



Education



Pouching
Systems



Lifestyle Tips

WHAT TO EXPECT —— after —— ILEOSTOMY SURGERY

LEARNING TO LIVE WITH AN ILEOSTOMY

It's normal to be concerned about living your life with an ostomy. But you should know that you're not alone. There are at least 1.7 million people in the world today living active, productive lives with a stoma.¹

This booklet will help guide you through important aspects of living with an ostomy, and help prepare you to resume life after surgery. Knowing what to expect can help you feel more comfortable as your life moves forward.



**We understand *your* concerns
and we're here to help.**

ConvaTec is a recognized leader in developing, manufacturing, and supplying ostomy products and services to support healthcare professionals and people with ostomies around the world. For over 30 years, we've been creating innovative systems designed to help improve the lives of people living with an ostomy.

It's only natural that you'll have questions as you begin life with an ostomy. So, in addition to this booklet, we've curated a platform of honest, insightful online tools that are constantly being updated called **me+answers**. It's designed to give you the current, up-to-date ideas you need to gain confidence and get comfortable with your ostomy— all in one convenient place, whenever you need it. There are even ideas and information for those who are helping you care for your stoma at home.

**Getting the full benefits of me+ is easy, simply call:
1-800-465-6302 or visit www.convatec.ca**



"I'm not letting my ostomy keep
me from doing the things I love."

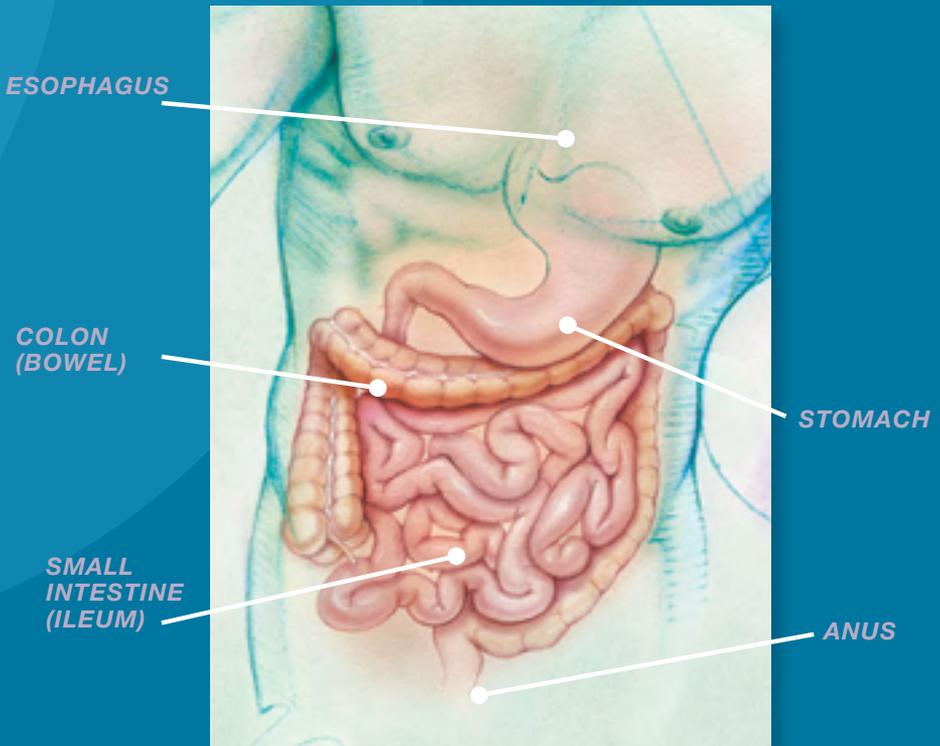
Mary

YOUR **DIGESTIVE SYSTEM**

Ileostomy surgery is usually performed to allow stool to bypass a diseased or damaged part of the colon or bowel, which is an important component of your digestive system.

How the digestive system

- WORKS:**
- When you chew your food, digestion starts. Chewed food then passes through your esophagus and is further broken down by digestive enzymes in the stomach.
 - Partially digested food then moves into your small intestine where the body absorbs water and nutrients.
 - The remaining undigested food then moves into the colon or bowel. Water is further absorbed and stool is formed.
 - Stool is stored until you feel the urge to go to the bathroom. It is then pushed into the rectum, and expelled from the body through the anus.





WHAT IS AN ILEOSTOMY

An ileostomy is a surgical procedure that creates an opening on your abdomen through which the end of your small intestine is redirected, brought to the surface of the skin, and stitched to your abdomen to form a new exit for the stool from your bowel. The new opening is called a stoma. (We will discuss your stoma in more detail in the next section of this booklet.) You wear a pouching system (also called an appliance) over your stoma to collect effluent from your bowel.

