Care of Your Ileostomy

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The James

THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

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For a digital copy of this book, go to go.osu.edu/pted5389.

Life With Your New Ostomy

People of all ages have had ostomy surgery for many different reasons and go on to live active and healthy lives. It does take time to become comfortable with your new ostomy.

Use this guide to help you care for, use, and live with your ostomy. Talk to your doctor or ostomy nurse about any concerns or things you do not understand. We are here to support you.

If you are working, you should be able to keep the same job. The only types of work that you may not be able to do are those that involve heavy lifting. Talk with your doctor to learn about any work limits you may need to think about.

See your doctor, counselor, or therapist for help to cope with any problems you have with your new ostomy or with changes to your self-image.

Learn more at Living With an Ostomy:
go.osu.edu/living_ostomy

Contacts

University Hospital Ostomy Nurse:

614-293-8897

James Ostomy Nurse
614-685-4865

To make an appointment with an ostomy nurse, call 614-293-6529

Daily Activities and Being at Home

- You can wear the same clothing styles as you did before.
- You can do the same activities as you did before.
- You can bathe and swim with a pouch in place.
- You can empty your pouch in private, using the rest room at home or at public places. Always empty the pouch into the toilet. Do not empty urine or stool into the sink.
- You can travel with your pouch.
- People with ostomies can become pregnant. But talk with your doctor about how much time you'll need after surgery before you become pregnant.

Learning to care for an ostomy takes time and patience. It is common to have some problems at times. A home health nurse can provide support to help you.

Ileostomy: Procedure

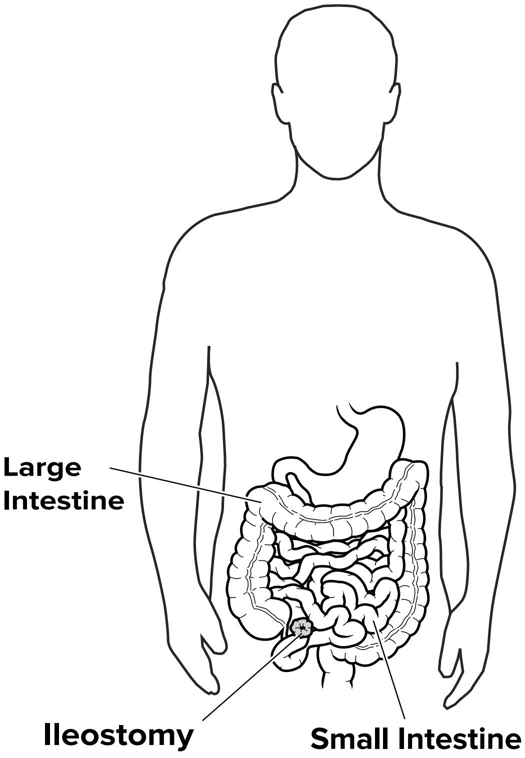
Key things to know

- A surgically created opening on the outside of the body (stoma) that allows stool to drain into a collection device (pouch).
- For an ileostomy, the stoma is made from the small intestine (the ileum).

When a part of your intestine doesn't work as it should, a doctor can do surgery to make an opening in your belly and bring a part of your intestine to the surface of your skin. This opening is called an ostomy.

With an ostomy, waste no longer leaves your body from your anus. It leaves your body through the part of your intestine at the ostomy opening. This part of the intestine is called the stoma.

Your stoma does not have a sphincter, so you are not able to control when waste or gas leaves your body. Your waste will now automatically go from the stoma into an attached plastic bag (pouch). The pouch will block the smell of the waste and it cannot be seen when you are wearing clothes.



Learn more at Ileostomy (video): go.osu.edu/ileostomy_video

Ileostomy: Care

Key things to know

- Your ostomy pouch should be changed every 3 to 5 days or about 2 to 3 times a week. Create a travel kit with the things you need to change a pouch away from home.
- The pouch should be changed before it leaks. If you have any itching or burning around the stoma, there could be a leak starting and the pouch should be changed.
- It is important to look at the stoma and the surrounding skin each time the pouch is changed.
- The stoma should be bright red or pink. The skin around the stoma should look like your other skin. It should not be irritated or red.

You can learn to take care of your ostomy

Good care can make living with a stoma easier. It can help keep a good seal between the skin and the pouch. This can prevent your skin from getting irritated.

Follow-up care is a key part of your treatment and safety. Be sure to go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?

- **Call your doctor now or seek immediate medical care if:**
  - You are vomiting
  - You have new or worse belly pain
  - You have a fever
  - You cannot pass stools or gas
  - You have a large amount of ongoing bleeding into the pouch (more than 4 tablespoons)
- **Watch closely for changes in your health, and be sure to contact your doctor if:**
  - Your stoma turns pale or changes color
  - Your stoma swells or bleeds (a small amount of bleeding after cleansing is normal)
  - You have a notable increase or decrease in output

Learn more at Caring for Your Stoma and Ostomy Pouch (video):
go.osu.edu/care_stoma_ostomy

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Preparing

Supplies:

Gather the supplies before starting. You will need the following supplies to change a pouch:

- Ostomy pouch
- Scissors
- Measuring guide
- Pen or marker
- Disposable paper towels, shop towels, or wash clothes.
- Tap water or soap (Dial or Ivory) and water
- Plastic bag

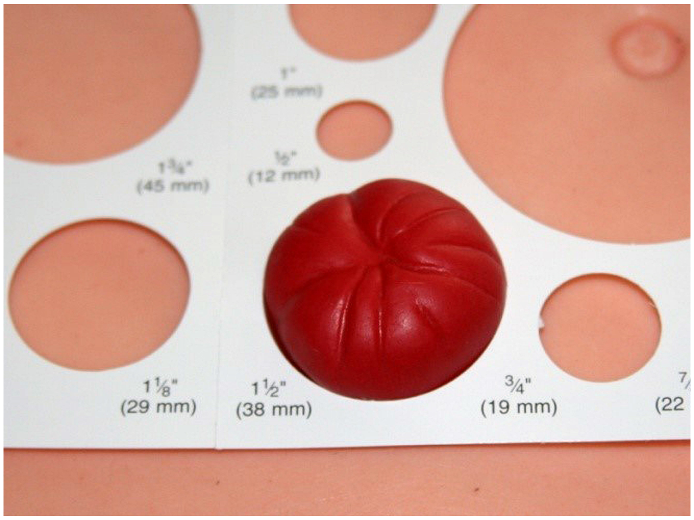
Accessories as needed:

