

Ileostomy surgery and your care

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Please write down any questions you have about your ileostomy or your care as you read this book. This will help you remember your questions.

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Patient education checklist before going home

I have:

- Read the booklet: Ileostomy surgery and your care
- Practiced opening and closing the pouch
- Practiced burping the pouch of gas
- Practiced emptying the pouch in the toilet
- Participated in an appliance change
- Reviewed the low fibre diet with dietitian and/or nurse
- Know what to eat to slow and thicken stool
- Asked all of my questions
- Received my discharge supply kit
- Met with the discharge manager/coordinator and know who to call if I have any problems
- Received my discharge paperwork (After Visit Summary) and/or Zones document

Introduction

This book gives you information to help you care for your ileostomy and learn to live with your ileostomy. The more you know, understand, and practice caring for your ileostomy, the sooner you will be independent.

Ileostomy surgery is one step to help you regain your health. Accepting and adjusting to your ileostomy surgery takes time. Support from your family and friends also helps during this time.

People who can help you

There are many people who can help you learn to care for your ileostomy. Some of them are your surgeon, family doctor, ostomy nurse (NSWOC)*, hospital nurses, community nurses and other people who have ostomies.

After your surgery you will be expected to start learning how to care for your ileostomy. The nurses will teach you and help you to learn how to care for yourself.

You will be expected to do as much for yourself as you can. We want you to be able to care for yourself before you go home. You will need to be independent with emptying the collection pouch before going home. You will have a community nurse help you learn how to change your appliance and manage your ileostomy on your own. You will also have a NSWOC nurse supervising your care.

Many towns and cities have Ostomy Associations where you can meet other people with ostomies. Talking to other people who live with an ileostomy can help your recovery. See resource at the back for associations you may want to call.

Over time you will become more confident and comfortable caring for your ostomy. Most people living with an ostomy can return to a full and active life.

Remember:

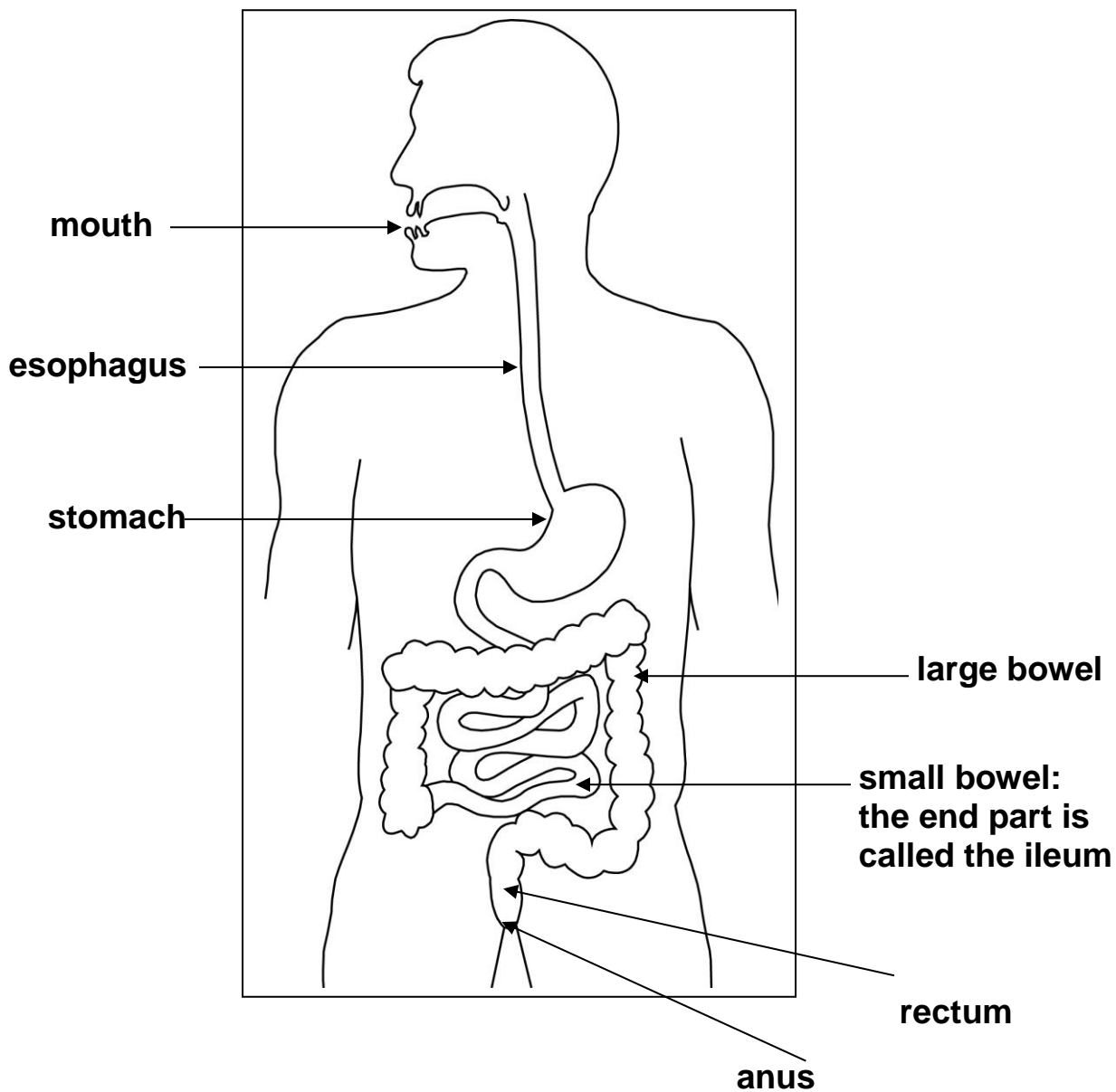
*** The Ostomy Nurse is also called NSWOC.**

NSWOC means **Nurses Specialized in Wound, Ostomy and Continence**

The term NSWOC is used in this book.

Digestive system

The digestive system's parts and functions are shown below. Knowing what each part does helps you understand how the digestive system works.



Mouth

- grinds food up
- adds enzymes to start digesting food

Esophagus

- carries food from mouth to stomach

Stomach

- mixes gastric juices with food to make a watery mixture
- empties the food mixture into the small bowel

Small bowel – about 7 metres or 22 feet long

- absorbs nutrients from your food
- empties the watery food waste into the large bowel

Large bowel – about 2 metres or 6 feet long

- absorbs the excess water
- compacts the food waste
- stores the food waste
- empties the food waste into your rectum
- the waste forms a bowel movement also called 'stool'

Rectum

- stores food waste
- when the food waste enters your rectum the stretching of the rectum gives you the urge to have a bowel movement and pass stool through your anus

Anus

- where the stool leaves your body

Types of Ileostomies

An ileostomy

An ileostomy is made when the end part of the small bowel called the ileum is brought out through the surface of the skin. The part of the bowel that can be seen is called the **stoma**. Where the stoma is placed on your abdomen (belly) depends on which part of the bowel is brought through the skin. An ileostomy is usually on the right side of the abdomen. After ileostomy surgery, bowel movements come out through the stoma instead of through the rectum.

Ileostomy surgery can be done for many reasons, such as:

- Colorectal cancer
- Ulcerative colitis
- Crohn's disease
- Trauma

If you do not understand the reason for your surgery, ask your surgeon or nurse.

Ileostomies can be:

- temporary and reconnected later **or**
- permanent and not able to be reconnected

Temporary ileostomies

Temporary ileostomies are usually reconnected in 3 to 8 months but each situation is different and can be a shorter or longer period of time. When your bowels are reconnected, depends on your medical and physical condition. Your surgeon will talk to you about when the bowel may be reconnected. After the bowel is reconnected your bowel movements will come out through the rectum.

Permanent ileostomies

Permanent ileostomies are not reconnected at a later date. Sometimes the rectum is removed and sometimes it is left in place. If the rectum is left, you may feel the urge to have a bowel movement and pass some mucous from your rectum. Your doctor will talk to you about the reason your bowel cannot be reconnected.

Ask your surgeon or NSWOC what type of ileostomy you are likely to have.

Your stoma

The part of the bowel you see opening onto your skin is called a **stoma**.

Your stoma has no feeling when you touch it, but it will bleed if rubbed or wiped too hard during cleaning.

The first week after your surgery your stoma may:

- look dark or bruised
- look swollen or blister-like
- have spongy or yellow tissue around it

The dark or yellow tissue will peel off in a few days and start to look more normal.

