tr>
<tr>
<td>Breads</td>
<td>Grape juice</td>
</tr>
<tr>
<td>Cheeses</td>
<td>Heavily spiced foods</td>
</tr>
<tr>
<td>Pasta, rice, potatoes without skin</td>
<td>Prune juice</td>
</tr>
<tr>
<td>Peanut butter that is creamy</td>
<td></td>
</tr>
<tr>
<td>Tapioca</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foods that may lessen odor:</th>
<th>Foods that may cause odor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buttermilk</td>
<td>Asparagus</td>
</tr>
<tr>
<td>Yogurt</td>
<td>Eggs</td>
</tr>
<tr>
<td></td>
<td>Fish</td>
</tr>
<tr>
<td></td>
<td>Garlic</td>
</tr>
<tr>
<td></td>
<td>Onions</td>
</tr>
</tbody>
</table>

Reminders

- For the first two weeks after your surgery, avoid eating foods that cannot be completely digested. This includes fresh fruit and raw vegetables.
- Eating two or more foods from these lists at the same time may intensify the effect.
- Do not eliminate a food from your diet without trying it several times.
- After consuming beets or foods and beverages that contain red food coloring, the stool may appear red. This red may be mistaken for blood.
- Broccoli, asparagus and spinach may darken the stool.
- Check with your health care provider or registered dietitian about the need for vitamins and mineral supplements.
A balanced diet

Good nutrition is essential to maintaining your health. A well-balanced diet gives your body nutrients required for energy, maintaining body cells and regulating body processes. The following guidelines for food choices may help you eat more comfortably and maintain or improve your health.

- A well-balanced diet should contain a variety of foods because no single food supplies all vital nutrients.
- Foods in the vegetable, fruit, grain, protein and dairy groups provide the body with the majority of essential nutrients. See Figure 6.
- Combination foods, such as casseroles and pizza, can be counted as servings from the food groups from which they are made.
- Foods such as fats, oils and most desserts contain few nutrients. They may provide only calories and should only be used to complement other foods in your diet.

![MyPlate Diagram]

*Figure 6. MyPlate*
Getting ready to leave the hospital

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

If you think you will need help with your ileostomy care after you leave the hospital, talk with your nurse or WOC nurse as soon as possible. There are many nursing care services available. Your nurse and WOC nurse can help you with planning for these services if needed. As you become more confident in your ileostomy care, you may find you no longer need these services.

Remember, you are not alone. Your health care team is available to help and support you as you adjust to your ileostomy.

Before you leave the hospital, you will be given directions for your follow-up care with your surgeon and your local health care provider. You also will be given the name and telephone number of your hospital WOC nurse and a WOC nurse in your area. Plan to see a WOC nurse within the first four to six weeks after you leave the hospital.

Resuming activities and physical activity

Some restrictions are necessary for four to six weeks after your surgery. Avoid strenuous activities and lifting, pushing or pulling anything that weighs more than 10 pounds to help reduce the chance of developing a hernia. Ask your health care provider about when you may resume driving.

In the weeks following surgery, your strength and endurance, as well as your skills in managing your ileostomy, usually increase. This may help you feel better prepared to return to work or school and to your regular activities.

After surgery, exercise regularly to maintain good health and a healthy weight. Even simple exercises help firm muscles and keep the digestive tract working properly. One of the best physical activities after surgery is walking, whether indoors or outdoors. In the first weeks after surgery, you may only be able to take short walks. Gradually increase the amount you walk as you feel able.

Your ileostomy usually does not restrict your physical activity. After four to six weeks, most any activity you choose will speed the healing process. The level and type of exercise you choose may depend on the exercises you were comfortable with before surgery.

Bathing and swimming

You may shower after surgery with or without the pouching system over the ileostomy. You do not need to cover the pouching system or the stoma when showering. Talk to your health care provider about when you may begin taking tub baths.

On the days you change your pouching system, you may wish to shower or bathe without it. Water will not go into the stoma. You may want to shower or bathe at a time of day when the stoma is less active, such as first thing in the morning.

Avoid letting the full force of the shower spray directly on your stoma or pouching system. This helps prevent injury to the stoma or loosening of the pouching system.
Taking a tub bath for 10 minutes or less generally does not loosen the pouching system. If you take long, very warm baths, the pouching system may loosen and need changing more often. To help prevent this, keep the level of the water below the wafer barrier.