- Adhesive remover spray or wipes
- Stoma powder
- Moldable barrier ring
- Skin barrier film spray or wipes

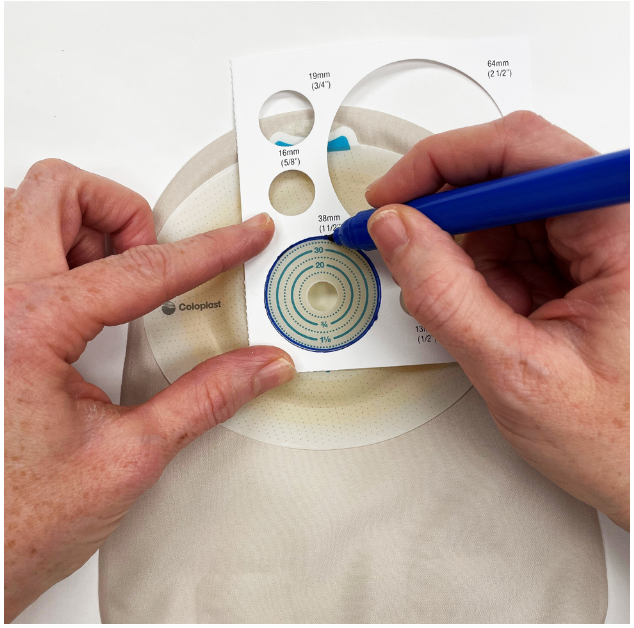
Find a clear place with room to lay out the supplies and change your pouch.

Measure:

- Measure your stoma with the guide and write down the size. Your stoma will get smaller 4 to 6 weeks after surgery.
- Your stoma may have a rod in place when you go home. Your doctor or ostomy nurse will remove the rod.



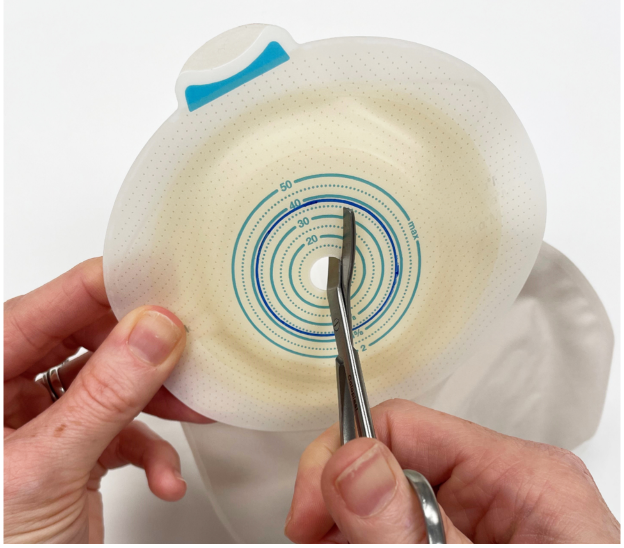
- Trace the measurement onto the back of the wafer barrier.



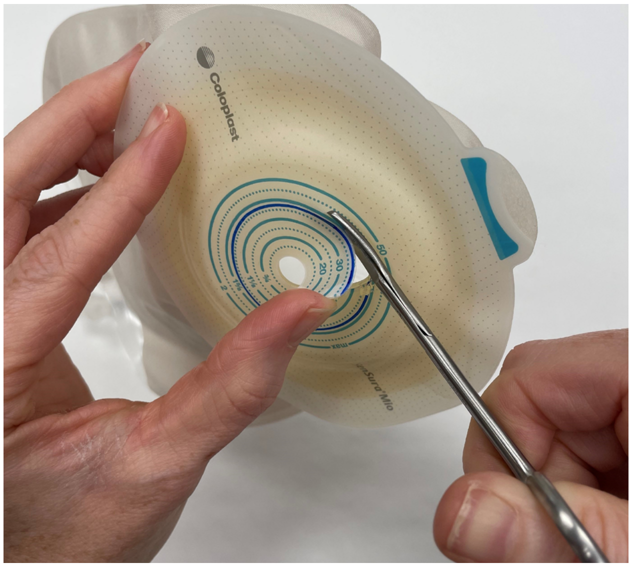
Cut to Size:

- Pull the plastic pouch away from the skin barrier to prevent cutting a hole in it.

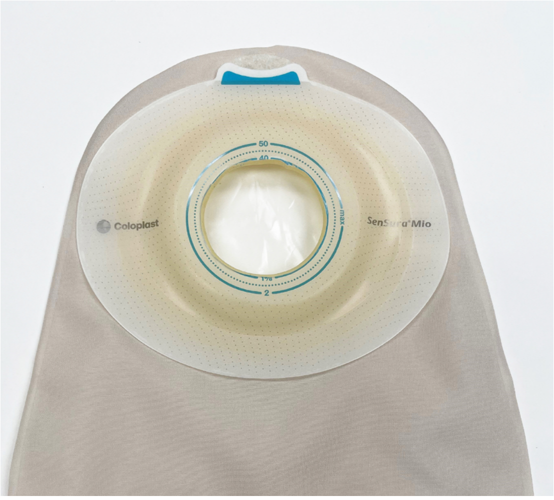
- Place the scissors through the center hole to start cutting.



- Cut all of the marker line off.



- Aim to make the hole an 1/8 inch larger than the stoma. The pouch should be close to the stoma without touching it.

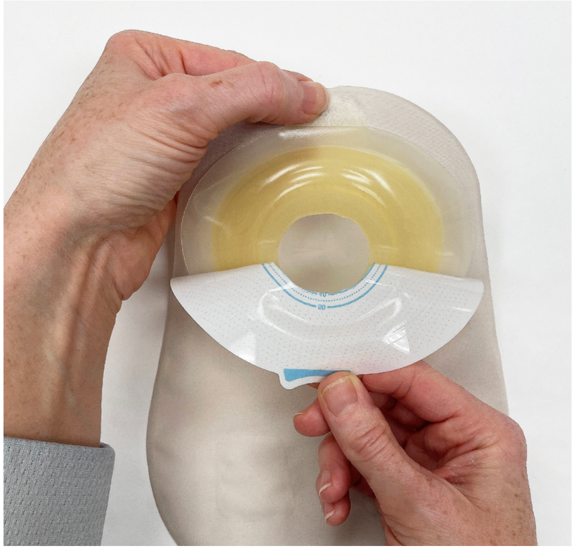


- Warm the skin barrier in your hands or under your arm. This helps with getting a good seal.