A normal healthy stoma looks:

- soft
- moist
- red or pink
- shiny

The skin around your stoma should look like the rest of the skin on your abdomen.

It should be free of:

- rashes
- redness
- scratches
- bruising

Bowel movements

Your bowel movements will be watery to very loose. Over time your small bowel will start to reabsorb water, a job normally done by the large bowel (see page 5). During this time your bowel movements may become soft like toothpaste. Ileostomies tend to move just before and or shortly after meals. Plan your appliance changes when the ileostomy is less active. The appliance is the device that sticks to your skin and that holds the bowel movements.

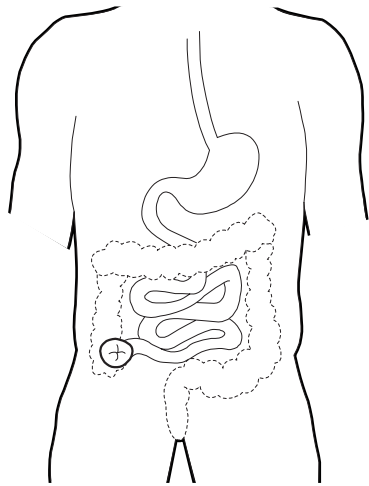
Permanent ileostomy

A permanent ileostomy is made when stool (bowel movement) needs to be re-routed after diseased bowel has been removed.

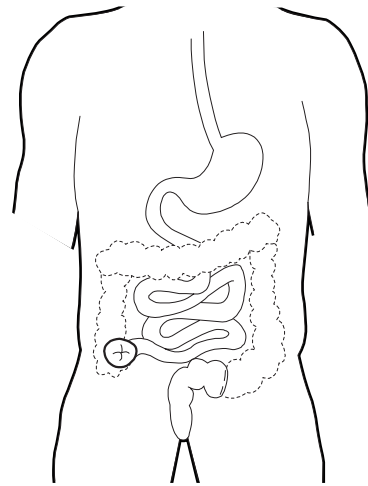
During this surgery the end of the bowel is brought to the surface of the skin to make a stoma.

Sometimes with a permanent ileostomy the rectum is removed.

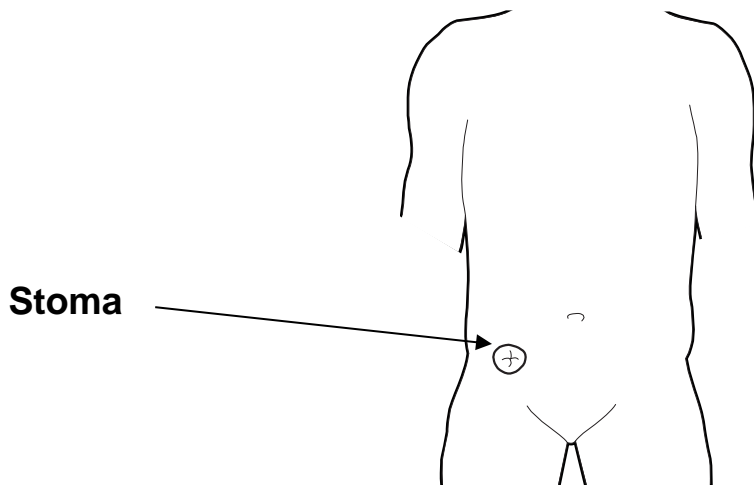
If the rectum is left, you may feel the urge to have a bowel movement and pass some mucous from your rectum.



**Large bowel and
rectum removed**



**Large bowel removed
and rectum retained**



Ileostomy with mucous fistula

An ileostomy with mucous fistula is made when stool (bowel movement) needs to be re-routed or diverted to:

- relieve a blockage
- rest diseased bowel
- bypass bowel that has been operated on after the diseased bowel is removed

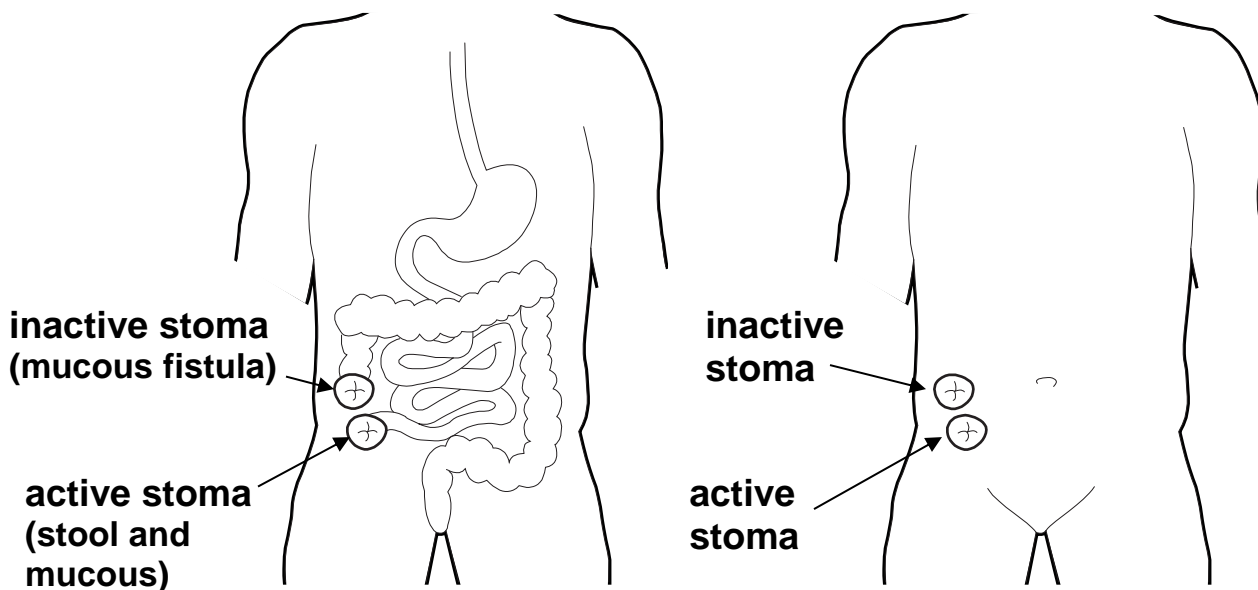
During this surgery the 2 ends of the bowel are brought to the surface on the skin to make 2 separate stomas.

- The ileostomy (small bowel) will pass loose stool (bowel movement) and mucous.
- The other stoma is connected to the large bowel and rectum. The stoma and bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum and inactive stoma.

This ileostomy can be temporary or permanent.

For you it will be:

- temporary unknown
- permanent



Loop ileostomy

A loop ileostomy is made when stool (bowel movement) needs to be re-routed or diverted to:

- relieve a blockage
- rest diseased bowel
- bypass bowel that has been operated on after the diseased bowel is removed

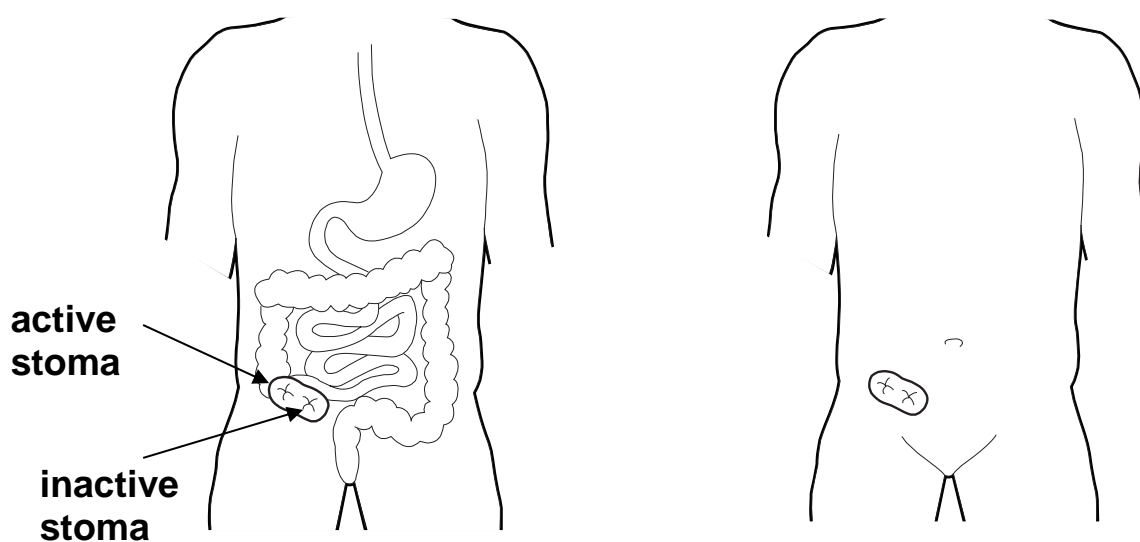
During this surgery a loop of bowel is brought to the surface of the skin. The bowel is opened so that 2 stomas appear side by side.