Soap will not harm your stoma, but it is necessary to rinse off any soap film from the skin around it when you finish bathing. Soap film sealed under the pouching system may cause skin irritation. Avoid using bath oil and soaps that contain a large amount of oil or lanolin because they may prevent the seal from adhering to your skin.

You may swim with an ileostomy. Swimsuits with a pattern or design in the fabric may be more concealing. To build confidence, you may want to wear a swimsuit while you sit in a bathtub.

Dry the tape and pouching system well after you bathe, shower or swim. Using a hair dryer placed on a cool setting may help.

**Clothing**

The wardrobe you had before surgery usually will not need to be changed after surgery. However, individual body contour determines the placement of the stoma, and for some people, clothing adjustments may be necessary. The most common adjustment is avoiding any type of restriction, such as a belt, below the ileostomy, which can prevent stool from flowing into the pouching system.

**Returning to work or school**

After recovering from surgery, people have different levels of energy and strength to meet the physical demands of a job or school. Some people find it helpful to start back to work or school part-time and then slowly build up to full days. Discuss returning to work and school with your health care provider.

Always have an extra pouching system with you when you are away from home. Put the pouching system and some paper towels in a small bag or tote to use should you need to do a change away from home. It is best to be prepared for unexpected events.

One concern you may have about returning to work or school is who to tell about your ileostomy. Share only as much information about your surgery as you feel comfortable discussing.

**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 an ileostomy. Time can help you gain confidence in managing your ileostomy. As this confidence builds, you can enjoy the people and social activities you have always enjoyed. If you have concerns or questions about adjusting to the ileostomy, talk with your WOC nurse.

**Sexuality (if you are sexually active)**

In the first few weeks after surgery, your desire for sexual activity may be diminished. You may have discomfort as your incision heals. You may be advised to wait four to six weeks before resuming sexual activity.

Being nervous about resuming sexual activity is natural. Be patient, and talk about the feelings you and your partner have.
Some sexual positions may be more comfortable than others. It helps to know and assure your partner that the stoma will not get hurt during intimacy. Try to maintain a sense of humor to help you through unexpected happenings, such as a noisy stoma.

The following suggestions may help prior to intimacy.

• Make sure the pouching system is clean, empty and secure.
• Tuck the pouching system into a belt or belly band.
• Wear an opaque pouching system.

Use birth control if you want to prevent pregnancy.

Female sexual changes

Vaginal intercourse may be uncomfortable at first if you have had surgery in the anal area. The discomfort usually decreases over time. A different position or vaginal lubrication with a water-soluble lubricant may help ease the discomfort.

Since the rectum is removed, there may be a different sensation in the vagina during intercourse. The angle of the vagina may change, which can cause difficulties with orgasm.

Male sexual changes

Men who have had surgery in the anal area may experience some changes in sexual function. The inability to achieve or maintain an erection may be a temporary problem. Some discomfort in the anal area is common after surgery. This discomfort can affect the ability to have an erection. Fatigue, fear and anxiety may also be factors.

Another change in sexual function that may occur in a small percentage of men is retrograde ejaculation. Ejaculate goes into the bladder instead of being discharged normally. The semen is passed in the urine.

If you have concerns or questions about sexual activity or sexual function, talk with your health care provider or WOC nurse.

Travel

Having an ileostomy should not prevent you from traveling. You may want to wait until you have recovered from surgery and feel comfortable with your stoma before planning 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 traveling, bring an adequate amount of ileostomy supplies with you. Take along your supply prescription and a list of retailers so you can obtain supplies on your trip, if needed. Do not leave supplies in a hot or cold car. The skin barrier wafers can be sensitive to extreme temperatures.

If you are traveling by plane, take supplies in a carry-on bag. Empty the pouch before boarding the plane.

As with anyone who travels, eating new foods may cause you temporary intestinal upset. Check with your health care provider before traveling for suggestions on managing diarrhea.

No matter what your destination, plan ahead and use the resources available.
Ileostomy management tips

• Spread toilet paper on the top of the water in the toilet bowl to prevent splashing when emptying the pouching system.
• Change your pouching system before breakfast. Your ileostomy is less likely to be active at this time.
• Use a makeup mirror on a stand or a full-length mirror when examining your stoma and applying the pouching system.
• Put on your pouching system while standing to avoid wrinkling the skin around your stoma.
• Carry an extra pouching system with you in case of an emergency.
• Some people have to get up once or twice during the night to empty their pouching system. Avoid eating two hours before you go to bed to reduce the need to get up during the night to empty the pouching system.

