



preparing for surgery



Facing the news that you need to have a stoma is very difficult but with thousands of people having stoma surgery each year, it is important to remember that you are not alone and there is an abundance of help, advice and support available when you are ready to access it.

In the following pages we will introduce what happens during stoma surgery and offer sources of help and advice.

What is a stoma?

A stoma is a surgical opening that is created to allow faeces or urine to exit before it reaches the rectum or bladder and can either be permanent or temporary.

If your surgery is planned then you should be able to agree on a site for your stoma. A colostomy is usually on the left-hand side of your body whilst an ileostomy is generally positioned on the right. After surgery, instead of coming out in the regular way, your faeces or urine will pass through the stoma. You will no longer be able to hold on to or have control over when you need to pass faeces/urine.

There are 3 types of stoma:

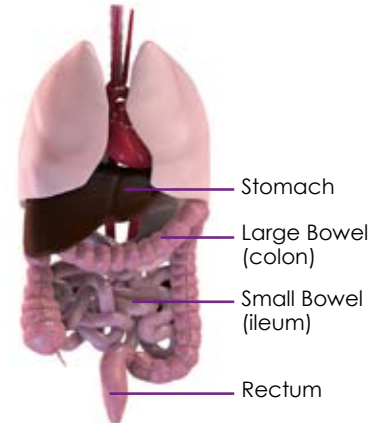
1. Colostomy

Due to the various locations of the colostomy, the faecal mass and liquid output will vary although output will generally be quite firm.

Colostomies can be categorised into 2 main types:

- **End colostomy**

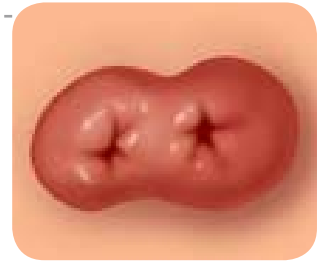
An end colostomy is most commonly formed following rectal or anal cancer and can be temporary or permanent. It is formed when parts of the large bowel (colon), rectum and anus need to be bypassed and/or removed because of disease, cancer or severe injury. During your operation, part of your large bowel (colon) will be brought to the



surface of your abdomen to form the opening, called a stoma. Temporary colostomies are performed to allow the intestine time to heal, however, this healing time might take up to several years.

- **Loop colostomy**

This is created by bringing a loop of the bowel through an incision in the abdominal wall. The loop is held in place outside the abdomen by a plastic rod, slipped beneath it. An incision is made in the bowel to allow the passage of faeces through the loop colostomy. The supporting rod is then removed approximately 7-10 days after surgery, when sufficient healing has occurred that will prevent the loop of bowel from retracting into the abdomen. So a loop colostomy actually consists of two stomas that are connected to one another. It is most often performed for creation of a temporary stoma to divert faeces away from an area of intestine that has been blocked or ruptured.



2. Ileostomy

As there is no storage in the small intestine some of the food you will eat will drain into your pouch in 1-2 hours.

Ileostomies can be categorised into 2 main types:

- **End ileostomy**

This is constructed when the colon has been removed usually due to inflammatory bowel disease such as Ulcerative Colitis or Crohns Disease. This type of stoma will act frequently, discharging a fluid/toothpaste consistency output.



- **Loop ileostomy**

A loop ileostomy is created when a loop of the small bowel (ileum) is brought out as a stoma but the colon and rectum are not removed. The procedure is usually only used as a temporary measure, when it is necessary to remove part of the colon. Once the remaining colon has healed, it can be reconnected to the small intestine, and the stoma can then be closed.



3. Urostomy

In a urostomy operation a passageway will be made for urine to pass from your kidneys to the outside of your abdomen. For some people the bladder may need to be removed due to damage or disease.

The most common type of urostomy is an ileal conduit which involves a piece of the small intestine or ileum being removed and separated from the gastrointestinal tract. One end of the ileum is closed while the other end becomes the stoma. The conduit acts only as a passageway and does not store urine and for this reason urine will constantly flow into the pouch.