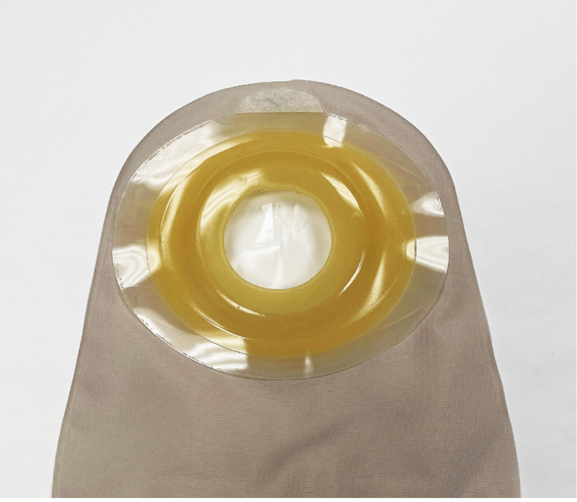
- After the opening is cut, hold up the wafer to your stoma to check the size. If you can see the entire stoma through the opening, it is ready to apply.

Remove Backing:

- Carefully remove the protective backing from the wafer barrier.



Ready to Apply:



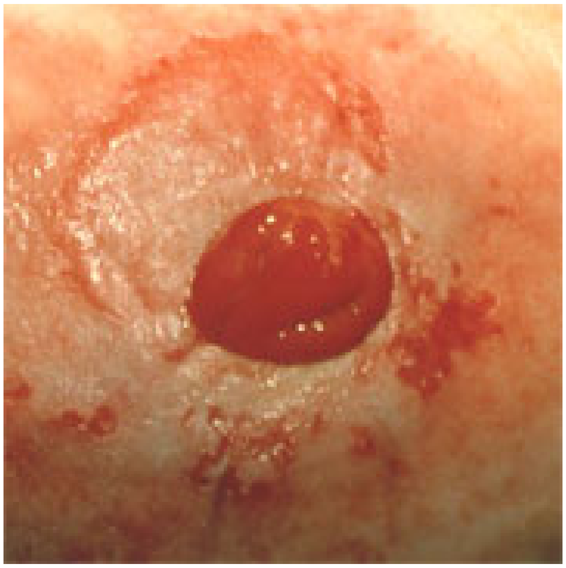
- The pouch is now ready to put on.
- You can look down to apply the pouch or use a hand mirror or full length mirror to see the pouch going around the stoma.
- Consider using electric clippers weekly to remove any hair on the skin around your stoma (called peri-stomal skin).

Skin Care: Cleaning

- Use a disposable towel or wash cloth, soap, and water to clean around the stoma. The stoma itself does not need to be cleaned. Remember, you have no feeling on the stoma.
    - Clean skin is important. The pouch will adhere best to clean, dry skin.
    - Avoid soaps or products that contain moisturizer, like baby wipes. Dial or Ivory are good choices. Moisturizer prevents the pouch from getting a good seal.
- Pat the skin dry.
- Have extra paper towels or wash clothes ready in case the stoma has output during the pouch change.

Skin Problems

- Use the stoma powder on any area of the skin that is **moist, irritated, or red**.
    - Put a thin layer of powder on the skin, and then brush it off. It will only stick to the moist areas that need to heal
- You can use a skin barrier film wipe and gently dab it onto the powder to form a "crust." This is called crusting.
- Skin barrier film can be used alone on dry, red, irritated skin. It can also be used if the wafer barrier adhesive causes the skin to become sore. Gently wipe it on the skin and allow it to dry.
- Stoma powder and or barrier film are only needed if you are having skin problems.



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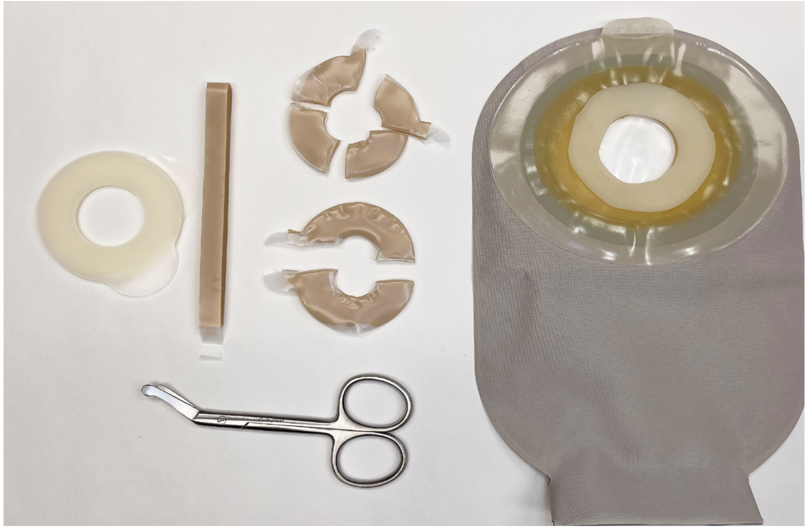
Problems With Leaking

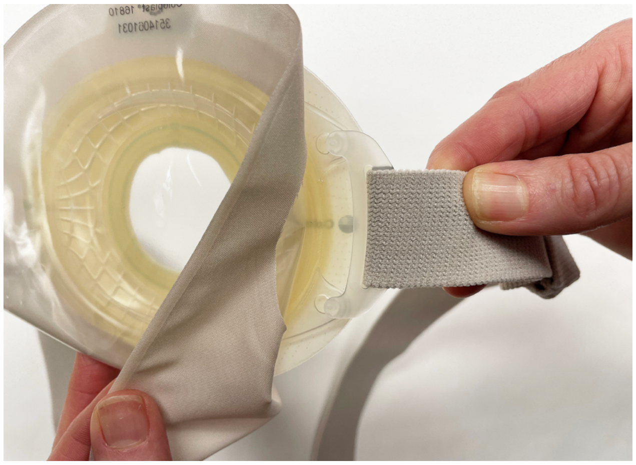


- For a good seal, you need:
  - Clean, dry skin that is not broken
  - A warm pouch that is cut to fit close to the stoma
- You can use the entire moldable barrier ring around the stoma if you have enough supplies.
  - Stretch the ring to fit around the stoma or to fit on the cut opening of the pouch to fill in any gaps in the skin surface.
- You can also fill in low spots on your skin with the moldable barrier ring by cutting it in half or quarters and putting it directly on the low spot of your skin.
- Another option is to mold a piece into the shape of a worm and place it on the cut edge of the pouch.

