

Colostomy Surgery Discharge Advice

Introduction

This leaflet supports the discussions you are having with your Colorectal Nurse before you leave hospital following colostomy surgery but please ask if you have any specific questions or need further information.

Our aim is to enable you to manage your stoma as independently as possible, access support and advice when you need it and get on with living your life. Ongoing practical help and support is available from the Colorectal Nurses if you need it.

Naturally it will take time to adjust to life with a stoma so please contact any of the Colorectal Nurses in confidence if you need further support or would like to speak to someone who has experience of life with a colostomy.

Common Questions

Will my Stoma be rechecked after I go home?

We will arrange a routine Stoma Clinic appointment at the hospital within two weeks of going home and again at around six weeks. Additional appointments may be needed if you have ongoing problems with your stoma care. If you are unable to come to the hospital we may ask your permission to refer you to a community Stoma Care Nurse, employed by one of the Stoma Care companies.

Will the Stoma change in size?

Yes the stoma will be swollen at first and any swelling will usually go down within the first two months after surgery. It may take less time to shrink if you have had keyhole surgery. The stoma flange will need to be adjusted as the stoma shrinks. If you have lost weight during your illness you may notice the stoma increases in size as you gain weight. The Colorectal Nurses can re-measure your stoma on request.

Is bleeding from the Stoma normal?

It is common to find a little blood on the cleansing wipes when cleaning the stoma, especially in the first few weeks after surgery. Beetroot or blackcurrant juice may cause red discolouration of your stoma output. You should seek medical advice if you notice heavy bleeding from your stoma.

How often should I change the Pouch?

The pouch should be changed when it is a third to half full. This will usually happen around twice a day. The stoma may work during the night or function erratically at first so bed protection may be advisable for a few weeks whilst you get used to your stoma. You may need to use a drainable pouch at first however as the output thickens a closed pouch will be more suitable. Your Colorectal Nurse will assess your stoma function and advise you about this.

Once you have gained more confidence you may wish to try alternative pouches. Ask your Colorectal Nurse if you would like more information on what products are suitable for you.

Empty the pouch contents into the toilet by cutting the pouch before discarding the used pouch in the disposal bag and then into the dustbin.

Can I control the Stoma Function?

You may find adjusting your diet helps to control your stoma function. Avoid excessive fibre to keep your stoma from becoming overactive but eat regularly to help it to function properly and drink plenty to maintain good hydration. Remember, you may be able to wear a flushable pouch or manage your stoma with a stoma cap, plug or learn stoma irrigation. Please ask your Colorectal Nurse for further information if you have not yet discussed these options.

Should I expect any odour from the Stoma?

You should not notice any odour other than during a pouch change. All stoma pouches have built-in flatus filters to deodorise wind and allow it to be released. Odour neutralizer sprays can be used when emptying or changing your pouch. If you notice any odour whilst wearing your pouch it may be due to leakage or an inadequate flatus filter. Please contact your Colorectal Nurse if you want to try an alternative product.

How will I obtain Stoma equipment?

You will be given a stock of equipment to take home from hospital and you will be shown how to order further supplies. You can get your equipment from a specialist home delivery service or from your local chemist who should also supply disposal bags and wipes free of charge. There is no charge for using a home delivery service.

All stoma equipment is available on prescription. The colorectal nurses or the community stoma you see will complete a prescription for stoma supplies and register you with a company. You may be contacted by an alternative stoma nurse attached to your GP practice, if so, you are not obliged to see them or swap appliances or Delivery Company unless you wish to.

You will become exempt from charges if your stoma is permanent. A prescription exemption certificate form (FP92A) is available from your chemist, GP surgery or online. If you currently pay for your prescriptions and your stoma is temporary, you may benefit from obtaining a prepayment card. Your Specialist Nurse can advise you regarding this.

What about baths or showers?

The pouch is waterproof so you can either change it or dry it off with a cool hairdryer after bathing or showering. You may choose to remove your pouch to shower or bathe but remember that you will not be able to prevent the stoma from working. Avoid using any oily bath or shower products and do not clean your stoma or surrounding skin with soap as they may interfere with pouch adhesion and cause skin irritation.

Will any medication affect my Stoma?

Blood thinning agents such as Warfarin or Aspirin can cause the stoma to bleed more freely. Antibiotics may give you diarrhoea. Iron tablets will colour your stool black and may contribute towards constipation or diarrhoea. Do not insert any form of medication into your stoma except under the supervision of your Colorectal Nurse.