Your Nurse Specialized in Wound Ostomy and Continence (NSWOC)**, (Formerly known as Enterostomal Therapy Nurse (ET Nurse)), is specialized in the nursing care of patients with new or existing ostomies, and will help you understand your surgery and what you will need to do to care for yourself after surgery.



Learn more with our
online resources

Visit www.convatec.ca/ostomy

** The name change will be official after the May 4th, 2018 Annual Members Meeting in Victoria, B.C.

Here are some
additional facts
you need to be
aware of:

- Your small intestine is about 22 feet long and has three parts:
 - **Duodenum:** about 10 inches long
 - **Jejunum:** about 9 feet long
 - **Ileum:** about 12 feet long
- An ileostomy is typically located in the lower part of your ileum where the small intestine and large intestine attach together. The stoma is usually located on the right part of your abdomen.
- The location of the ileostomy is important because it determines the consistency of your stool and the frequency of your bowel movements. Because the ileostomy bypasses parts of your digestive system where water is removed from undigested food, the consistency of your stool post-surgery will likely be liquid or pasty. This condition is normal. It's also normal to empty your pouch four to six times a day.
- The stool expelled from your body will contain digestive enzymes from your ileum that can be very irritating to the skin. So it's important that you use a pouching system with a barrier that provides optimal skin protection around your stoma.
- The nature of your stool and how often stool is expelled from your body can also be affected by the food you eat and the medication you take. In addition, some treatments that may be prescribed by your doctor or Specialized Nurse (NSWOC) can affect your stool. Certain prescribed treatments, such as chemotherapy or radiation, can also change the consistency of your stool.

YOUR STOMA:

When you have an ileostomy, stool no longer comes out of your body through your anus. It is eliminated through a new opening in your abdomen called the stoma. Understanding your stoma and learning how to take care of it are important aspects of your new life.

Here are some things you need to know:

- All stomas are as individual as the people who have them. They vary in size, shape and height. Generally, the stoma is located on the right side of your abdomen below your belly button.
- It's important to understand that because the stoma has no control muscle (also called a sphincter muscle), you cannot control the stool coming out of the stoma.
- After surgery, your stoma will be swollen. This swelling will subside, and your stoma will change in size and possibly shape. The stoma can also change in size if your weight changes. It is therefore important to measure your stoma after every pouching system change for the first eight weeks, and periodically thereafter, to ensure your pouching system is the correct size.
- Your stoma should be shiny, wet and red, much like the inside of your mouth. Your stoma has no nerve endings, so it will not hurt when you touch it. However, it may bleed slightly if irritated or rubbed. This light bleeding is normal. If the bleeding continues or you are bleeding from inside your stoma, visit the Emergency of your local hospital or contact your healthcare professional.
- The skin around your stoma (peristomal skin) should look like the skin on the rest of your abdomen. To keep peristomal skin healthy, it's important to avoid irritation by keeping stool away from your skin. As noted above, regularly measuring the size of your stoma (especially for the first eight weeks) ensures that your pouching system fits properly and helps prevent stool from leaking onto your skin.
- If you have hair on your abdomen, you may need to shave (use electric razor only) around your stoma (do not use hair removal creams, waxing, electrolysis etc.) This will also help to provide a better seal.
- If you notice that the skin around your stoma has become red, irritated, itchy or sore, contact your specialized nurse (NSWOC).



*"Karen has always
been there for me,
through it all."*

James

POUCHING SYSTEMS



Pouching systems are designed to be secure and to enable you to live an active lifestyle. For example, you can bathe, shower, exercise, or swim while wearing your pouching system.²

A pouching system consists of a **SKIN BARRIER** and a **POUCH**, and is available as a **one-piece** or **two-piece** system.



**One-piece
ileostomy
system:**

The skin barrier and the pouch are manufactured together as one ileostomy system. They cannot be separated and must be applied to your body and removed as one piece.



**Two-piece
ileostomy
system:**

The skin barrier and the ileostomy pouch are manufactured separately and can be applied to your body individually or together. With this option, the pouch can be removed to be changed or emptied without removing the skin barrier.



POUCHING SYSTEMS: SKIN BARRIER

The skin barrier, also called a wafer, is the piece of the pouching system that sticks to your body. It holds the pouch in place and should be designed to protect the skin around your stoma from stool.

The skin barrier:

- Is the adhesive portion of your skin barrier and allows you to stick your pouching system on your skin. It is designed to fit snugly around your stoma.
- Has an opening that should be adjusted to the size of your stoma, unless using a pre-cut skin barrier.
- Should be designed to protect the skin from stool and prevent skin irritation.

