

Discharge Advice after Ileostomy Surgery

Introduction

This leaflet supports the discussions you are having with your Colorectal Nurse before you leave hospital following ileostomy 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 but on-going 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 an ileostomy.

Common Questions

Will My Stoma be rechecked after I Go Home?

We will arrange a routine Stoma Clinic appointment at the hospital within 2 weeks of going home and again at around 3-4 weeks. Additional appointments may be needed if you have on-going 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 is swollen at first and any swelling will usually go down within the first two months of 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 a lot of 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 Empty the Pouch?

The pouch should be emptied into the toilet when a third to half full. This will usually be four to six times a day. Empty the pouch before going to bed. 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. The stoma output should be less than one litre in 24 hours. Drink eight to ten cups of fluid per day to maintain good hydration.

Information for Patients

How Often Should I Change the Pouch?

Most people change the pouch every 1 to 3 days. If you have a two-piece system you will usually change the flange every two or three days and change the pouch every one or two days, or as directed.

Should I Expect Any Odour from the Stoma?

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.

Can I Control the Stoma Function?

The output from your ileostomy cannot be controlled by restricting or skipping meals. Eat regularly to avoid making the stoma output more watery and increasing noise.

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, who also supply disposal bags and wipes free of charge or from your local Chemist. 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. If you currently pay for your prescriptions and your stoma is temporary, you may benefit from obtaining a prepayment card. Your Specialist Nurse will help you with this.

What about Baths or Showers?

Avoid using any oily bath or shower products which may interfere with pouch adhesion. The pouch is waterproof so you can either empty it prior to bathing or showering. You may then change it or just dry it off with a hairdryer. If you remove your pouch whilst bathing or showering you will not be able to prevent the stoma from working.

Will Any Medication Be Affected?

Certain medications, particularly coated ones, can pass through your bowel unaltered and will not be absorbed. Contact your GP if you notice your medication in the stoma pouch or toilet bowl after emptying as they may need to be altered to maintain their effectiveness. The oral contraceptive pill may not be absorbed and it is advisable to seek advice on alternative birth control methods. Blood thinning agents such as Warfarin can cause the stoma to bleed more freely.

Do I Need to Follow a Special Diet?

You may find it helpful to eat smaller, high calorie meals at first and to avoid excessive fibre intake during the first few weeks whilst the swelling of your bowel goes down. Some foods may affect your stoma function so a certain amount of experimentation will be needed. In general however, most people can eat most foods so try to resume your normal diet wherever possible to establish a regular pattern.

Information for Patients

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

- fizzy drinks
- chewing gum
- smoking
- gulping food or drinking fluids during meals

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
Sweetcorn	Broccoli
Mushrooms	Cheese
Cucumber	Cucumber
Radish	Fish
Eggs	Eggs

Most people are able to drink moderate amounts of alcohol without any effect on the stoma. Large quantities of beer, cider or spirits may cause your stoma output to be loose as they act as a natural laxative.

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 have your bowel open. These sensations decrease over time. Some people find just sitting on the toilet helps to reduce the sensation but please get in touch if this causes concern.

Troubleshooting

What If The Skin Around My Stoma Is Sore?

The output from your stoma contains digestive enzymes which will burn your skin so change your pouch immediately if it has leaked. 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. The stoma spout is short causing the stoma output to leak under the flange. This is more common in temporary stomas.

What If My Stoma Output is high?

The causes of high output vary but can include infections, inflammation or a shortened bowel through surgery.

Information for Patients

If your stoma output is regularly over one litre in 24 hours you may become dehydrated and you should contact your GP or Specialist Nurse for advice.

The symptoms of dehydration include thirst, dry mouth, loss of appetite, nausea, vomiting, general fatigue and headaches. Simple ways to replace fluids include:

- Isotonic sports drinks help to replace essential salts and sugars. Soup and Bovril are also a useful way of replacing salt losses.
- Oral rehydration solutions are available from chemists and supermarkets. These can be used to replace fluid and electrolyte losses.
- Avoid non-isotonic drinks such as water, coffee, tea and alcohol as these can increase fluid and salt losses.

You may be given anti-diarrhoeal medication to slow down fluid losses and in some cases a rehydration solution may be necessary to replace fluid and salt losses. You may also need to have your stoma equipment reviewed.

Can I Become Constipated?

No, this is abnormal in an ileostomy and you should not take laxatives or use enemas. If the stoma is inactive for six hours or more it can be a sign of a blockage or bowel adhesions. Seek medical advice if your stoma stops working as normal and you have cramping pain, abdominal swelling and nausea or vomiting.

Below are examples of foods which can cause a blockage of the stoma:

- | | |
|-------------|------------------------|
| ➤ Nuts | ➤ Mushrooms |
| ➤ Coconut | ➤ Coleslaw |
| ➤ Pineapple | ➤ Skins, seeds or pips |
| ➤ Sweetcorn | |

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 how you are feeling. 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 you need it.

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

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 Ileostomy 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

Information for Patients

spare stoma equipment out with you in case you need to change the pouch. Locked toilet facilities are available all over the UK if you urgently need to change your pouch. Details of how to obtain a 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 4-6 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 you 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. Speak to the Colorectal Nurses if you need any advice about financial benefits.

Gradually increase the exercise you take before returning to work. Avoid heavy lifting or strenuous manual work for the first three months as they may lead to a stoma hernia. 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 is available from your Colorectal Nurse or the Ileostomy 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 eat drier foods and 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 make sure you have fluid replacement powder and anti-diarrhoea treatment with you. 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	(24hr answer phone)
Heartlands/Solihull Hospital	0121 424 2730
Good Hope Hospital	0121 424 7429
Queen Elizabeth Hospital	0121 371 4501 colorectalnursingcns@uhb.nhs.uk

Information for Patients

Follow us on Twitter [@uhbcolorectal](#)

Other useful addresses

Ileostomy Association

Birmingham branch: 0121 3552745/07842 555070

Email: Mike Jameson mike.jameson@iasupport.org

www.birmingham.iasupport.org

National Association for Colitis and Crohns Disease (NACC)

Tel: 01727 830038

Website: www.nacc.org.uk

Further Information

RADAR

0121 616 2942

National key scheme to access disabled toilet facilities

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

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.