

Leaving hospital following ileostomy surgery



Information to help you live a full and productive life with an ostomy



HEALTH STARTS AT HOME

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Living with your ileostomy

Undergoing ostomy surgery will result in some changes to your life. With support and training on how to take care of your ostomy, you will find that life can be as full as it was before your surgery. This booklet provides information to help you learn to live with an ileostomy.

Following your surgery, you will begin to recover and become involved in the care of your ostomy. Before you leave the hospital, your care team will begin the process of teaching you how to take care of your ostomy. The care and support that you received in hospital will continue once you are discharged home. Community nurses will be arranged to visit you at home to continue on

with the teaching process. Be sure to ask your hospital care team and your community nurse as many questions as you need so that you feel as comfortable as possible with your ostomy. Once you are home, you may also find it helpful to connect with an ostomy support group. Meeting other people who have adjusted their lifestyles after this surgery and have managed to return to their regular activities can be reassuring.

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



Taking care of your ileostomy

Skin care and cleaning your stoma

Keeping your stoma and surrounding areas clean is important. To clean the skin around your stoma, all you need to use is warm water and a washcloth, or good quality paper towels. It is not necessary to use soap to clean the area around your stoma. If you prefer to use soap, use a very mild soap. Be sure to rinse the soap off the skin around your stoma very well because any soap film may keep your pouching system from sticking and may cause skin irritation. Always dry your skin well before putting on your new pouching system.

Sometimes you may see a small amount of blood on your cloth. The stoma tissue contains small blood vessels and may bleed a small amount when cleaned. If you notice any bleeding that does not stop, you should contact your health care provider.

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.

The stoma has no nerve endings, so you are not able to feel if you are rubbing too hard. Use a gentle touch when cleaning around your stoma - **do not** scrub.

Do not use alcohol or any other harsh chemicals to clean your skin or stoma. They may irritate your skin. **Do not** use moistened wipes, baby wipes or towelettes that contain lanolin or other oils. These can interfere with the skin barrier sticking and may irritate your skin.

Unless recommended, **do not** apply powders or creams to the skin around your stoma because they can keep your skin barrier from sticking.

Removing hair from around your stoma

Shaving or clipping excess hair around the stoma in the direction of hair growth can help keep your stoma clean and may limit skin irritation. You may shave with an electric razor or dry shave with an 'ostomy skin barrier powder' and safety razor. Always wash the skin well with water after shaving. To protect the stoma when shaving, place an empty toilet paper roll over the stoma.

Skin irritation and sensitivities

The best way to limit skin irritation is by having a well-fitted and comfortable pouching system. Your Enterostomal Therapy (ET) nurse in the hospital or health care professional will help you choose the system that fits and works best for you. It is also important for you to identify any issues with your pouch and be aware when something is wrong or if your pouch does not fit properly.

The opening of your skin barrier should be no more than 1/8 of an inch away from the edge of your stoma. Measure your stoma once a week for the first six to eight weeks after your surgery. Your stoma shrinks while it is healing and you need to keep measuring so you can make sure that the opening in the skin barrier is the right size for your stoma. Re-measure your stoma if any irritation develops between the stoma and flange.

Check your skin and the back of your skin barrier each time you change your pouching system. You can use a mirror to check your skin under the stoma. Look for any places where stool may have leaked under the skin barrier and onto your skin. When you apply your next pouching system, these areas may need some extra reinforcement with skin barrier strips, rings or paste. Your Enterostomal Therapy (ET) nurse or health care professional will advise you when this is recommended. It is helpful to hold your skin smooth as you put your pouching system on to avoid wrinkles that may lead to leakage.

(See the step-by-step instructions for changing your pouch in this booklet on page 6).

Sensitive skin

If your skin is sensitive, it is helpful to tell your Enterostomal Therapy (ET) nurse or health care professional. A skin patch test may be necessary to see if you have any reaction to the different skin barriers and tapes. Usually the ingredients in the skin barriers do not cause skin irritation.

You will know if you are having a “reaction” to the skin barrier or tape most of the time, because you will see skin changes that match the shape of the product. Inform your Enterostomal Therapy (ET) nurse or health care professional so they can determine the cause of the irritation and recommend another product if needed.

Itching or burning under the skin barrier may indicate that you have leakage, a skin rash, or a skin infection. If you feel itching or burning, remove your pouching system as soon as possible to check your skin for irritation.