Convex Pouch

If your stoma is flat or if you have problems with leaking, you may need to use a convex pouch with a belt.

- Instead of being flat, the convex wafer barrier has a dip to help prevent leaking.
- Cut the wafer barrier to size and apply the pouch over the stoma.
- A belt can be used to help stabilize the pouch. Belt use is optional with a convex pouch.
  - Connect the belt to the belt tabs attached to the pouch.
  - The belt will fit snugly, but you should be able to fit 2 fingers between the belt and your waist.



Applying: 1-Piece Pouch Overview

Apply Pouch

- Cut the wafer barrier to size of stoma.
- Make sure the skin is clean and dry. Warm the pouch wafer in your hands or under your arm for a few minutes. A warm pouch will seal faster.
- The pouch should lay flat and point down toward your feet.
- Use your hand on the peri-stomal skin to make sure it is flat and has no creases in the pouch surface as you apply the pouch.

Remove Border Tape

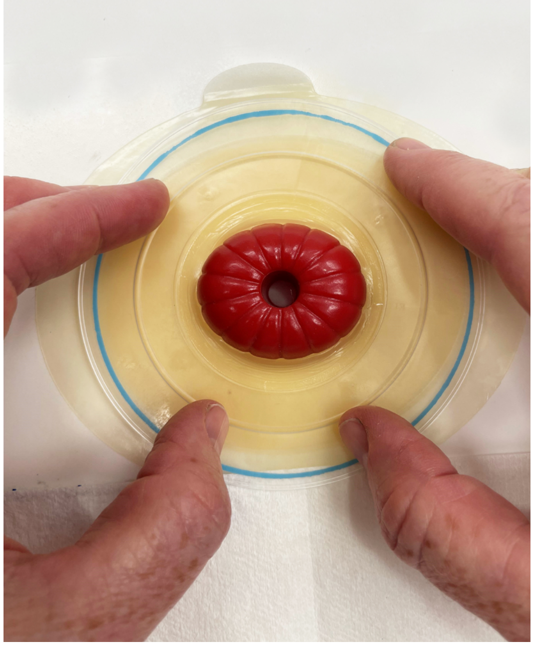
- Not all brands of pouches have a tape border. If your pouch has a tape border, remove the tape around the edges now.

Warm Pouch

- Put your hand over the pouch for 3 to 5 minutes to warm the wafer to your skin. You can do gentle friction on just the wafer area to help the pouch seal to your skin.
- You have no sensation in your stoma. Use your hand around the stoma to warm the pouch
- The heat from your fingers and hand will help the pouch seal faster.

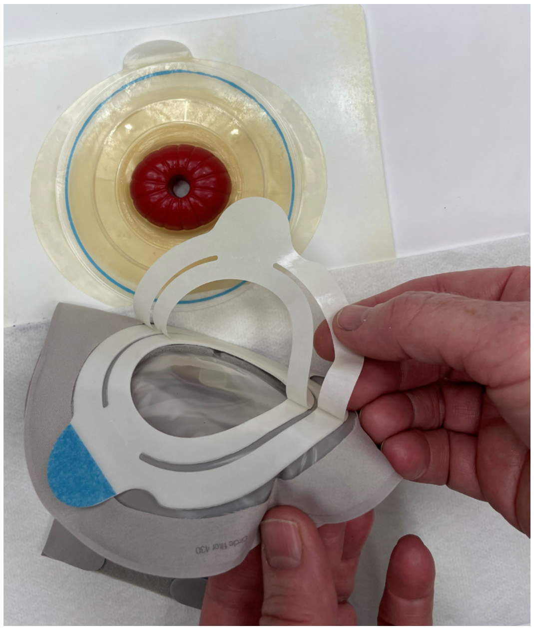
Applying: 2-Piece Pouch Overview

Apply Wafer



- Cut the wafer barrier to size of stoma.
- Make sure the skin is clean and dry.
- Apply the wafer barrier directly over the stoma.
- Use your hand on the peri-stomal skin to make sure it is flat and has no creases in the pouch surface as you place the wafer.
- You should be able to see the stoma through the opening.
- You can look down or use a hand or full length mirror to see the pouch going around the stoma.

