

**Ask Our Nurse**



# Colostomy



**specialists in stoma  
and continence care**

**making  
life  
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**This booklet has been  
produced in conjunction  
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Specialist Nurse Team at  
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What if  
I get ballooning?

What if  
I get odour?

What if  
I get sore  
skin?

What if  
I get wind?



**HERE TO  
ANSWER YOUR  
QUESTIONS**

What if  
I get leakage?

What if  
I get bleeding?

# What if

## you want to manage your colostomy differently?

### Colostomy irrigation

Colostomy irrigation is a method of emptying the colon (bowel) by inserting warm water into your colostomy to flush out the stool. You will need irrigation equipment, clean warm water and access to a lavatory for up to one hour. Colostomy irrigation should be carried out at a regular time every 24 - 48 hours and it can take several weeks to establish a routine. Regular irrigation can help to control bowel function for a period of between 24 and 48 hours. After irrigation all you will need to cover your stoma is a small and discreet stoma cap or a stoma plug. Irrigation should always be taught by a stoma care nurse.

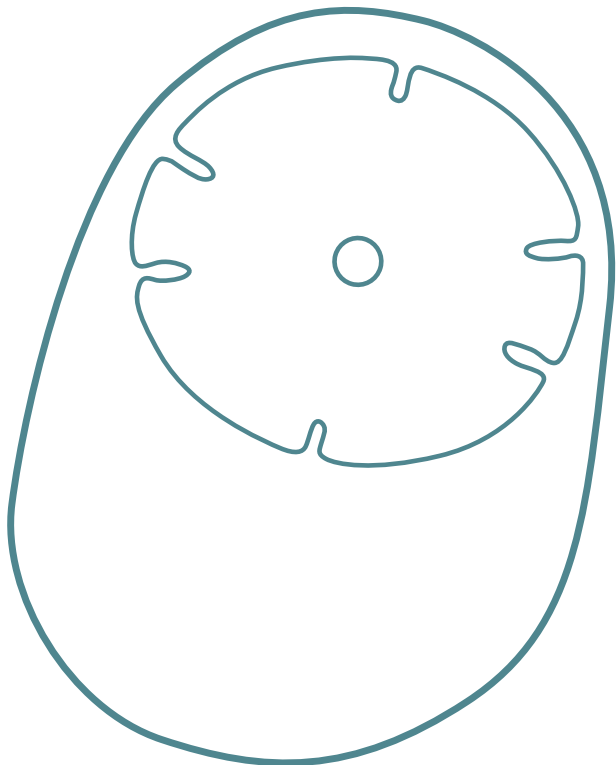
### The Colostomy plug

The colostomy plug can only be used if you have a regular solid stool.

The plug which is available in 2 lengths, consists of a soft sponge 'stem' which is attached to a flange. When the stem is inserted into your colostomy, it expands preventing stool from leaking out of the stoma. The flange holds the plug in place. The plug should be inserted into your colostomy following a bowel movement and removed when a bowel movement is anticipated. If your bowel movement is regular or following irrigation, the colostomy plug can be worn for up to 12 hours.

## Flushable colostomy pouches

These pouches are designed to be flushed down the lavatory after use. They are constructed in two parts, an outer odour and waterproof pouch and an inner biodegradable liner. The 2 sections peel apart after use and the liner containing the stool can be flushed away.



# What if you get ballooning?

## What is ballooning?

Ballooning happens when the wind from your stoma collects inside your pouch causing it to inflate or balloon.

## What can cause ballooning?

- A blocked pouch filter
- A wet pouch filter
- Dietary issues



# Hints and tips



- Ballooning is uncomfortable. It causes your pouch to bulge underneath your clothing, and can lead to leakage and odour. This wind needs to be released. If you are using a 1-piece closed pouch, you will need to change your pouch. If you are using a drainable pouch it will need emptying
- Different pouch manufacturers use different filters. Try different pouches until you find the filter that best suits your needs
- If you are using a 2-piece system, you can lift a section of the pouch away from the flange to release the wind, then stick or clip the two back together again
- If you usually wear a 1-piece pouch and ballooning is a constant problem, you may wish to consider using a 2-piece system
- Try using the Osto-EZ-Vent® pouch venting system available from Respond
- To avoid the pouch filter getting wet and therefore inactive, cover it with one of the adhesive tabs supplied with your box of pouches before you have a bath, shower or go swimming. Don't forget to remove the tab when you have finished
- Some food and drinks can give you excessive wind and you may want to eliminate the ones that affect you



# What if

## you get bleeding on or around your stoma?

### What is bleeding on or around your stoma?

When your stoma was formed, a piece of bowel was brought out onto the surface of your tummy through your abdominal wall. This piece of bowel was then folded back upon itself to form your stoma, rather like when you turn over the cuff of your jumper, so the inner surface or lining of your bowel is now on the outside. This inner surface has lots of superficial blood vessels which can bleed easily. Because of this a small amount of bleeding when cleaning around your stoma is normal.