Comes in three alternative formats:

- A moldable option where the opening is molded with the fingers to the exact size and shape of your stoma.
 - A cut-to-fit option where you use scissors to cut the opening to your measured stoma specifications
 - A pre-cut option that cannot be further sized.
- We recommend that you leave no more than 3 mm (1/8 inch) opening around the stoma when using cut-to-fit or pre-cut options.
 - Is available in a convex format. Convex skin barriers may be appropriate if you have a flush (flat or even with the skin) or retracted (below skin level) stoma. A convex skin barrier may also be a good option for a well protruded stoma that has a dip or valley around it. A convex barrier is shaped so that when you apply it, it presses down on the skin around the stoma. As a result, your stoma will stick out more, which can help prevent leakage around the stoma.

POUCHING SYSTEMS: ILEOSTOMY POUCH

The pouch attaches to the skin barrier to collect the stool that comes out of your stoma.



The pouch:

- Can be clear or opaque (tan coloured-pouch) and is odour-proof.
- Is available with or without a filter. A filter helps release and deodorize gas. If you have a pouch with a filter, you will need to cover the filter while swimming, bathing or showering. (Covers are provided with systems that have a filter.)
- Comes in drainable and closed-end options. Drainable pouches can be closed with an integrated pouch closure (ConvaTec's InvisiClose®) or with a clip. Empty a drainable pouch when it is one-third to one-half full.
- With a closed end option, the stool cannot be drained. These pouches are simply removed and discarded after use.
- Should be emptied (or changed if you have selected a closed-end pouch) when one-third to one-half full of either stool or gas. Gas can put pressure on the system and may cause leaks if it is allowed to get too full. Do not allow your pouch to fill up all the way. A full pouch can pull away from the barrier or skin due to the added weight. It can also cause bulging under your clothes.

EVERYDAY OSTOMY CARE

As we've already noted, caring for your ostomy will be an important part of your new life. But it doesn't have to be the center of your life. As you learn more about it, living with an ostomy will become easier and more routine.

Here are a few basics:

- Keep your stoma and the skin around it clean. Protect the skin around your stoma from coming in contact with stool.
- Clean the skin around your stoma with warm water. Use a soap (if desired) that has no creams, oils, or moisturizers.
- Clip or shave hair around the stoma as necessary (usually twice a month or with every second system change).
- Avoid oils, creams, baby wipes, and moisturizers, as they can irritate the stoma and surrounding skin. (When the peristomal skin is irritated, it's more difficult to get the pouching system to stick to your body.)
- There are skin care accessories, including barrier wipes and adhesive removers, which can serve as important accompaniments to your daily routine. Ask your Specialized Nurse (NSWOC) what accessories are right for your stoma needs.
- Pat the skin dry around the stoma after cleaning. Remember that the stoma may bleed a little, which is normal.
- After removing the skin barrier, slight redness of the peristomal skin is normal. Any redness should fade quickly back to your normal skin colour.
- If you feel burning or itching, or if stool leaks from under your skin barrier, don't try to "patch" the skin barrier with extra tape. Remove the skin barrier, clean the area, and replace the old barrier with a new one.
- If burning, itching, or leaking continues, or your skin around the stoma becomes irritated, contact your doctor or Specialized Nurse (NSWOC).
- Food and medications can change the colour, consistency, and odour of your stool. If you notice any changes, contact your doctor or Specialized Nurse (NSWOC).
- How, and how often, you change your pouching system will depend on the type of system you use. Your Specialized Nurse (NSWOC) may give you a detailed, step-by-step instruction guide.

"My friends are like family. Having their support throughout this transition has been a blessing."

Paul





USING A **DRAINABLE** POUCHING SYSTEM

The following is a basic guide for emptying and changing a drainable pouching system. Remember, the steps you follow will be influenced by whether you're using a one or two-piece drainable system.

If you're using a one-piece drainable system, you can drain the system as needed and replace the entire system (including the skin barrier) with a new one, as required. If you're using a two-piece drainable system, you have the option of keeping the existing skin barrier and reusing the drained pouch or attaching a new pouch. It is recommended that the entire system be changed once every 5-7 days.

Here are the **STEPS:**

1,2,3...

Decide what your objective is – again, depending on what kind of system you have. Do you want to drain the pouch, replace the pouch, replace the skin barrier, or the entire system?

Emptying a pouch:

1. To prevent water from splashing on you, remember to float a piece of toilet paper on top of the toilet water before emptying the pouch.
2. Empty your pouch by sitting on the toilet. Lift the end of the pouch upward and undo the clip or closure carefully. Keep the end held closed. Place the end of the pouch between your legs in the toilet. Hold the edges of the pouch and then direct the contents into the toilet.
Another option is to stand or kneel in front of the toilet and empty the pouch in the toilet. Contents of a pouch can also be emptied into another container and then emptied into the toilet.
3. It's not necessary to clean a drainable pouch after emptying. After you have emptied it, simply wipe inside and outside the end of the pouch with toilet paper. The pouch will be odourless again.

