



FREQUENTLY ASKED QUESTIONS:



Should I bathe with or without my pouch? You may bathe with or without your pouching system in place. If you choose to bathe without your pouching system, try to find a time when the bowel is less active. You can also leave your pouch on while bathing.

Can I swim? YES!!!! If you are still hesitant, take a bath with your pouch on, this way you can see how your pouch holds up to water. Some people choose to put waterproof tape around their wafer (sometimes called "picture-framing") for extra protection and others just wear it as they normally do.

Can I travel? Many people with ostomies find no limitations to traveling. Be sure to take along enough supplies to last the entire trip plus some extra. A good rule of thumb is to double what you would normally use in that time frame. If traveling by plane, carry your extra supplies in your carry on, so that you don't have to worry about lost luggage. When traveling by car, keep your supplies in the coolest part, and avoid the trunk or back window ledge.

How often and when should I change the pouch? The adhesiveness and durability of pouching systems vary. Anywhere from three to seven days is to be expected. Itching or burning are signs that the wafer should be changed. Changing too frequently or wearing one too long may be damaging to the skin. Some people find it helpful to eat a few marshmallows prior to changing their appliance, helping to slow down output. Also, changing the appliance in the morning prior to a meal sometimes yields less output.

Will I need to change my diet? Unless your doctor suggests limitations, food consumption can stay the same. Though, it is important to CHEW CHEW CHEW!!!! Introduce foods back into your diet a little at a time and monitor the effect of each food on the ostomy function. Some less digestible or high roughage foods are more likely to create potential for blockage problems (i.e., corn, coconut, mushrooms, nuts, raw fruits and vegetables). Also, drink plenty of fluids while eating.

When should I seek medical assistance? You should call the doctor or ostomy nurse when you have: 1) severe cramps lasting more than two or three hours; 2) a deep cut in the stoma; 3) excessive bleeding from the stoma opening (or a moderate amount in the pouch at several emptyings); 4) continuous bleeding at the junction between the stoma and skin; 5) severe skin irritation or deep ulcers; 6) unusual change in stoma size and appearance; 7) severe watery discharge lasting more than five or six hours; 8) continuous nausea and vomiting; or 9) the ostomy does not have any output for four to six hours and is accompanied by cramping and nausea.

*The FAQ section is paraphrased from www.uoa.org

Types of Ostomies:

Colostomy: A surgically created opening in which the colon is brought through the abdominal wall to form a stoma through which digested food passes.

Temporary colostomy: May be required to give a portion of the bowel a chance to rest and heal. When healing has occurred, the colostomy can be reversed and normal bowel function restored.

Permanent colostomy: May be required when a disease affects the end part of the colon or rectum.

Reasons for surgery: Cancer, diverticulitis, imperforate anus, Hirschsprung's disease, trauma.

Ileostomy: A surgically created opening in which the small intestine, ileum, is brought through the abdominal wall to form a stoma through which digested food passes. An ileostomy may be performed when a disease or injured colon cannot be treated successfully with medicine.

Reasons for surgery: Ulcerative colitis, Crohn's disease, familial polyposis.

Urostomy (Urinary Diversion): A surgically created opening in the abdominal wall through which urine passes. A urostomy may be performed when the bladder is either not functioning or has to be removed. There are several different types of surgeries, but the most common are ileal conduit and colonic conduit.

Reasons for surgery: Bladder cancer, spinal cord injuries, malfunction of the bladder and birth defects such as spina bifida.

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DISCLAIMER:

All information contained herein is presented expressly for informational purposes only. In no way is any of the material presented in this document meant to be a substitute for professional medical care or attention by a qualified practitioner, nor should it be construed as such. ALWAYS check with your doctor if you have any questions or concerns about your condition, or before starting a new program of treatment.