### What can cause bleeding on or around your stoma?

- Trauma, often the result of over diligent cleaning techniques
- Friction
- Clips or stitches around your stoma
- Ulcers
- Granulomas\*
- A ruptured blood vessel

*\*Granulomas are warty growths around the base of your stoma. They probably occur as a reaction to the continual friction from your stoma pouch. Granulomas are harmless but can be tender. Their persistent bleeding can sometimes hinder the application and adhesion of your pouch.*



# Hints and tips



- Remember, gently does it. Soft cleaning wipes and warm water are all you need to clean around your stoma
- The use of GLIDE (previously known as ostozyme) odour neutralising pouch lubricant on the inside of your pouch can help to prevent friction
- Sometimes ulcers on your stoma can occur when you have been poorly or stressed and will usually clear up as your health improves
- Make sure that you have at least a 1mm clearance between your stoma and the pouch to prevent friction occurring
- You may wish to apply a thin layer of stoma paste, a stoma seal or a collar around the base of your stoma for added protection
- Apply cold pressure. A small bag of ice is ideal if you have a specific bleeding point on your stoma. Seek urgent medical advice if this does not stop the bleeding

## **See your doctor or stoma care nurse for advice regarding:**

- Treatment of granulomas, a ruptured blood vessel or ulcers on your stoma
- Excessive bleeding
- Blood coming from the inside of your stoma where your waste normally comes from

# What if you get colostomy diarrhoea?

## What is colostomy diarrhoea?

Colostomy diarrhoea is the frequent passage of watery waste from your colostomy. Sometimes but not always accompanied by tummy ache or cramps.

## What can cause colostomy diarrhoea?

- Food Poisoning
- A tummy bug
- Some medications
- Radiotherapy to the bowel
- Chemotherapy
- Emotional upsets, stress, anxiety, shock
- Diet



# Hints and tips



- Do not stop taking any prescribed medication without first discussing it with your doctor
- If symptoms persist, your doctor may require you to provide a stool specimen. He may also prescribe anti diarrhoea medication and rehydration solution
- Try to find ways of managing stress and anxiety
- Keep a food diary to identify and eliminate foods that may not 'agree' with you
- You may find a drainable pouch more convenient until the bout of diarrhoea has ceased

## Food and drink

Certain foods and drinks may cause a bout of diarrhoea for some people, yet for others will have no ill effects at all. Some foods and drinks are recognised as 'natural' laxatives and can include:

- Some green vegetables
- Oranges, figs, prunes
- Spices
- Beer and lager
- Prune fruit juice
- Some low calorie sweetener

Other foods and drinks can have the opposite effect, these include:

- Under ripe bananas
- Smooth peanut butter
- Apple sauce made with cooked apples
- White rice
- Noodles and pasta (not wholemeal)
- Natural or probiotic yogurt
- Arrowroot
- Buttermilk
- Marshmallows (about 30 a day)
- Jelly babies (about 200g/8oz per day)
- Pretzels

# What if you get constipated?

## What is constipation?

Constipation causes your colostomy to work less frequently than usual, and your stoma output becomes drier and harder.

## What can cause colostomy constipation?

- Medication, particularly pain relief containing morphine or codeine, antidepressants, iron supplements, calcium supplements, indigestion remedies and water tablets are amongst the most common culprits
- Inadequate fluid intake or dehydration
- Inadequate amounts of natural soluble fibre in your diet
- Change of routine or eating pattern
- Anxiety or stress
- Lack of exercise

# Hints and tips



- Do not stop taking your prescribed medication
- Increase your fluid intake, particularly water and pure fruit juice, especially during hot weather and after exercise
- Increase your intake of natural soluble fibre such as fresh fruit, vegetables oats, wheat or cereal
- Trial and error, try to find out what works for you
- Eat regular meals
- Try to avoid stress, or develop ways of coping with stress and anxiety
- Inactivity after illness or surgery can add to the problem of constipation
- Do not take laxatives or herbal remedies without first seeking professional advice
- Constipation should never be ignored, as it can be a contributory factor in the development of a parastomal hernia

Sometimes very watery stools without any solid waste can be a symptom of constipation

If there is no output from your colostomy for 2-3 days or if you feel unwell, speak to your doctor or stoma care nurse.