- One stoma is active – it will pass loose stool (bowel movement).
- The other stoma is inactive – it is connected to the bowel and rectum. The stoma and bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum and stoma.
- A catheter or rod may be positioned under the stoma to support it until it heals. This is removed by the surgeon or NSWOC 2 to 7 days after surgery

This ileostomy can be temporary or permanent.

For you it will be:

- temporary unknown
- permanent



End ileostomy

An end ileostomy is made when stool (bowel movement) needs to be re-routed or diverted to:

- relieve a blockage
- bypass bowel that has been operated on after the diseased bowel is removed

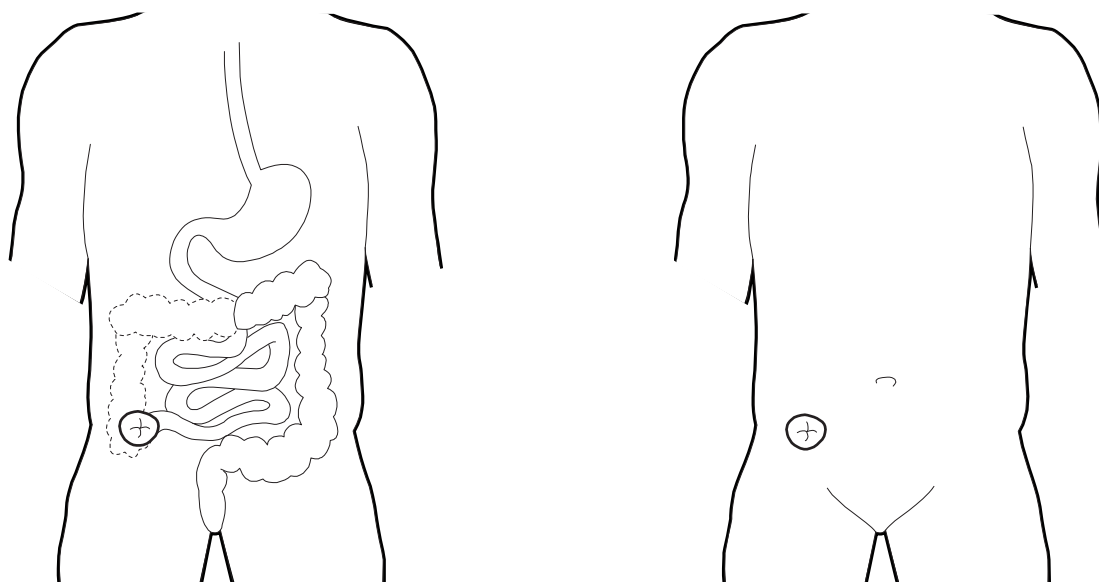
During this surgery the small bowel or ileum is brought to the surface of the skin to make 1 stoma. All or some of the large bowel is removed. The bowel connected to the rectum is closed over and left in the abdomen for possible reconnection later. The stoma will pass loose stool (bowel movement).

The bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum.

This ileostomy is usually temporary but can be permanent.

For you it will be:

- temporary
- permanent
- unknown



Ileostomy and a subtotal colectomy (part of the large bowel is removed)

Part of your large bowel has been removed to:

- relieve a blockage
- bypass bowel that has been operated on after the diseased bowel has been removed

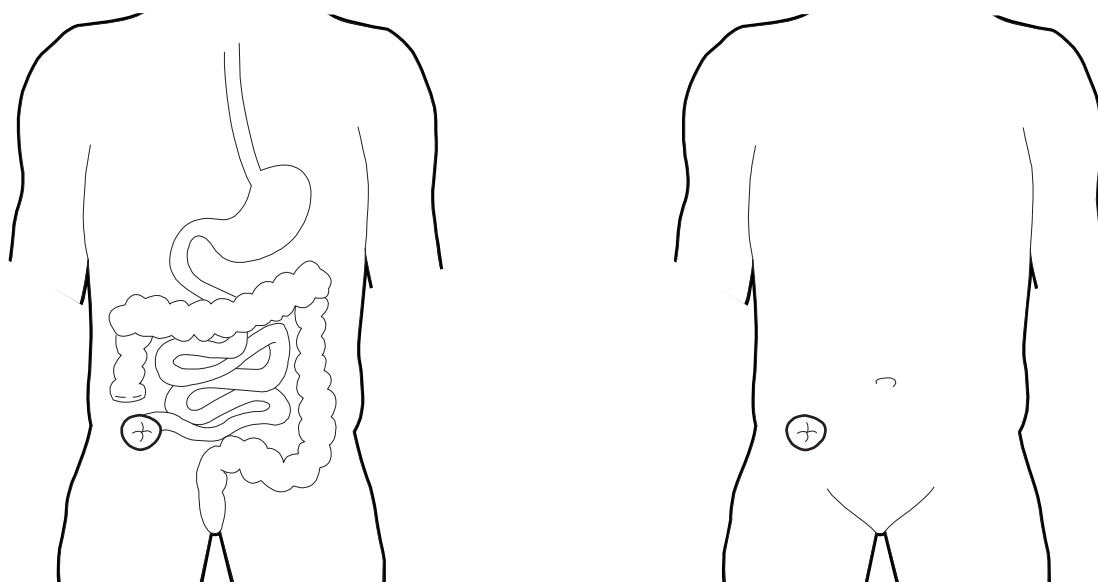
During this surgery the small bowel or ileum is brought to the surface of the skin to form a stoma.

- The ileostomy (small bowel) stoma will pass stool (bowel movement).
- The remaining large bowel connected to the rectum is inactive and rests. You may pass some mucous from your rectum at times.

This ileostomy can be temporary or permanent.

For you it will be:

- temporary unknown
- permanent



How to empty the pouch while wearing it

This can be done with 1 and 2 piece appliances.

You do NOT need to wear gloves to do this.

You can use a clothes pin or bag clip to keep your shirt out of the way while you follow these steps.

Before you start:

- place toilet paper on the surface of the water in the toilet to prevent splashing up when you empty the pouch

You can try different ways to empty your pouch. Use the way that works best for you. Some ways to try are:

- sit on the toilet so the pouch will hang down into the toilet
- sit on the toilet backwards with the pouch hanging into the toilet
- sit on a chair beside the toilet with the pouch hanging into the toilet
- Stand in front of the toilet. Put toilet paper in the water first to prevent splashing.

Some pouches have clamps and some have Velcro®. To empty and clean the pouch:

1. Wash your hands
2. Lift the bottom up and undo the Velcro®.
3. Empty the contents into the toilet.
4. Dry the pouch opening with toilet paper inside as well as outside.
5. Add a lubricant into the pouch if you like.

Helpful Hint! If you find that stool (bowel movement) is sticking to the inside of the pouch you can put baby oil in the pouch so it is easier to empty.

6. Fasten the Velcro.
7. Wash your hands.

Removing the appliance (skin flange and pouch)

Removing and changing the flange and pouch should be done on a regular schedule. This prevents leakage and skin irritation. How often you change the appliance depends on:

- the position, height, size and shape of the stoma
- the condition of the skin around the stoma
- your physical activities
- what type of stool (bowel movement) comes out, watery or formed
- the condition of the appliance
- the weather conditions

For the first month, the appliance is changed 2 times a week and as needed. The appliance should not be left on more than 5 days. **The best time to change the appliance is when it is the least active. This may be before eating or a couple of hours after eating.**

Helpful Hint! Eating 2 to 3 large marshmallows before changing the appliance may help to slow down the ileostomy.

To remove the flange and pouch:

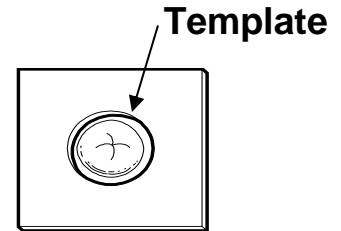
1. Organize the supplies you will need.
 2. Empty the pouch before removing it.
 3. Hold the skin down with one hand and gently pull the flange and pouch away from the skin. You may use adhesive remover wipes or spray. The flange should come off easily. Be careful not to tear your skin.
 4. Wipe away any stool (bowel movement) or mucous around the stoma with gauze or a clean washcloth.
 5. Wash the skin around the stoma with water only and rinse well. Do not use soap.
 6. Pat dry. Do not rub the stoma or it will bleed.
 7. Check skin for irritation each time you change your appliance. You may need a mirror to look at your skin.
- If you have hair around the stoma you may want to shave. Removing the hair will give you a better seal on the skin and reduce skin irritation. Dust stoma powder on the skin and use a disposable razor. Protect your stoma by placing a plastic medication cup over the stoma before shaving. Your NSWOC nurse can show you how to do this.