Do I need to follow a Special Diet?

No, but you may find it helpful to eat smaller, high calorie meals at first and to avoid eating too much fibre during the first few weeks whilst your bowel is swollen. Eating regularly may help regulate your stoma function but some foods may affect your stoma function so try different foods to see what suits you. Most people can eat most foods so try to resume your normal diet wherever possible to establish a regular pattern.

A certain amount of wind is normal but excessive wind may be caused by the following:

- fizzy drinks
- chewing gum
- smoking
- gulping food or fluids during meals
- not eating for long periods

Some foods are also associated with excess wind or odour but this list is only an indication:

Wind	Odour
Beans	Beans
Onions	Onions
Cabbage / Cauliflower	Cabbage / Cauliflower
Broccoli	Leeks
Mushrooms	Broccoli
Eggs	Eggs
Sprouts	Fish
Curry	Cheese

Add these foods gradually to your diet and see how they suit you. Tips to avoid wind include drinking peppermint tea or over the counter wind medication.

Most people are able to drink moderate amounts of alcohol without any effect on the stoma. Large quantities of alcohol may cause your stoma output to be loose as this has a laxative effect. Remember to keep within the safe limits of alcohol consumption

Will I pass anything from my Rectum?

If your rectum has not been removed during the operation you may pass some old blood, mucus or stools from time to time. Sit on the toilet and push normally to try and evacuate without straining. If you are unable to control the discharge from your rectum please contact your Colorectal Nurse for advice.

If your rectum has been removed you may still have phantom sensations to open your bowels. These sensations may decrease over time. Some people find just sitting on the toilet helps to reduce the sensation. Please get in touch if this is a concern for you.

Are there any alternative ways to manage my Stoma?

Potentially- Yes. Alternative management methods include the use of flushable pouches, colostomy irrigation, use of stoma plugs or a pouchless ostomy device. These methods are often suitable for people with active lifestyles. Please discuss with your Specialist nurse if you would like more information and to discuss their suitability.

Troubleshooting

What if the skin around my Stoma is sore?

Change your pouch immediately if it has leaked to avoid skin soreness. Ask for a Stoma Clinic appointment as soon as possible if you have persistent or unexplained leakage, itching or any other stoma management problems.

Common causes of sore skin include:

1. The hole in the flange is too large exposing the skin around the stoma.
2. The flange has not been fitted correctly over the stoma often resulting in a crescent of sore skin.
3. The pouch is being changed too frequently or not often enough.
4. Pancaking of stool i.e. where stool does not fall into the pouch but sits on the stoma.

This can lead to the stool leaking from the flange edge. If you experience this please contact your Colorectal Nurse who will be able to offer advice.

Can I become constipated?

Yes. Ideally your stoma output should be semi-formed and the stoma should function regularly. Constipation may be caused by painkillers, lack of exercise, poor diet or an inadequate fluid intake. Signs of constipation include the passage of hard stools or reduced stoma function. Drink plenty of fluids, eat regularly and gently increase the amount of fibre in your diet. Sources of fibre include high fibre breakfast cereals, wholemeal bread, beans, pulses, vegetables and tinned or fresh fruit. Ensure that you chew high fibre foods well to reduce the risk of blockage. You may use a laxative if necessary but consult your GP if the problem persists.

If your stoma stops working and you feel unwell with cramping pain, abdominal swelling and nausea or vomiting you should see your GP.

Can I get diarrhoea with a Colostomy?

Yes, however some medical conditions or medications or if you are on chemotherapy may also cause the stoma output to be loose. If you think you have a viral tummy upset or food poisoning or your output is usually loose you may find it easier to wear a drainable pouch. Ask your supplier for a small quantity.

If it continues for more than 48hrs and you are concerned you should arrange to see your GP who may request a stool specimen. If so, always collect the specimen immediately after applying a fresh pouch.

If you think the loose stool is caused by something you have eaten which disagrees with you try it a few times before deciding whether to exclude it from your diet.

You can take over the counter anti-diarrhoeal medication if necessary to thicken loose stools or see your GP for further advice.

What if I develop a swelling to the skin surrounding my Colostomy?