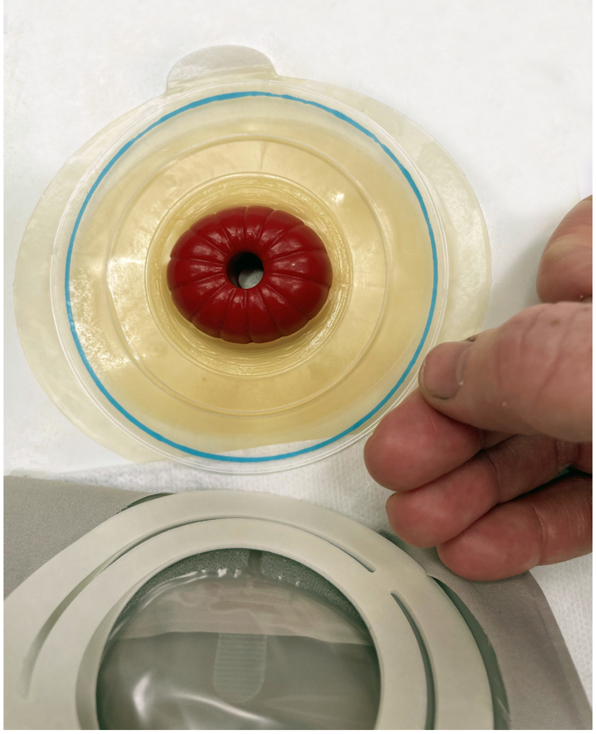
Remove Border Tape



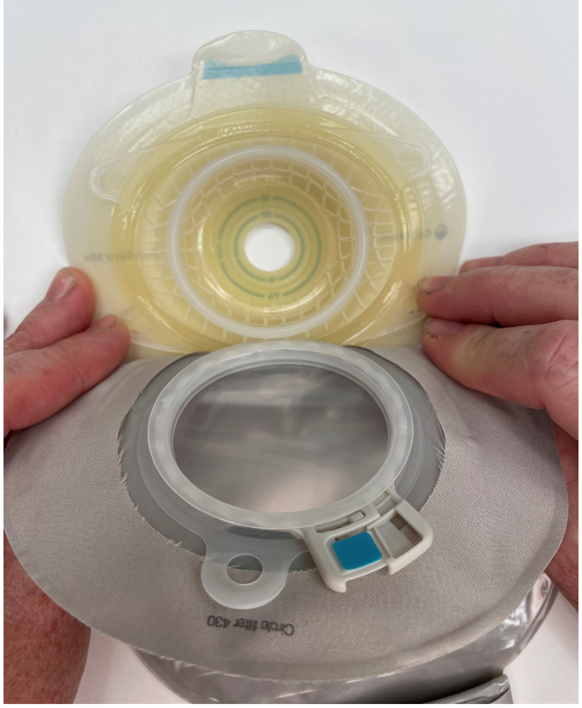
- Not all brands of pouches have a tape border. If your pouch has a tape border, remove the tape around the backing now.

Connect Pouch

- The pouch should lay flat and point down toward your feet.
- There are 2 types of pouch connections to the wafer barrier:
  - The first type has a ring on the pouch that connects to a ring on the wafer. Start at the bottom and align the ring on the pouch to the ring on the skin barrier. Press the 2 rings together, beginning at the bottom to the top of the ring.
  - The other type uses an adhesive coupling to get a seal. Align the adhesive ring on the pouch with the outer rim of the wafer barrier. Gently press around the barrier to secure.



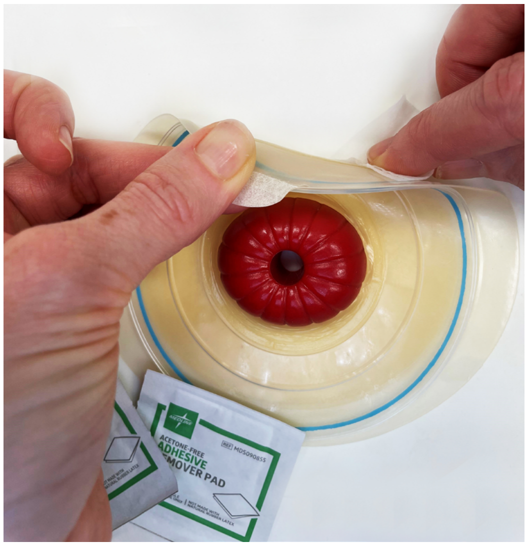
- Some brands have a second ring to lock after the pouch is applied. You will hear a "click" when it is locked.



Opening, Emptying, and Closing

- Empty your pouch when it is ⅓ to ½ full of gas or stool.
- Always empty it into the toilet. Do not empty the pouch into the sink.
- Stand in front of the toilet leaning down, or sit on the toilet (facing forward or backward). It may help to put toilet tissue into the toilet to prevent splashing.
- Undo the Velcro on the end of the pouch. Hold up the end to prevent leakage.
- Hold the end of the pouch open like a spigot and empty it into the toilet. Wipe off the end of the pouch with toilet tissue.
- Roll the pouch back up after. Secure the Velcro closure by pressing along the edge with your fingers to make sure it is closed.

Removing



- The pouch can be removed a few ways. You can:
  - Remove it dry
  - Use adhesive remover
  - Use water on a towel
- Use a push-pull technique to remove the pouch. From the top, push down on the skin while pulling the pouch wafer barrier from the skin in a downward motion.
- Place the used supplies in a plastic bag and throw it away with your regular trash. **Do not flush supplies down the toilet.**

Output

- Make sure to empty your pouch when it is ⅓ to ½ full.
- It is normal to see mucus coming from the stoma, as well as from your rectum. The thick, creamy substance can be white, yellow, brown, gray, or red.
- If you do not have any stool in your pouch for 3 days, call your doctor or ostomy nurse.
- If the stool is hard to drain, add a few drops of lubricant, such as mineral oil, baby oil, or liquid soap to coat the inside of the bag the next time it is changed.
- Drink more fluids if you are having diarrhea, at least 8 to 10 glasses a day. If this continues to be a problem, call your doctor or ostomy nurse.

Ordering Supplies

- Ostomy supplies are durable medical equipment (DME), like wheelchairs or hospital beds. Call your insurance company to see if DME is covered under your insurance plan.
- If your pharmacy does not have DME, you may need to order your ostomy supplies from a medical supply company.
- Ask your insurance company where you should get your supplies. They may use a local or a national medical supply company.
- Below are phone numbers for national medical supply companies:

Edgepark	1-800-321-0591
Comfort Medical	1-800-719-1663
Byram	1-877-902-9726
CCS Medical	1-800-722-2604
180 Medical (Convatec only)	1-877-688-2729

How to Manage High Ostomy Output

High ostomy output, more than 1200 mL a day, may cause you to be unable to absorb fluids and nutrients and can cause dehydration. Normal output for your ostomy is 600 to 800 mL each day. It is important to check the output of your ostomy each day and watch for signs of dehydration.

Signs of dehydration may include:

- Feeling dizzy, weak, or light headed
- Headaches
- Thirst or dry mouth
- Dark colored urine
- Decrease in urine output
- Nausea
- Muscle cramps

Call your doctor or ostomy nurse if you have any signs of dehydration. It is important to check your weight and the output from your ostomy each day. Use the Ostomy Output Log on page 27 and 28.

Call your doctor if your daily output is more than 1200 mL or if you lose more than 2.2 pounds in a week.