Changing a new appliance

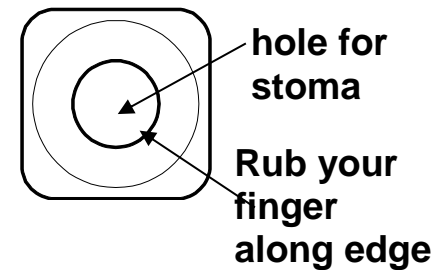
Below is a standard guide for changing an appliance. A more detailed instruction sheet for your ostomy will be included in your discharge kit

To apply a new skin flange and pouch:

1. Cut a hole in the skin flange for your stoma.
The template should be included in the supplies. Place it over the stoma. It should be a 0.3 cm (1/8 inch) larger than the stoma.

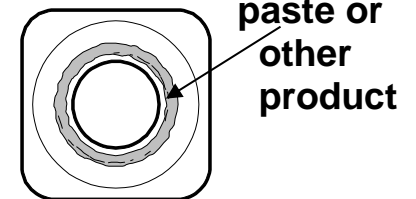


2. Trace the stoma template onto the back of the skin flange and cut the hole for the stoma.
To make the cut edge of the hole smoother, rub your finger along the inside cut edge.



3. Remove the backing from the flange.

4. Follow the instructions that the NSWOC nurse gave you **if** using a product around the stoma or in the creases of the skin. Before adding it make sure the skin around the stoma is dry.



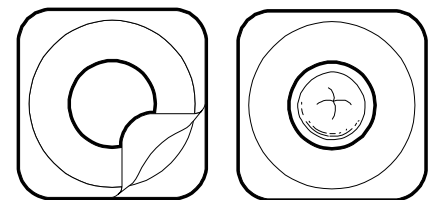
5. Gently stretch the skin flat on your abdomen.

6. Centre the flange over the stoma.

7. Press the flange firmly onto your skin.

8. Remove the backing from the tape border on the flange and press firmly onto the skin. Some flanges do not have a tape border.

Attach the pouch to the flange on your skin. It may be already attached. (one piece) Check a second time, to make sure the pouch is sealed on the flange. Some appliances have a locking device. If you have a 1 piece the pouch will already be attached.



9. Close the Velcro® at the bottom of the pouch

10. Wash your hands.

Other things you need to know about applying a new appliance

The size of the stoma will change over time as the swelling decreases which means the template will also need change over this time. New templates will have to be re-cut until the stoma settles down into a normal size. This takes about 4 to 6 weeks after surgery. The stoma can also change with weight gain or loss.

Once your stoma is a normal size and you have a stoma template made, you can pre-cut your new appliance before you remove the old one. If the flange is too loose or too tight you need to adjust your template.

You can purchase pre-cut flanges if your stoma is round. If you use pre-cut flanges you do not need to make a template or cut the flange to fit your stoma.

Be sure the hole of the pre-cut flanges is 0.3 cm (1/8 inch) larger than the size of your stoma. Ensure your cut edges around the hole are smooth. Moldable flanges are stretched to size.

Assess your stoma and surrounding skin in both sitting and standing positions. If you have skin irritation and/or leakage in an area, look at your abdomen for creases and folds etc. You may need to fill in these areas using squeezable paste, or rings, or sticks (page 27).

If your wear time (how long your appliance stays on) is unpredictable or less than 3 days, please contact a NSWOC for suggestions.

Things to Avoid

Avoid using soaps and cleansers with oils, perfumes, or deodorants since these can sometimes cause skin problems or keep your skin barrier from sticking.

Do not use moistened wipes, baby wipes or towelettes that contain lanolin or other oils. These can prevent the skin barrier from sticking and may irritate your skin.

Do not use alcohol or any other harsh chemicals to clean your skin or stoma. They may irritate your skin or stoma.

Your stoma has no nerve endings, so you may not feel if you are rubbing too hard. Use a gentle touch when cleaning around your stoma – **Do not** scrub.

Living with your ileostomy

Controlling odour

You will be odour free as long as the flange and pouch are sealed and the Velcro® is closed correctly.

You will normally experience odour when you:

- empty the pouch
- change the appliance

Odour may come out from:

- a leak between the flange and the skin
- the pouch is not sealed to the flange
- the pouch end is not cleaned well

Odour may be controlled by:

- eating foods that reduce odour such as buttermilk, fresh parsley and yogurt
- adding deodorant, drops or spray to the pouch.
- limiting foods that increase odour such as asparagus, brussel sprouts, cauliflower, strong cheese, eggs, fish, garlic, mushrooms and onions. **(See chart on page 41)**
- Odour is normal. It is a result of digesting food. Before you stop any of these foods, try odour controlling products such as ostomy deodorant, a tic tac, or essential oil on toilet paper.

After emptying or changing the appliance, you can freshen the room by:

- opening the window
- turning on the fan
- using a room deodorizer

Controlling gas

Your ileostomy will normally produce gas. You will not be able to control the release of gas from your ileostomy. Your ileostomy does not have a muscle like the rectum to control the release of gas.

You can reduce the amount of gas by:

- **not** using drinking straws, chewing gum or sucking on candies or lozenges
- **not** chewing food with your mouth open
- **not** smoking
- **not** eating foods that produce gas

Foods that may produce gas are:

- | | | |
|--------------------------------|-------------------|-------------|
| • apple skins | • beer | • cucumber |
| • broccoli | • brussel sprouts | • eggs |
| • carbonated drinks | • cabbage | • mushrooms |
| • beans (baked, kidney, white) | • cauliflower | • onions |
| | • spinach | • peas |

More Tips

- Avoid skipping meals. An empty stomach can cause more gas to form.
- Sip liquids during the day. Avoid gulping and drinking fast.
- You can disguise the noise of gas in your pouch by crinkling a plastic candy wrapper in your pocket.
- You can buy pouches that have built in odour filters. Some filters automatically deodorize and release the gas. **However, most filters do not work well when you have liquid stool (bowel movements).**
- You can burp the pouch when it is filled with gas by unfolding the bottom of the pouch and pressing it gently against your stomach. If you have a 2 piece appliance, another method is to open the flange at the top of the appliance and let the gas out.
- Some companies make thickening agents in packets and capsules that can be added into the pouch to thicken the bowel movement and decrease the gas and noise.

Clothing

Ileostomy appliances are usually not seen under clothing. The clothes you wore before surgery are likely suitable after surgery.

Some ideas to help hide the pouch are:

- Wear the pouch inside your underwear. This provides support and helps conceal the pouch.
- Avoid wearing tight belts or waistbands over the stoma. They irritate the stoma and prevent stool (bowel movement) from coming out.
- Release gas build-up by burping the pouch regularly.
- Empty the pouch when it is 1/3 to 1/2 full.

Bathing

You can shower or bathe with your appliance on. Dry the outside of the appliance after your bath or shower to avoid skin irritation.

You can also shower or bathe with your appliance off. Soap and water will not enter the stoma or harm you. Choose a time of day when your ileostomy is the least active to shower or bath. Have a new flange and pouch cut and ready to put on after your bath or shower.

When you are comfortable, shower or bathe with your appliance off at least once a week, to keep your skin clean and healthy.

Swimming

You can swim with your pouch on. A pouch can be harder to conceal with a bathing suit. Try different styles of pouches and bathing suits to see what works best for you. You may want to try tight “biking style” shorts to keep the pouch close to your body and help keep it from “floating”. There are 1 piece flexible pouches which you may be able to use when swimming. Some people with an ileostomy use special tape or a seal around the skin flange but this is not always necessary.

If you are swimming every day for long periods in hot weather you will have to change the appliance more often.

Travelling

Pack appliances (flanges and pouches) as carry-on luggage when you travel so they are always with you.

When you go on vacation take twice as many supplies as you would normally use to be sure you have enough. If you do run out of supplies check the telephone book or internet for local suppliers under Surgical Supplies or Home Health Care Supplies.

Working

Most people go back to work after their surgery. Ask your surgeon when you can return to work and if there are any activities you should not do. Keep a few hypoallergenic facial wipes for clean-up and new appliances with you at work or in a purse or backpack for any unplanned changes.