Pre-surgery

Before surgery, members of the medical team, which includes your surgeon, your specialist stoma nurse and many other healthcare professionals, will help to prepare you and advise you about your operation. You will discuss with your surgeon the type of stoma which is best for you and whether the stoma is going to be permanent or temporary. The procedure involved will be carefully explained and you will have the opportunity to voice concerns or ask any questions.

Due to the wealth of information that you will be given, it is quite likely that you will not be able to take it all in at first. But your Stoma Care Nurse (also known as Enterostomal Therapy (ET) nurses or Wound Ostomy Continence (WOC) nurses) will be on hand both before and after surgery to help you through it. Your Stoma Care Nurse will want to know as much as possible about your lifestyle and needs and based on this your nurse and surgeon will recommend the best position for your stoma.

It is perfectly normal to be anxious before surgery and undoubtedly you will have numerous questions on the subject. Whilst your medical team will be on hand to offer any advice, the following may be of some help to you.

common questions

1. What will my stoma look like?

By looking at the diagrams on pages 1-3 you will see that stomas can vary in shape and size. They will however be moist and pink/red in colour. It is quite normal for your stoma to be swollen after surgery but within a few weeks it will have settled down to its normal size.

2. How do I know which pouch to choose?

Depending on the type of stoma surgery you have had ie. colostomy, ileostomy or urostomy, this will indicate the pouch that you should wear:

- Colostomates will generally wear closed pouches as the output is solid. However, if your output is particularly liquid then a drainable pouch may be more appropriate.
- Ileostomates will use a drainable pouch.
- For urostomates it is best to use a pouch with a bung/ tap closure so that the contents can be drained easily.

Your Stoma Care Nurse will advise you on what is the best option for you. For further details on the Eakin range of pouches including their features and benefits, please refer to 'The Pouching Process' booklet.

3. How do I change my pouch?

In the weeks after surgery when you have got used to your stoma, you will notice that at particular times of the day it will be more active than others, for example after eating. You can then fit your pouch changing routine around this, trying to choose times when your stoma is least active and always try to stick to this same routine.

Before starting make sure that you have everything you need. For a list of Eakin products that are available and their uses, please refer to 'The Pouching Process' booklet.

4. Is the pouch likely to leak?

If the pouch is fitted correctly then it should not leak. Your Stoma Care Nurse will advise you on how a pouch should be fitted and you can also follow the process in 'The Pouching Process' booklet.

5. Will I have to change my diet?

No, you will still be able to eat a balanced diet but it is advisable that you eat regularly. You will find that certain foods may cause wind, diarrhoea, constipation, blockages, odour or discoloured urine on occasion and you can reduce your intake of such offenders if necessary. In time you will find the balance that works for you.

For a more detailed look at diet after surgery please refer to our 'Diet' booklet.

6. When will my stoma begin to work?

Your stoma will begin to work within a few days after your operation. However, it will take a few additional days for your stoma to begin to function normally. Your Stoma Care Nurse will be able to offer further advice on this subject.

7. Will I still be able to work?

Yes, as with any operation you will need a period of convalescence before undertaking any activities but in time you will be able to return to regular employment. When you feel comfortable with your own stoma care routine you can perhaps begin work gradually and seek advice from your stoma care nurse or doctor if necessary. For further information on this subject and other similar matters, take a look at our 'Lifestyle' booklet.

8. Will I still be able to travel?

Yes, travel should not be restricted because of your stoma. It is advisable, however, not to fly within the first 6 weeks following surgery, as with any operation, due to the increased risk of Deep Vein Thrombosis. The following checklist may also help before travelling:

- Take plenty of ostomy supplies with you.
- Keep enough supplies in your hand luggage to last you for a week or so.
- Obtain a list of medical professionals and ostomy associations local to your destination just to be on the safe side.
- Check your travel insurance policy to make sure you are covered.
- Take steps to prevent or cope with the possibility of diarrhoea.

9. Where can I find support?

Your Stoma Care Nurse as well as other medical advisers will be on hand to offer you help and support. There are also a number of Ostomy Associations & Groups available to provide information, encouragement and emotional support – your Stoma Care Nurse will be able to give you details of groups in your area. There are also numerous support groups and online discussion forums where you can find a wealth of information from other people in exactly the same situation as you who are only too willing to answer your queries.





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