

# PROBLEMS AND PRACTICAL SOLUTIONS

Website - [www.youinc.org.au](http://www.youinc.org.au)  
Facebook - Young Ostomates United Inc  
Email - [youincsecretary@gmail.com](mailto:youincsecretary@gmail.com)  
Postal address - P.O. Box 1433 MDC Narre Warren Vic 3805

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### **Disclaimer**

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## DIARRHOEA AND CONSTIPATION

Always remember self medications particularly for constipation or diarrhoea may cause you additional problems.

### DIARRHOEA

How do you control diarrhoea?

- Careful and prompt attention toward water and electrolyte imbalance.
- **Maintain and increase fluid intake**, avoid spicy foods, try bland foods e.g. bananas, pasta, mashed potatoes and grated apple.
- Check previous foods eaten including type and amount of alcohol - they could have caused the diarrhoea.
- A food diary may be helpful.

**\*If symptoms persist seek medical advice**

### CONSTIPATION

- Constipation is best overcome by dietary control.
- Avoid using laxatives on a regular basis.
- INCREASE FLUID INTAKE - EXERCISE.
- Eat more fruit and vegetables - raw or cooked.
- Prunes may be helpful.
- Bulking agents can be helpful - **they too need extra fluids to work.**

**\*If symptoms or pain persists, seek medical advice.**

### FLATUS (wind) and ODOUR

Foods that gave you problems with wind before your surgery will continue to do so. Foods which you may wish to avoid or eat in small amounts are cabbage, onions, beer, asparagus, eggs, fish, peas, nuts.

Once again, everyone is different and it is best to try those foods in small amounts when at home to test whether they affect you.

Parsley, apples - stewed or grated, yoghurt - natural, can help to decrease odour. Eat slowly, have a glass of water with your meal (wine is OK), try not to swallow air and chew well.

**Stress, nervous tension can cause increased wind - try to relax.**

## **SKIN IRRITATION**

Skin irritation can occur for a variety of reasons.

HOW DO YOU MANAGE SKIN IRRITATION? FIND THE CAUSE!

### **Leaking appliance**

In terms of leakage, clearly a Stomal Therapy nurse review is recommended. Possible need for surgical revision may be needed if simple measures are not helpful.

**Cause** - improper fitting appliance / pouch / para stomal hernia.

**Solution** - correct fitting pouch.

- If necessary use protective powder, paste or skin barrier.
- You may need a reassessment by your Stomal Therapy Nurse on the type of appliance worn.
- Correct fitting of a hernia support garment.

### **Skin irritation**

**Cause** - leaking appliance, harsh soap, disinfectants.

**Solution** - check appliance, stop the use of irritants, cleanse stoma and surrounding skin with plain warm water and gentle unperfumed soap.

**Make sure there is no build up of adhesives.**

### **Allergic reaction to adhesive**

**Solution** - change to an appliance with a different adhesive.

- Avoid the use of unnecessary tapes.
- Apply skin barrier underneath the tape.
- Mylanta/Calamine or a cooling lotion might reduce the irritation.

### **Hair**

**Cause** - too frequent shaving can cause folliculitis.

**Solution** - avoid too frequent shaving.

- If hair follicles become infected, use a skin barrier.
- Electrolysis might be helpful.

## **Heat rash**

**Cause** - hot humid weather.

**Solution** - change appliance more frequently.

- Stringent cleansing of the skin, peristomal area, apply antacid e.g. Mylanta.
- Use a cotton pouch cover or a pouch with backing.

## **Too frequent removal of pouch**

**Solution** - change pouch less frequently.

- Consider using a two piece system.

**Stomal retraction** can also cause leakage.

**Solution** - A belt and or Convex appliance.

## **BODY IMAGE**

Being able to wear the latest fashions will contribute towards feeling secure in your ability to fit back in with the crowd.

Often following surgery you may find it difficult to wear what you wore previously for the first few weeks, however, with a little 'tweaking' anything is possible i.e. patterned shirts, dresses, bathers etc can hide any bumps as opposed to plain colours, particularly if the clothing is tight fitting.

Active wear is always comfortable and fashionable.

Tight jeans or straight skirts - wear supportive underwear which will distribute the weight within the pouch - supportive underwear garments are available through the appliance scheme - ask your Stomal Therapy nurse or your Ostomy Association.