Closing a pouch:

One-Piece Drainable System: If you will not be removing the system yet, close and secure the opening of the pouch with the closure or clip.

Two-Piece Drainable System: Secure the opening of the pouch with the closure or clip. If desired, you can attach a new pouch to the skin barrier.

Preparing your supplies for a system change:

Gather your supplies. Supplies may include:

- Paper towels or wash cloth
- Scissors (for a cut-to-fit system)
- Warm water and soap (if desired) with no oils, creams, or moisturizers
- Measuring guide
- New one-piece pouching system or skin barrier for a two-piece system (new pouch optional), accessories as needed.

Changing a one-piece drainable system:

1. Remove the existing system from your abdomen. Start by lifting the top edge of the barrier, and then slowly and gently peel downward. Use your other fingers to support and push down on your skin as you remove the barrier. Consider using an adhesive remover/releaser, which will make it easier for the barrier to come off and help prevent skin injury (skin must be washed with soap and rinsed well with water if remover/releasers have been used. If not, this could affect the seal of your next pouching system).
2. Throw away the old one-piece system in a sealable plastic bag. Do not flush used ostomy products down the toilet.
3. Wipe the peristomal skin with toilet paper. Gently cleanse the area with warm water and a soap (if desired) with no oils, creams, or moisturizers, and rinse with warm water.
4. With a towel or wash cloth, gently pat dry the skin around your stoma. Remember, after removing the skin barrier there may be temporary redness that should subside.
5. Re-measure your stoma size to ensure it has not changed.
6. Attach a new system.



Changing a two-piece drainable system:

1. If you're going to change the skin barrier or completely replace your system, start by removing the existing barrier from your abdomen. Lift the top edge of the barrier, and then slowly and gently peel downward. Use your other fingers to support and push down on your skin as you remove the barrier. Consider using an adhesive remover/releaser, which will make it easier for the barrier to come off and help prevent skin injury (skin must be washed with soap and rinsed well with water if remover/releasers have been used. If not, this could affect the seal of your next pouching system).
2. Throw away the old barrier (and pouch if you're changing both) in a sealable plastic bag. Do not flush used ostomy products down the toilet.
3. Wipe the peristomal skin with toilet paper. Gently cleanse the area with warm water and a soap (if desired) with no oils, creams, or moisturizers, and rinse with warm water.
4. With a towel or wash cloth, gently pat dry the skin around your stoma. Remember, after removing the skin barrier there may be temporary redness that should subside.
5. Re-measure your stoma size to ensure it has not changed.
6. Attach a new barrier and your existing, or new pouch.





"My favorite part of the day is taking Ramsey to the dog park."
Rick



USING A **CLOSED-END** POUCHING SYSTEM



Closed end pouches are usually recommended for those who have more predictable, thicker output. They might also be an option for those who have difficulty emptying/cleaning a pouch. Discuss which option is best for you with your Specialized Nurse (NSWOC). Here are some basic steps for using a closed-end pouching system. Remember, if you're using a one-piece closed-end pouching system, you will be removing the entire system and replacing it with a new one. If you're using a two-piece closed-end pouching system, you have the option of keeping the existing skin barrier and attaching a new pouch to it, or replacing either component.



Here are **1, 2, 3...**
the **STEPS:**

Decide what your objective is, which will depend on what kind of system you have. Are you replacing the entire system, the skin barrier, or just the pouch?

Preparing your supplies for a system change:

Gather your supplies. Supplies may include:

- Paper towels or wash cloth
- Scissors (for a cut-to-fit system)
- Warm water and soap (if desired) with no oils, creams, or moisturizers
- Measuring guide
- New one-piece pouching system or skin barrier for a two-piece system (new pouch optional), accessories as needed



answers

™ Reach out whenever you need insights, ideas, or just someone to listen.

1-800-465-6302 (M-F, 8:00 AM-6:00 PM EST) | Convatec.Canada@convatec.com

Changing a one-piece closed-end system:

1. Remove the existing system from your abdomen. Start by lifting the top edge of the barrier, and then slowly and gently peel downward. Use your other fingers to support and push down on your skin as you remove the barrier. Consider using an adhesive remover/releaser, which will make it easier for the barrier to come off and help prevent skin injury (skin must be washed with soap and rinsed well with water if remover/releasers have been used. If not, this could affect the seal of your next pouching system).
2. Throw away the old one-piece system in a sealable plastic bag. Do not flush used ostomy products down the toilet.
3. Wipe the peristomal skin with toilet paper. Gently cleanse the area with warm water and a soap (if desired) with no oils, creams, or moisturizers, and rinse with warm water.
4. With a towel or wash cloth, gently pat dry the skin around your stoma. Remember, after removing the skin barrier there may be temporary redness that should subside.
5. Re-measure your stoma size to ensure it has not changed.
6. Attach a new system.