Preventing infection and avoiding leaks

A stoma rarely becomes infected. The most important thing is to protect the skin around your stoma. The best way to prevent an infection is to make sure the pouching system fits properly.

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

To prevent leaking, always empty your pouch before it is half-full. Release the gas before the pouch gets too full. If you have a lot of gas, you may want to consider using a pouch with a vent or filter.

Step-by-step: Changing your one-piece pouching system



1. Organize your supplies

What you need:

- Pouch
- Measuring guide
- Scissors
- Marker
- Barrier ring (as required)
- Disposal bag to discard your used product
- Wet and dry cleaning cloths



2. Caring for your stoma & skin

- Gently cleanse your stoma and surrounding skin with a wet, warm cloth. A mild soap may be used as long as all skin is rinsed well. Pat skin dry.
- Your stoma will be swollen after surgery. It may take six to eight weeks for your stoma to reduce to its permanent size.
- Your stoma should be light pink or red in colour.
- Your stoma will be moist and may bleed slightly when washed.
- The skin around your stoma should not have any signs of redness or a rash.

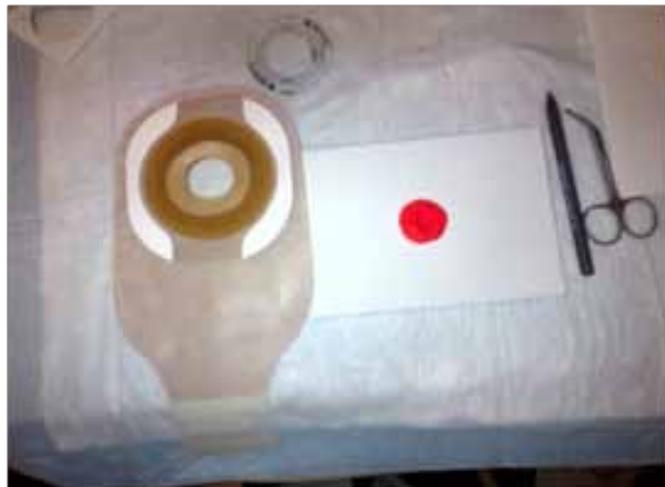
3. Measuring your stoma

- Measure your stoma using the measuring guide - it is important that there is a small amount of space between the cut opening and stoma. This allows room for your stoma to expand and pass stool through the opening.
- After a six-week period, measurement is generally not required and flanges may be pre-cut in advance.
- It is recommended that you re-measure your stoma every two to three months to be certain that there have not been any changes.



4. Creating and applying a barrier ring

- Trace the pattern of your stoma onto the paper backing of the pouch.
- Cut the pouch to match the pattern. Put your fingers inside the pouch to avoid cutting through the pouch.
- Remove the paper backing from the skin barrier portion of the pouch and set aside.
- Gently stretch and apply the barrier ring around the cut opening of the sticky side of the skin barrier portion of the pouch (if using).



5. Securing the pouch in place

- Place the skin barrier opening around your stoma. Make sure the pouch is hanging in the correct position, normally downward. Gently press the barrier onto your skin. Remove the remaining tape backing.



6. Closing the opening

- Roll up the pouch three times in the same direction (towards you) and press the seal from the middle out, until secure.



General guidelines

- Empty the pouch when 1/3 to 1/2 full of stool/gas.
- The pouching system should be changed two to three times a week during the first six to eight weeks. Long-term, the system is generally changed twice weekly. This will vary with each individual.

Make sure you:

- Change your pouching system if there are signs of leakage or if you feel a burning or itchy sensation.
- Notify your Enterostomal Therapy (ET) nurse or health care professional if you have questions or concerns.



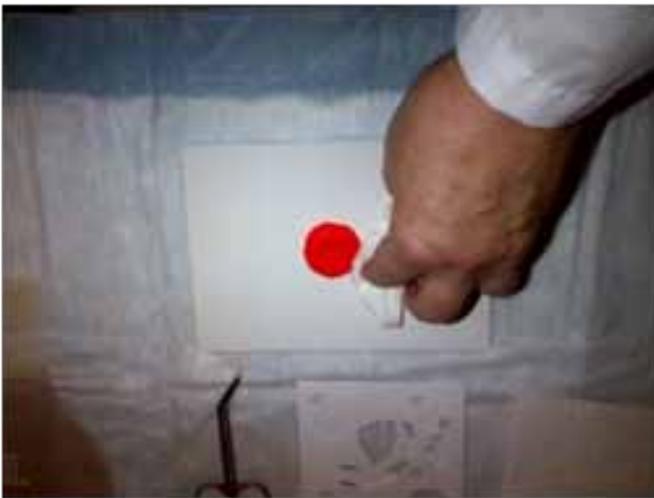
Step-by-step: Changing your two-piece pouching system