You need about 6 to 8 weeks recovery before you can start heavy work. This includes vacuuming, shovelling snow, and lifting over 10 to 15 kilograms (25 to 30 pounds). Always get help to do heavy chores. Some people like to wear an abdominal support garment when doing activities.

Exercising and Sports

You should wait about 6 to 8 weeks before starting heavy exercises such as sit-ups, weight lifting, strenuous aerobics, golfing and gardening.

After you are healed from your surgery you should be able to go back to the sports you enjoy. Check with your surgeon before starting any contact sports or weight training. You can buy special guards or belts to help protect your stoma when playing sports or exercising.

Walking is a good low stress exercise. You can start walking short distances once you are able to. Start in the hospital and continue at home. Increasing the distance you walk will build up your strength.

Resting

It will take several months before you get all your energy back. You can recover best by being active, seeing family and friends and exercising regularly with planned rest periods. The planned rest periods will prevent you from becoming overtired.

Ileostomy activity at night

Ileostomies can sometimes work a lot at night. You may need to set an alarm to wake you up during the night to empty or burp the pouch.

Until you have adjusted to wearing an appliance, put a plastic sheet under your sheets to protect your mattress in case of an accidental leak. You may want to put a mattress protector on your bed.

There are products that can be put inside the ostomy pouch before bed that help solidify contents. Some examples are Gel-x[®] or Diamonds[®] absorbent gelling products (**See page 46**). Talk to your NSWOC for more information.

Sexual activity

You can resume sexual activities after you go home and feel comfortable. Some people are afraid to have sex or may not be interested in sexual activity after ileostomy surgery. Fears of rejection, leakage and performance are natural. It is recommended that you share your concerns with your partner. Understanding each other's feelings is a very important part of coping with an ostomy. Resuming sexual activities is a normal part of getting better.

There are some things you can do to be more comfortable:

- be well rested and take your time
- choose a position that is comfortable
- if it hurts, do not do it
- empty your pouch before you start
- buy and wear a pouch cover
- women can wear lingerie
- men can wear a cumber bun

In some types of surgery removing the rectum can cause some genital nerve damage. In men, this may cause problems getting and keeping an erection. If you have problems, talk to your doctor. There are some types of treatment that may help.

It is also important to talk to your doctor if you have had rectal surgery. You cannot insert **anything** into your anus without talking to your doctor first.

When you have an ileostomy, oral contraception or the birth control pill is not effective to prevent pregnancy. If you do not plan on becoming pregnant, talk to your health care provider about alternatives methods of birth control.

Follow up care

Carry extra equipment when visiting the doctor, NSWOC, going for tests or being admitted to hospital.

Medical alert identification

You should wear medical alert identification if your stoma is permanent. Go to: www.medicalert.ca to apply.

Managing skin irritation

The most common problem with an ileostomy is peristomal skin irritation. Peristomal skin is the skin around your stoma. Watery stool (bowel movement) can leak around the stoma and under the flange. This will irritate the skin. The irritation feels like an itch or a burning sensation. The skin may become red and a rash may appear. The skin may start to break down if the irritation is not managed.

Always change your appliance at the first signs of leakage. **Do not** try to patch the appliance with tape or paste. Leaving a leaking appliance on can cause skin irritation.

Removing the flange and cleansing the skin around the stoma with water can manage the irritation. Apply stoma powder if the skin is red or wet-looking. Brush off the excess. Apply a new flange. Sometimes the fit of the appliance needs to be adjusted or new products need to be added.

Consulting an NSWOC can be helpful.

If your skin does not heal, or if you cannot get a tight seal, after a couple of changes contact your NSWOC for help. **A good resource to help you if you have skin irritation is:** <https://psag.wocn.org/>

Other changes to look for:

Contact your surgeon for an assessment if you see a change such as a bulge around the ileostomy area. This could mean a hernia is forming. This is called a parastomal hernia. This may happen with ileostomy surgery. The surgeon will repair it if your stoma is reversed. If it is permanent there are ways to support this area to prevent it from getting bigger. **(See page 45 for abdominal support options)**

When to Call for Help with your Stoma or Skin

Call your doctor or NSWOC if:

- you have persistent skin irritation, breakdown or infection
- your stoma changes from pink/red to purple blue
- your bowel has telescoped or protrudes out further than normal and does not go back in.
- there is bulging around your stoma
- your stoma has blood or pus coming out
- your stoma narrows and you have difficulty passing stool (bowel movement)
- If you have more than 1200 mL every 24 hours for more than 3 days.

Call your doctor and go to the Emergency Department if:

- you have bright red blood coming out of your stoma and the bleeding does not stop after applying pressure for a full 15 minutes (do not take pressure off before 15 minutes to check).

Ileostomy supplies

Before you leave the hospital

You are given 3 to 5 appliances to take home. Homecare programs provide your supplies while you are learning to care for your ileostomy. You will talk to the NSWOC nurse about this.

When you get home

Your stoma will change in size for about 4 to 6 weeks. This means your appliance may also need to be changed to a different model. When the NSWOC has found an appliance that works and you are happy with, it is good to shop around for the best price.

You can buy ileostomy supplies at some drug stores and most Home Health Care or surgical supply stores. There are many on-line stores that sell products. The ones listed below sell a variety of ostomy supplies. See references at back of the book for more suppliers.

- www.canmeddirect.ca (Medical Supplies in Canada)
- www.ostomysale.ca

There are different types of ileostomy appliances. You can try different ones until you find what works best for you. The recommended equipment to buy is only a suggestion. Remember that one size or shape does not fit all stomas.

Be sure to shop around for the best:

- selection
- service (knowledgeable and helpful sales staff)
- home delivery (especially in winter)
- price

Some companies have special programs that provide free supplies if you agree to trial their products. You may want to contact companies and ask about this. The numbers are listed at the back of this book. **(See page 44)**

The NSWOC may suggest some products to try when you leave the hospital.

Paying for your ileostomy supplies

The cost of your supplies may be covered by:

- a personal insurance plan such as Blue Cross
- a group insurance plan at work (check with your employer)
- Department of Veterans Affairs
- ODSP- Ontario Disability Support Program
- Interim Federal Health Program

Funding a temporary ileostomy

If you have a temporary ileostomy, you will have to pay for ileostomy supplies if you do not have insurance plan coverage. If you are unable to pay for supplies, you may qualify for coverage through one of the Regional Social Services Programs.

If you have a temporary ileostomy as a result of an accident, (motor vehicle, industrial, or criminal act), keep your receipts to help you recover your supply costs through insurance or legal claims.

If you need other treatment and your reversal date is greater than 6 months, call your surgeon or NSWOC for details. You may be able to get funding from the Ministry of Health Assistive Devices Program (ADP).

Funding a permanent ileostomy

All Ontario residents with a permanent ileostomy can apply for a grant of money from the Ministry of Health Assistive Devices Program (ADP) to cover some of your expenses.

ADP requests that you keep your receipts for at least 2 years. You may be asked to produce them to confirm your usage and claims. The NSWOC will help you with the ADP form. You or your insurance plan must pay any costs over and above this. Ileostomy supplies are costly. Talk with your NSWOC about the cost of supplies.

Remember to call the ADP program if your ostomy has been reversed.

Note: ADP funding is **not** available to people who live in chronic care hospitals. Long-term care facilities such as nursing homes and homes for the aged will have these funds directed to them.

Equipment

- **1-piece drainable appliances:** The flange and pouch are assembled in a factory and sold as 1 piece. These pouches can not be taken off to be emptied.
- **2 piece drainable appliances:** The flange and pouch are separate items and sold as separate items. Pouches can be removed from the flanges and discarded.

Flanges:

Flat cut to fit: You cut these flanges to fit the size and shape of your stoma. They are for stomas that are irregular in shape and are best for stomas that protrude.

Precut flat flanges: These flanges are factory cut to fit sizes. You choose the closest size that fits your stoma. These are used for stomas that are round in shape and protrude.

Convex flanges: These flanges are bowl shaped and come in precut sizes and cut to fit sizes. You choose the closest size that fits your stoma. These are used for stomas that are flat or just below the skin level.

Pouches: Pouches come as clear or opaque, clamp or Velcro[®], and with or without activated charcoal gas release filters.

- | |
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| <p>✓ Pouches and flanges should be discarded in household garbage.</p> <p>X Never flush pouches and flanges down a toilet.</p> |
|--|

Belts: Ostomy belts attach to the pouches to hold the flange tight against the skin and provide a better seal. This will give you added security, comfort and wear time. These are also great for people with active lifestyles.