Changing a two-piece closed-end system:

1. If you're going to change the skin barrier or completely replace your system, start by removing the existing barrier from your abdomen. Lift the top edge of the barrier, and then slowly and gently peel downward. Use your other fingers to support and push down on your skin as you remove the barrier. Consider using an adhesive remover/releaser, which will make it easier for the barrier to come off and help prevent skin injury (skin must be washed with soap and rinsed well with water if remover/releasers have been used. If not, this could affect the seal of your next pouching system).
2. Throw away the old barrier (and pouch if you're changing both) in a sealable plastic bag. Do not flush used ostomy products down the toilet.
3. Wipe the peristomal skin with toilet paper. Gently cleanse the area with warm water and a soap (if desired) with no oils, creams, or moisturizers, and rinse with warm water.
4. With a towel or wash cloth, gently pat dry the skin around your stoma. Remember, after removing the skin barrier there may be temporary redness that should subside.
5. Re-measure your stoma size to ensure it has not changed.
6. Attach a new barrier and your existing, or new pouch.



LIFESTYLE TIPS

You can live a very active lifestyle after having ileostomy surgery. In fact, you should be able to enjoy all the activities you engaged in before your surgery. It may take a little time to get back into the swing of things and you'll have to make a few adjustments, but you should plan on resuming your everyday activities such as going out to eat, traveling, working, and participating in the leisure activities you have always enjoyed.

Here are some things you'll need to keep in mind as you resume YOUR EVERYDAY LIFE.

Obtaining and storing supplies:

When you're discharged from the hospital, your Specialized Nurse (NSWOC) will review with you where and how to get your ostomy supplies. You'll receive a list of supplies, complete with product names, manufacturers, and product codes.

When storing your supplies, avoid direct sunlight or heat as well as extreme cold, which can have adverse effects on your ostomy products and may reduce their effectiveness. Try to store your supplies in a cool, dry place at room temperature.

Who needs to know I have an ostomy?

Having ostomy surgery is a very personal experience, and whom you share this information with is up to you. However, a few people who would benefit from knowing (and their knowing will benefit you) include your:

- **Family**
- **Doctor**— including your family practice doctor
- **Pharmacist**— after surgery, the way your body digests and absorbs medications may change, and medications can have an effect on your stool.



"Trying out new recipes is fun and allows me to have variety in my diet."

Jonathan

LIFESTYLE TIPS: DIET^{2,3}

Following an ileostomy surgery, it is important to establish a healthy diet. After you recover from surgery, you should be able to go back to your usual diet. In the first six to eight weeks after surgery you need to follow a low-fiber diet because these foods are easier to digest. As well, this type of diet does not overwork the intestines during recovery.

After your surgery, ask your doctor or a dietitian what is best for you and when you can return to your usual diet.

General guidelines

When you have an ileostomy, you usually do not have to be on a special diet but may need to avoid certain foods that are harder to digest. Add new foods gradually to determine what effect they have on your system. **Here are a few pointers:**

Eat regularly.

You may find it helpful to eat smaller meals every three to four hours. This will help your system better digest and absorb your food. Avoid skipping meals as this will increase the risk of watery stools and gas. Add new foods gradually to determine what effect they have on your system.

Chew your food well.

It is important to chew your food well before swallowing it. This makes it easier for your body to digest. Certain foods may cause food blockages. Remove any seeds or pits before eating. Eat a low fiber diet in the first couple of months after surgery and limit or avoid certain high fiber foods that can increase food blockages.

Drink plenty of fluids daily.

Drinking at least six to eight glasses of liquid, preferably water, is recommended to stay hydrated. It is important to drink smaller amounts of liquid throughout the day instead of large amounts at once. If you produce a lot of watery stools, it is best to take small sips of liquids when eating. Wait 30-45 minutes after eating before drinking fluids.

Dehydration

Signs and symptoms: dry mouth, excessive thirst, dark or decreased urine.

Food blockage

You may have a food blockage if you suddenly stop draining stool or the stool is smelly and watery and you have stomach cramps. A food blockage may occur when certain foods have difficulty passing through the intestine. Individuals with a food blockage may have stomach cramps, swollen belly, nausea, vomiting, swollen stoma. If you have these symptoms, do not take any laxatives, stop eating, but continue to drink if you are not vomiting. It is important for you to contact a health care professional or go to an emergency room to seek care. Avoid foods that increase the risk of food blockages.