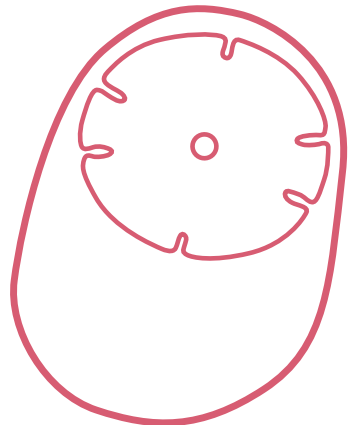
# What if you get odour?

## What is odour?

Stools have an odour that can vary depending on what we eat or drink. This does not change when you have a stoma. Your stoma pouch is made from special laminated and odour proof plastic. When it is in place and properly applied, there should not be an odour.

## What can cause odour?

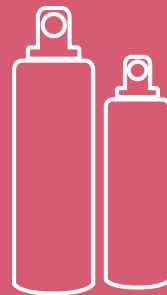
- Pouch management
- Pouch leakage
- Leakage from pouch filter
- Dietary intake



# Hints and tips

- Spray the room with an odour neutralising deodorant spray before and after each pouch change
- If you use a drainable pouch, follow the same routine as above when emptying it
- Add 1 or 2 drops of NEUTRALISE (previously known as ostomist) odour neutralising drops directly into your clean pouch before application
- Pouch leakage either from around the pouch seal or from underneath the adhesive will cause odour. If this happens, change your pouch as soon as possible
- Stoma shrinkage and skin creases can occur and this may require a reassessment of your pouch and its fitting
- Eating bio or live yoghurt can help to neutralise odour
- Drinking buttermilk may help to reduce odour

**TOP TIP: Take time to chew your food properly, some foods are more likely to cause problems than others so you may want to limit or avoid these.**



# What if you get pancaking?

## What is pancaking?

Pancaking is the term used to describe what happens when the output from your colostomy does not fall to the bottom of the pouch, but instead remains at the top and around your stoma.

## What can cause pancaking?

- Insufficient air in the stoma pouch causing the sides of the pouch to stick together
- Sticky or stodgy output from your stoma





# Hints and tips

- Drink plenty of fluids, especially water, unless you have been advised by your doctor to restrict how much you drink
- A laxative or a stool stiffener to alter the consistency of your stool may be advised
- Cover the pouch filter with one of the adhesive tabs supplied with your box of pouches. This will prevent the air escaping too quickly from your pouch
- Put a small crumpled tissue inside the pouch to prevent the sides sticking together
- Small foam squares available on prescription, can be stuck on the inside of your stoma pouch to prevent the sides from sticking together
- Before removing the backing paper from the pouch adhesive, lubricate the inside of your pouch with GLIDE (previously known as ostozyme) odour neutralising pouch lubricant
- Stoma irrigation or flushing the bowel out with warm water is a form of stoma management suitable to some but not all people with a colostomy. Irrigation can help reduce the problems associated with pancaking

Pancaking can be a difficult problem to solve. Sometimes waste can escape under the pouch adhesive causing odour, leakage and sore skin.

# What if you get a parastomal hernia?

## What is a parastomal hernia?

A parastomal hernia is a bulge or swelling around or underneath your stoma. The hernia usually develops slowly and may increase in size over time.

## What can cause a parastomal hernia?

When a stoma is created, the end of the bowel is brought out onto your tummy through the muscle of the abdominal wall. This process can cause a weakness or gap in the abdominal muscle. Sometimes a loop of bowel bulges through that gap causing a hernia to develop.



# Hints and tips



## In the weeks following your stoma surgery:

- Avoid heavy lifting
- Support your stoma and tummy whilst coughing or sneezing

## In the months following your stoma surgery:

- Wear a support garment if you are doing heavy work
- Keep your back straight, bend your knees and place your feet apart when lifting heavy objects
- Take regular, gentle exercise such as swimming or walking
- Avoid high impact sports such as rugby, football or strenuous racket sports

## Getting back to your normal lifestyle:

- Try not to gain weight, or lose a bit of weight if you need to
- Always check with your doctor or stoma nurse before starting any new exercise programme or sport

## It is important to remember that:

- Not everyone gets a parastomal hernia, nor do all hernias cause pain, symptoms or stoma management problems
- Most parastomal hernias can be managed using an abdominal support garment
- Surgery to repair a parastomal hernia is always the last resort as there is a very high risk that the hernia will recur
- A strangulated hernia is a rare complication. If this happens, you will experience severe pain in your tummy, your stoma will stop working and will change from its normal bright red colour to a darker, bluish red. Seek help immediately as you will require urgent surgical treatment
- If your parastomal hernia does increase in size, it can make pouch choice and fitting difficult

*If you need advice or help about pouch management or the use of support garments, make an appointment to see your stoma care nurse.*

# What if you get rectal discharge?

## What is a rectal discharge?

If you have had an operation resulting in the formation of a stoma, but have not had your rectum removed you may get a discharge from your back passage which is normal. The rectum produces a natural lubricating substance called mucus which is discharged through your back passage.