1. Organize your supplies

What you need:

- Flange
- Pouch
- Measuring guide
- Scissors
- Marker
- Barrier ring (as required)
- Wet and dry cleaning cloths
- Disposal bag for your used product



2. Caring for your stoma & skin

- Gently cleanse your stoma and surrounding skin with a wet, warm cloth. A mild soap may be used as long as all skin is rinsed well. Pat skin dry.
- Check your stoma and surrounding skin condition.
- Your stoma will be swollen after surgery. It may take six to eight weeks for your stoma to reduce to its permanent size.
- Your stoma should be light pink or red in color.

3. Measuring your stoma

- For the first six to eight weeks after surgery, your stoma should be measured and the opening in the flange adjusted accordingly. It is important that there is a small amount of space between the cut opening and stoma. This allows room for your stoma to expand and pass stool through the opening.
- After a six-week period, measurement is generally not required and flanges may be pre-cut in advance.
- It is recommended that you re-measure every two to three months to be certain that there have not been any changes.



4. Creating and applying a barrier ring

- Trace the pattern of the stoma shape onto the back of the flange.
- Cut the flange to match the pattern.
- Remove the clear plastic backing on the flange and set the flange aside.
- Gently stretch and apply the barrier ring around the cut opening of the sticky side of the flange (if using).



5. Remove remaining tape backing

- Place the skin barrier opening around your stoma and press it gently onto your skin. Remove the remaining tape backing.
- A mirror may be helpful to centre the flange.



6. Secure pouch in place

- Place the pouch onto the base ring of the flange.
- Place your fingers under the flange for support while attaching the pouch to the flange. Move your fingers clock-wise.
- Gently tug downward on the pouch to make sure it is attached securely.



7. Close the opening

- Roll up the pouch three times in the same direction (always towards you).
- Place the flap down and press the seal from the middle out, until secure.



General guidelines

- Empty the pouch when it is 1/3 to 1/2 full of stool or gas.
- The pouching system needs to be changed two to three times a week during the first six to eight weeks. Long-term, the system should be changed twice weekly. This may vary with each individual.

Make sure you:

- Change the complete system if there are visible signs of leakage.
- Notify your Enterostomal Therapy (ET) nurse or health care professional with any concerns or questions.



Disposing of used supplies

Put your soiled pouching system into a regular plastic bag or a disposal bag provided by your ostomy supplies company. These bags can be thrown away with your regular garbage.

Living with your ostomy

An ostomy should not affect your ability to resume your lifestyle. Many people find they can continue all of the activities that they enjoyed before their illness and/or surgery.

It will take time before you will be physically and emotionally ready to resume normal activity. Allow yourself the recovery time. Be good to yourself and take the extra time to regain your strength and energy.



Personal hygiene: Bathing or having a shower

You can shower or bathe with or without your pouching system in place. Pouching systems are waterproof. You may find it convenient to plan your pouching system change around your shower or bath.

Water, soap or shampoo cannot harm or enter your stoma. If the water pressure is very strong, be careful not to let it hit your stoma directly. It is a good habit to empty the pouch before you shower, bathe or participating in other water activities, such as swimming.

Other water activities

It is important to check your pouching system before and after you have exposed it to water including activities such as swimming. If you are in water for a long period, the pouching system may start to loosen from your skin.

Pouching systems are waterproof. However, you may feel more secure if you wear skin-friendly tape around the edges of your skin barrier when you are in the water.

While swimming, you may want to consider wearing tight “biking style” shorts to keep the

pouch close to your body and help keep it from “floating.” Other options may include a swimming belt or layering a tighter athletic style bathing suit under a trunk style bathing suit.

Gas filters do not work after they get wet. It is best to protect the filter with waterproof tape before water activities. Many ostomy supply companies provide filter seals with the pouches.

After bathing or swimming, you may use a towel or a hairdryer (on the coolest setting) to dry the tape and cloth backing of the pouching system. This can also help prevent skin irritation from wetness.