Diarrhea

Diarrhea can occur with a ileostomy and can be caused by many things including certain foods, viruses, antibiotics and certain medicines. When you have diarrhea, eat foods that will thicken your stool and avoid foods that can loosen stool.

LIFESTYLE TIPS: DIET GUIDE

It is important to maintain a healthy diet and sensible weight. Follow the Canadian Food guide and include foods from all the main food groups. A balanced diet will help your body repair itself after surgery and keep you healthy.

Foods high in fiber should be added to your diet slowly over time so that your stool is soft. All these foods need to be chewed well.

Examples include:

- Whole wheat breads and pasta
- Whole grain cereals
- Fresh fruits
- Raw and cooked vegetables
- Beans

Certain foods may have an effect on your stool. For example, rich coloured foods such as beets or some spices (e.g. turmeric) may discolour the stool. Some foods may thicken the stool and others may make the stools looser.

Foods that thicken stool:

- Apple sauce
- Bananas
- Marshmallows
- Potatoes
- Smooth cream peanut butter
- Tapioca
- White rice, pasta and noodles
- Yogurt

Foods that loosen stool:

- Alcohol
- Caffeine
- Fresh fruits
- Green vegetables
- Licorice
- Milk
- Prunes and figs
- Raisins
- Spicy foods

Odour is often a concern when you have an ileostomy. However, pouches are made with an odour-resistant material. If the pouch is applied correctly, then you should not have odour except when you empty the pouch.

Odour may be decreased by limiting or avoiding these foods:

- Alcoholic drinks
- Asparagus
- Beans
- Cabbage
- Eggs
- Fish
- Garlic
- Iron rich foods
- Onion
- Smoked cheese

Odour can be limited by eating the following foods:

- Buttermilk
- Cranberry juice
- Kefir
- Orange juice
- Parsley
- Tomato juice
- Yogurt



Gas and noise are normal. Gas can be caused by swallowing air while chewing gum, drinking liquids through a straw, smoking or if you use a CPAP device. Pouch filters can help minimize pouch ballooning as well as odour. If you have excessive gas, check your diet.

Foods known to cause gas:

- Asparagus
- Beer
- Broccoli
- Cabbage
- Cauliflower
- Carbonated drinks
- Dairy (milk, eggs, cheese)
- Dried beans
- Onion
- Spicy foods



Get the nutrition advice you
need to live a healthy life.
Call 1-800-465-6302

LIFESTYLE TIPS: **WORK AND EXERCISE/SPORTS**

Give yourself time to fully recover after surgery. When you feel ready, gentle exercise such as walking is ideal. You can gradually increase the distance you walk. The types of activity you do after surgery will depend to a great extent on what you did before your operation. But before starting an exercise program, playing contact sports, or going back to work, talk to your doctor. Consulting your doctor is especially important if you have other conditions such as asthma or high blood pressure.

General guidelines

- Your doctor will tell you when you can return to work, begin playing sports, and engage in other physical activities.
- Empty your pouch before you start an activity.
- Be aware that pouch wear time may be reduced when playing sports and exercising. There are devices available to protect the stoma if there is a concern that the stoma could be injured. You can discuss these with your Specialized Nurse (NSWOC).
- If you're using a hot tub, be aware that your pouch wear time may be reduced due to the temperature of the water.

Water will not harm or enter your stoma. You can bathe, shower or swim while wearing your pouching system. Check your pouch seal beforehand. Waterproof strips may be helpful if you will be bathing, showering or swimming for an extended period of time.

Avoid wearing a wet/sweaty pouch for long periods as this can lead to Moisture Associated Skin Damage (MASD).⁴ Pouch covers and undergarments can help absorb moisture.

You can shower or bathe with your pouching system all off as well.



←
"I'm enjoying my morning jogs again."



"Running a business is nonstop, but it's my passion."

"I love playing tennis. It helps me de-stress after a long day."



LIFESTYLE TIPS: INTIMACY

There is no reason why having a stoma should prevent you from continuing (or starting) a sexual relationship. Just remember that communication and trust are very important. It's normal to feel sensitive about the change in your body. Share your feelings with your loved one, and respond to their concerns as well. Let your partner know that sexual relations will not hurt your stoma.

With time, understanding, and a positive attitude, you can enjoy a satisfying sexual relationship. The more you share about your stoma and how you feel about it, the closer you will feel with your partner. Also keep in mind that the way you see yourself influences the way others see you. If you accept your body after surgery, your partner is likely to as well.

For Women

After surgery, some women may experience vaginal dryness. Try one of the many lubricants available over the counter, or ask your doctor about a hormone cream or vaginal suppository. If you use birth control, oral contraceptives may not be the best choice as your body may not absorb the medication. Talk to your doctor about the best form of birth control for you.

