



Crohn's & Colitis Australia



Ostomies & IBD

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Crohn's & Colitis Australia Our Mission



Crohn's & Colitis Australia (CCA) is the peak national body representing more than 85,000 Australians living with Crohn's disease or ulcerative colitis. These are commonly known under the collective term 'Inflammatory Bowel Disease' (IBD).

For over 30 years CCA has been helping make life more liveable for Australians living with IBD, for which there is no cure. With a vision of a world where no one lives with or suffers from IBD, CCA delivers services that inform, support, care and empower people who are managing their lives with these serious illnesses and promotes research aimed at finding a cure.

It is our mission to provide you with information and resources to support the physical and emotional changes that accompany your ostomy journey. With expert support and the right stoma bag to fit your body, you will be able to resume an active lifestyle in work, play, and socialising.

Visit our website www.crohnsandcolitis.com.au today.

1. WHAT IS AN OSTOMY?

An ostomy is the name for a surgically created opening in the abdominal wall used to allow waste products to exit the digestive tract (bowel/intestine).

The waste output (“effluent”) is contained using a bag, referred to as the stoma bag, ostomy bag, appliance, device or pouching system.

Ostomies are performed for some individuals with inflammatory bowel disease because the intestine is not able to work properly or needs to be rested after an operation.

The purpose of this eBook is to help guide you as you begin life with an ostomy.

2. WHY DO I NEED AN OSTOMY?

Ostomy surgery can be a life-saving procedure as it allows bodily waste to pass through the intestine and exit the body. This is performed when injury, trauma or disease leaves the intestine or rectum unable to process or remove waste.

Ostomies are required for some individuals with inflammatory bowel disease in temporary situations such as intestinal infection, or in permanent situations when drug treatment is not effective and the patient experiences a poor quality of life or even in emergency situations.

An individual with an ostomy (called an ostomate) has an alternative way of going to the toilet.

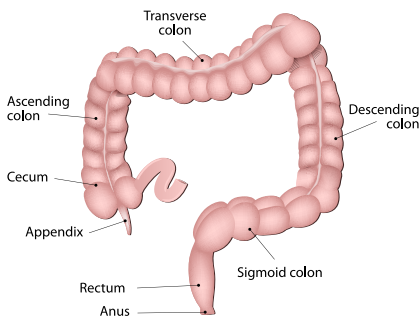
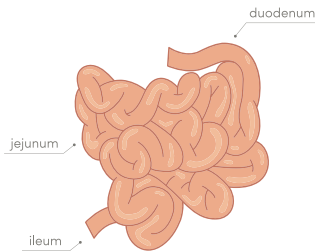
There are between 18,000 – 20,000 Australian ostomates.¹

Understanding intestinal function

After being swallowed, food is partially digested with enzymes and hydrochloric acid in the stomach and pushed along by intestine muscle contractions, until it is liquid. This liquid passes into the small intestine where more enzymes complete the digestion process and nutrients are absorbed into the body. The small intestine is made up of three sections: the duodenum, jejunum and ileum.

The digested liquid then passes from the small intestine into the large intestine (or colon) where water is re-absorbed and the waste product (faeces or stool) is stored in the rectum until a bowel movement occurs. The large intestine is divided into the ascending, transverse and descending colon, the sigmoid colon and the rectum.

¹ <http://www.youinc.org.au/faq.html#whohasastoma>



Surgical procedures involved

There are several types of ostomy surgeries that can be performed, depending on the area of disease of the bowel and how much of the bowel is removed. The opening of the intestine at the abdominal wall forms a “stoma”.

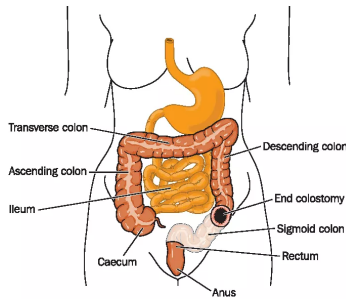
An ostomy can be temporary or permanent. If an ostomy is temporary, it can be surgically reversed when it is no longer needed. Common types of ostomies performed for IBD are ileostomies. Less commonly, colostomies are performed for IBD.