You may find it helpful to wait approximately an hour after changing your pouching system before swimming.

Returning to work or school

Many people have concerns about returning to work or school activities. *“Will I smell? Will there be noises? Will they see it? What if someone asks?”* These are common concerns.

Ostomy pouches are designed to hold stool and to manage odor. There should be no odor, but you can consider using deodorant drops or air fresheners to add confidence and comfort. Noises associated with your pouch are often muffled by clothing. By placing an arm across your stoma site, you can further muffle noises. Your pouch should not be visible once you are fully dressed.

Remember, as a person you have not changed. You have a surface change that has given you back your health. The decision to share with others is personal. You only need to tell people you have an ostomy if you want to.

Clothing

You can continue to wear the same clothing that you wore before your ostomy surgery. Some people may prefer wearing suspenders instead of a belt, pants with pleats and patterned clothing. A full, snug undergarment is recommended to give support to the pouching system and create a smooth line under your clothing. Snug-fitting clothing can be worn without fear of harming the stoma or interfering with stoma functioning.

Nutrition and diet



Having an ileostomy is not usually associated with a highly restricted diet. After surgery, your diet may require some modification, but eventually you will be

able to enjoy most or all of your favourite foods.

During the first six weeks following your surgery, it is recommended that you follow a low fibre or low residue diet. This type of diet avoids the “potential problem foods” such as skins, seeds, nuts, and fresh fruits and vegetables. These foods tend to be more difficult to digest and could lead to a food blockage.

Following the six-week period, fibre can be gradually reintroduced. A dietician may see you while in hospital to help teach you about your diet and identify food to avoid to limit potential problems. A dietician will also be available if you have questions post-discharge from hospital. Contact your family doctor who can set you up with a dietician or nutritionist. Your Community Care Access Centre (CCAC) care coordinator can also help you connect to one.

You should always be aware of the importance of fluids and drink at least eight glasses of fluid each

day, as well as extra salt and potassium. Once your colon has been removed or bypassed, your body loses some of its ability to absorb water, salt and potassium.

Avoiding food blockage

A food blockage is an accumulation of undigested food particles in your intestine, which are not able to pass through the ileostomy. Here are some specific **signs and symptoms** of a food blockage:

- Stool may change from semi-liquid to liquid
- Amount of stool may increase
- Ileostomy may function almost continuously
- Stool may have a noticeable odor
- Abdominal cramping or pain
- Abdomen may feel bloated
- Nausea/vomiting may be present
- If the blockage is complete - no stool will be passed

If signs of a food blockage are present, you should:

- Walk, or assume a knee-chest position
- Massage the stomach or abdominal area
- Take a warm bath or shower
- Drink warm fluids
- Avoid food
- If symptoms do not subside within a few hours, you should go to your local Emergency Department

Food blockages are often resolved with intravenous fluid and through flushing of the bowel.

A bland diet with increased fluids is encouraged for a few days following a blockage. Food blockages are not common but can occur. Remember to chew your food well, drink lots of fluids, and reintroduce potential problem foods at the sixth postoperative week.

Managing odour

Your pouch is designed to control odour. When it is secure and in place, there should be no odour. Stool odour is a result of a person's body chemistry. If you have concerns, here are some things that you can do to help reduce any odor when changing your pouch:

- Use deodorizing tablets or liquids for deodorizing the inside of the pouch
- Use neutralizing sprays or wicks to freshen the bathroom

Foods that tend to produce odour:

- Fish
- Chicken
- Eggs
- Beans
- Onions
- Vegetables of the cabbage family

Foods and liquids that may reduce odor:

- Cranberry juice
- Yogurt
- Buttermilk
- Fresh parsley

Managing gas

Following your surgery, you may notice increased gas and noise because your bowel is now empty and has been handled during your surgery. It is important to get back to eating regular balanced meals to reduce gas. Skipping meals is more likely to increase gas production. Here are some tips to avoid gas build-up:

- Eat slowly and chew food well.
- Avoid gum chewing, smoking, mouth breathing, carbonated drink and sucking on ice chips or candies. All of these things encourage swallowing large amounts of air, which produces more gas.