For Men

Remember that you may not have an orgasm the first time you have sex after surgery. If you find that you are having ongoing problems getting or keeping an erection, talk to your doctor or Specialized Nurse (NSWOC). Don't panic. More than likely, there will be a solution.

General guidelines

- Empty your pouch before beginning sexual activity.
- Cover your pouch with specially designed underwear, lingerie or pouch covers if you feel uneasy about your partner seeing it.
- If one sexual position causes you discomfort, try another.
- Do not put anything in your stoma during sex.

“My ostomy doesn’t get
in the way of my relationship.”

Vanessa



LIFESTYLE TIPS: **CLOTHES**

Because your abdomen may be swollen after surgery, loose-fitting clothing may be preferable to wear after your operation and when you return home. As you recover and move on with your customary lifestyle, you can return to wearing your usual clothes. You may need to adjust your waistlines slightly, but since pouching systems are designed to lie as flat as possible on your body, any adjustments should be minor. You can wear your pouch either inside or outside your underwear, whichever you prefer.

You can wear tight garments such as pantyhose (for women) and tighter fitting outfits (including shape wear), as long as the clothes are soft and stretchy. Be cautious, however, about tight clothes or belts rubbing on your stoma—especially if your stoma is at or near your waistline. There are also undergarments specially designed with an inner pocket to support your appliance and keep it flat underneath your clothing.

Remember, you’re likely to be most critical of how you look in clothing, since you’re aware that the pouch is there. People who don’t know about the pouch will not be looking for it.



"I travel a lot for work.
Being prepared allows me
to get where I need to
go without any problems."

Glen



LIFESTYLE TIPS: TRAVEL

Your ileostomy should not restrict your ability to travel. The following are some helpful tips for both domestic and international travel:

- If you're using cut-to-fit barriers, cut some skin barriers before you go. This way you can leave your scissors in your checked luggage to comply with airport security regulations.
- Consider using moldable skin barriers to avoid difficulties with scissors altogether.
- Pack your ostomy supplies in your carry-on luggage.
- Take extra supplies in case your products are not available at your destination. If your destination is in a warm location, you may want to bring more supplies than what you usually need as you may perspire more and need to change the system more often.
- Carry a Travel Communication Card (available from ConvaTec, the Ostomy Canada Society or AQPS in Quebec). This card proves your need for stoma care supplies. You can show it to security personnel if you're asked about your ostomy supplies or your ileostomy itself. While the card does not preclude the possibility that you will be searched, it identifies you as having a stoma and encourages the agent to carry out any necessary searches with discretion.
- All screenings at airports must be carried out in a way that treats passengers politely, and with dignity and respect. You may ask that any personal screening be carried out in a private area.
- When traveling outside Canada, take your important ostomy care information and a list of supplies written in the appropriate language. Also, pay particular attention to advice on drinking water. The safest bet is to stick to bottled water.



answers

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HELP AND SUPPORT

More than just great products—**me+** brings you the tools and advice to help you make life with an ostomy completely your own.

At first, living with an ostomy can feel as if your whole world is going to change. It's normal to have many feelings and questions. But you're not alone. With **me+**, we completely surround you with the support, inspiration, insights, and ideas that you need to live with an ostomy in your own way. We believe you are defined by your interests, your hobbies, your friends, and all the things that make you unique—not your ostomy, and we're here to help you get back to doing all the things that make you— you.

me+ is available by phone or email.

Call us at 1-800-465-6302

(M-F, 8:00 AM-6:00 PM EST)

Convatec.Canada@convatec.com

What you get when you sign up for me+



me+ care: Products, supplies, and advice for the first few weeks at home.

me+ support: Live experts by phone or email for any questions you may have.

me+ answers: An in-depth online resource covering everything ostomy.

me+ community: Inspiring stories and ideas from others living with an ostomy.

Additional support:

- You can talk to a nurse at the ConvaTec Customer Relations Center if you have questions about your ileostomy, ostomy products, or if you need additional help and support. Simply call us at 1-800-465-6302.
- You can order your free samples and information you'll need as you learn to care for your ostomy by calling us at 1-800-465-6302.

"I never thought I would be able to do so many things again. But now I know my ostomy is just a part of me, not who I am."