Medicine to help manage high ostomy output

Your doctor may have ordered medicine (Loperamide) to help reduce your ostomy output and help increase your absorption of fluid and nutrients. It is important to take this medicine as ordered by your doctor. Talk to your doctor before you change your dose or stop taking this medicine. Take this medicine 30 minutes before each meal or snack and before you go to bed.

Diet to help manage high ostomy output

To manage your ostomy output, it may help to make changes to your diet. Talk to your doctor, nurse, or dietitian about your diet and fluid needs. The following diet guidelines may help to lower your ostomy output:

- Eat small meals or snacks during the day.
- Eat high salt foods and add salt to your meals and snacks.
- Eat foods with more soluble fiber such as oatmeal, barley, applesauce, and sweet potatoes. It may help to use products such as Benefiber or Metamucil.
- Stay away from high sugar foods and sugar-sweetened drinks.
- Stay away from alcohol and caffeine.

Other tips to help manage high ostomy output

Normal output for your ostomy is 600 to 800 mL each day. With normal output, you will need to empty your pouch 5 to 7 times each day.

If you have had watery output for more than 12 hours, the following tips may help:

- Eat certain foods, such as applesauce, bananas, cheese, mashed potatoes, peanut butter, and soda crackers, to thicken stools and control output.
- **Do not** drink fluids with your meals. Drink fluids 30 minutes before or after meals.
- Drink liquid electrolyte solutions, such as Pedialyte.
- If prescribed, take Loperamide (1 to 2 caplets) 30 minutes before each meal and snack, and before you go to bed.
- Check the color of your urine. If you are hydrated, your urine should be light yellow in color.

If you have had watery output for more than 24 hours, choose 1 of the recipes below and follow the directions to make a rehydration solution at home. Drink 1 liter of the solution over the next 24 hours. After you mix the solution, refrigerate any leftovers.

Rehydration Solution Recipes		
Sugar and Salt Water	• 1 quart water • ¾ teaspoon salt • 6 teaspoons sugar • You can add low-sugar, powdered drink mixes (such as Crystal Light) to help improve the taste.	
Gatorade G2	• 4 cups (32 ounces) Gatorade G2 • ¾ teaspoon salt	
Chicken Broth **(2 options, choose 1)**	• 4 cups water • 1 dry chicken broth cube • ¼ teaspoon salt • 2 tablespoons sugar	• 2 cups water • 2 cups liquid broth • 2 tablespoons sugar
Tomato Juice	• 1½ cups water • 2½ cups tomato juice	
Cereal-based	Mix ingredients until dissolved and smooth. The solution will be thick, but you will be able to pour and drink it. • 2 cups water • ½ cup dry, precooked baby rice cereal • ¼ teaspoon salt	

Prevent Dehydration

Ileostomy Hydration Protocol

Use these guidelines to adjust the amount of fluids you drink and the amount of Imodium (loperamide) you take to control your stool output from your ileostomy.

Supplies you will need

You will need the following supplies at home after your ileostomy surgery:

- A fiber supplement (use 1 of the options listed below). Talk to your pharmacist if you are not sure which supplement to use.
  - Metamucil powder – normal dose is 1 to 2 tablespoons, 1 or 2 times a day
  - Benefiber powder – normal dose is 2 tablespoons, 4 times a day
  - FiberCon – normal dose is 1 to 2 tablets, 2 times a day
- A container to measure how much urine and stool output you have each day (you will be given 1 at the hospital)
- Low sugar electrolyte drinks such as Powerade Zero, G2, or Pedialyte

Measure your urine and stool output each day

Use the container you were given to measure the urine and stool output you have each day.

The goal each day is for you to have a:

- Urine output of more than 1200 mL
- Stool output of less than 1200 mL
- Use the chart at the end of this handout to record your daily output. Make copies as needed.

If you meet the goals for urine and stool each day, you do not need to change anything that you are doing. Keep taking your medicines and drinking fluids.

If you do not meet the goal, follow the guidelines below based on your urine and stool output.

Action steps

When your urine is less than 1200 mL and stool is less than 1200 mL

- If your stool output is good but your urine output is low, **you are at risk for dehydration.**

What to do:

- **Drink an extra 1000 mL** or four 8-ounce cups of fluid over the next 24 hours. It is best to drink sugar free sports drinks like Gatorade or Powerade to replace electrolytes in your body. Keep up your normal eating and drinking and take your medicines as ordered.

When your urine is more than 1200 mL and stool is more than 1200 mL

- If your urine output is okay but your stool output is high, **you are at risk for dehydration.**

What to do:

- Start or adjust your Imodium (loperamide).
  - If you are already taking Imodium, increase your dose by 2 tablets (4 mg) in 24 hours. If you are already taking 12 tablets (24 mg) in 24 hours, call the office right away. **Do not take more than 12 tablets in 24 hours.**
  - If you have not been taking Imodium, start taking 1 tablet, 3 times a day, for a total of 6 mg a day. **This medicine should be taken 30 minutes before eating.**
- Keep up your normal eating and drinking and take your medicines as ordered.

When your urine is less than 1200 mL and stool is more than 1200 mL

- If your urine output is too low and your stool output is too high, **you are at high risk for dehydration.**

What to do:

- **Drink an extra 1000 mL** or four 8-ounce cups of fluid over the next 24 hours. It is best to drink sugar free sports drinks like Gatorade or Powerade to replace the electrolytes in your body.
- Start or adjust your Imodium (loperamide).
  - If you are already taking Imodium, increase your dose by 2 tablets (4 mg) in 24 hours. If you are already taking 12 tablets (24 mg) in 24 hours, call the office today. **Do not take more than 12 tablets in 24 hours.**
  - If you have not been taking Imodium, start taking 1 tablet, 3 times a day, for a total of 6 mg a day. **This medicine should be taken 30 minutes before eating.**
- Keep up your normal eating and drinking and take your medicines as ordered.

Your nurse will put a check (√) by the directions to follow if you are **unable to increase your fluids, you are vomiting or if you feel worse:**

☐ **For Colorectal patients:**

- Call 614-293-3230 Monday through Friday between 8 a.m. and 5 p.m. Tell them you are on the hydration protocol. Someone will call you back soon.
- **After hours, weekends and holidays,** call 614-293-8000 and ask for the Colorectal resident on call.
- If you are unable to call, go to the nearest emergency department to be checked.

