



Living with a Colostomy

A colostomy is a stoma created from the large bowel. This is a general guide to help you care for your stoma. For further information and education, please contact your Stomal Therapy Nurse (STN).

Changing your bag

- Wash your hands before starting and again when finished
- **Prepare your equipment:**
 - Bowl of warm water
 - Washcloth or chux-style cloth, water-based baby wipes are okay for use
 - New colostomy bag
 - If not pre-cut, cut a hole in the pouch base plate that matches your stoma size
 - Plastic bag for rubbish (recycled, freezer or nappy bags)
 - Any accessories you use (remover spray/wipe, extender tapes, seals, barrier wipes)
- Gently remove your old bag (using remover products if provided)
- Clean the stoma and surrounding skin with a damp washcloth and then dry the skin
- Inspect the skin around your stoma – if red, bleeding or sore, you may need to contact your STN
- Check your stoma size regularly and adjust the base plate opening to fit the stoma snugly – the stoma may change in size over time
- Apply the new base plate and attach the bag (two piece) or apply the bag (one piece)

An alternative procedure is to prepare your equipment as above, remove the old bag and shower with the bag off, dry the skin and then put on your new bag (making sure any soaps or moisturiser are removed from the skin surrounding the stoma).

Emptying and changing your bag

- If using a closed bag, change the bag when it is one third full
- If using a drainable bag, empty when it is one third full. Drainable bags can be emptied directly into the toilet. To avoid back-splash, a layer of toilet paper can be placed on the surface of the water. Clean the bag outlet thoroughly, toilet paper is okay to use

Disposal of your bag

- Place the bag and used cloths in the rubbish bag and tie securely
- Dispose as normal household rubbish
- It is **not** recommended that the bag is burnt
- Bags are **never** to be flushed down the toilet

Hints:

- You may notice a few spots of blood on the cloth when cleaning the stoma - this is normal. Contact your STN if you notice more than a few drops of blood
- Go to the hospital if you have excessive blood or blood clots in bag, this is not normal

Ordering supplies

- Always keep a small number of supplies on hand in case there is a delay with your order
- An order form listing your supplies will be given to you prior to discharge from hospital or a supply list will come with your first order
- Order only what you need each month from this list. Do not over-order as appliances are expensive and have a use by date: over time they can deteriorate in warmer conditions and you might need to change supplies if your stoma or abdomen change shape
- Orders may be collected in person from your Stoma Association or posted to your address. An added fee for postage and handling is required. Allow 2 – 3 weeks for delivery

Storing supplies

- When you first arrive home from hospital, put all your supplies and any written instructions for changing your bag in one area
- Store your products in a cool dry place away from direct sunlight (preferably not in the bathroom)
- Rotate your stock to keep them fresh, including the stock in your emergency stoma kit

Being admitted to hospital or attending an outpatient review

- Take your supplies with you, as the bag you are using may not be available

Dietary information

- This dietary information has been compiled as a guide only, for more detailed information discuss with your Stomal Therapy Nurse or Dietitian
- Although you now have a colostomy, you generally should not have to change your eating habits significantly
- You may now be able to eat foods you were having trouble with prior to the surgery
- Each person is an individual and will react to each food type in their own way
- It is important that you have a well-balanced diet

Foods that may CAUSE gas / wind

- Passing wind is a natural occurrence. Passing wind into the bag is not a concern unless it causes problems with the pouch or it occurs at times that might cause embarrassment
- Beans, onions, cabbage, mushrooms, baked beans, broccoli, brussel sprouts, corn, garlic, cauliflower, fizzy / carbonated beverages including beer, low calorie sweets and lollies (with Sorbitol) may cause gas
- Gas may also be a result of swallowing air. Chewing with your mouth open, drinking with a straw, smoking, snoring and chewing gum can all increase the amount of air you swallow

REDUCING gas / wind production

- Eat your food slowly, chew with your mouth closed and avoid gulping your food
- Eating too much food at one time adds to discomfort
- Eat regular meals, as skipping meals is more likely to increase gas production

Foods that may PRODUCE odour

- Cheese, beans, onions, cabbage, fish, asparagus, broccoli, cauliflower, eggs, lentils, garlic, some spices may produce odour

Foods that may REDUCE odour

- Yoghurt, cranberry juice, Yakult, buttermilk, fresh parsley, stewed or grated apple (without skin) may reduce odour

Constipation (hard stomal output)

- Constipation can occur for a variety of reasons. It is recommended that you try and identify the cause of the constipation
- Refer to Continence Foundation of Australia for advice:
 - [Incontinence prevention, management & support | Continence Foundation of Australia](#)
- If constipation should occur, try the following:
 - Eat prunes, fresh fruit, apple or pear juice
 - Aim to drink 1½ - 2 litres (6 - 8 glasses) of fluid per day
- If 2 - 3 days pass with no bowel action, check with your doctor or STN, as you may require a gentle stool softener

Diarrhoea (runny or fluid stomal output)

- Diarrhoea can occur for a variety of reasons. It is recommended that you try and identify the cause of the diarrhoea
- If diarrhoea occurs, treat it as you did before you had a colostomy
- Consult your doctor if diarrhoea persists for more than 2 - 3 days

- If you usually use a closed bag, you may need to change to a drainable bag to avoid frequent bag changes that can affect the skin around your stoma and the number of supplies available for later use. Speak with your STN

Foods that may help THICKEN your stomal output

- Pasta, pumpkin, custard, pancakes, pretzels, rice, banana, toast, mashed potato, apple sauce, cheese, smooth peanut butter, fresh grated apple (no skin), white bread may help thicken your stoma output

Medications

- Some medications or nutritional supplements may alter the colour, odour, or consistency of your stoma output
- If you see medications whole in the stoma bag, speak with your doctor or pharmacist
- If you have any questions about the medications you are taking and the effect it may have on your colostomy (especially when commencing a new medication), ask your doctor or pharmacist

Your Stomal Therapy Nurse (STN)

- Know where your nearest STN is located and how to contact them
- A follow up appointment is usually made prior to your discharge from hospital
- See your STN if you are having problems with your stoma, skin around your stoma or stoma supplies
 - It is advised to phone for an appointment prior to attending the hospital to see the STN
- You can attend a hospital emergency department at any time if you have concerns
- It is recommended to have a follow up with your STN every year

References:

Dansac. Hints and Tips (online), [dansac-colostomy-hints-tips-fa-dl429.ashx](https://www.dansac.org.au/colostomy-hints-tips-fa-dl429.ashx) (access 18 June 2024)

Wound, Ostomy, and Continence Nurses Society (WOCN). (2022). *Core Curriculum Ostomy Management*. (2nd ed.). Wolters Kluwer. p 196-206