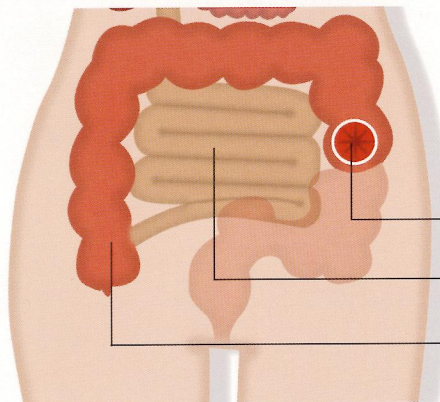


Your Colostomy Explained



This booklet has been produced with the help of stoma care specialists and the British Colostomy Association, and aims to cover some of the main questions you may have about a colostomy operation.

What is a colostomy ?



The word colostomy originates from two Greek words:

Colon (Large Bowel)

Stoma (Artificial Opening)

Stoma

Ileum

Colon

A colostomy is formed surgically when part of the colon (large bowel) is brought out through an opening in the abdominal wall. The part of the colon which is brought to the surface is called the stoma. Body waste can then exit the body through the stoma, and is collected externally using a colostomy pouch.

In the majority of cases, the stoma is placed on the left side of the abdomen (stomach), mid-way between your hip and umbilicus (tummy button) on the front of your abdomen, depending where the damage or disease is in the colon. Your surgeon and stoma care nurse (SCN) will decide where best to site the stoma in conjunction with you.

Why do I need to have a colostomy?

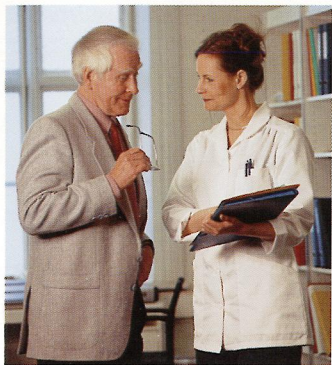
There are many reasons why you might require stoma surgery, but it is always done to improve your current situation.

It may be done to allow another part of the bowel to rest and heal because of inflammation or incontinence. It may be done because of an obstruction (blockage) or growth which can be benign (not cancer) or malignant (cancer).

It is sometimes necessary as a life-saving procedure, or because the formation of a stoma outweighs the pain and discomfort already experienced.

Your surgeon and stoma care nurse will explain why you are having a stoma formed.

Who can I speak to about it?



It may help if you have a close friend or family member to speak to about your colostomy operation. Including those you know and trust will also help them to understand what the operation involves and how they can support you.

If you don't feel you can confide in anyone, your stoma care nurse, surgeon or doctor can all help to reassure you. Remember, these are people who have experience with this situation.

Alternatively, you might decide it is better to talk to someone who has actually been through the operation and your stoma care nurse or the British Colostomy Association (BCA) can put you in touch with someone.

Who is the stoma care nurse?

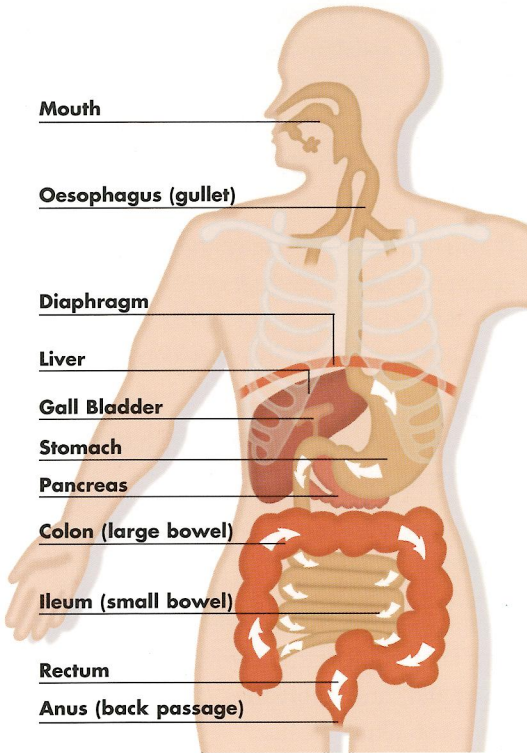
These are specialist highly-trained nurses who care for people like you who are going through a colostomy operation. They work with other nursing staff and surgeons to give you specialist support and care, before the operation after the operation and when you return home.

Because they are specialists, they will have already helped other people going through the same operation as you.