- To help thicken stool: applesauce, oatmeal, bananas, cheese, creamy peanut butter, boiled rice, tapioca, and boiled milk.
- Drink at least six to eight glasses of non-caffeinated liquids each day.
- Caffeine may cause a looser output. Beverages with caffeine include coffee, tea, chocolate and cola drinks.
- Yogurt helps to control gas formation and buttermilk helps soothe an irritated bowel.
- Be aware of foods that can produce more gas. Experiment by excluding these foods from your diet. Troublesome foods may include:
 - Vegetables of the cabbage family
 - Asparagus
 - Sweet potatoes
 - Onions
 - Milk and milk products
 - Melons
 - Dried beans and peas
 - Spicy foods
 - Beer
 - Cheeses (roquefort, brie and other strong cheeses)



High stoma output

High ileostomy output means that you are producing more stool than is considered normal. Normal ileostomy stool output is between 750 cc to 1000 cc in 24-hours. That is equivalent to emptying your pouch four to six times a day. High ileostomy stool output would be more than 1000 cc in 24-hours or emptying your pouch more than eight times a day. Besides emptying your pouch more frequently, you may also experience dehydration (water loss) and electrolyte loss (potassium and sodium loss).

Look for the following signs and symptoms of **dehydration and electrolyte loss, which** can be a problem if your outputs remained high.

Signs of dehydration:

- Increased thirst
- Dry mouth
- Dry skin
- Decreased urine output
- Fatigue
- Shortness of breath
- Stomach cramps

Signs of sodium loss:

- Loss of appetite
- Stomach cramps
- Cold arms and/or legs
- Fatigue
- Feeling faint

Signs of potassium loss:

- Fatigue
- Muscle weakness
- Shortness of breath
- Decreased sensation in arms/legs
- Gaseous bloated feeling

If you experienced these signs and symptoms, you will need to:

- Increase fluids.
- Decrease foods that may contribute to high outputs – fruit juices, sweetened drinks, coffee, spicy foods, and beer.
- Increase foods and fluids high in sodium – salt, milk, cheese, tomato juice, bread, butter, pickles, chicken soup, bouillon, and pretzels.
- Increase foods and fluids high in potassium – orange juice, tomato juice, tea, bananas, potatoes, melon.
- Separate fluids and foods – wait 30 to 45 minutes after eating to have fluids.
- Reduce intake of sugars and sweets.
- Include foods higher in soluble fibre – applesauce, bananas, tapioca, barley, and oats.

Medications

You should be aware of enteric coated or sustained released medications. Enteric coated (coating added to the pill) or sustained release



medications may not be effective. These drugs can pass unabsorbed through the intestinal tract. Products that can be crushed, chewed, injected or are in a liquid form are best. When filling new prescriptions, always inform your pharmacist that you have an ileostomy.

Travel

People with an ostomy travel just like anyone else. Here are some travel tips:

- Carry identification with your medical contact information, ostomy product codes and Enterostomal Therapy (ET) nurse's name and phone number. Your ostomy chapter, ostomy retailer or company will often carry ostomy identification cards. Medical I.D. bracelets can be ordered through most pharmacies across Ontario or through www.diabeticdrugstore.com
- Identify local ostomy retailers in the area where you are traveling in case you need supplies. You can check with your current supplier to see if they have local retail locations in other areas.
- Bring double the amount of ostomy supplies that you would normally require. Always carry supplies in your hand luggage.
- Pre-cut your flanges or pouches in advance to avoid the need to bring scissors.
- A letter from your Enterostomal Therapy nurse or doctor outlining the medical reasons for the ostomy supplies may be helpful to avoid unnecessary questioning if you are travelling through customs and immigration.

- Get a copy of the current directory of English-speaking physicians or ones who speak in your preferred language in various cities abroad who charge a standard fee. The International Association for Medical Assistance to Travelers publishes these types of directories. Visit www.iamat.org.
- Make sure you have travel insurance.
- Do not keep supplies in a car in the summer or winter. Heat and cold can interfere with the ostomy adhesives.
- Take advantage of available bathroom facilities to empty your pouch more frequently than you normally would.
- Carry toilet tissues or pre-moistened fragrance free wipes in case the restroom does not have any.
- Carry an “emergency kit” containing: a sealable bag, pre-cut flange, pouch, paste (optional), individually packaged pre-moistened fragrance free wipes or paper towel and a mirror. Check your kit regularly to ensure that the items are useable.
- In an emergency, you can empty your pouch into a sealable bag or one with a twist tie until it can be disposed of later.
- Learn to say “toilet” in more than one language.
- Eat lightly and sensible, especially on airplanes.
- Gases expand as a plane ascends into the air and you may experience more gas during your flight. (please see the “Diet” section on page 15 for tips to avoid gas)



Sexual activities and intimacy

It is common for people with an ostomy to have concerns about resuming sexual activities. You may wonder whether your sex life or relationship with your partner will change. Fears of rejection, odour, leakage, and performance are natural. It is recommended that you share any concerns with your partner. Understanding each other’s feelings is a very important part of coping with an ostomy. Your ostomy should not limit or curtail sexual activity. Many people report that the experience of their surgery and the knowledge that the illness is treated has brought their families and loved ones closer than they were before.