Supportive garments can also be purchased from any chain store.

Ensure your pouch does not become too full. Maintaining a sleek appearance is certainly worth the effort it takes to empty your appliance.

A one piece bathing suit can do just as much justice to your figure as a bikini and board shorts are comfortable, fashionable and practical.

Wearing an extra pair of knickers / jocks under your bathers will provide added security. Look for bathers / board shorts that are patterned to hide any bumps. If you are comfortable wearing bikinis that is also fine. It is your choice as to how much you want to reveal or not reveal.

**And remember, only YOU know you have a stoma, people walking past you would not even know to look so try not to be too self-conscious and enjoy your new health.**

Wear exactly what you are comfortable wearing - there are no rules!

Please refer to our website for "Fashion tips"  
**[www.youinc.org.au](http://www.youinc.org.au)**

## **SEXUALITY/SEXUAL RELATIONSHIPS**

It is normal to be concerned about another person's reaction to your stoma and the appliance. Often too much worry and anxiety is given to what another person will think. Remember there is anxiety with many things attempted for the first time but you will never know until you try.

### **Who to tell**

You can choose who you want to tell but naturally sexual partners need to know at some stage.

### **When to tell**

Choose a time when there is a calm and understanding mood between you and your partner. It seems better to tell early in the relationship - this not only relieves your anxiety, but if you are not accepted, the letdown is not as harsh as it could be later. There is however, no hard or fast rule as you can choose when you feel it is right depending on the type of relationship you are having.

### **How to tell**

Clearly, confidently and with self assurance. Try to be confident by encouraging your partner to ask questions, answer openly and honestly but omit unnecessary details. Remember, you deserve to be here after what you have been through, give yourself a pat on the back and hold your head high !

### **Reaction and how to handle it**

Everyone experiences rejection at some stage in their lives and ostomates are no exception. At the time your ostomy may seem the sole reason for rejection, however, chances are it is really only the "straw that broke the camel's back".

### **Delayed response**

Remember how much time it took you to get used to having an ostomy. Don't expect more from others. Be patient and reassuring but don't push.

## **Hints for sexual intercourse**

- Intercourse won't harm your ostomy, nor will most positions disturb the appliance or covering.
- Empty the pouch beforehand.
- If wearing a two piece you could change the pouch to a smaller one.
- Wear crutchless knickers / cummerbund.
- Wear an attractive pouch cover.
- Keep your wits about you and don't be defeated by unexpected occurrences - have a sense of humour - "laugh and your lover laughs with you".

## **BIRTH CONTROL**

There are other forms of contraception particularly for Ileostomates that should be considered as an alternative to the pill due to possible non absorption.

Discuss this with your doctor and partner.

## **PREGNANCY**

Having children is certainly possible when you have a stoma. Always discuss this with your Doctor. It is advisable to have your stoma checked regularly by your Stomal Therapy nurse. A different size or type of appliance may be necessary as your stoma may change in size.

Check the "pregnancy stories / hints " on our website.

## **SPORT**

Having a stoma does not stop you from enjoying sports you have previously participated in. During heavy contact sport such as football / rugby it is wise to use a stoma protector. Speak with your Stomal Therapy nurse or Association regarding stoma protectors.

If you have an ileostomy it is a good idea to have a sports drink/ e.g. Gastrolyte or Hydrolyte to replace fluids lost through perspiration.



# ILEOSTOMY

Formed in the ileum, the last part of small bowel. May be temporary or permanent, depending on reasons for its construction and the method of construction e.g. loop or end.

## Reason for surgery

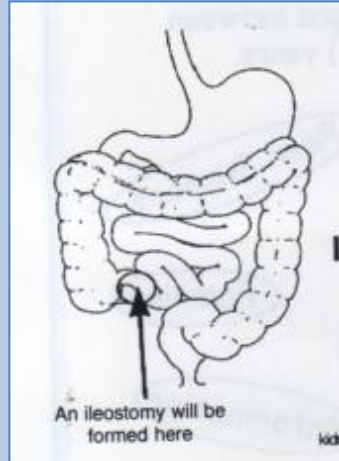
- Ulcerative colitis.
- Crohns disease of colon.
- IBD / Inflammatory Bowel Disease.
- Familial Polyposis.
- Rectal cancer.
- Formation of a J Pouch.
- Some congenital abnormalities.