Moldable rings or strips: These are used to fill in deep creases, improve skin condition and wear time.

Paste: Paste provides a flexible seal between the stoma, flange and skin when applied around the flange opening. Paste is also used to fill skin defects and folds so the flanges will not leak at these points.

Powders: Adhesive powder is applied on open wet irritated skin around the stoma. The powder will help the flange to stick to the wet area by absorbing moisture and heal the skin. Powder can also be used to shave hair around the stoma.

Medications and your ileostomy

Certain medications may not absorb when you have an ileostomy. You should review your medications with the pharmacist, surgeon and NSWOC to avoid complications. If you notice a pill in your ostomy pouch, look at it closely to identify it. Let the NSWOC, nurse, surgeon or pharmacist know. You may need to be switched to a different form of this medication.

General Guidelines

Type of Medication	What to Know
Laxative	<ul style="list-style-type: none"> • May cause major fluid and electrolyte imbalance • Bulk forming (soluble fibre, psyllium) may be used together with diet changes to thicken liquid stools and decrease high outputs • Avoid stool softeners • Avoid laxatives that are stimulants
Narcotic	<ul style="list-style-type: none"> • May thicken stool and slow stool transit • May need to increase fluids
Enteric coated pill	<ul style="list-style-type: none"> • May not adequately dissolve or absorb before reaching ileostomy • Pills may appear intact in pouch • May need an alternate form or administration route or medication type • Never crush pills
Sustained release/long-acting pill	<ul style="list-style-type: none"> • May not adequately dissolve or absorb before reaching ileostomy • Pills or drug beads may appear intact in pouch • May need an alternate form or administration route or medication type • Never crush or separate pills

Type of Medication	What to Know
Gelatin capsule	<ul style="list-style-type: none"> • May not adequately dissolve or absorb before reaching ileostomy • Capsules may appear intact in pouch • Large capsules may cause obstruction if not dissolved • May need an alternate form or administration route or medication type
Suppository	<ul style="list-style-type: none"> • Should be avoided • There is no sphincter in stoma so a suppository will not stay in • Insertion of suppository will stimulate peristalsis causing evacuation of suppository
Oral contraceptive	<ul style="list-style-type: none"> • May not be adequately absorbed • May need supplemental or alternate forms of contraception
Multi-vitamin	<ul style="list-style-type: none"> • May not be adequately absorbed • May need liquid or chewable form
Anti-diarrhea	<ul style="list-style-type: none"> • May be needed for liquid stools or high output stomas • Talk to your doctor or NSWOC if you should be using anti-diarrhea medication and about the type and amount to take before you start using this type of medication • An anti-diarrhea medication such as Imodium® may be prescribed to slow digestion and decrease ileostomy output. This should be taken ½ an hour before eating when prescribed.

Diet and nutrition after ileostomy surgery

When you have an ileostomy it is important that you follow a healthy diet. You need to continue to eat a variety of foods to make sure you get the right amount of nutrients and fluids in your diet. The dietitian should meet with you to talk about your diet before you go home.

When you have an ileostomy:

- the food you eat and drink no longer travels through all of your bowel
- this means that there is less time to absorb the nutrients
- this also means there is less time to absorb fluid and make the stool (bowel movement) solid
- it is also common to produce more gas

1 to 6 weeks after surgery

The first 6 weeks after surgery your body needs time to heal. You also need time to learn how to prepare your food and ways to eat it to help you manage your lifestyle at home.

It is important that you:

- chew your food very well
- eat small, frequent meals
- eat foods that thicken your stool if it is too liquid
See chart on page 41 for foods that thicken stool
- avoid high fibre foods. High fibre foods are not easily digested as they do not break down in the bowel. You need to be cautious when eating these types of food. **You need to stop eating any popcorn, seeds, nuts and skins for the first 6 weeks.**
- See chart on next page for foods you can eat and foods to avoid while following a low fibre diet

After 6 weeks

Around 6 weeks after surgery you can start to introduce high fibre foods into your diet. You need to do this gradually. You can do this one food at a time or in combinations and decide how you feel. Continue to always eat slowly, chew food well and relax when eating.

Foods to Eat and Avoid when Eating a Low Fibre Diet

	Foods to Eat	Foods to Avoid
Milk and Milk Products	<ul style="list-style-type: none"> • fluid milk/milk beverages • cheese such as cottage cheese, hard cheese, cheese whiz, cheese slices, parmesan cheese • cream soups • desserts such as cool whip, puddings, yogurt, sherbet, ice cream 	<ul style="list-style-type: none"> • cheese with seeds • yogurt mixed with fruits with seeds or skins (strawberry, raspberry, blueberry, cherry)
Meat, Fish, Poultry, Meat Alternatives	<ul style="list-style-type: none"> • meats prepared by baking, broiling, roasting, poaching • lamb, beef, pork, veal, ham, rabbit, chicken, organ meats • shrimp, lobster, crab and other shell fish • eggs • tofu, well pureed hummus • hot dogs without a skin • smooth nut spreads such as peanut butter 	<ul style="list-style-type: none"> • nuts, seeds • beans and lentils • sausages and other processed meats like bologna with casings or skin • European frankfurters • chunky nut spreads such as crunchy peanut butter
Vegetables	<p>Well to soft cooked non-stringy vegetables:</p> <ul style="list-style-type: none"> • asparagus (young) • beets and beet greens • broccoli, cauliflower, carrots • eggplant (skinless and seedless) • potato (skinless, white or sweet) • parsnips, pumpkin (seedless) • rutabagas, squash, turnip (skinless) • wax beans (canned or yellow with no seeds) • tomato paste, tomato sauce that is skinless and seedless • spaghetti sauce (plain or with ground beef) • vegetable juice e.g. V8® • raw tomatoes and cucumbers but must have skins and seeds removed • bottled and roasted red peppers 	<p>Raw or cooked vegetables such as:</p> <ul style="list-style-type: none"> • bean sprouts, brussel sprouts • cabbage, celery, corn • fiddleheads, lima beans • mushrooms • onions, okra, peas, peppers • radish, rutabagas, sauerkraut, spinach, swiss chard • tomato with seeds or skins, tossed salad and other leafy greens • chinese vegetables such as bok choy, bamboo shoots

	Foods to Eat	Foods to Avoid
Fruits	<ul style="list-style-type: none"> • fruit juices/drinks (no sugar added) • baked apple (peeled), applesauce • banana (ripe) <p>Canned fruit such as:</p> <ul style="list-style-type: none"> • apricots, mandarin oranges, peaches, pears <p>Eat these fruits if the skin, seeds and membranes are removed:</p> <ul style="list-style-type: none"> • apple, avocados, apricots, honeydew melon, cantaloupe, plums, grapefruit, mango, nectarines, oranges, papayas, peaches, pears, plums, watermelon 	<p>Fruit with seeds, tough, skins, or membranes:</p> <ul style="list-style-type: none"> • apple, apricots, cherries, blackberries, blueberries, coconut, cranberries, fruit cocktail, grapes, kiwi fruit, pineapple, raspberries, rhubarb, strawberries <p>Dried fruit such as:</p> <ul style="list-style-type: none"> • apple, apricots, currants, coconut, dates, figs, prunes, raisins, sultanas
Breads and Cereals	<p>Any grain products or baked goods made from refined flours (white)</p> <ul style="list-style-type: none"> • bagels, biscuits, bread, buns, crackers, croissants, muffins (e.g. banana, apple spice, chocolate), pancakes, rolls, waffles • low fiber, cooked and prepared cereals such as: Cheerios[®], Corn Flakes[®], Cream of Wheat[®], oatmeal, Plain Puffs[®], Rice Krispies[®], Special K[®] • white pasta (fresh or canned) such as macaroni, spaghetti, couscous, fettuccini • white rice and barley (cooked very soft and chewed well) 	<p>Course whole grain breads which contain fruit, nuts or seeds</p> <ul style="list-style-type: none"> • breads and cereals made with whole grain, bran, cracked wheat or pumpernickel flour • breads, muffins and cereals containing nuts, seeds, dried fruit, granola mix • whole wheat pasta • brown or wild rice
Fats	<ul style="list-style-type: none"> • butter or margarine • shortening, lard • cooking oils • coconut oil • mayonnaise • salad dressing (seedless) • sesame butter (tahini) 	