☐ **For Surgical Oncology**:

- Call 614-293-7171 Monday through Friday between 8 a.m. and 5 p.m. Tell them you are on the hydration protocol. Someone will call you back soon.
- **After hours, weekends, and holidays,** call 614-293-8000 and ask for the Surgical Oncology/HPB resident on call.
- If you are unable to call, go to the nearest emergency department to be checked.

Ostomy Diet: Care Instructions

The foods you eat pass more quickly through your body and out into the ostomy pouch. This means that some foods may cause smells, gas, or diarrhea. You may want to avoid these foods, along with foods that might block the intestine.

Always talk with your doctor before you make changes in your diet.

How can you care for yourself at home?

- Eat a balanced diet that includes a variety of foods from the basic food groups: grains, vegetables, fruits, dairy, and protein foods.
- Eat 3 to 4 meals a day at regular times. It may help to avoid big meals in the evening, so that you do not pass a big amount of waste into the ostomy pouch during the night. You can add snacks during the day.
- If you notice bad odors from your ostomy pouch, note which foods cause odors so that you can limit them. See the list on the next page for common causes.
- If gas or diarrhea is a problem, limit or avoid beans, cabbage, onions, beer, carbonated drinks, cheese, coffee, spinach, raw fruits, and sprouts.
- Chew slowly and take your time eating. That will help your body digest the food.
- If you eat seeds and kernels, take the time to chew them well, because they can block or get stuck in the intestine. Other foods that can block the intestine include raisins, raw vegetables, and corn.
- Some foods will pass through your body without being completely digested. And some foods may change the color of your stools. You may see corn kernels, bright red beet juice, red pepper pieces, and other bits of your meals in the pouch. This is normal.
- Drink plenty of water and other fluids. Your doctor may recommend that you drink 2 to 3 quarts of water each day. Your large intestine is no longer absorbing liquids from what you eat and drink, and your body still needs those fluids. If you have to limit fluids because of another health problem, talk with your doctor before increasing the fluids you drink.
- Your doctor may recommend that you drink liquid that contains electrolytes to help replace lost fluids and minerals. These include drinks like Gatorade, Powerade, or other rehydration drinks that your doctor suggests.
- Talk to your doctor about taking vitamin and mineral supplements.

Diet and Fluid Guidelines

Ostomy surgery may affect the way your body digests and absorbs food. What you eat and drink may need to change based on the type of surgery you had. Your doctor, nurse or dietitian will talk with you about your diet and fluid needs. This will give you information about your diet and fluid needs after your ostomy surgery.

Your diet after surgery: short-term

After your ostomy surgery, your doctor, nurse, or dietitian will talk with you about any special diet you need to follow. They may tell you to eat a low-residue diet. A low-residue diet limits the amount of fiber and dairy products you eat. This diet slows down digestion and decreases your bowel movements to let your bowels heal.

You may be asked to follow these diet guidelines for about 6 weeks after your surgery:

- Eat small meals or snacks during the day.
- Drink 8 to 10 cups of non-caffeinated fluid during the day.
- Chew your food well to help with digestion.
- To decrease gas, it may help to do the following:
  - Do not drink carbonated beverages.
  - Do not use a straw when you drink.
  - Do not smoke.
  - Do not eat foods that cause gas

Your diet after surgery: long-term

Once you have healed from your surgery, your doctor, nurse, or dietitian will talk to you about any special diet you need to follow. Often your diet and fluid intake may feel back to normal about 6 weeks after your surgery. Your diet and fluid needs will be based on your type of ostomy surgery.

The following are long-term diet and fluid guidelines for ileostomy:

- Eat small meals or snacks during the day.
- Drink 8 to 10 cups of non-caffeinated fluid during the day to stay hydrated.
- Chew your food well to help with digestion and decrease your risk of a blockage.
- It may help to eat certain foods, such as bananas, applesauce, and peanut butter, to help thicken stools and control diarrhea.
- Foods that are spicy, fried, greasy, acidic, or high in sugar can cause you to have more stools.
- Check the output and call your doctor right away if there is more than 1200 mL in 24 hours.
- Your stool will become thick like pudding over time.
- It is important to talk with your doctor or pharmacist about any medicines you take. Your ileostomy may change your ability to absorb certain medicines.

It is important to know how certain foods may affect the output. You may find it helpful to eat foods in smaller amounts, until you know how your body may respond.

Ileostomy Food Chart

It is important to know how certain foods may affect the output from your ostomy. You may find it helpful to eat food in smaller amounts until you know how your body may respond. This list may help.

Cause Food Blockage

- Apple peels
- Cabbage, raw
- Celery
- Chinese vegetables
- Corn, whole kernel
- Coconuts
- Dried fruit
- Mushrooms
- Nuts
- Oranges
- Pineapple
- Popcorn
- Seeds

Odor Producing

- Asparagus
- Baked beans
- Broccoli
- Cabbage
- Cod liver oil
- Eggs
- Fish
- Garlic
- Onions
- Peanut butter
- Some vitamins
- Strong Cheese

Gas Producing

- Alcoholic beverages
- Beans
- Soy
- Cabbage
- Carbonated beverages
- Cucumbers
- Dairy products
- Chewing gum
- Milk
- Nuts
- Onions
- Radishes

Color Changes

- Asparagus
- Beets
- Food colors
- Iron pills
- Licorice
- Red Jell-O
- Strawberries
- Tomato sauces

Cause High Output

- Alcoholic beverages
- Whole grains
- Bran cereals
- Cooked cabbage
- Fresh fruits
- Greens, leafy
- Milk
- Prunes
- Raisins
- Raw vegetables
- Spices

Output Control

- Applesauce
- Bananas
- Boiled rice
- Marshmallows
- Peanut butter
- Pectin supplement (fiber)
- Tapioca
- Toast

Odor Control

- Buttermilk
- Cranberry juice
- Orange juice
- Parsley
- Tomato juice
- Yogurt

Ileostomy Fiber Intake

If you have an ileostomy you may have been told not to eat high fiber foods. In some cases, you may also have been told to take fiber supplements. It is important to understand that there are 2 kinds of fiber and how each 1 may affect how your ileostomy works.