Medications

Having an ileostomy can affect the absorption and effectiveness of your medications. Therefore, review all of the medications you take (prescription, over-the-counter, vitamins, and herbal and dietary supplements) with your health care provider and pharmacist. They can determine if the formulation or dosage of your medications needs to be changed due to having an ileostomy.

Medications that are easily dissolved and absorbed, such as liquids, gelatin capsules, uncoated tablets and chewing tablets, are recommended. Time-released, enteric-coated, or wax matrix controlled-release medications are not recommended because they may be only partially absorbed, or their outside coating (shell) may cause a blockage when expelled in stool.

Ask your pharmacist if any of the medications you take are time-released, enteric-coated, or wax matrix controlled-release medications. If any are, ask if the medication(s) comes in a different form that you can take. If a medication is not available in a different form and you must take a wax matrix controlled-release medication, look for the shells in your stool. Be aware of signs and symptoms of a blockage and what to do if they happen. See “Blockage.”

Your body may not be absorbing a medication adequately if:
• Symptoms of an illness or condition being treated with the medication continue or become worse.
• You see whole or partial tablets or capsules in your stool.

Talk with your health care provider about these medication concerns.

Your health care provider may recommend medications to help you manage the frequency and consistency of your stool. Antidiarrheal medications, such as diphenoxylate/atropine (Lomotil™) and loperamide (Imodium™), decrease the number of stools. Bulk-forming medications, such as psyllium (Metamucil™, Konsyl™) or methylcellulose (Citruce™), can be used to thicken stool. Discuss the proper use of these medications with your health care provider.

Certain medications can cause discolored stool. If you notice a change in stool color, consult your health care provider or pharmacist to determine if this is medication-related.

Medications that may have specific effects on you include antibiotics, diuretics, potassium supplements and laxatives.
**Antibiotics**

Antibiotics can cause a change in the normal bacteria of the digestive tract. Some antibiotics cause diarrhea. Diarrhea can lead to dehydration and electrolyte losses in a person who has an ileostomy. Consult your health care provider if diarrhea lasts longer than 24 hours or you have signs of dehydration.

Alteration of the normal bacteria also may result in a yeast infection affecting the skin around the stoma. Signs of a yeast infection include rash, redness and itching. A yeast infection is treated with medication prescribed by your health care provider.

**Diuretics**

Diuretics help the body get rid of excess salt and water. They are most commonly used to treat high blood pressure and congestive heart failure. Diuretics need to be used carefully by a person who has an ileostomy because they may cause electrolyte imbalance and dehydration. If you need to take diuretics, you may need electrolyte supplements. Talk with your health care provider about these supplements.

**Potassium**

Certain foods are a good option to replace potassium to help maintain your electrolyte balance, especially if you have high ileostomy output or diarrhea. See “Sources of sodium and potassium.”

If more potassium is needed, your health care provider may prescribe a potassium supplement. Potassium supplements are available in liquid, powder, capsules, tablets and sustained-release tablets. Potassium powder or effervescent tablet supplements that dissolve in water or juice and liquid potassium supplements are recommended and generally well tolerated. **Do not take sustained-release potassium tablets because they may be only partially absorbed or contribute to a blockage in someone who has an ileostomy.**

It is best to take only potassium supplements recommended and as prescribed by your health care provider. Do not take over-the-counter potassium supplements (gluconate) because they provide only a small amount of potassium. If you were to take the number of tablets needed to be effective, they could cause a blockage or other problems.

**Laxatives**

You should not use laxatives while you have an ileostomy because they can cause dehydration and electrolyte imbalance.
Possible Ileostomy Concerns

Blockage

Blockage is a potential problem for a person with an ileostomy. Incompletely digested foods and medicine are the most common cause. Signs of a blockage may include:

- Abdominal cramping.
- Bloating or swollen abdomen.
- Nausea and vomiting.
- Swelling of your stoma.
- Watery diarrhea or no ileostomy output.
- Little or no gas going into your pouch.

Many blockages resolve themselves. To help relieve a blockage, try:

- Lying down with your knees to your chest.
- Massaging your abdomen, especially around the stoma with the pouching system off, while taking a warm shower or bath.
- Drinking a warm liquid such as broth, tea or water.