## Type of discharge

- Liquid, semi liquid and continuous.
- Contains intestinal enzymes.

## Type of appliance

- One or two piece drainable bag with varied closures.



## Ileostomy blockages

Ileostomy blockages may be caused by large quantities of high fibrous foods e.g. corn, celery, rhubarb, asparagus, nuts, coconut, etc causing a bolus obstruction in the narrow segment of small bowel.

## How do you treat a blockage?

Rest, relaxation, hot drinks; if not nauseated **increase fluids (clear)**,  
Heat - warm bath / heat pack, pain relief medication such as paracetamol.

**If symptoms persist for more than 12 hours see medical advice.**

Vitamin B12 injections are necessary if the lower third of the ileum has been re-sected / removed. Lethargy, tiredness and general malaise are common symptoms of lack of B12.

Check this with your surgeon and blood tests are also available.

## **LOOP ILEOSTOMY / COLOSTOMY**

A loop of bowel is brought up through the abdominal wall and cut halfway across bypassing the lower part of the bowel and rectum.

Often more difficult to manage - has 2 openings, one for faecal discharge (called proximal) and the other non functioning (distal) end but mucous and sometimes faecal discharge can seep down into the rectum.

## COLOSTOMY

- An opening that may be created anywhere along the large bowel i.e. colon.
- Temporary or permanent - usually in the descending /sigmoid colon.
- Transverse-loop, usually temporary however may become permanent.  
\*Less common and more likely formed more in an emergency situation.

### Reason for surgery

- Colon cancer.
- Rectal cancer.
- Anal cancer.
- Congenital Abnormalities  
e.g. Neurogenic bowel  
(slow transit), Diverticulitis,  
Volvulus, Fistulae.

### Type of discharge

- Soft to fairly firm to solid.
- Semi liquid to soft.

### Type of appliance

- One or two piece closed bag.
- Irrigation may be used as a form of management - stoma plug.
- One or two piece drainable bag with closures.

Usually managed with a closed pouch however depends on the situation of the stoma on the large bowel. Radiation therapy might cause loose bowel actions.

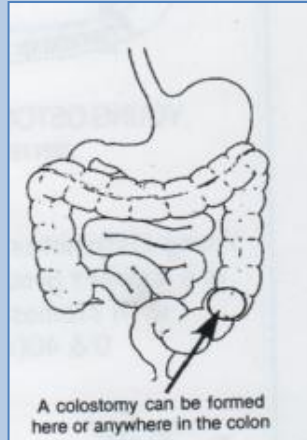
### Irrigation

A permanent end colostomy is ideally managed with IRRIGATION - usually every second day which will enable you to be "in control" of your bowel.

Irrigation will not damage the lining of the large bowel even over many years. Irrigate when it suits you - don't allow your colostomy to rule your life. Ideal when travelling.

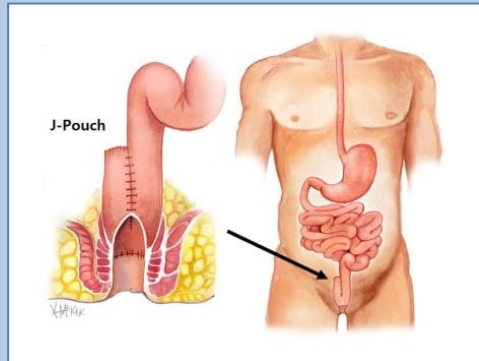
Discuss irrigation with your Stomal Therapy nurse preferably 8 weeks post formation of colostomy and completion of treatments.

Refer to webpage re irrigation.



## J POUCH (ileo anal pouch)

(Not suitable for Crohns Disease)



During J Pouch surgery, the large intestine (i.e. the colon and rectum) is removed. The internal pouch is made from the lower part of the small intestine (ileum). The pouch holds the stools with help from the muscles in the anus. It is emptied via the anus, several times a day. The operation is often carried out in 2 stages, however speak to your surgeon about how many stages would be best for you.