They will offer you support and advice on all the emotional, physical and practical issues relating to your stoma. Their training and experience means they are familiar with any concerns or questions you may have – so don't be afraid to ask.



How does normal digestion work?



Your whole digestive tract is composed of mucous tissue, which is similar to the tissue inside your mouth. The digestive tract is basically a long hollow muscular tube which extends from the mouth to the back passage (anus), and has special functions at various points along its route.

Digestion begins by breaking up food in the mouth and propelling it down the narrow oesophagus (gullet) into the stomach. The stomach is the widest part of the digestive tract and stores, mixes and breaks food down in readiness for the next digestion process.

The broken down food then passes the pancreas, liver and gall bladder, which secrete enzymes to further break down the food, into the ileum (small bowel). The digestion and absorption of most substances takes place in the ileum (small bowel).

Once this is complete, the food is then moved on again into the wider colon (large bowel). When it reaches this part of the bowel, it is now mostly liquid waste. The colon then reabsorbs some of the salt and water as the waste passes round its route, leaving the semi-solid waste matter (faeces). The faeces then passes into the rectum (back passage) and the sphincter muscles contract to let it leave the body through the anus.

TEMPORARY

Colostomy

A GUIDE FOR PATIENTS

CliniMed[®]
working with you
to improve stoma care

Some colostomies are described as “temporary” which means that there is a strong possibility or expectation that, in due course, the colostomy will be ‘reversed’ or ‘closed’ and normal bowel function restored. Most temporary colostomies are formed from the transverse section of the colon - TRANSVERSE COLOSTOMY.

Whilst you are in hospital

A transverse colostomy is formed by bringing a loop of the transverse colon through a small incision just below the rib cage. In order to prevent the loop slipping back inside the abdomen a small glass or plastic rod or ‘bridge’ is placed under the loop. A small incision is made in the loop of bowel which will allow the faeces (stools) to be passed into a stoma bag. The rod/bridge will be removed after a few days; the skin and muscles will stabilise the stoma. Removal of the rod/bridge is a painless procedure.

When the rod has been removed, and as you get better, the nurses will instruct you and gradually you will learn how to care for your colostomy yourself.

Preparation for closure

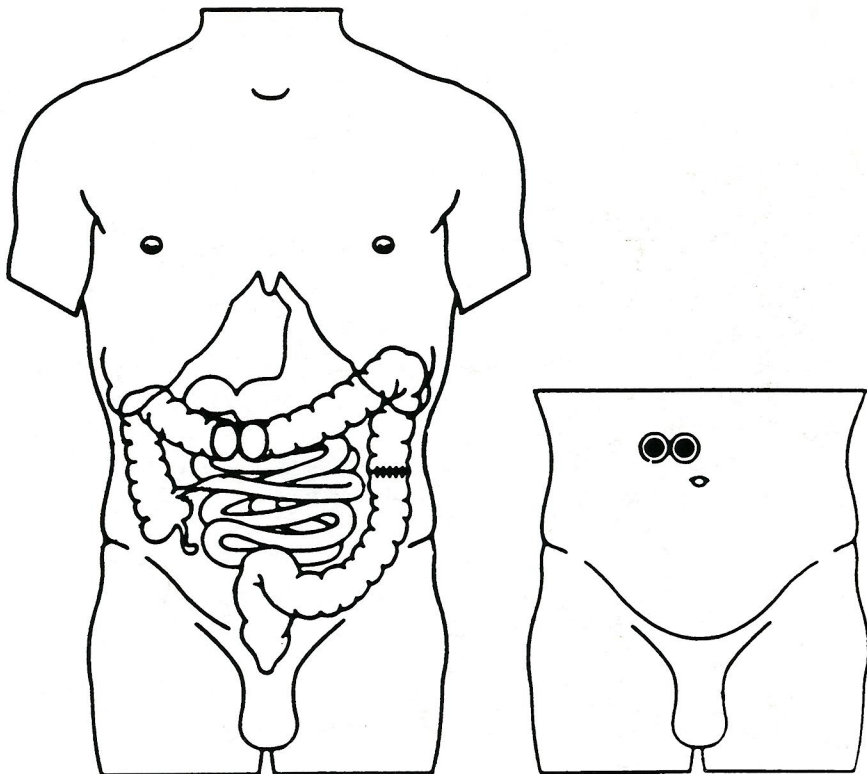
Before your colostomy can be closed, the surgeon must be satisfied that the treatment has been effective, the wounds (inside and outside) have healed properly and that the bowel is fit to resume normal activity.