## What causes rectal discharge?

Although bowel waste no longer goes through your back passage, it is normal for the lining of the rectum to continue to produce and discharge mucus. The amount of mucus produced varies from person to person. Mucus is clear or putty coloured, although initially it may contain stool debris which stains it brown. Sometimes the mucus is sticky or thick and may be uncomfortable. It can also irritate the skin around your back passage.



# Hints and tips

- To evacuate the mucus, sit on the lavatory and gently bear down as if you were having your bowels opened. Do not strain
- If the mucus won't come away naturally, it can build up in your back passage and become uncomfortable. If this happens, a glycerine suppository inserted into the back passage may be advised by your doctor
- Mucus leakage or discharge may cause the skin around your back passage to get sore. Regular gentle washing and drying of the area will help to prevent soreness
- Using a barrier cream or barrier film such as GUARD (previously known as ostoguard) or an appropriate alternative can help to protect and soothe your skin
- Wear a disposable pad or pantyliner, which will help to absorb the discharge
- Some people have reported that they notice an increase in mucus secretion after eating certain foods. If you think there could be a connection, keep a food diary to try to identify the source
- Mucus leakage and discharge may decrease with time

**Contact your doctor or stoma care nurse if the mucus discharge becomes yellowish green or contains blood.**

# What if you get sore skin?

## What is sore skin?

The skin around your stoma called the peristomal skin can become red but intact, sore but dry or broken and wet.

## What causes red or sore skin?

- Waste from your stoma getting directly onto your skin
- Changing your stoma pouch too frequently causing trauma to your skin
- Sensitivity or allergies
- Pre-existing skin conditions

### Pre-existing skin conditions

If you already suffer with skin problems such as psoriasis, eczema, sensitivity or allergies, you could be more at risk of these conditions developing around your stoma. Different skin conditions present in different ways so a medical or nursing assessment is essential.

Make an appointment to see your doctor or stoma care nurse to discuss any peristomal skin problem, which may be worrying you. They will offer you the appropriate advice and treatment to deal with the situation.

# Hints and tips



- Some redness is to be expected when you change your pouch. Pulling the adhesive off your skin makes it react in this way
- Shaving your peristomal skin may be necessary if body hair is an issue. Trauma caused by the pouch adhesive ripping the hair off your body can give you inflammation of the hair follicle or root (folliculitis). If using a razor, take care not to cut your stoma and only use the razor blade once before discarding it. You may prefer to use an electric razor
- Use a skin barrier film such as GUARD (previously known as ostoguard) or a suitable alternative before putting on a new pouch. This will protect your skin and also help to reduce redness when you remove your pouch
- The flange part of your pouch needs to fit snugly around your stoma with no more than a 1mm gap between the stoma and flange. If the gap is too large your skin will be exposed to the pouch content resulting in sore skin
- If the flange is cut too small, the adhesive will rest on your stoma instead of on your skin and the risk of waste getting underneath the flange and onto your skin is increased
- For broken skin a barrier cream such as GUARD, or a specially formulated protective powder such as RENEW (previously known as ostoseal) can help. Skin protective products similar to GUARD and RENEW are also available
- If you are using a 1-piece pouch, you may wish to consider using a 2-piece system until your sore skin has healed



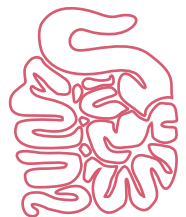
# What if you get wind?

## What is wind?

Wind or flatulence is the release of intestinal gas through your stoma.