	Foods to Eat	Foods to Avoid
Sweets and Snacks	<ul style="list-style-type: none"> • all sugars such as white, brown, icing • maple syrup, corn syrup, molasses, honey • baked goods made with allowed ingredients (e.g. donuts, plain cookies, plain cheesecake) • chocolate without nuts • cheezies, potato chips • pretzels, caramels • gum drops, jellybeans • hard candy • marshmallows • licorice • seedless jam or jelly 	<ul style="list-style-type: none"> • donuts with raspberry, blueberry, cherry, strawberry filling • pie with fruit filling, cakes with poppy seeds, raisins, chopped nuts, coconut • cookies with nuts or dried fruit • trail mix • jam with seeds or peel (marmalade, strawberry, raspberry, blueberry)
Miscellaneous	<p>Drinks:</p> <ul style="list-style-type: none"> • mineral waters • carbonated beverages • Ovaltine® • Postum® • alcohol • coffee • tea <ul style="list-style-type: none"> • pizza made with allowed ingredients and a thin crust • popsicles, frozen flavoured ice products • mild herbs and spices <p>Condiments:</p> <ul style="list-style-type: none"> • vinegar • ketchup • mustard • BBQ sauce 	<ul style="list-style-type: none"> • popcorn <p>Condiments:</p> <ul style="list-style-type: none"> • pickles • olives • chutney

Possible Nutrition Problems to Watch for When You have an Ileostomy

Dehydration

Dehydration is when you use or lose more fluid than you take in. Fluid is very important to keep all of the cells in your body healthy and well hydrated. Fluid helps you digest food and keep your bowels moving.

Signs of Dehydration:

- dry, sticky mouth, increased thirst
- lightheadedness, fainting
- tiredness
- irritability
- headache
- flushed skin
- dark, strong smelling urine
- decreased amount of urine (average is 1,200 mls a day)
- muscle cramps
- fast heart rate
- confusion
- shortness of breath

What can you do to prevent dehydration?

- Each day, you need to have **4-5 cups** of fluids. If you have an ileostomy and you drink too much fluid, it can increase your ileostomy output and make it more liquid.
- Sip 4 to 5 cups throughout the day.
- Carry water with you when you do your daily activities.
- Examples of fluid include:

- | | |
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| • water | • jello |
| • diluted juice | • ice cream |
| • soup broth | • milk |
| • G2 [®] electrolyte drink (no regular Gatorade) | • popsicles and frozen flavoured iced products |

How do I know if I am getting enough fluid?

When you get enough fluid you are not thirsty, your mouth, tongue and skin are not dry, your urine is light yellow, and you feel good. This is called being well hydrated. If you are peeing less or your urine is a darker yellow than normal you may be dehydrated.

If you have symptoms of dehydration you may need to drink more of the recommended fluids.

High output from your stoma

MORE than 1,200 ml (1.2 litres) a day is high output

It is very easy to lose large amounts of water and electrolytes through your ileostomy when you have a high output. This can lead to dehydration. It could also lead to kidney damage or stones.

Dehydration also slows your recovery.

What can you do if you are dehydrated from high output from your ileostomy?

- Eat slowly.
- Eat 6 to 8 small meals or snacks daily or every 2 to 3 hours.
- Start measuring how much is coming out of your ileostomy. Watch your urine output to make sure you are peeing enough and your urine is light yellow in colour.
- Choose foods that thicken your stool such as:

- | | |
|------------------------|----------------|
| • applesauce | • oatmeal |
| • smooth peanut butter | • bagels |
| • bananas | • jello |
| • bread, toast | • potatoes |
| • cheese | • pretzels |
| • crackers | • white rice |
| • pasta | • tapioca |
| • yogurt | • potato chips |
| • barley | • marshmallows |

- Include foods with protein each time you eat to slow digestion, such as:

- | | |
|-------------------|----------------|
| • eggs | • milk |
| • fish | • cheese |
| • chicken, turkey | • Greek yogurt |
| • red meat | • tofu |

- Include salty foods and snacks such as pretzels, saltine crackers, or potato chips to absorb water.
- Limit foods that may contribute to diarrhea such as spicy foods, or high fibre foods.
- Avoid sugary beverages such as juice, lemonade, iced tea or pop.
- Avoid diet products such as gum, pudding or yogurt as these contain sugar alcohols (sorbitol, xylitol, mannitol) that can worsen diarrhea.
- Limit water, tea, coffee, and milk to less than 2 cups a day. Instead choose liquids that are lower in sugar and contain salt/sodium, such as:
 - Diluted juice
 - G2[®](Gatorade 2)/ G0[®] (Gatorade 0)
 - **No Regular Gatorade[®] - regular Gatorade has too much sugar which causes your output to be higher**
 - Tomato juice
 - Clamato juice[®]
 - Soup or broth
- You may need to drink an oral rehydration solution if your output is more than 1500 mls or 1.5 liters (6 cups) a day. Oral rehydration solution contains a mix of fluid, carbohydrates (sugar) and electrolytes (sodium, potassium) that help reduce electrolytes lost in your stool.
- You can buy commercial brands of oral rehydration solution such as Pedialyte[®], Gastrolyte[®], or make your own.

Recipes to make your own homemade oral rehydration solutions:

<p>Recipe A</p> <p>2 cups of Gatorade®</p> <p>2 cups of water</p> <p>½ tsp of salt</p>	<p>Recipe B</p> <p>3 ½ cups of water</p> <p>½ cup of juice</p> <p>½ tsp of salt</p>
<p>Recipe C</p> <p>4 cups of water</p> <p>6 tsp of sugar</p> <p>½ tsp of salt</p> <p>1 cup of orange Juice</p>	<p>Recipe D</p> <p>4 cups of water</p> <p>6 tsp of sugar</p> <p>½ tsp of salt</p> <p>1 package of Crystal Light®</p>
<p>1 Cup = 250 ml ½ Cup = 125 ml 1 tsp = 5 ml</p>	

Call your family doctor if:

- you have loose watery stools (bowel movements) and are becoming dehydrated. If you have loose watery stools (bowel movements) 6 to 8 times a day (more than 1,200 ml (1.2 litre) a day) for several days
- You have the flu and are becoming dehydrated

Low sodium and low potassium

When you have an ileostomy, you do not absorb as much salt and potassium from your diet. You need to eat more salt and potassium **daily**.

High ileostomy output of more than 1,200 ml (1.2 litres) a day for several days in a row can cause too low sodium and potassium levels in your body. This can make you feel unwell. See next page for signs and symptoms of low sodium and potassium and good sources of food that have sodium or potassium.

	Signs and Symptoms	Good Food Sources
Low Sodium	<ul style="list-style-type: none"> • Loss of appetite • Stomach cramps • Cold arms and/or legs • Fatigue • Feeling faint 	<ul style="list-style-type: none"> • Have more sodium in your diet. Good sources of sodium are: • table salt • cottage cheese • cheeses • milk • club soda • Gastrolyte® or G2® –G0® • bouillons, broths • instant powder soups • canned or dried soups • salted crackers • salty snacks such as pretzels, chips, etc. • tomato or vegetable juices • pizza • bacon • cold cuts and deli meat • smoked meats, ham, wieners
Low Potassium	<ul style="list-style-type: none"> • Fatigue • Muscle weakness • Shortness of breath • Decreased sensation in arms and legs • Gassy, bloated feeling 	<ul style="list-style-type: none"> • Have more potassium in your diet. Good sources of potassium are: • tomatoes • tomato juice, V8 juice®, orange juice • potatoes, squash, carrots, spinach • vegetable cream soups • bananas • peaches • melons • avocados • smooth peanut butter • buttermilk, milk, soya milk

You may need to meet with a dietitian to plan a healthy diet that meets your needs especially if you have other health problems such as heart or kidney disease.

Intestinal food blockage

After surgery, the inside of your bowel swells for a while making the passageway narrow. The swelling goes away slowly over the next 6 to 8 weeks as you heal. During this time, some food you eat may have a hard time passing through your bowel and into your stoma. This can cause a food blockage.

Eating too much **high fibre foods** before the bowel has healed can also cause a blockage. Right after surgery, you have an increased chance of having a blockage if you eat larger amounts of high fibre foods. High fibre foods are not easily digested, as they do not break down in the bowel. They are 'fibrous' or 'stringy' foods. You need to be cautious when eating these types of foods. **See charts on pages 31 to 33 for foods to avoid.**

What to do to PREVENT a partial or complete blockage:

- Eat slowly.
- Eat smaller meals throughout the day.
- Chew your food very well until it is a smooth paste in your mouth.

In the first 6 weeks you must also:

- Cook all vegetables until soft and can be mashed with a fork
- Do not eat raw vegetables or salad
- Remove all seeds and skins from fruit and vegetables.
- **NEVER HAVE SEEDS, NUTS, SKINS or POPCORN**

What are the kinds of food blockage?