- You will be given an appointment to attend the X-ray department where a close examination of your bowel can be carried out.
- The X-ray appointment will also include instructions which you should follow carefully. **INFORM THE STOMA CARE NURSE OF YOUR APPOINTMENT.** She will double check that the instructions you have been given take account of your colostomy.
- Take a spare drainable appliance with you when attending for X-ray. The procedure may cause your stoma to act, and the department may not have supplies to help you.
- The surgeon will examine the results of your X-rays and will decide upon the date for your operation.
- The hospital appointments department will inform you of the date of your admission. You have been through this routine before - this time it is a happier one.

Going back into hospital

- Please remember to take your stoma supplies into hospital with you as you will need them in the preparation days. After your stoma has been closed, you will not be needing them any more.
- The Stoma Care Nurse will continue to visit you in hospital as you prepare for closure. She will be interested in your progress and will be another friendly face.

Your Stoma Care Nurse might use these diagrams to explain a temporary colostomy to you.



CliniMed[®]

working with you to improve stoma care

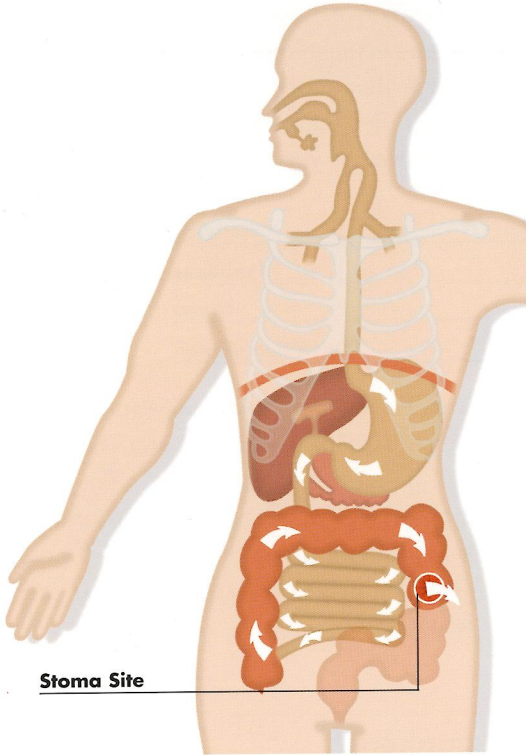
CliniMed Limited, Cavell House, Knaves Beech Way, Loudwater,
High Wycombe, Bucks HP10 9QY.

Freephone: 0800 585125

<http://www.clinimed.co.uk>

E-mail: enquiries@clinimed.demon.co.uk

How does this differ with a colostomy?



Stoma Site

After the formation of a colostomy, the faeces will leave the body through the stoma which has been formed from the colon. Unlike before, when the faeces would go into the reservoir known as the rectum, it now exits through the stoma.

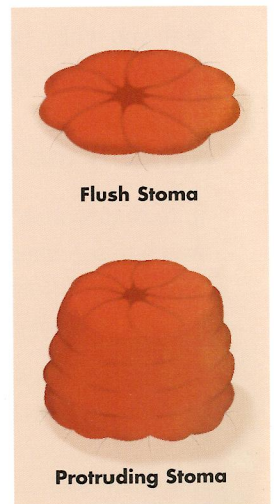
Because a stoma is without sphincter muscles, there is no control over when the waste leaves the body. This is why the waste will now need to be collected in a specially-designed pouch (bag) which adheres around your stoma.

What does a stoma look like?

The stoma looks red and moist, with the colour and texture similar to the inside of your mouth. It may protrude a few centimetres, but stoma's are also often flush with the skin (usually on the left side, midway between your umbilicus (tummy button) and hip).

With little or no sensation, your stoma will not be painful to touch, but with a multitude of small blood vessels, it can easily bleed if knocked or rubbed (when washing for example). This is quite normal.

The stoma will be quite swollen immediately after the operation, but will usually shrink in size over the first 6-8 weeks after the operation.

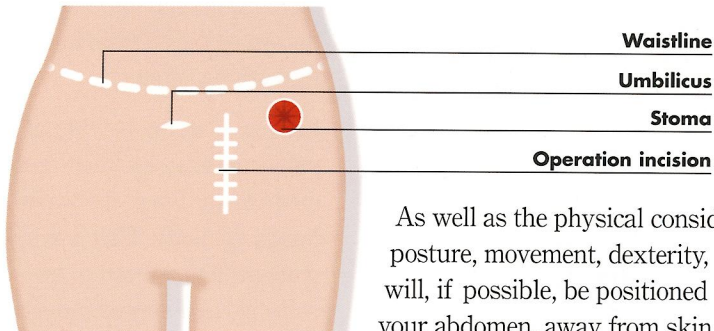


Flush Stoma

Protruding Stoma

Where will the stoma be positioned on the abdomen?

