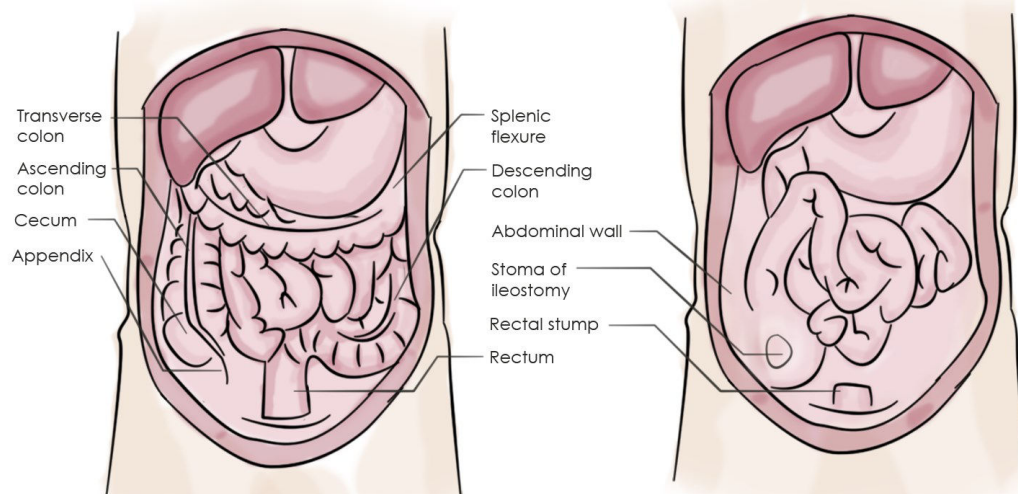


What is an Ostomy?

IBD sometimes requires surgery to remove parts of the small or large intestine, or to temporarily divert waste from a healing portion of the bowel. In these cases, there must be a new way to discharge waste from the body. An ostomy, or stoma, is an opening made in the bowel to allow waste to leave the body (Figure 1). An incision is made in the abdomen and the bowel is brought through the opening and sewn to the skin. Ostomies may be permanent or may be reversed after the bowel heals. The inside of the bowel is visible as a red, moist surface similar to the inside of the mouth. There is no voluntary control of bowel movements, and an appliance must be worn to collect waste as it passes. An *ileostomy* is a connection from the small bowel to the skin surface, usually on the lower right side of the abdomen. Output is thin and watery and varies with diet. Ileostomy is the most common stoma used in IBD. A *colostomy* is an opening of the large bowel to the skin, usually on the lower left side of the abdomen. Colostomies are not often used for IBD.

Figure 1. Graphic representation of a stoma



What is life like with a stoma?

A normal lifestyle is possible after stoma surgery. Almost all activities can be continued after having a stoma. In fact, many people are surprised at how little the stoma actually affects their life. It shouldn't limit where you can go or what you can do - people with stomas run marathons and play competitive sports, among many other things. Bathing, showering, sports, traveling, family life and work can be continued comfortably. Unless you choose to tell people, very few will ever know you have a stoma.

Living with a stoma is a big change, and adjustment can be challenging. Overall, people with stomas report little effect on ability to work. Some people need to change their clothing style, while most modify their diet somewhat. Most people report some change in lifestyle, and more than 40 percent note some sex life difficulties.¹ It usually takes between 6 and 12 months to become comfortable with having a stoma.²

Are patients satisfied with stomas?

Satisfaction depends on the reason for the stoma. For many people, a stoma is a life-saving surgery that allows one to live a normal life. Those who have a short course of illness or unexpectedly have stoma surgery are more likely to have trouble adjusting and to be discouraged by the new situation. If the stoma is planned and results in relief of symptoms, satisfaction is very good. For example, someone with UC and severe abdominal pain may be completely symptom free after colon removal and ileostomy. Careful planning, counseling, and discussion with the surgeon and enterostomal therapist (ET) before and after surgery are important in achieving the best results and satisfaction. Some anxiety and discouragement is normal while adjusting. If you experience anxiety and distress that interferes with your ability to work, enjoy life and relationships, it's a good idea to talk to your doctor about what you are experiencing. If severe anxiety or depression develop, medical treatment may be helpful.