Approximately half of those with a colostomy develop a swelling or hernia around their stoma. The risk increases with age and is more common in people with larger stomas. Avoid lifting and stretching in the weeks immediately after your operation and support your abdominal muscles when coughing or sneezing. Should you notice any swelling and discomfort around your stoma

please contact your Specialist Nurse for advice. If you do any physically demanding activities e.g. heavy lifting or digging, your specialist nurse may suggest a support garment.

Relationships

Having a stoma will naturally affect both you and your partner so we encourage you to be open with each other about your stoma and to discuss your feelings. Studies have shown it can take up to a year to adjust to life with a stoma. We can provide further advice and support or refer you for specialist help if needed.

Sex can be resumed when you both feel ready however pelvic surgery and radiotherapy can impair sexual function and problems may not occur for several months. These may include erection problems or discomfort during sex. You can discuss treatment options with your Colorectal Nurse, Consultant or GP.

Clothing

You should be able to wear your usual clothes when the soreness from your operation has settled. Men may find braces more comfortable to wear with trousers than a belt. Your clothing will not prevent your stoma from working but very tight clothing can cause friction and bleeding. Information about specialist clothing, swimwear, underwear and support garments is available from your Colorectal Nurse, Stoma Companies or the Colostomy Association.

Getting out and about

You may naturally feel anxious or self-conscious about going out and socialising at first. Start off with short trips out with access to toilet facilities until you become more confident. Always take spare stoma equipment out with you in case you need to change the pouch. Single cubicle toilet facilities are available all over the UK if you urgently need to change your pouch. Details of how to obtain a RADAR key for these facilities are at the end of this leaflet.

Driving

You may begin to drive when you are able to complete an emergency stop safely. This is normally about 6-8 weeks after your operation. You may need to inform your insurance company that you have had an operation. Sometimes you may not be insured for a certain time after major surgery. You must wear a seatbelt.

Fertility and Pregnancy

Having a stoma does not prevent ladies from getting pregnant although your fertility may be reduced depending on the type of surgery you have had. Take precautions to avoid becoming pregnant within six months of surgery. You may need contraceptive advice from your GP.

Returning to Work

Most people return to their normal life following a reasonable recovery time. Return to work when you feel well enough and your Consultant / GP agrees. Typically this could be between six to twelve weeks after your operation. If your work involves lifting you may need to take things easy at first, do lighter duties or take longer off work. If you need any advice about financial benefits please speak to your Colorectal Nurse who may advise referral to the Citizen's Advice Bureau.

Gradually increase the exercise you take before returning to work. Avoid heavy lifting or strenuous manual work for the first three months as this may lead to a stoma hernia developing. A stoma support belt can be obtained from your Colorectal Nurse.

Sport/Physical Activities

Having a stoma is not a barrier to enjoying sport or other physical activities but if you are unsure please check with your GP or Colorectal Nurse about when it is safe to resume sports. You may wish to wear a smaller pouch for example when swimming - all pouches are waterproof.

Holidays and Travel

If travelling abroad check your holiday insurance covers you for pre-existing conditions. Pack pouches in your hand luggage in case your luggage is lost. A travel certificate in foreign languages is available from your Colorectal Nurse or the Colostomy Association in case you need to make anyone discreetly aware that you have a stoma. You are entitled to request a private room in the event that your luggage is inspected.

When on holiday, abroad or at home take twice as many appliances with you as you think you will need in case you have a problem. Always have a small travel kit of supplies when travelling or going out for the day. You may wish to avoid fizzy drinks before a long journey to keep the stoma less active. Drink bottled water when advised to avoid a stomach upset, drink plenty in hot weather to prevent dehydration and constipation. Make sure you have fluid replacement powder and anti-diarrhoea treatment with you in case you get a tummy upset. In very hot places store pouches in a cool, dry place and remember you may need to change your pouch more often.

Contact Us

Colorectal Nurse Specialists

Mon-Fri 8am to 4pm excluding Bank Holidays

Birmingham Heartlands/Solihull Hospital

0121 424 2730 (24hr answer phone)

Good Hope Hospital

0121 424 7429 (24hr answer phone)

Queen Elizabeth Hospital Telephone: 0121 371 4501 Email: colorectalnursingcns@uhb.nhs.uk

Further Information

RADAR

0121 616 2942

www.radar.org.uk then go to RADAR-SHOP

Colostomy UK

Helpline open 24 hours a day: 0800 328 4257

hello@colostomyuk.org

www.colostomyuk.org

Accessibility

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