Before sexual activities, empty your pouch to minimize any leakage. To help minimize concerns about your ostomy, you may find these items helpful - a closed end pouch, mini pouch, a frilly half-slip, crotch-less undergarments, a tube top stretched over the abdomen or cummerbund. During sexual activity, you may want to experiment with different positions to find the one that is most comfortable for you and your partner.

You will need to speak with your surgeon if you have difficulty achieving an erection, experience an altered sex drive, pain with intercourse or have any other concerns.



Managing stress

Coping with disease, or dealing with the stress of surgery means dealing with a variety of problems, including: pain, uncertainty and fear about the future; limitation in physical ability; changes in social relationships; insecurity about physical attractiveness or competence; negotiating and communicating with a medical system that can be confusing and intimidating. The following discussion on stress and coping will help you recognize if you are suffering from stress and learn how to manage stress.

Identifying the signs of stress

Stress can cause physical, emotional and behavioral disorders that can affect your health, vitality, peace-of-mind, as well as personal and professional relationships. Too much stress can cause illnesses such as insomnia, backaches, or headaches, and can contribute to potentially life-threatening diseases like high blood pressure and heart disease.

Common signs of stress:

- Excessive fatigue / exhaustion
- Muscle tension
- Irritability / anger
- Upset stomach
- Nervousness / trembling
- Sleeplessness
- Cold, sweaty hands
- Loss of, or increase in, appetite
- Grinding teeth / clenching jaw
- General body complaints such as weakness, dizziness, headaches or pain in the back or muscles

Tips for reducing or controlling stress:

Be realistic. If you feel overwhelmed by certain activities, learn to say NO! Eliminate an activity that is not necessary. You may be taking on more responsibility than you can, or should handle. If you meet resistance, give reasons why you are making the changes. Be willing to listen to other's suggestions and be ready to compromise.



Shed the "superman/superwoman" urge. No one is perfect; so do not expect perfection from yourself or others. Ask yourself, "What really needs to be done? How much can I do? Is the deadline realistic? What adjustments can I make?" Do not hesitate to ask for help if you need it.

Meditate. Just 10 to 20 minutes of quiet reflection may bring relief from chronic stress, as well as increase your tolerance to stress. Use the time to listen to music, relax, and try to think of pleasant things or of nothing.

Visualize. Use your imagination and picture how you can manage a stressful situation successfully. Whether it is a business presentation or moving to a new place, many people feel visual rehearsals boost self-confidence and help them take a more positive approach to a difficult task.

Take one thing at a time. For people experiencing stress, an ordinary workload can seem unbearable. The best way to cope with this feeling of being overwhelmed is to take on one task at a time.

Pick one urgent task and work on it. Once you accomplish that task, choose the next one. The positive feeling of “checking off” tasks is satisfying and will be motivation to continue.

Hobbies. Take a break from your worries by doing something you enjoy; whether it is gardening or painting, schedule time for your interests.

Exercise. Regular exercise is a popular way to relieve stress. Being physically active for 20 to 30 minutes benefits the body and the mind.



Healthy lifestyle. Good nutrition makes a difference. Limit intake of caffeine and alcohol, exercise, get enough rest and balance work and play.

Share your feelings. Stay in touch with friends and family. Let them provide love, support and guidance. Do not try to cope alone.

Give in occasionally. Be flexible. If you are meeting constant opposition in either your personal or professional life, rethink your position or strategy. Arguing only intensifies stressful feelings. If you know you are right, stand your ground, but do so calmly and rationally. Listen to the opinions of others and be prepared to compromise. If you are willing to give in, others may meet you halfway. Not only will you reduce your stress; you may find better solutions to your problems.

