

## Living with an Ileostomy

An ileostomy is a stoma created from the small 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 ileostomy 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)
- Empty the bag into the toilet before removing
- 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 any accessories you use
- Apply the new base plate and attach the bag (two piece) or apply the bag (one piece)
- Ensure the opening at the bottom of the bag is closed

*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).*

### 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

### Emptying your bag

- Your bag should be emptied when one third to half full
- The bag 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 opening with toilet paper before closing

## Hints

- Create a routine for changing your bag. Often first thing in the morning before eating or drinking is when your stoma may be less active, this can be a good time to change your bag
- Your stoma may change in size. Measure your stoma regularly to ensure that your bag still fits well
- 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

## General Diet Information

- This dietary information has been compiled as a guide only, for more detailed information discuss with your STN or dietitian
- Each person is individual and will react to each food type in their own way
- It is important that you have a well-balanced diet
- Your daily fluid requirements will depend on many factors including your stoma output. A rough guide is to aim for 6 - 8 glasses (1½ - 2 litres) of fluid per day. Fluid intake can include water, milk, nutritional drinks, soups, tea, sports drinks
  - Drink regularly throughout the day

- Alcohol and drinks containing large amounts of caffeine (e.g. strong coffee and tea) can often increase stoma output and should be kept to a minimum
- You will find after your operation that your ileostomy starts to work with a fluid output, this should later thicken to a paste consistency
- If your output remains a thin liquid see your doctor or STN, as you may require medication to thicken the output. If your output does not thicken up you are at risk of dehydration
- Some foods will change the colour of your stoma output, for example: beetroot or red cordial may turn your output red
- *It is important to chew all food well*

### Reducing gas / wind production

- Gas can be decreased by avoiding gas producing foods and by chewing food well
  - Gas producing foods may include: onions and garlic, broccoli and cauliflower, cabbage, eggs, green beans, baked beans, brussels sprouts and peas
- It is advisable to try small portions of food at home to determine what foods give you wind
- Stoma bags have a filter, this lets gas escape. The filters are designed to last 24 - 48 hours. If you find your bag stays full of gas, the filter may not be working well anymore, try replacing the bag

### Food that may help THICKEN your output

- Pasta, pumpkin, white bread, white rice, rice cakes, ripe banana, mashed potato, smooth peanut butter, porridge/oats, toast, apple sauce may help thicken your stoma output

### Foods that may CAUSE a blockage

- If possible, avoid very fibrous, stringy foods for six to eight weeks after your surgery while the swelling of the bowel resolves, they can cause a **blockage**
  - You can gradually reintroduce these foods back into your diet in very small amounts, chop and chew them well
- Foods that may cause a blockage include: mango, mushroom, peas, pineapple, figs, rhubarb, celery, coconut, popcorn, nuts, corn, coleslaw, dried fruits and apple skin

### Symptoms of a blockage may include

- No output for 6 hours
- Nausea/vomiting
- Abdominal bloating
- Abdominal pain/ cramping

### What to do if a blockage occurs

- Stop solids but continue to drink fluids
- Have a warm bath and you may take a mild pain relief if needed
- Massage your abdomen in a clockwise motion
- Walking – can stimulate bowel movement
- If the stoma does not start working or the pain continues or the pain becomes severe, present to your nearest hospital's emergency department (*remember to take your stoma supplies with you*)
- **Never** take laxatives with an ileostomy

### Medications

- Some medications or nutritional supplements may alter the colour, odour or consistency of your stoma output
- Some medication may be commenced to help thicken your stoma output in cases of high volume stoma output, this should be under the direction of a doctor
- With an ileostomy you may have trouble absorbing some of your medications: consult your pharmacist or doctor for further information
- If you see medications pass through your stoma whole or if you have questions about any medications you are taking and the effect they may have on your ileostomy, 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:

Harold J. Bouттé Jr. , Vitaliy Poylin, [High ileostomy output: A practical review of pathophysiology, causes, and management - ScienceDirect](https://www.sciencedirect.com/science/article/abs/pii/S1043148923000155), Seminars in Colon and Rectal Surgery, June 2023, Volume 34, Issue 2 <https://www.sciencedirect.com/science/article/abs/pii/S1043148923000155>

Queensland Health, April 2022, Healthy eating with an ileostomy and output management, [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0026/152558/gastro-ileostomy.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0026/152558/gastro-ileostomy.pdf)

Wound, Ostomy, and Continence Nurses Society (WOCN). (2022). *Core Curriculum Ostomy Management. (2<sup>nd</sup> ed.)*. Wolters Kluwer. p 206 - 208