Types of ostomies

Colostomy

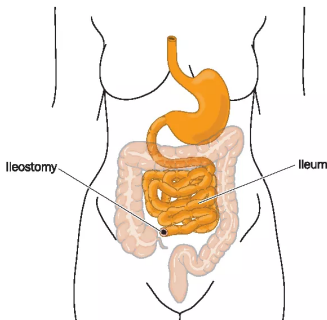
A colostomy is surgically created when a portion of the large bowel (colon or rectum) is removed and the remaining colon is brought to the abdominal wall. Colectomy is the term used for the surgical removal of partial of, or all of the entire colon (large intestine).

The colostomy can be temporary or permanent.



When the lower part of the colon (rectum) is removed, the colostomy can not be reversed and is therefore permanent.

However, if the rectum is preserved, there may be the option of reversing the colostomy at a later operation. These options should be discussed with your surgeon, so that you know whether your colostomy will be permanent or temporary.



Ileostomy

Ileostomies can be used temporarily to allow the intestine to heal after surgery, particularly if there has been an abscess or bowel perforation. If the entire colon and rectum are removed, the ileostomy will be permanent.

Loop ostomy

A loop ostomy may be temporary, with the intention to join the two ends later, when the inflamed bowel is healed.

3. WHAT IS A STOMA?



A stoma is the end of the small or large bowel that can be seen protruding through the abdominal wall, that is surgically created by ostomy surgery. An ostomate is a person with a stoma.

A suitable location on the abdominal wall is chosen for the stoma. This area is chosen based on it being fairly flat and away from scars and folds of fat and skin. It can take up to 8 weeks for the tissue around the stoma to heal and the swelling to reduce. Once formed and established, the stoma should look pink, moist and soft to touch and protrude slightly from the abdomen.

The stoma itself doesn't have any feeling, but the skin around it does. Stomal pain is not normal and if it is not feeling quite right, then you should go and get it checked out immediately.

4. MODERN OSTOMY APPLIANCES

Your ostomy is quite unique. There is a range of modern, reliable stoma bag sizes, application systems, adhesive types and stoma care products available to suit all body shapes and personal requirements. Your stomal therapy nurse will help you to decide which stoma products best suit your needs and lifestyle.

The different types of stoma bags include one-piece systems and two-piece systems. These can be drainable, waterproof (for swimming), closed or mini (for swimming/intimacy).

The stoma bag closure is usually determined by the stoma type, although both systems are available with closed ends, drainable ends, or tap/plug ends.



Image: Australian Council of Stoma Associations

One-piece pouching system

In a one-piece system, the stoma bag and skin barrier are joined together as a single product.

Two-piece pouching system

In a two-piece system, the stoma bag and skin barrier are separate products. This allows the stoma bag to be exchanged without removing the skin barrier or adhesive wafer.

Stoma care accessories

There are a variety of stoma care accessories available. These are designed to improve stoma care outcomes and make life easier for ostomates. It's always important to seek advice on which products are best to use from your stoma care nurse. Stoma accessories include seals, pastes, powders, barrier wipes, adhesive remover wipes, deodorants, gas suppressants, creams and hernia support garments.

Stoma Appliance Scheme³

The Stoma Appliance Scheme (SAS), established in 1975 and subsidised by the Australian Government, provides support to ostomates by improving access to stoma related products to better manage their condition and allow greater participation in society and the workforce. SAS products are provided free of charge through 22 regional stoma associations across Australia.