Go easy with criticism. You may expect too much of yourself and others. Try not to feel frustrated, let down, disappointed or even “trapped” when another person does not measure up. The “other person” may be a spouse or child that you are trying to change to suit you. Remember that everyone is unique, and has their own virtues, shortcomings, and right to develop as individuals.

Getting help for stress

Help may be as close as a friend or spouse. If you think that you or someone you know may be under more stress than just dealing with a passing difficulty, it may be helpful to talk with your doctor, spiritual advisor, or employee assistance professionals. They may suggest you visit with a psychiatrist, psychologist, social worker, or other qualified counselor.

Adapted from: *National Mental Health Association Factsheet: Stress - Coping With Everyday Problems.*

Help at home and in your community



Before discharge, your hospital care team will talk to you about returning home. They will set up your home care through the Community Care Access Center (CCAC) in your area. A CCAC care coordinator may visit you in hospital to talk about your care plan and will work with you to develop a personalized care plan that will include a community Enterostomal Nurse (ET) nurse. Some patients may return home immediately and in that case, a CCAC care coordinator and community nurse will call you within the first few days following your discharge to discuss your care plan. The number and frequency of in-home visits is based on your assessed needs. Your care coordinator will set up your nursing care and a schedule that works for you. All Ontario residents with a valid health card are eligible for home care.

Who to call for help

You should contact your surgeon's office if you experience any of the following:

- Temperature or fever of 38.5°C or greater.
- Increased pain or redness along the incision line.
- Drainage from the incision line.
- Change in the color of the stoma (from red/pink to grey/dusky or black).
- Excessive bleeding or discharge from your rectum (if your rectum has been left in place).
- Increased pain or drainage from your perineal wound (if your rectum has been removed).
- Excessive ileostomy output (emptying your pouch more than six times per day).
- No ileostomy output (no stool or gas for more than four to six hours accompanied by cramps, bloating, nausea, and/or vomiting).
- Cloudy, foul smelling urine, low back pain.
- Prolonged nausea and/or vomiting.
- If you cannot reach your surgeon or family doctor, and you are in need of medical assistance, go to your local Emergency Department.

You should contact your Enterostomal Therapy (ET) nurse if you are experiencing any problems with your stoma, the skin around your stoma, problems with the pouching system or any general coping concerns.



Making a follow-up appointment with your surgeon

You will need to see your surgeon within two to four weeks for a follow-up appointment after your surgery. Your hospital care team may arrange this before you leave the hospital. If your

appointment is not set up, call your surgeon's office to book your appointment.

Purchasing ostomy supplies

There is a wide range of ostomy products available to you, and your Enterostomal Therapy (ET) nurse. Your nurse will identify the supplies that best meet your needs. Before you leave the hospital, you will receive enough initial supplies to take home so that you can deal with any emergency that comes up before your home care nurse visits you within the first day or two at home. Your hospital nurse will also order your first couple of weeks of supplies and have them delivered to your home for your community nurse to use during your home visits.

Your community nurse will also provide you with information on where to order additional supplies. You always want to have enough products available. It is recommended that you have at least a one-month supply on hand at all times. Information on where to buy supplies is located on page 22.

Financial assistance and resources

Before discharge, it is important to discuss financial reimbursement/insurance concerns and how and where to purchase supplies. Your Enterostomal Therapy (ET) nurse in the hospital will work with you to fill out your application for funding before you leave the hospital.

In Ontario, a person with a permanent ostomy or an ostomy for more than six months will receive funding through a program called "Assistive Devices." The funding is \$600 per year for as long as the individual has the ostomy. Most people with an ostomy spend \$1000 to \$1200 per year on supplies.

Community support and information

There are numerous resources available for patients with ostomies. These include Enterostomal Therapists, support groups and associations, literature, websites, videos, and ostomy supplier support. Ostomy manufacturers provide multiple resources for patients including videos/DVDs, magazines, booklets, literature, and ostomy products. Call the 1-800 numbers for sample products. We have included several of these resources in this booklet.