Sarina

FOR MORE INFORMATION

Nurses Specialized in Wound, Ostomy & Continence Canada (NSWOCC) - Formerly CAET

Your first resource is your doctor and hospital nursing staff. If your hospital does not have a specialized nurse on staff, you may want further information regarding Nurses Specialized in Wound, Ostomy & Continence in your area. This information is available from Nurses Specialized in Wound, Ostomy & Continence Canada (NSWOCC)

NSWOCC Office
66 Leopolds Drive
Ottawa, ON K1V 7E3
Tel: 1-888-739-5072
Fax: (613) 523-1378
E-mail: office@caet.ca
www.caet.ca

Ostomy Canada Society

This is a support group of people who have had ostomy surgery. To find out if your community has a chapter, write or call the Ostomy Canada Society at :

**5800 Ambler Dr., Suite 210,
Mississauga, ON L4W 4J4**
Tel.: (905) 212-7111
Toll Free: 1-888-969-9698
Fax: (905) 212-9002
E-mail: info1@ostomycanada.ca
www.ostomycanada.ca

Intestinal Disease Education and Awareness Society (IDEAS)

**3885 203A Street
Langley, BC V3A 1W6
(604) 315-3371**
E-mail: info@weneedideas.com
www.weneedideas.com

Crohn's and Colitis Foundation of Canada

**600-60 St. Clair Avenue East
Toronto, ON M4T 1N5**
Tel.: (416) 920-5035
Toll Free: 1-800-387-1479
Fax : (416) 929-0364
E-mail: ccfc@ccfc.ca
www.crohnsandcolitis.ca

Canadian Cancer Society

**55 St. Clair Avenue West, Suite 300
Toronto, ON M4V 2Y7**
Tel: (416) 961-7223
Toll Free: 1-888-939-3333
Fax: (416) 961-4189
E-mail: ccs@cancer.ca
www.cancer.ca



Colorectal Cancer Association of Canada

Montreal

1350 Sherbrooke St West, Suite 300

Montreal, QC H3G 1J1

Tel: (514) 875-7745

Fax: (514) 875-7746

Toronto

2 Bloor St. West, Suite 700

Toronto, ON M4W 3R1

Tel: 1-877-502-6566

E-mail:

information@colorectal-cancer.ca

www.colorectal-cancer.ca

Gastrointestinal Society

231-3665 Kingsway

Vancouver, BC V5R 5W2

Tel: (604) 873-4876

Toll Free: 1-866-600-4875

Fax Toll free 1-855-875-4429 or

(604) 451-4429

www.badgut.org

QUICK REFERENCE GUIDE

Ordering supplies and insurance reimbursement

- Ostomy supplies are special products and may not be available at your local drugstore.
- Contact your insurance provider to understand what your insurance plan covers and pays for ostomy supplies, and where you can purchase and order supplies (usually through a supplier or retailer).
- ConvaTec nurses can help you find a local retailer or online supplier.
Call 1-800-465-6302

CONTINUING CARE:

Here is a convenient way to store
your important information.

Specialized Nurse's (NSWOC) name:

Doctor's name:

Hospital:

Surgery type:

Stoma type:



WHEN TO CALL THE DOCTOR

Dehydration

- **Signs and symptoms:** dry mouth, excessive thirst, dark or decreased urine.

Blockage^{5,6} (May be partial or complete)

- **Signs and symptoms** of a partial blockage: cramping, watery diarrhea, swollen or distended belly, high-pitched gas, projectile stool
- **Signs and symptoms** of a complete blockage: cramping, swollen or distended belly, no output from ileostomy within 2 or more days, nausea or vomiting.

Stomal complications⁶

Necrosis

- **Signs and symptoms:** Stoma should be moist and red. Notify physician if stoma becomes purple, grey or black, or is dry on the surface.

Bleeding

- **Signs and symptoms:** Small amount of bleeding is common. Go to the emergency or notify physician for excessive bleeding that does not resolve, bleeding from the inside of the stoma, or bloody stool.

Skin irritation around the stoma

- **Signs and symptoms:** Reddened or irritated skin, rash, itchiness, or skin that is not intact.

Hernia

- **Signs and symptoms:** A bulge or swelling under the skin behind the stoma.

Prolapse

- **Signs and symptoms:** Stoma becomes elongated and may appear to telescope. May have colour change.

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3. Carmel, J. Specific Patient Management Issues. In: Carmel J, Colwell J, Goldberg, M, eds. Wound Ostomy and Continence Nurses Society Core Curriculum Ostomy Management. Philadelphia, PA: Wolters Kluwer; 2016: 140-147.
4. Gray, M, Colwell, J, Doughty, D, et al. Peristomal Moisture-Associated Skin Damage in Adults with Fecal Ostomies. J Wound Ostomy Continence Nurs. 2013; 40(4):389-399.
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“Every evening I write down 3 positive things that happened. It’s a great way to end the day.”

Michelle

Product re-order codes:

Other medications:

Allergies:

Emergency contact:



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A special thank you to **Deborah Abner**, M.Sc.N., CETN(C) and **JoElla Klassen** RN, BScN, ETN for their collaboration on the 2018 revisions of this booklet.

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