### Reason for surgery

- Ulcerative colitis (UC)
- Familial Adenomatous polyposis (FAP) . The person is usually well however there is a high risk of cancer and benign tumours.
- In both cases surgery may be recommended to remove the diseased intestine.

### Type of discharge

- This will vary according to what foods and drinks are consumed.

### Type of appliance

- None, once surgery is completed.
- A temporary ileostomy whilst going through the stages.

### How to prevent a sore bottom - peri anal soreness

It is important to understand that the waste from the pouch is more liquid. **This waste contains enzymes which are more acidic and corrosive.**

- Keep the area clean by washing after every bowel action and then dry.
- Avoid rubbing with soap or a rough washer - soap remaining in the crevices can be very irritating.
- Avoid excessive moisture - wear cotton underwear and avoid excessively tight clothing.
- Barrier creams may be used - e.g. lanolin.
- Try to establish regular bowel habits - pelvic floor exercises.
- Be aware that some foods and fluids can cause increased output and irritation.

**Pouchitis** - (inflammation inside the pouch).

**Solution** - usually with antibiotics.

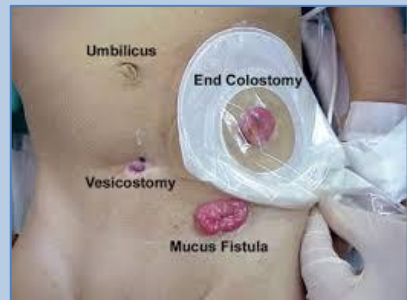
**Contact your medical team if necessary.**

## **MUCOUS FISTULA**

A mucous fistula can be in the small (ileum) bowel or large (colon) bowel.

In a loop stoma the bowel wall is only cut half way.

With an end stoma the bowel is cut right across the proximal end (closest to mouth) which is the functioning part of the bowel. Instead of removing the lower part of the bowel (called distal end) it may be brought up to the abdominal wall as a non functioning stoma which excretes mostly mucous.



### **Type of discharge**

- Mucous and sometimes old faecal discharge.

### **Type of appliance**

- Stoma cap or mini pouch.

## MALONE or APPENDICOSTOMY

Appendix is brought out onto the abdominal wall and a small stoma is created with a valve to stop bowel contents leaking out.

### Reason for surgery

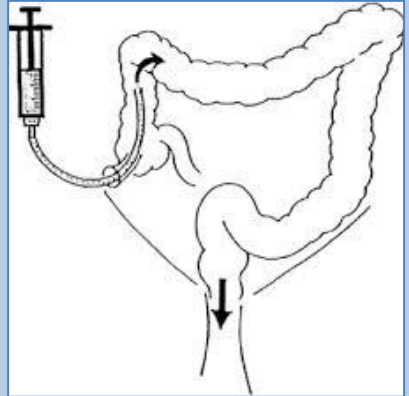
- Management of severe constipation or incontinence where other management methods have failed.
- Slow transit.

### Type of discharge

Normally no discharge apart from mucous. Catheter is inserted into the stoma for the purpose of inserting a washout solution. Bowel is then emptied in the normal way.

### Type of appliance

- Nelathon catheters.
- Bowel washout bag.
- ACE stopper maybe required.
- Chait button not available through Stoma Associations.



# UROSTOMY

Formed in any part of the urinary system. An ileal conduit more common, is formed by implantation of ureters in a segment of small bowel thereby bypassing the bladder. The segment of bowel is then brought out onto the abdominal wall as a stoma.

## Reason for surgery

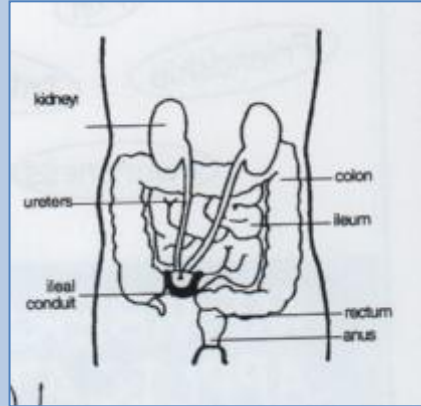
- Bladder cancer.
- Urethral cancer.
- Urinary fistulae.
- Congenital abnormalities.

## Type of discharge

- Urine (with mucous).