³ <http://www.health.gov.au/stoma>

Types of pouch: pros and cons

Pouch type	Advantages	Disadvantages
Closed End Pouch	<ul style="list-style-type: none"> + More suitable for formed motions. + Replaced with a new pouch up to three times per day. 	<ul style="list-style-type: none"> – Less suited for managing a more liquid output. – The pouch may need to be changed and disposed of while away from home. – Can be difficult to empty prior to disposal.
Drainable End Pouch	<ul style="list-style-type: none"> + Suitable for coping with a liquid output. + Does not require changing as often as a closed pouch. + Easily emptied prior to disposal. 	<ul style="list-style-type: none"> – May be difficult to empty if the output is a thicker consistency. – Outlet requires cleaning. – Clip or fastening can be uncomfortable.
One-piece system	<ul style="list-style-type: none"> + Lower profile and more flexible than a 2 piece system. + May adhere more securely to scarred or uneven skin. 	<ul style="list-style-type: none"> – Every time the pouch is changed it has to be accurately positioned around the stoma. – Frequent changing of a closed pouch may lead to irritated skin.
Two-piece system	<ul style="list-style-type: none"> + Potential for longer wear time for the baseplate – less changing = gentler on the skin + The stoma can be seen while fitting the base plate to the abdomen. 	<ul style="list-style-type: none"> – May be difficult to keep the flange clean. – Coupling adds another site for potential leakage – Leakage behind the flange may remain undetected and lead to sore skin. – Clip flange system may be more bulky than a one piece.

Adapted from <https://australianstoma.com.au/about-stoma/stoma-product-guide/>

Ostomy medical team

Your ostomy medical team includes your colorectal surgeon, gastroenterologist, stomal nurse and IBD nurse.

Surgeon

Your colorectal surgeons/surgeons will perform bowel surgery to create the stoma.

Gastroenterologist

Your gastroenterologist will continue to manage your IBD.

Stoma nurse

Prior to your surgery, your stomal nurse will conduct an assessment of size, shape and dexterity, to determine the stoma to be placed in the best position for your body. It is also an excellent opportunity to discuss any concerns you may have about stomas prior to your surgery. After surgery, your stoma nurse will help you gain the skills and confidence to care for your ostomy.

IBD nurse

Your IBD nurse has advanced knowledge and clinical expertise in disease management and can assist with support and advice, health education and monitor drug treatment.

FEELINGS & FEARS ABOUT OSTOMY SURGERY

You're not alone.

For many, the idea of ostomy surgery is confronting and fearful. It is normal to feel angry, worried, overwhelmed, frustrated, ashamed or anxious about the changes in your body's appearance and function from having ostomy surgery. You might also feel relieved to know that having an ostomy may improve your quality of life, whether it is permanent or temporary.

Once the initial shock of the surgery has worn off a little, it is useful to remember that ostomates can and do lead normal, active lifestyles, complete with career, family, friends, travel and leisure activities.

Learning to care for your ostomy requires you to learn a new skill, and that can be challenging. Your stoma nurse and IBD treatment team will help you gain skills and confidence in caring for your stoma. There is a lot of information to take in, so take your time and ask all the questions you need, as many times as you need to.

Each person will adjust to their surgery in their own way. With time, patience and practice, you will find that caring for your ostomy becomes easier. An ostomy is a step in your IBD recovery pathway and will allow you to engage in the lifestyle that you want rather than take away from it.



5. LIVING WITH AN OSTOMY

Tips for who and how to tell people about your ostomy

1. Be prepared to explain your surgery with a brief statement such as “An ostomy is a surgical procedure for the diversion of bowel.”
2. Be selective about who to tell and how much information to share. Initially, it may be only to your partner, supportive friends and family and a few co-workers who may need to know in case of an emergency.
3. Discuss any concerns over intimacy with your partner.



Having a stoma, even temporarily, is a big change with effects on multiple aspects of your life, and will take time to adjust to. The stoma can sometimes affect your travel plans, social life and sexual relationships, but can almost always be managed with some planning ahead.

⁴ <https://www.cancercouncil.com.au/bowel-cancer/after-cancer-treatment/stomas/>

Clothes

In general, you will be able to continue wearing your normal clothes although the stoma's location may make some clothes less comfortable (e.g. tight waistbands or belts).

You may be self conscious about how you will look with a stoma bag, but it's important to remember that most people won't notice anything unless you tell them. Specially designed underwear for ostomates is available.

Work

An ostomy shouldn't stop you returning to work. If your job is physically strenuous, you may wish to wear a support belt or vest. You may wish to tell your employer or co-workers about your ostomy depending on your work situation, but this is a personal choice.

Some ostomates feel it helps to inform others if frequent breaks are required. It is useful to have a full set ostomy change supplies and a change of clothes in a spare backpack stored in your desk or locker, in case of leakage.

Washing

With a securely attached, waterproof stoma bag you can shower or take a bath (even get into a hot tub). You can even shower naked, without a cover over the stoma at all.