You can have a partial or complete blockage

Signs and Symptoms of a Blockage and What to Do

	Signs and Symptoms	What to Do
Partial Blockage	<ul style="list-style-type: none"> • abdominal cramps and/or pain • increased watery stools (bowel movements) with a foul odour • bloating or feeling full of gas • swelling of the stoma • nausea and/or vomiting 	<ul style="list-style-type: none"> • limit the amount of solid food you are eating for now • increase the amount of fluids you are drinking • try hot fluids • massage gently around your stoma • have a bath or shower and try to relax • do not take any laxatives or stool softeners
Complete Blockage	<ul style="list-style-type: none"> • nothing coming out of the stoma for 6 to 12 hours • severe abdominal cramps and pain • bloating or feeling full of gas • swelling of the stoma • nausea and vomiting 	<ul style="list-style-type: none"> • limit the amount of solid food you are eating for now • increase the amount of fluids you are drinking • try hot fluids • massage gently around your stoma • have a bath or shower and try to relax • do not take any laxatives or stool softeners <p>Go the emergency department if you have:</p> <ul style="list-style-type: none"> • vomiting • pain that does not go away and it is getting worse • any of the symptoms do not go away in 6 to 12 hours

Summary of Food Actions

The foods you eat or drink may cause increased gas or odour. Some foods may cause your stool (bowel movement) to become looser or thicker. Below is a chart showing what different foods may do.

If you are having problems check to see if any of these foods are causing the problem. This does not mean you need to stop eating or drinking these foods or fluids. You may want to limit these foods or choose when you want to eat or drink these foods depending on what you are doing or where you are going.

Foods that may cause loose stools (bowel movements) and increase output	<ul style="list-style-type: none"> • alcohol, beer, wine • caffeinated drinks • prunes, prune juice • chocolate • high amount of regular juice or pop 	<ul style="list-style-type: none"> • beans (baked) • fried food • spicy food • black licorice
Foods that may thicken stool	<ul style="list-style-type: none"> • applesauce • smooth peanut butter • bananas • bread, toast • cheese • crackers • pasta • yogurt • barley 	<ul style="list-style-type: none"> • oatmeal • bagels • jello • potatoes • pretzels • white rice • tapioca • potato chips • marshmallows
Foods that may increase gas	<ul style="list-style-type: none"> • apple skins • beans (baked, kidney, white) • broccoli • peas • brussel sprouts • cabbage • onions 	<ul style="list-style-type: none"> • cauliflower • spinach • cucumber • eggs • mushrooms • beer • carbonated drinks
Foods that may increase odour	<ul style="list-style-type: none"> • asparagus • brussel sprouts • cauliflower • mushrooms • onions 	<ul style="list-style-type: none"> • cheese (strong) • eggs • fish • garlic
Foods that may reduce odour	<ul style="list-style-type: none"> • buttermilk • fresh parsley 	<ul style="list-style-type: none"> • yogurt

Resources

Associations

- **These associations provide education and support**

Wound, Ostomy Continence Nurses Society (Canadian Site)

- Toll Free: 1-888-739-5072
- Website: <http://nswoc.ca/>

Wound, Ostomy Continence Nurses Society (American Site)

- Toll free: 1-888-224-WOCN
- Website: <https://www.wocn.org/page/PatientResources>

The United Ostomy Association of Canada (UOAC)

- Toll free: 1-888-969-9698
- Website: www.ostomycanada.ca

Hamilton Chapter of Ostomy Association

- Toll free: (905)389-8822
- Website: www.ostomyhamilton.com
- Meetings 3rd Tuesday of every month at 7:30
Location: Sacred Heart Parish, 24 Poplar Ave., Hamilton

Friends of Ostomates Worldwide – Canada

- Website: www.fowc.ca

Website/Blog: Veganostomy.ca

Website to help with skin assessment and problems

- Website: <https://psag.wocn.org/>

Crohn's and Colitis Foundation of Canada

- Toll free: 1-800-387-1479
- Website: www.ccfcc.ca

Canadian Cancer Society

- Toll-free: 1-888-939-3333
- Website: www.cancer.ca

Colorectal Cancer Association of Canada

- Toll-free: 1-877-50-COLON (26566)
- Website: www.colorectal-cancer.ca

Wellwood

- Website: www.wellwood.on.ca
- A community-based, non-profit organization which provides information, supportive care programs and peer support to people who have received a diagnosis of cancer, their families and caregivers

Juravinski Cancer Centre Site 711 Concession Street, Level 1 Hamilton Ontario Telephone: 905-389-5884	Community Site 501 Sanatorium Road Hamilton, Ontario Telephone: 905-667-8870
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Supplies

Ostomy supplies can be purchased at local home health pharmacies.

You can also buy supplies on the internet. Below are just some websites you can look at to view or buy supplies online. There are many more sites you can explore as well. St. Joseph's Healthcare Hamilton does not endorse or recommend any specific company to buy your supplies from.

Supplies and Customer Service:

- Listed below are the 3 major companies that produce ostomy supplies.
- You can call or visit their websites. The websites offer support programs and educational materials. You can view products and order samples to try.

Coloplast	Convatec (resources in multiple languages)	Hollister (resources in multiple languages)
www.coloplast.ca Toll-Free: 1-866-293-6349 Coloplast Care Program	www.convatec.ca Toll-free: 1-800-465-6302 ME+ program	www.hollister.ca Toll-free: 1-800-263-7400 Secure Start Services 1-866-789-7574

www.canmeddirect.ca

- Wide range of products

www.ostomysale.ca

- Wide range of products

Other Ostomy Supplies:

Abdominal Support

- Regular abdominal binders can be purchased at home health stores.
- Other resources include:

Omnigon Support Garments

- Phone: 1-877-809-8277
- Website: www.premierostomy.com

Nightingale Medical Supplies Ltd

- Phone: 1-800-663-5111
- Website: www.nightingalemedical.ca

Nu-Hope Laboratories INC.

- Website: www.nu-hope.com

Weir Comfees

- Website: www.weircomfees.com

Stealth Belt

- Website: www.stealthbelt.com

StomaPlex stoma guard/hernia belt

- Website: www.stomaplex.com

Tytex:

CareFix StomaSafe plus Ostomy support garment

- Website: www.canmeddirect.ca

- **AM Ostomy Supply** - Gordan Douglas - Brantford 1-519-755-9011
Makes customized support garments/belts

Extra Flange Support

- Active lifestyle products Inc.: Sure seal rings: these may be added, if needed, to skin flange edge for swimming, bathing, or sports
- Website: <http://www.alpglobal.com/Sure-Seal-TM-Rings.html>

- Coloplast elastic barrier strips
- Website: www.coloplast.ca

- Attiva flange seal rings
- Phone: 1-800-387-5150
- Website: www.ostomyessentials.ca

Stoma Protectors

- Stomaplex Stoma Guard
- Website: www.stomplex.com

- Stoma Tuck Ostomy Protector
- Website: www.stomatuck.com

- StomaGear Stoma Shield
- 1-800-681-1584
- Website: www.stomagear.com

Thickening Agents

(ADD to pouch to thicken stool. Do not take by mouth)

- Gel-x Absorbent
- Website: www.ostomyessentials.ca
- Phone: 1-800-387-5150

- Diamonds Gelling/Odour Control – Convatec
- Website: www.convatec.com

Funding

Ostomy Grant

- **You are eligible for funding if you have a permanent ostomy or a temporary ostomy for more than 6 months.**
- **REMINDER:** You must cancel the ostomy grant if your ostomy has been reversed.
 - **Assistive Devices Program (ADP) – Ministry of Health and Long-Term Care:**
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5
Website: www.health.gov.on.ca/adp
Telephone: 416-327-8804
Toll Free: 1-800-268-6021
Email: adp@ontario.ca

Ontario Disability Support Program (ODSP)

- ODSP offers financial assistance to help with medical expenses. Must meet eligibility requirements.
 - **Website:** www.mcass.gov.on.ca/en/mcass/programs/social/odsp

Disability Tax Credit Form:

- You are eligible for the disability tax credit on your income tax return. Keep all your receipts for product purchases.
 - **Website:** <http://www.cra-arc.gc.ca>

If you have been discharged from Homecare services and are now experiencing any issues with living with your ostomy and need to speak to a NSWOC nurse:

- Call Homecare services to request a referral for a NSWOC nurse
- Ask your family doctor or surgeon to fax a referral to Homecare services