Your stoma care nurse will discuss the position of the stoma with you before surgery.* (S)he will consider various factors to make sure the stoma is in a position that can be easily seen, reached, and which allows easy changing of your pouch. For a colostomy, this will generally be on the left hand side, midway between your umbilicus (tummy button) and hip, on the front of your abdomen.



As well as the physical considerations (such as posture, movement, dexterity, etc), your stoma will, if possible, be positioned on a flat piece of your abdomen, away from skin folds (preventing pouches creasing in use), and where possible away from your waistline. If you want to try wearing a pouch to check that it is in the best position for you, then you can discuss it with your stoma care nurse.

*unless you have had emergency surgery.

Is a colostomy always permanent?

A colostomy may be either temporary or permanent, and your surgeon will discuss with you which type of stoma you are likely to have. It will depend upon the type of surgery that is planned, along with your medical and physical condition.

What is the output like?

Immediately after your surgery, your stoma care nurse or ward nursing staff will watch to see when wind is passed. After this the output can be very loose but eventually, as your system settles down and you begin to return to a normal diet, it is likely to become more formed.

The output depends on a few things, but if the stoma is on the left side and most of the large bowel is still functional, then the bowel movement (faeces) is likely to become fairly formed. If your stoma is situated in the right side or in the transverse section of the bowel, the output tends to be a bit softer. However certain foods, drinks and various medications also might have an affect on the consistency of the output. You will be given advice relating to these factors.

What are the pouches (bags) like?

There are many different types of modern colostomy pouches which are lightweight, comfortable, odour proof and kind to your skin. Your stoma care nurse will show you several types of pouches, give you a choice and help you decide which one is most suitable.

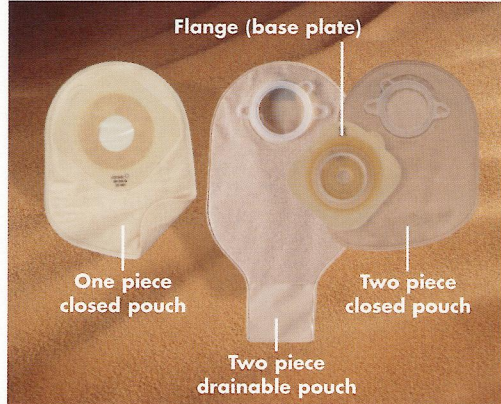
There are two main types of pouches, a one piece (the pouch and flange are combined into one piece) and a two piece (the flange is separate from the pouch, but attach together).

The pouches can be opaque in colour (non see-through) or clear (see-through). They are also available in different sizes from

small (minicaps) through to large (maxi size). Depending on the size and shape of your stoma, you will also be given the choice of pre-cut flanges (which have been cut out already to the size and shape of your stoma) or cut-to-fit flanges (which can be cut by you to the exact shape of your stoma).

The consistency of the faeces will also affect the type of pouch used, the pouch will either have a closed end or a drainable end (to allow the contents to be emptied).

Your stoma care nurse will make sure that you have all the guidance you need and are taught how to manage the care of your stoma effectively before you leave hospital.



Will the pouch be visible through clothing?

If you like to wear fitted clothes, there is no reason why you shouldn't continue to do so. Most people dress as they did before having a stoma. Your stoma care nurse will help you to choose an appliance which will not be visible under your clothing.

Acknowledgements

Our thanks go to the following people who have helped in reviewing this booklet:
Cathy Richards, British Colostomy Association; Barbara Borwell; Pauline McCulloch;
Allison Sharpe.


Useful Addresses

British Colostomy Association
15 Station Road
Reading
Berkshire
RG1 1LG
Tel: 0118 939 1537 Fax: 0118 956 9095

E-Mail: sue@bcass.org.uk
Web-site: <http://www.bcass.org.uk>

Telephone: 0800 581117 (Samples/advice)
0800 328 0777 (Prescription Service)
Facsimile: 01223 235146
E-Mail: dansac.ltd@dial.pipex.com
Web-site: www.dansac.co.uk

All copyright reserved

dansac 
Dansac Limited,
Victory House, Vision Park,
Histon, Cambridge
CB4 4ZR