

### Stoma Problems

- Discoloration: It should be pink to red in color. Should the stoma show color changes (gray/black), notify your surgeon.
- Retraction: The surface of the stoma will be at the same level as the surface of the abdomen or protrude ½ to 1 inch. If the stoma appears to be disappearing below the surface of your abdomen, then notify your surgeon.
- Prolapse: The stoma will project ½ to 1 inch from the surface of your abdomen. If the stoma becomes prolapsed it will look much longer than this.
- Herniation: A bulge in the skin around the stoma.
- Stenosis: Stoma becomes narrow.
- Laceration: Small cuts to the stoma surface due to scraping from the ostomy appliance or being too rough when cleansing stoma.
- Bleeding: Small pinpoint droplets of blood are normal. If bleeding doesn't stop, your surgeon should be notified.

### Reminders

- Make certain to keep your follow up appointment with your surgeon and ostomy nurse for continuity of care.

- If you develop any problems relating to your surgery or if you are uncertain about how you feel, contact your surgeon's clinic and arrangements will be made for you to be seen.

### Other Instructions

- 1 Belt application. If a belt is used, attach to the tabs on the pouch's flange and adjust to a comfortable fit.
- 2 Pouch replacement and gas release.
  - Remove the pouch by pulling the tab at the top of the pouch while maintaining gentle pressure on the wafer.
  - To release accumulated gas, use same tab and then reseal pouch.
  - If you have a pouch with a filter system the gas should release naturally on its own.
- 3 Tail closure attachment and removal:
  - Tail closure may be attached before pouch application.
  - Fold pouch tail over "knife" edge of closure only once. Hold in place.
  - Press firmly on raised bar of closure (especially at centre) until it "snaps" securely closed.
  - To remove closure, separate knife edge from bar.

- 3 - If you have been given a pouch without a plastic clamp, roll the bottom of the pouch 3 times and push closed the Velcro system to lock in place.

### For More Information

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## Ostomy Discharge Instructions



### Our Vision

The vision of Western Health is that the people of Western Newfoundland have the highest level of health and well being possible - Your Health Our Priority.



# Ostomy Discharge Instructions

You are recovering from your surgery and going home. In order to continue your recovery and obtain the best possible result, it is important that you follow the instructions listed in this pamphlet.

## Nutrition

You will eventually be able to return to most of your normal dietary habits. You may need to modify your diet.

You will learn which foods produce gas or odor, which cause diarrhea, and which produce constipation. The dietitian will give you information about your dietary regime.

Ensure to drink plenty of fluids (6-8 glasses/day). Drinking cranberry juice twice a day is encouraged to maintain adequate output and lessen the occurrence of infection and odor in the urine.

## Activity

Once you have recovered your health, you may continue a normal daily routine as you did before the operation.

You are advised not to do heavy lifting or do strenuous activity for at least six weeks unless ordered by your surgeon. Walking is a good form of exercise and helps to tone up muscles.

## Special Instructions

- You will be shown how to care for your ostomy by the ET/Ostomy Nurse.
- Your incision may have a special dressing. You will be shown how to care for this and a Community Health Nurse will visit your home.
- Your sutures/staples are usually removed within 1-2 weeks following your surgery. We will make arrangements for the Community Health Nurse to do this. If you have absorbable sutures, they will dissolve on their own.
- You are advised to continue to do your deep breathing and coughing exercises to prevent chest congestion and to do your toe, leg, and ankle exercises to prevent blood clots in the legs and for good circulation.
- Take regular pain medications as ordered by your surgeon.
- Alcoholic beverages are not recommended while taking pain medications. Certain medications may affect the color and consistency of your ostomy. You may be given information on this, or your pharmacist can advise you also.

## When You Should Call a Doctor or a Nurse

- Fever – this may be a sign of infection.
- Pain – prolonged unusual pain in the operative and stoma area.
- Increased tenderness, swelling, bleeding, redness, or drainage from incision.
- Unusual change in stoma size and appearance (may become narrow, may grow outward, or may protrude).
- Obstruction at the stoma site and/or prolapse.
- Excessive bleeding from the stoma opening or a moderate amount in the pouch over several emptyings of the pouch. (Note: The eating of beets will lead to some red discoloration).
- Injury to the stoma or a cut in the stoma.
- Continuous bleeding at the junction between the stoma and the skin.
- Severe watery discharge lasting more than 5-6 hours. Any other unusual occurrences regarding the ostomy.

## How to Take Care of Minor Skin Irritations

- Wash affected area with water only. Soap leaves residue that may irritate the skin.
- Make sure the appliance is secure and doesn't leak. If it does leak, do not patch the leak. Change the appliance.
- Do not use ointment or cream unless recommended by your physician or ET Nurse.
- Do not use any barrier wipes containing alcohol to skin that is already irritated.
- If skin irritation still persists, notify your ET nurse or doctor.

## Stoma Hints

- Stoma will get smaller over a 6-8 week period. This is normal.
- Stoma should be pink to red in color and moist.
- Stoma surface will be at the same level as the surface of the abdomen or protrude ½ to 1 inch.
- At times your stoma may bleed slightly when you change the appliance or clean the surrounding skin. Do not be alarmed, this is not a cause for concern.