Resource lists and contacts

Ostomy Supply Manufactures

Name	Contact Information
Hollister Incorporated	95 Mary Street, Aurora, Ontario L4G 1G3 1-800-263-7400 www.hollister.com
Coloplast Canada Corporation	3300 Ridgeway Drive, Unit 12, Mississauga, Ontario L5L 5Z9 1-888-880-8605 www.coloplast.com
ConvaTec	2365 Cote-de-Liesse, Montréal, Québec H4N 2M7 1-800-465-6302 www.convatec.com

Local Ostomy Suppliers

Name	Contact Information
Shoppers Home Health Care	448 Speers Rd., Oakville, Ontario 905-844-1445 www.shoppershomehealthcare.ca
King Medical Arts Pharmacy and Home Health Care	71 King Street W, Mississauga, Ontario 905-270-2226
First Choice Home Health Care Inc.	5130 Dixie Rd, Unit 5, Mississauga, Ontario 905-624-3404
Rexall Pharma Plus - Acton	372 Queen Street East, Acton, Ontario 1-877-378-4100 www.rexall.ca
Campbellville Pharmacy	35 Crawford Cres., Campbellville, Ontario 905-854-0313
Guardian Pharmacy - Mississauga	2180 Credit Valley Road, Mississauga, Ontario 905-820-5434
Glen Cade Pharmacy	The West Mall Shopping Centre, 290 The West Mall, Etobicoke, Ontario 416-622-2111

Please Note: This is not a complete list of local ostomy suppliers in Mississauga Halton. Locations and contact information may change.

You can find additional Ostomy suppliers at www.mississaugahaltonhealthline.ca under Ostomy Supplies.

Ostomy Clothing and Accessories

Name	Contact Information
Weir Comfees	89A High Street, Aurora, Ontario L4G 1G3 1-800-263-7400 www.weircomfees.com
Ostomy Secrets	1-877-613-6246 www.ostomysecrets.com
White Rose	www.whiterosecollection.com
Intimate Moments Apparel	www.intimatemomentsapparel.com
Colo-Majic Distribution Canada Ltd.	(flushable liners) www.colostomymajic.com
Vanilla Blush	www.vblush.com

Financial Assistance and Resources

Resource	Contact Information
Ontario Provincial Government Assistive Devices Program (ADP)	1-800-567-9604 416-327-8804 www.health.gov.on.ca/en/public/programs/adp For permanent ostomies or for those who will have an ostomy for more than six months. Ontario residents only.
Northern and Indian Affairs	1-800-567-9604 infoPubs@ainc-inac.gc.ca
Veteran's Affairs Canada	1-866-522-2122 information@vac-acc.gc.ca
Private Insurance Plans	
Tax Credit - request form #T2201 (doctor's signature is required)	

Community Support Groups

Name	Contact Information
United Ostomy Association of Canada	1-888-969-9698 www.ostomycanada.ca A support group offering mutual aid and moral support for people who have had ostomy surgery.
United Ostomy Association of Ontario	Toronto 416-596-7718 www.ostomytoronto.com Halton Peel Counties 905-825-3443 Brantford & District 519-752-5037 Hamilton & District 905-542-2386
GLO Network	www.uoaaa.org Support group for gay/lesbian/bisexual ostomates; their partners; family; caregivers & friends.
Canadian Cancer Society	1-888-939-3333 www.cancer.ca
Colorectal Cancer Association of Canada	416-920-4333 www.colorectal-cancer.ca
Colon Cancer Canada	1-888-571-8547 www.coloncancercanada.com
Crohn's and Colitis Foundation of Canada	(416) 920-5035 or 1- 800-387-1479 www.crohnsandcolitis.ca
Mississauga Halton HealthLine	www.mississaugahaltonhealthline.ca Health information and resources

Glossary

Electrolytes – Maintaining a balance of the electrolytes in our bodies is essential for normal function of our cells and our organs. Common electrolytes that are measured by doctors with blood testing include sodium, potassium, chloride, and bicarbonate.

Enterostomal Therapy (ET) Nurse – Is a registered nurse with advanced and specialized knowledge and clinical skills in wound, ostomy and continence care.

Flange – The plastic ring in a two-piece ostomy system that is used to connect the skin barrier and pouch together.

Ileostomy – A surgically created opening into the last portion of the small intestine.

Ostomy – A surgically created opening into the digestive or urinary system, diverting stool or urine from its normal route

Ostomy pouching system – A prosthetic medical device that provides a means for the collection of stool from a surgically diverted biological system (colon, ileum, bladder) and the creation of a stoma.

Skin Barrier – Are an important component of the ostomy pouching system as it protects skin around the stoma, secures the pouch, and creates a smooth surface to seat the ostomy pouch.

Stoma – The part of the bowel that is seen outside of the body on the abdomen following ostomy surgery. The stoma is pink and moist and doesn't have feeling.