Socialising

You can maintain an active social life with your ostomy, including eating out and travelling with friends and family. Some planning ahead will be required for stoma bag changing supplies, monitoring your eating habits and making sure to make regular bathroom stops.



“I enjoy regular gym sessions, high ropes adventure courses, hiking, rock climbing... and have even recently abseiled down the QV1 building ... all the things you thought you couldn't do with an ostomy.”

**- Ostomate Erin Goodwin,
InsideOut Ostomy blogger
(pictured above)**

Bathing⁵

You can bathe with or without your stoma bag attached. You can leave your stoma bag on while bathing or cover it with plastic to stay dry.

If you choose to bathe without it, exposure to air or water does not harm the stoma, unless the water is too hot (in which case the stoma can burn) and water does not enter the opening.

It's helpful to choose a time for bathing when the bowel is less active.

⁵ <https://www.ostomy.org/living-with-an-ostomy/>

Hair around the stoma

Some ostomates need to remove the hair from the skin around the stoma for a good fit. The best way to do this is either by shaving or cutting long hairs with scissors. Shave slowly and carefully in the direction of hair growth once a week.

Never use or share another person's razors, as this may cause an infection. Do not use hair removing creams or gels.

Exercise

You can maintain an active exercise schedule with an ostomy. Gym workouts, cycling, jogging and even swimming are all possible with a waterproof stoma bag.

A support belt or vest can be worn for strenuous exercise or activities that require a lot of abdominal strength. Such support garments provide abdominal strength and reduce the risk of a hernia forming, which is a risk for ostomates.

A special ostomy cover is required for contact sports. It is important to remember that the ostomy itself has no feeling and is delicate skin, which can bleed.



Intimacy Tips⁷

1. Share your thoughts, concerns and needs with your partner.
2. Show that you appreciate a warm and loving relationship through other forms of intimacy. Touching, caressing and affection are all important aspects of a sexual relationship.
3. Your sleeping arrangements should remain the same.

Intimacy and your sex life⁶

Sexual activity is a normal human function and having a stoma should not prevent this. It's normal to be concerned that having a stoma may affect your ability to give or receive sexual pleasure. It is important that you and your partner understand these worries and physical difficulties. Keep calm and always ask your surgeon or stoma nurse for help if needed.

Female ostomates who have had their rectum removed may experience a different vaginal sensation during intercourse. They may also experience vaginal pain, tenderness, dryness or discharge. If you have any concerns, always talk to your surgeon or stoma care nurse for advice as there are options available to help you.

Male ostomates may experience some problems with erections after certain types of surgery. If you are unable to have or maintain an erection, talk to your surgeon or stoma care nurse for advice as there are options available to help you.

⁶ <https://www.cancercouncil.com.au/bowel-cancer/after-cancer-treatment/stomas/>

⁷ <http://australianstoma.com.au/wp-content/uploads/Hints-and-Tips-for-Colostomy.pdf>

Going to the beach

Your stoma care nurse will guide you in beach-suitable products. With a securely attached, waterproof stoma bag you can shower, swim, dive and surf. Make sure to apply sunscreen after you put on your barrier, as it can affect the baseplate and make it harder to stick. Remember to store your supplies in a cool place, and not in the car for long periods during hot weather, since the heat may damage the adhesion.

It is important to feel comfortable in your body and swimming costume at the beach. Some people are comfortable showing their stoma bag in public and others aren't. A sarong or wrap can be a great way to cover up if you feel uncomfortable showing your stoma bag in public.

6. CHANGING YOUR OSTOMY

Your stoma nurse will show you how to change your stoma bag and care for your stoma when you are still in hospital after your operation.

It is completely normal to feel nervous the first few times you change your stoma bag on your own. With some time to get used to it and practice, it will become much quicker and easier.

Be patient, recognize that it is a new skill to learn and take a deep breath before you begin. Leave yourself plenty of time for mistakes to happen. Bag changes, especially in the beginning, can be very unpredictable.

When to change your stoma bag⁸

Your stoma bag changing pattern will be unique to you. With time and practice, you will work out the best time to change your bag. For some people, a change will be required every day, but for others it's every few days, even up to seven days.