Soluble fiber

- Soluble fiber is found in the soft parts of many fruits and vegetables, such as the white, fleshy part of an apple.
- Soluble fiber absorbs water, turns into a gel, and slows the digestive system. It also helps keep stool soft to help it move more easily through your body.
- Things with soluble fiber include: psyllium products such as FiberCon or Metamucil and foods such as applesauce and bananas.
- People with ileostomies can benefit from taking soluble fiber. Your healthcare team may tell you to take fiber tablets or fiber supplements, such as Benefiber, to help slow your digestion and prevent dehydration.

Insoluble fiber

- Insoluble fiber is found in the rinds or stringy parts of fruits and vegetables, such as the outer peel or the skin of an apple.
- Insoluble fiber is called insoluble because it does not change when water is added to it. Insoluble fiber helps people who do not have an ileostomy to have regular bowel movements and firm stools.
- Examples of foods with a lot of insoluble fiber include broccoli, corn, celery, cashews, pineapple, and raisins. Foods with a lot of insoluble fiber are sometimes called “high residue” or “roughage.”
- People with ileostomies are at risk for a problem called food blockage of the stoma. They must use care when eating foods with a large amount of insoluble fiber.
- People with ileostomies should limit the amount of insoluble foods they eat at 1 time.
- Chew these types of foods really well to reduce your risk of a blockage.

Fluids

- Fluid intake is always important for digestion and helps prevent dehydration.
- Water works together with soluble fiber to help food move smoothly through the digestive system.
- It is very important for patients using fiber supplements to be well hydrated. Drink 8 to 10 cups of non-caffeinated fluid each day to stay hydrated.

Resources for People With Ostomies

You will need supplies for your new ostomy. When you are discharged from the hospital these supplies must be ordered through a **durable medical equipment (DME)** company. These items are not available over-the-counter at local pharmacies. You may have a "specialty" pharmacy in your area that can order these supplies for you.

It is important to check with your insurance company to see what your plan covers and if any deductibles apply. DME companies accept most insurances. You can also pay out of pocket for your supplies from a company that makes these supplies, a specialty pharmacy, or an online company (such as Amazon), if you wish to do so.

Most ostomy supply companies will send some free samples to trial if you are interested in or need to change your supplies.

- Before you leave the hospital, arrangements will be made for a DME company to provide your ostomy supplies.

  DME Company Name: ____

  Phone Number: ____

- It will take 5 to 7 business days after you leave the hospital for the DME company to ship the supplies to you. The DME company will call you to confirm your personal information and the address where the items should be sent. The hospital will provide you with a 2 week supply of items to use until the delivery arrives. **You will need to re-order your ostomy supplies each month.** Most DME companies do not automatically ship the supplies to you each month.
- If you go home from the hospital with **home healthcare services** and only have Medicare coverage (no supplement or managed Medicare insurance plan), the home healthcare agency will arrange for the DME company to provide your ostomy supplies during the time you receive their services. If the home healthcare agency is unable to make this arrangement, call your surgeon's office for help with a referral to a DME company. Be sure to update DME information when your home health services end.

  Home Healthcare Agency Name: ______________________________

  Phone Number: ____

- If you are discharged from the hospital to an extended care facility, such as a skilled nursing or inpatient rehab facility, the facility will provide your ostomy supplies. When you are ready for discharge from the facility, the discharge planner will help arrange home healthcare services and/or a DME company to provide your ostomy supplies once you are home.

Resources to Help with Ostomy Supplies

If you have trouble getting your ostomy supplies or your health insurance does not cover the cost of your supplies, the following resources may be able to help you:

Coloplast – coloplast.us/ostomy
Email: info-us@coloplast.com
Phone: 877-858-2656
May provide a 3 to 6 month supply of some ostomy supplies. You will need to submit an application.

Columbus Cancer Clinic
lifecarealliance.org/programs/cancer-clinic
Phone: (614) 263-5006

Convatec Patient Assistance
meplus.convatec.com/articles/patient-assistance-program
Phone: 800-422-8811
May provide a 3-month supply of some supplies, 1 time a year.

Hollister – hollister.com/en/ostomycare
Phone: 888-808-7456

Marlen – marlenmfg.com
Email: info@marlenmfg.com
Phone: 216-292-7060

Nu-Hope – nu-hope.com
Email: info@nu-hope.com
Phone: 800-899-5017

Ostogroup – ostogroup.org
Phone: 561-203-5886
Gives donated ostomy products to people without health insurance, you pay shipping and handling.

Parthenon Medical Supply
parthenoninc.com/ostomy-supplies
Phone: 800-453-8898
Help with supplies for people without health insurance. May be able to offer reduced-price ostomy supplies.

Perma-Type – perma-type.com
Email: reachus@emailptusa.com
Phone: 800-243-4234

Torbot – torbot.com
Email: contactus@torbot.com
Phone: 800-545-4254

Ostomy Association of America (UOAA)
ostomy.org
Phone: 800-826-0826
Offers a list of resources that may offer assistance on a short-term basis.

Other Helpful Resources

Wound, Ostomy, and Continence Nurses Society
Phone: 888-224-9626
Society can provide the location of the nearest ostomy nurse at wocn.org/learning-center/patient-resources

American Cancer Society – cancer.org
Phone: 800-ACS-2345 / (800) 227-2345

Crohn's and Colitis Foundation –
crohnscolitisfoundation.org
Email: info@crohnscolitisfoundation.org
Phone: 800-932-2423

Interstitial Cystitis Association
ichelp.com
Email: ICAmail@ichelp.org
Phone: 703-442-2070

National Association for Continence
nafc.org
Phone: 800-252-3337

National Institute of Diabetes and Digestive and Kidney Diseases
niddk.nih.gov
Email: healthinfo@niddk.nih.gov
Phone: (800) 860-8747

Ostomy Output Log

Record your weight and output from your ostomy each time you have a stool. **Call your doctor if your daily output is more than 1200 mL or if you lose more than 2.2 pounds in a week.**

Bring this record log with you to all of your appointments.

Date	Weight	Ostomy Output (mL)

Date	Weight	Ostomy Output (mL)

Date	Weight	Ostomy Output (mL)

Date	Weight	Ostomy Output (mL)

Notes