## Type of appliance

- Drainable bag with tap outlet & non-return valve built into the bag.
- Connects to an overnight drainage bag at night.



## Indications of urinary infection

- Cloudy urine.
- General malaise e.g. off colour.
- Smelly urine.
- Low output.
- Back ache or lower back pain.

## How to manage the likelihood of an infection

INCREASE FLUID INTAKE.

- Cranberry juice or tablets may be helpful.
- Seek medical advice if symptoms persist.

## How to manage offensive urine

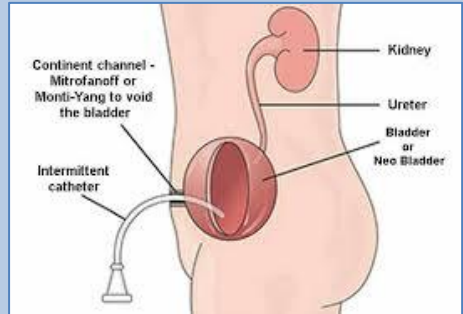
Certain foods may cause urine odour / discolouration e.g. asparagus - odour and green urine, beetroot - pink urine, eggs and fish - odour. This does not mean you need to omit these foods from your diet - just be aware of the effect they may have.

## MITROFANOFF

This is a surgically created channel / tube between the bladder and the abdominal skin surface. A valve is created to prevent urine leaking out through the stoma using appendix or small bowel.

### Reason for surgery

- Children born with spinal cord deformities, injuries, tumours, who are incontinent of urine or at risk of kidney damage and are unable to catheterise the usual way (urethrally).
- Congenital abnormalities of the bladder.
- Older children / adults who cannot manage urethral catheters independently.
- Bladder Extrophy - born with bladder on the outside - generally closed by 6 months old. Surgery also includes bladder augmentation - part of the bowel is sewn into bladder to enlarge it and the bladder neck closure. The appendix or small bowel is used as a channel from the bladder to the outside to form a stoma to catheterise.



### Type of discharge

- Urine, bladder is emptied via a catheter 2-6 times a day.

### Type of appliance

- Catheters.
- ACE stoppers occasionally.
- Overnight urinary drainage bags.
- Cleanser wipes.



## CHART 1 - OSTOMATES and DRUG THERAPY - EFFECTS and AFFECTS

1 = OK      2 = Adverse side effects      3 = probably ineffective

DRUG	COLOSTOMY	ILEOSTOMY	UROSTOMY	Changes to colour Faeces / Urine	NOTES
Alcohol	1	1	1	–	Moderation Beer can cause fluid motions
Antibiotics - Oral	2	2	1	Green, grey faeces	Interference with bowel organism Natural yoghurt may be helpful
Antihistamines	1	2	1		Consult doctor Increase fluids
Analgesics (Salicylates) e.g. panadol, aspirin	1	1	1	Pink to red black	Excessive doses may cause black faeces which indicates bleeding
Opiates e.g. codeine / morphia	1	1	1		Constipation
Anti - diarrhoeals	1	3	1		Lomotil - should only be taken under medical supervision

DRUG	COLOSTOMY	ILEOSTOMY	UROSTOMY	Changes to colour Faeces / Urine	NOTES
Antacids	1	2	1	White, grey or speckled	Take only in limited dosage May cause electrolyte intolerance May cause diarrhoea
Sulphonamides e.g. bactrim	1	1	2	Greenish blue (urine)	
Oral contraceptives	1	3	1		
Charcoal	1	3	~	Black (faeces)	Large quantities needed to have any effect
Laxatives	1	2	1	Yellow, green (faeces) Yellow, dark (urine)	Not to be used for Ileostomates
<b>Drug coating</b>					
Gelatine capsules	1	1	1		
Sustained release	3	3	3		
Enteric coating	3	3	1		

## NOTES

**This booklet is a resource for all ostomates and their carers.  
Hopefully it will help you to understand the different types of stomas.  
Remember the information is a basic guide and always refer to your  
Stomal Therapy nurse and medical team if necessary.**

**Originally compiled by Lilian Leonard and Jill Mounter, STN's.  
Updated by Lilian Leonard, Helen Ebzery, Chairperson of  
Young Ostomates United Inc  
Reviewed by Professor Hamish Ewing, June 2020.**