Some people find that they have the best results (i.e. least amount of output) by changing the bag in the morning after getting up and before eating or drinking anything. By paying attention to your stoma and how it responds to what and when you eat, you will notice patterns to guide you in when to change your bag.

If you check the bag occasionally to see if it needs emptying then it won't get too full and cause a leakage. The adhesiveness and durability of stoma bags can vary. Itching or burning indicates that the wafer should be changed. Changing the wafer too frequently or wearing one too long can irritate your skin.

Many ostomates find the easiest way to empty the bag is to sit on the toilet with the bag between the legs. Always empty the bag prior to going out of the house or away from a convenient toilet.



Disposal of used appliance⁹

1. Empty stoma bag contents into the toilet. If possible, rinse the stoma bag.
2. Never flush the stoma bag down the toilet.
3. Place used stoma bag and wipes in disposal bag and tie a knot to seal before placing it in household waste.

Steps for a successful bag change

1. Always carry your spare kit with you when leaving home.
2. Have all your equipment ready and on hand before starting your bag change.
3. Secure clothing out of the way (pegs and safety pins may help to hold clothes out of the way).
4. Empty your stoma bag.
5. Dampen a few non-woven wipes to help release the adhesive barrier.
6. Remove the used stoma bag carefully, from top to bottom, supporting the skin with the wipes.
7. Clean any output on the stoma and skin with toilet paper. Wash the stoma and surrounding skin with your wipes.
8. Dry skin thoroughly.
9. Do not apply anything to the skin unless recommended by your stoma care nurse or doctor.
10. Remember to remove the backing paper before applying the new stoma bag/flange/wafer.

⁸ <https://www.ostomy.org/living-with-an-ostomy/>

⁹ <http://australianstoma.com.au/wp-content/uploads/Living-with-an-Ileostomy.pdf>



Video: Changing your colostomy bag

SPECIAL CONCERNS

Odour¹⁰

Stoma bags that are well fitted and correctly applied are designed to be odourless. Odour may also indicate leakage, either from the stoma bag sealing or underneath the skin barrier. When leaking occurs it is important to change your stoma bag immediately.

Many ostomates find that certain foods can increase the output smell, such as onions, garlic cabbage and fish. Keep a food diary and once you have established an association, try to avoid those foods as required. There are also stoma deodorisers available to mask/ absorb the output odour. A few drops of vanilla essence or a few Tic Tac® mints in the stoma bag can also assist with masking the odour.

Leakage

The output from an ostomy varies from watery to thick as the stool has not yet entered the large bowel where water is reabsorbed. If you find your bag is leaking, change it immediately.

Hydration and electrolyte balance

As water is absorbed along the transit through the large intestines (colon), staying well hydrated is particularly important for ostomates with part or all of their large intestine removed.

High output of diarrhoea, excessive sweating or vomiting can put you at risk of dehydration and salt loss. Always remember to drink plenty of fluid each day, aiming for approximately 2 1/2 litres of water.

An easy way to remember to drink enough water is to re-fill an empty 2-litre bottle with water each day and consume this by night.

Ostomates, in particular ileostomates (with the large intestine removed) should be aware of the importance of hydration and should speak to a dietician about maintaining their electrolyte balance, for instance, by regularly adding salt to food.



SOS: When to seek immediate care¹¹

Seek immediate medical care if you have any of the following symptoms:

1. Continuous nausea and vomiting.
2. Dramatic change in stoma size, shape, or colour.
3. Continuous or excessive bleeding from the stoma.
4. Blockage, prolapse, or narrowing of the stoma.
5. A deep cut in the stoma
6. No output of from the stoma for 4 to 6 hours, with cramping and nausea
7. Severe diarrhoea with risk of dehydration.

¹⁰ <http://australianstoma.com.au/wp-content/uploads/Living-with-an-Ileostomy.pdf>

¹¹ <https://www.niddk.nih.gov/health-information/digestive-diseases/ostomy-surgery-bowel>



Vitamin B12 deficiency

Ostomy surgery of the bowel may affect vitamin B12 absorption from food and result in anaemia, which can cause lack of energy, mouth ulcers and tiredness, and even shortness of breath on exercise in some cases. Your medical team should monitor your vitamin B12 level and supplement with vitamin B12 supplements as required.