If the blockage does not resolve in six to eight hours or you are vomiting, call your health care provider or local emergency room. A health care provider usually treats a blockage with bowel rest and intravenous (IV) fluids. The provider also may do an ileostomy lavage. An ileostomy lavage is irrigation of the ileostomy with a small amount of salt water until the blockage breaks up and passes.

A blockage also may cause dehydration because of watery diarrhea and vomiting. See sections on dehydration and diarrhea for more information.

Dehydration

One function of the colon is to absorb water and electrolytes, such as potassium and sodium, from digested food. When the colon has been removed or bypassed, the small intestine needs time to adapt.

Normal output from the small intestine is about one quart (1000 mL) of stool per day. However, after surgery the output from the small intestine may increase. This may result in stool output every one to two hours instead of five to six times a day. Output greater than one quart (1000 mL) of liquid stool in 24 hours can lead to dehydration.
Dehydration happens when stool output increases but lost fluids are not adequately replaced. Signs of dehydration include:

- Feeling tired.
- Decreased amount of urine.
- Dark colored urine.
- Feeling thirsty.
- Dry skin and mouth.
- Feeling lightheaded when sitting or standing.

If you have signs of dehydration, increase your fluid intake to replace what is lost through stool. Typically, slowly sipping 8 to 10, eight-ounce glasses of fluids throughout the day may prevent dehydration. Drinking smaller amounts of fluid frequently throughout the day allows the small intestine to gradually adapt to the loss of the colon and reabsorb more water over time.

Drinking more fluids than the amount recommended or drinking a large amount of fluid at one time can result in fluids moving quickly through the bowel, leading to higher output and more liquid stools.

If symptoms of dehydration continue for more than 12 hours, contact your health care provider or your local emergency room.

**High ileostomy output (diarrhea)**

Normal ileostomy output requires emptying the pouching system four to six times a day. The pouching system usually is one-third to one-half full each time. High ileostomy output is when you need to empty the pouching system more often and/or it is more than one-third to one-half full each time. If you have high ileostomy output, contact your health care team to discuss managing it.

If you have high ileostomy output, you may need to:

- Slow down the passage of fluid and food through your intestine to allow more time for your small intestine to absorb water and nutrients and help decrease the amount of output. To slow down your bowel action, eat stool-thickening foods, and avoid foods that thin stool.
- Limit your fluids to no more than four ounces while eating a meal, and sip on fluids frequently between meals. Four ounces equals one-half cup.
- Maintain your fluid intake of water and/or electrolyte drinks (8 to 10, eight-ounce glasses in 24 hours).
- Replace lost electrolytes, sodium and potassium. See “Sources of sodium and potassium.”

If your stool output remains high after you try these suggestions, medication may help manage the frequency and consistency of stool. Antidiarrheal medications (loperamide, bulk-forming medication, and diphenoxylate/atropine) can be taken to decrease the number of stools. Discuss the proper use of these medications with your health care provider.
Please note: If high stool output is accompanied by nausea, vomiting or abdominal cramping, you may have a blockage, and therefore, antidiarrheal medications should not be taken. If these symptoms are not relieved within six to eight hours, contact your health care provider.

<table>
<thead>
<tr>
<th>Sources of sodium and potassium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sodium</strong></td>
</tr>
<tr>
<td>• Broth</td>
</tr>
<tr>
<td>• Cheese</td>
</tr>
<tr>
<td>• Electrolyte drinks (Gatorade™, Powerade™, Pedialyte™, CeraLyte™)</td>
</tr>
<tr>
<td>• Processed meats</td>
</tr>
<tr>
<td>• Salt used to prepare food</td>
</tr>
<tr>
<td><strong>Potassium</strong></td>
</tr>
<tr>
<td>• Bananas</td>
</tr>
<tr>
<td>• Squash</td>
</tr>
<tr>
<td>• Cantaloupe</td>
</tr>
<tr>
<td>• Sweet potatoes</td>
</tr>
<tr>
<td>• Electrolyte drinks</td>
</tr>
<tr>
<td>• Tomatoes</td>
</tr>
<tr>
<td>• Honeydew melon</td>
</tr>
<tr>
<td>• Yams</td>
</tr>
<tr>
<td>• Orange juice without pulp</td>
</tr>
<tr>
<td>• Yogurt</td>
</tr>
<tr>
<td>• Potatoes</td>
</tr>
</tbody>
</table>

**Side effects of chemotherapy and radiation therapy**

Some side effects of chemotherapy or radiation therapy may affect your ileostomy. The following suggestions may help with some of the more common side effects.