## What can cause wind?

- Swallowing air whilst eating or talking
- Fermentation of food by bacteria, a natural process of digestion
- Some food and drinks
- Chewing gum
- Some laxatives
- Long periods without food
- Smoking





# Hints and tips



- Eat regularly
- Don't eat and drink at the same time
- Don't talk and eat at the same time
- Try not to smoke
- Don't chew gum
- Sit down to enjoy your food in a relaxed and calm environment
- Try not to eat large meals late in the evening

**The foods and drinks listed below are some of the most common wind causing culprits, and you may wish to limit your intake of these.**

- Green beans, broccoli, cabbage, spinach, sprouts
- Parsnips, turnips
- Baked beans, peas, sweetcorn
- Onions, garlic, mushrooms, cucumber
- Some fresh or dried fruits such as banana, apricots etc.
- Eggs
- Spicy foods
- Foods high in insoluble fibre

- Grains
- Fizzy drinks, beer and lager

**Introduce any of these foods and drinks into your diet gradually. Not everything listed will cause you to have wind problems.**

Keep a food diary to identify the foods or drinks that could be causing you to have an increased amount of wind.

The food and drink listed below can help you avoid wind.

- Peppermint tea or peppermint oil in hot water
- Fennel to eat or drink
- Cinnamon to eat or drink (but not if you are pregnant)
- Probiotic yogurts or drinks
- Always drink plenty of water

**If you have been prescribed laxatives do not stop taking them without first discussing it with your doctor or stoma care nurse.**

# What if

## you get bowel leakage or incontinence?

### What is bowel leakage or incontinence?

Bowel leakage or incontinence is caused by the loss of regular control of the bowels causing involuntary leakage to occur.

### What can cause bowel leakage or incontinence?

- Surgery which involves removing a part of the bowel
- Surgery can affect the normal working pattern of the bowel
- Surgery can also affect the sensitivity of the nerve endings in the back passage that tell you whether it is wind or stool waiting to come out
- Very rarely there can be some damage to the muscle which forms the entry into your back passage
- Diarrhoea or loose stool, which is more difficult to control
- Some foods or medicines affect how loose or firm your stool is

# Hints and tips



## **The following exercises may help you to retrain your bowel control:**

- If you feel any pressure or filling sensation in your back passage try not to panic. Tensing your muscles, holding your breath or rushing to the lavatory can make things worse. Instead sit or stand still, breathe deeply and tighten the muscles (sphincter muscles) around your back passage until the urge passes

## **The following exercises may help you to retrain your bowel:**

- Imagine that your sphincter muscle is a lift. When you squeeze as tightly as you can, your lift goes up to the fourth floor. It will not stay there very long because it has used up all its energy getting there. Likewise, squeezing as tightly as you can won't get you safely to the lavatory because the muscle will get tired very quickly. So now squeeze more gently and take your lift only up to the second floor. Feel how much longer you can hold it at that level. You may not be able to do this at first, so practice the exercise at times when you do not want to empty your bowels
- Sit on the lavatory and hold on for as long as you can before opening your bowels. Don't worry if you can only manage a few seconds, it will become easier with practice. Try to relax and concentrate on breathing very calmly. It may be helpful to take something to read
- Once you can delay opening your bowels for a few minutes, the unpleasant urge to go will improve. Get up and leave the lavatory. Return a few minutes later when there is no urge and try to open your bowels
- The longer you can hold on, the more fluid is absorbed from the stool, and firmer stools can help to reduce urgency

**The following exercises may help to strengthen your sphincter muscles:**

- Sit, stand or lie with your knees slightly apart and imagine that you are trying to stop yourself passing wind. To do this you must squeeze the muscles around your back passage. Try squeezing and lifting the muscles as tightly as you can, as if you are really worried that you are about to leak. You should be able to feel the muscles move. Your buttocks, tummy and legs should not move much at all. You should be aware of the skin around your back passage tightening and being pulled up and away from your chair. You should not need to hold your breath when you tighten these muscles
- Tighten and pull up the sphincter muscles as tightly as you can. Hold on for at least five seconds and then relax for at least ten seconds. Repeat at least five times. This will work on the strength of your muscles
- Pull the muscles up to about half of their maximum squeeze. See how long you can hold this. Then relax for at least ten seconds. Repeat at least five times. This will work on the endurance or staying power of your muscles
- Pull up the muscles as quickly and tightly as you can, relax, then pull up again. See how many times you can do this before you get tired. Try for at least five minutes

*Do these exercises at least ten times every day. Your control and confidence will gradually improve. You may need to do these exercises regularly for several months before the muscles gain their full strength and you regain regular bowel control.*

*If necessary, a referral to a continence advisor can be made. He or she has specialist knowledge in helping people overcome problems with bowel control.*

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## Useful Contacts

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[colostomyuk.org](http://colostomyuk.org)

### Urostomy Association

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[urostomyassociation.org.uk](http://urostomyassociation.org.uk)

### IA (The Ileostomy and Internal Pouch Support Group)

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