Tips for keeping your skin healthy¹²

It is really important to keep the skin around your stoma clean and healthy. This skin must be protected from contact with any stoma output.

1. Make sure your skin is clean and completely dry before applying the adhesive.
2. Ensure that the hole in the adhesive is an exact fit around your stoma.
3. Ensure that there is full contact between the adhesive and your skin.
4. Change your appliance immediately if you feel itching or discomfort.
5. Check the stoma size regularly, especially if you have a hernia.
6. When trying any new stoma cream/gel/wipe under your flange/wafer test it on a small segment of the skin around the ostomy first to see if there is a reaction.

¹² https://www.coloplast.com.au/ostomy/people-with-a-stoma/after-stoma-surgery/#section=Taking-good-care-of-your-stoma_92664

TRAVEL TIPS

Having an ostomy should not stop you travelling, although some extra planning may be required.

Make sure to arrange travel insurance before you purchase your tickets. Check that your insurance company covers pre-existing conditions in your policy. Always carry supplies for stoma bag changes in carry-on as well as extra supplies in case you are stranded or delayed.

When travelling by car for an extended trip, plan your trip along major routes wherever possible, as these are more likely to have a number of toilet facilities.

When travelling by air, try to request an aisle seat close to the toilets, either when making your reservation or at some point closer to your departure date. If you have any dietary restrictions and require a special in-flight meal, notify the airline or your travel agent well in advance and reconfirm this before the flight. Understand airport security. Expect to be body-scanned by airport security (without having to empty or expose the ostomy), have to go through a metal detector or have a pat-down (or offer to conduct a self pat-down).



FERTILITY & PREGNANCY¹³

Having a stoma should not make any difference to your level of fertility or conception. Most female ostomates do very well during their pregnancy and do not experience complications before or after the birth.

Your healthcare team will help you develop a plan and guide you through your pregnancy and birth with an ostomy. This team should include your stomal nurse, IBD nurse, colorectal surgeon, gastroenterologist and obstetrician.

Nausea and vomiting from morning sickness needs to be monitored closely due to the risk of excessive fluid loss, electrolyte imbalance and dehydration. This is particularly relevant if you have an ileostomy.

It is important to note that the stoma shape and size changes as the foetus grows in the uterus. As your stomach stretches, you will need to measure your stoma more frequently and change your stoma bag as the stoma changes. Your IBD and stomal nurses will give you advice on pregnancy and resulting changing stoma sizes.

A vaginal delivery is usually preferred to a Caesarean section, due to the possibility of adhesions and scar tissue that may have formed from ostomy surgery.

The stoma usually will return to its pre-pregnancy size approximately 4 weeks following your delivery.

¹³<https://www.badgut.org/information-centre/ostomies/pregnancy-with-an-ostomy/>

DIET AND STOMA BLOCKAGES

Diet

Initially, you will likely need to make some dietary changes to help the stoma settle and to understand your body's output. Keeping a food diary will help with learning your body's reactions to certain foods and how this effects the volume, texture and odour of output.

With time you might identify foods that irritate your stoma or have an adverse effect on your output. These may be unique to you! Eventually, most ostomates will find the eating pattern that works for them and return to their normal diet.

Gas and bloating

Gas output is normal from both colostomies and ileostomies. The odour can vary depending on the location of the stoma and your diet.



Tips for reducing gas and bloating¹⁴

1. Try avoiding fizzy (carbonated) drinks.
2. Try chewing charcoal tablets, eating natural yoghurt and/or drinking peppermint tea.
3. Cut food into small, bite-sized pieces.
4. Chew your food slowly and thoroughly.
5. Take small sips of liquid when you drink.

¹⁴ <https://www.cancercouncil.com.au/bowel-cancer/after-cancer-treatment/diet/>



Tips for avoiding stoma blockages¹⁵

1. Eat regular meals.
2. Try to keep a balanced diet to nourish your body.
3. Drink up to eight glasses of fluid a day to stay hydrated.
4. Cut food into small, bite-sized pieces, and chew slowly and thoroughly.
5. If you have trouble eating a certain food, talk to a dietician about alternatives.

