

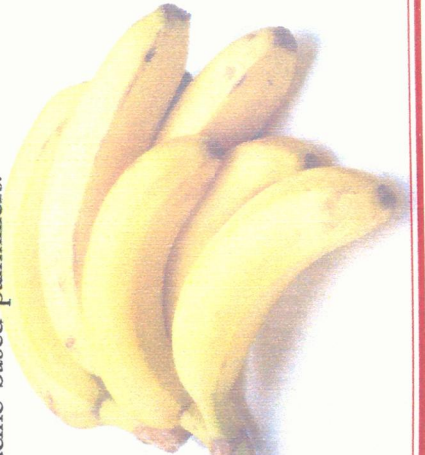
Food and Drink

Having a stoma does not mean that you have to be on a special diet just make sure you eat a healthy balanced diet, add fibre to your diet gradually and see if these agree with your system. If you don't, leave it for a while and then try.
Any medication you take will work just as before.

Consult your GP, hospital, doctors and pharmacist that you have a stoma when you are prescribing or dispensing your medication.

Antibiotics may make your stool softer/looser in consistency.

Acids can cause constipation so can painkillers.



Your Associations Ileostomy & Internal Pouch Support Group

15, PO Box 132, Scunthorpe
DN15 9YW
01724 720150

Advice, information and counselling regarding ileostomies. Contact with other ostomates and local association contact.

British Colostomy Association

15 Station Road, Reading
Berkshire, RG 1LG
0800 328 4257

Advice, information and counselling regarding colostomies.

Urostomy Association

Buckland, Beaumont Park, Danbury
Essex CM3 4DE
01245 224294

Advice, information and counselling regarding urostomies.

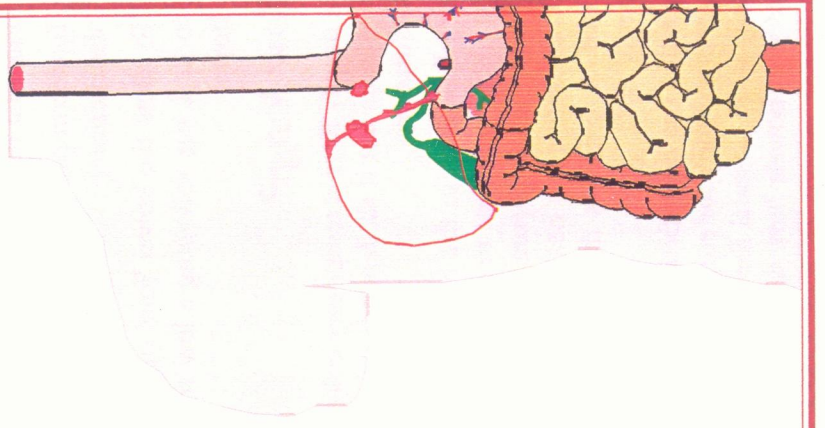
Written by
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Fittleworth
Medical Limited

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and cutting out the fuss*

*Produced by Fittleworth, an
independent supplier of all
prescribable ostomy items,
who may be contacted on
0800 378 846*

Temporary Stomas



For most people the thought of having a 'Stoma' is hard to come to terms with, even if it is not to be a permanent part of their life. So to help ease some of your fears we have produced this 'Factsheet'.

A stoma is formed when the gut is divided locally and a part of the bowel is brought into the skin level. It can be temporary or permanent.

Why?

Temporary colostomies are formed: following traumatic injury to facilitate healing of colonic, rectal and anal disease to decompress the colon in large bowel obstruction to allow the bowel 'join' or anastomosis to heal. e.g. following a low resection of bowel

How long?

Most people usually have a temporary colostomy for 6-12 months but it all depends on you, and your surgeon. It will be seen in the outpatient clinic and you will be discharged. You will be encouraged to undergo various investigations to ensure that the bowel 'join' has healed, where a join was made or to ensure that any disease has been treated.

When this has been determined a date will be arranged for your surgery. You will usually be in hospital for approx 10 days and your bowels have worked normally you will be discharged.



What to expect

The stoma is red and moist and immediately after your surgery it may be quite large; but gradually it will get smaller and less swollen.

Because you still have your rectum in-situ; you may find you experience some leakage from your back passage which occasionally you may not be able to control.

You may also get the urge to sit on the toilet as if you need to open your bowels.

Remember....

You can still bath or shower with the pouch on or off, it is your personal choice.

If leaving the pouch on remember cover up the filter.

It is important for the peristomal skin to remain healthy, skin irritation can be prevented by having a pouch and skin barrier that fits your stoma properly.

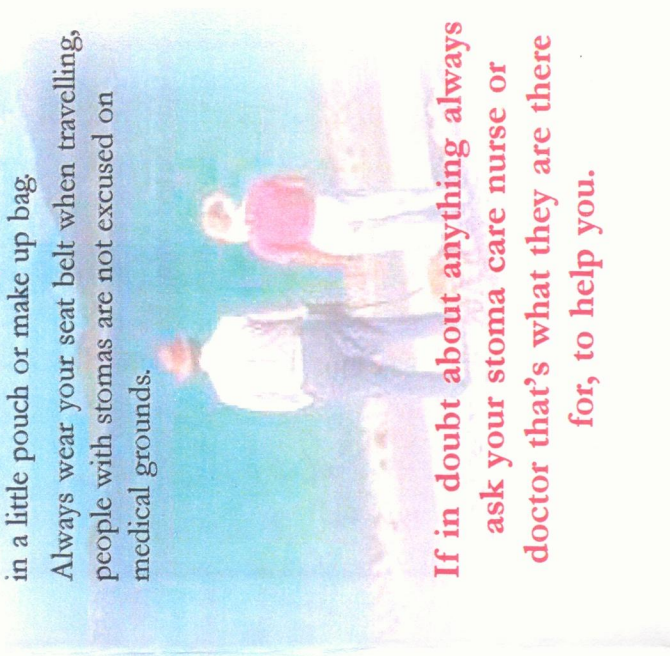
Avoid strenuous activity until given the all clear by your surgeon.

As and when you feel up to it any recreational activity you enjoyed before your operation can be resumed.

If you are to have your stoma closed in the very near future it may not be appropriate for you to return to work - check with your stoma care nurse/surgeon.

Always carry a spare bag discreetly with you in a little pouch or make up bag.

Always wear your seat belt when travelling, people with stomas are not excused on medical grounds.



If in doubt about anything always ask your stoma care nurse or doctor that's what they are there for, to help you.