What is an appliance?

An *appliance* is a system designed to collect waste and protect the skin around the stoma. It consists of a sticky ring, or barrier, that attaches and seals to the skin around the stoma. A pouch is attached to the barrier to collect passing waste. The barrier protects the skin from stool and waste fluid. The goal is a system that is leak-proof, odour-proof, protects the skin and stoma, and allows independence, comfort, and the best lifestyle. There are many different products available to help achieve these goals, and your enterostomal therapist will be able to help find the best fit for you.



¹ Nugent KP, Dauiels P, Stewart B, Patankar R. Johnson CD. Quality of life in stoma patients. *Dis Colon Rectum* 1999;42:1569-1574.

² Jenks JM et al: The influence of ostomy surgery on body image in patients with cancer. *Applied Nursing Research* 10(4):174-180, 1997.

Are there problems to be aware of?

Problems can occur with either the stoma itself or the surrounding skin. It is important to pay close attention to the appearance of the stoma and seek advice from a physician or stoma therapist if changes occur. Here are a few potential problems you should be aware of:³

- **High Output** Those with ileostomies need to watch for increased stoma drainage. Inflammation, CD and infection, among other things, can reduce fluid absorption in the small bowel and cause diarrhea. *High output* is when more than 1L is lost in 24 hours. If large volumes of fluid are lost for several days, dehydration and electrolyte imbalances can occur. It is important to seek medical help if output remains high for a day or more, or if symptoms of dehydration such as severe thirst, dry skin and mouth, faintness, and reduced urine output develop.
- **Skin Problems** The most common problem with stomas is skin irritation.⁴ Exposure to watery stool, adhesive, and friction make the skin vulnerable. Inflammation, infection, and allergic reactions can cause pain and skin damage. Depending on the cause, protective films, creams, powders, antibiotics, and antifungal medications may be used. It is important to seek advice from a physician or stoma therapist if pain, redness, or other skin changes persist.
- **Obstruction** Sometimes the bowel can become obstructed, stopping normal waste passage. Blockages may be within the abdomen or at the stoma itself. Watch out for inactivity for 4-6 hours, especially if you have cramps, nausea, and vomiting. These symptoms may indicate a bowel or stoma obstruction.
- **Hernia** The abdominal is weakened by the incision at the stoma site, and sometimes a bulge, or hernia, can develop next to the stoma. Depending on what type of stoma was made, hernias may develop in almost half of patients at some point.⁵ If the hernia causes pain, discomfort, or bowel blockage it may need to be repaired.
- **Prolapse** Portions of the bowel can extend further outside of the abdomen through the stoma in a telescoping fashion. This can be alarming, but usually doesn't affect the stoma function. It happens in up to 12 percent of colostomies and up to 25 percent of ileostomies.

³ http://www.ostomy.org/ostomy_info/

⁴ Woo, et al. Peristomal Skin Complications and Management. *Advances in Skin & Wound Care*. 2009;22:522-32; quiz 533-4.

⁵ P. W. G. Carne, G. M. Robertson and F. A. Frizelle. Parastomal hernia. *British Journal of Surgery* 2003; 90: 784-793

Contact your physician or enterostomal therapist if you notice any of the following:

- Nausea and vomiting that doesn't improve
- Abdominal cramps lasting more than 4 hours
- No output from an ileostomy for 6 hours, especially if you also have nausea, vomiting, and cramps
- High volume watery output from the stoma of 1L or more per day
- Severe skin irritation, redness, or pain around the stoma
- Changes in the colour of the stoma
- A large increase or decrease in the size of the visible stoma

What resources are available?

<http://www.ostomycanada.ca/>