If you have any concerns, your doctor or stoma nurse can refer you to a dietitian as an additional resource.

¹⁵ <https://www.cancercouncil.com.au/bowel-cancer/after-cancer-treatment/diet/>

Stoma blockages

Some foods can cause an obstruction (blockage) in the stoma. This can be uncomfortable and cause a bloated feeling or nausea. If you experience symptoms of a blockage for more than two hours or you start vomiting, always contact your stoma nurse or hospital immediately. It's important to note that ileostomates are more susceptible to obstruction.

Foods that may cause stoma blockages include:

1. High-fibre foods – e.g. fruits and vegetables
2. Seeds or kernels – e.g. popcorn, nuts, coconut, corn
3. Spicy foods – e.g. chilli, curry
4. Meat casing – e.g. sausages

Drugs and medications

Having an ostomy can affect the absorption and action of medications. It's important to always tell your doctor that you are an ostomate. This is particularly important for ileostomates, as some drugs will not dissolve and will come through the stoma completely intact, such as mesalazine tablets (due to their coating), which are a common IBD medication.

It's useful to know that medications can also change the colour of your output and that's ok! Always tell your doctor if medications come out intact.

USEFUL OSTOMY DO'S & DON'TS

Mother, accountant, exercise lover and ostomate: Erin Goodwin

Erin is a 37 year old mother, accountant and ostomate blogger who was diagnosed with ulcerative colitis in 2006. She has been living with an ileostomy on and off since she was 26, and a permanent one since she was 29, after twelve surgeries and medication failing to control her disease.

She says: "I spent a long time hating myself. But then I moved to acceptance and just started my life. I honestly thought I was the only person with an ostomy in the whole world. With social media, that's changing. It's easier now. Life's pretty good. I have a very supportive family and good friends."

Erin's Top Tips

1. Give your stoma a name – this is a great way to disconnect yourself from it before leaving hospital.
2. Rest assured that if you eat beetroot or drink red slushies your output will change colour, and you are not bleeding internally!
3. Some medications will come out your bag whole, and if this occurs, make sure you talk with your doctor to find a suitable alternative.
4. Showering truly naked is amazing, just be prepared and don't have the water too hot as your stoma will burn.
5. Remember that although your bowel noises might be noticeable to you, most of the time people are focused on themselves and aren't paying much attention to your noises!
6. Tic Tac mints are great to mask pouch odour and make the output minty- just add one to your bag each empty or change, especially before you go out. Get to know your body by keeping a food diary so that you are aware of the foods to avoid when you are going out.
7. It's better to laugh than cry but it's ok to do both, sometimes at the same time.
8. You are not alone!



GLOSSARY & KEY WORDS

Get to know the various key words associated with Ostomies & IBD:

Ostomy

An ostomy is a surgically created opening in the abdominal wall used to remove waste products from the digestive tract (intestine).

Stoma

A stoma is the end of the small or large bowel that can be seen protruding through the abdominal wall.

Ostomate

A person with an ostomy.

Ileostomy

Ostomy that opens into the ileum.

Colostomy

Ostomy that opens into the colon.

Stoma bag

Container to catch and trap effluent from the intestine.

Effluent/ output

This is the stool/faeces that drains into appliance.

FINDING HELP & SUPPORT

There are several associations and groups you can join for help and support with your stoma.

- State Stoma associations & their support groups.
- ACSA – Australian Council of Stoma Associations (qtrly magazine to all ostomates)
- Y.O.U (Young Ostomates United) Facebook group

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CCA MEMBER BENEFITS

CCA is the only organisation in Australia to provide comprehensive IBD support services for patients and families. We work hard to raise awareness and educate the public, as well as collaborate closely with the medical profession and government to improve the quality of IBD patient care. Our staff are well equipped to help you understand your illness and connect you with others than can relate to your day to day challenges.

Crohn's & Colitis Australia's aim is to make life more liveable for people with Crohn's disease and ulcerative colitis and those who care for them.

Our membership program has been developed to help educate and inform, as well as provide the chance to connect with others who understand.

Visit our website to know about benefits of becoming a member of CCA at:
www.crohnsandcolitis.com.au/member/register/

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