**Diarrhea**

Radiation therapy and some chemotherapy medications can cause diarrhea. See “High ileostomy output (diarrhea),” for more information about how to cope with 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. These changes may happen right away or months to years after your therapy. 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 your skin to dry it.

**Stoma changes**

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

Carefully check your stoma and the skin around it each time you change your pouching system. Call your WOC nurse or health care provider if you have questions or concerns about your stoma.
Resources

**Your wound, ostomy, continence (WOC) nurse**

Stay in touch with your WOC nurse after you leave the hospital. Your WOC nurse can help answer questions you may have about your ileostomy.

**Buying your supplies**

You can buy ileostomy supplies at ostomy supply centers, some pharmacies, and through mail-order companies. Check with your insurance company to find out whether you need to use a specific supplier for reimbursement.

**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 family members can share ideas and get support from others. You can find out more about the UOAA on its 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 units across the country. For more information, visit the ACS website.

*Crohn’s and Colitis Foundation of America (CCFA)*

The CCFA is an organization dedicated to finding the cause and cure of Crohn’s disease and ulcerative colitis through research. Chapters are located in various states. For information, visit its website.

*Private health insurance*

Many medical insurance policies and plans with a health maintenance organization (HMO) pay for some ostomy supply costs. Usually there are no specific lists of items they will pay for. To find out, you have to check with them. Contact your insurance company or HMO to find out what your plan covers.

*Medicaid*

Most states cover some costs of ostomy supplies through medical assistance programs. Medicaid services and whether you qualify to get them are different from state to state and may change often. Contact your local representative for more information.

*Medicare*

If you are 65 or older, or under 65 and disabled, you may be eligible for Medicare. Medicare may pay for some ostomy supply costs. There are many rules about Medicare payments. For more information, contact your local Medicare representative or check the Medicare website at medicare.gov.

*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.
Anus — The opening at the lower end of the bowel through which bowel movements (stool) pass.

Bowel — The small or large intestine.

Bowel prep — The process of preparing the bowel for surgery or diagnostic tests. This process may include enemas, a special saline solution, liquid diet and antibiotics.

Bypass — A surgical procedure to change the flow of natural fluids from the normal course.

Colon — The large intestine which stores digestive material and absorbs water; also referred to as the “large bowel.”

Contrast medium — Preparation used for X-ray examinations to view specific body organs or structures that may otherwise be difficult to see.

Crohn’s disease — A chronic disease that results in inflammation of the digestive tract.

Dehydration — Excessive loss of water from the body.

Diarrhea — Frequent passage of loose, watery stool.

Electrolytes — Chemicals in body fluids and cells that are necessary to maintain some body functions.

Enzymes — Protein found in digestive juices that acts upon food substances causing them to break down into simpler forms to allow absorption by the villi.

Esophagus — The passageway from the mouth to the stomach.

Ileostomy — A surgically created opening from the small intestine to the abdominal surface for the passage of stool.

Incision — The opening a surgeon makes into body tissue using a scalpel.

Intravenous (IV) — Into a vein.

Mucosa — The membrane lining the bowel.

Multiple polyposis — A disease characterized by numerous polyps in the colon and rectum. May also be referred to as familial polyposis.

Nutrients — Substances supplied by food that provide nourishment for the body.

Ostomy — A surgical opening in which a portion of the bowel is brought to the abdominal surface. A generic word for all the types of ostomies (ileostomy, colostomy and urostomy).

Pouch — The collection bag of the appliance worn over an ostomy.
Pouching system — A collecting device worn by people with ostomies, which usually includes a specially made pouch or bag attached to the body to collect stool.

Rectum — The storage area at the end of the large intestine. Stool is stored in the rectum until it is expelled through the anus.

Skin barrier wafer — A small disk of adhesive material used to protect the skin around an ostomy.

Sphincters — Circular muscles that, when relaxed, allow materials to pass through the anus and, when contracted, close the opening.

Stoma — The opening created by ostomy surgery, which is visible on the abdomen.

Suture — Surgical stitching.

Ulcerative colitis — A disease that results in inflammation of the lining of the colon and/or rectum.

Vagina — Part of female anatomy that leads to the uterus.

Villi — Short filaments or projections found on certain membranous surfaces such as the small intestine.

Wound — An area where an incision was made.

Wound, ostomy, continence (WOC) nurse — A nurse who has had special training in teaching and caring for people who have ostomy surgery.