Important Points in Ileostomy Care

- Change your bag every 4 days- first thing in am before eating, while it is most quiet.
- Empty Bag at ½ or less full
- Pouch charcoal filter- allows gas to expel without odor
- Skin Barrier for red, irritated skin or if difficulty getting a good seal. Apply to skin after drying skin, allow to dry, place pouch.
- Powder for broken skin. Apply to skin after drying. Sprinkle on, brush off extra and put new bag on. Stop using when skin healed.
- Crusting- Clean and dry skin. Apply powder, pat on skin barrier, let dry. Do powder and barrier three times. Apply bag. This is for raw, weepy, broken skin.
- Stoma shrinks over 6 weeks. You will need cut to fit flanges. Once stop shrinking, you can get pre-sized flanges
- Leaks: To avoid leaks- change on regular schedule, use only water to clean, dry well, assure stoma opening fits around the stoma, and hold for 10 minutes once you put on the pouch.
- If your bag leaks- change the bag- add paste and/or belt
- Diet: Eat small meals during the day, focus on protein for healing.
- Ileostomy-low residue diet for 6 weeks as stoma is swollen.
- Low residue diet: everything white (bread, pasta, tortilla, rice, etc.). No seeds/nuts/coconut/popcorn/olives/mushrooms/raw vegetables/Chinese vegetables. Nothing fibronous (i.e. steak), stringy (i.e. pineapple, celery). Nothing with skin or casing. Cut food small, chew well and drink a couple glasses of water while eating.
- Gas: worse in the beginning, only way to control gas is to avoid gas producing foods and liquids.
- Diarrhea- watery stool in very large amounts. If you empty your pouch greater than 7 times per day, call the doctor's office.
- Constipation-no stool output for 24 hours, call the doctor's office.
- Activity- do not lift anything over 10 pounds for 6 weeks. Always use proper body mechanics to decrease risk of a hernia.

- Intimacy- change bag that day, empty bag before, disguise pouch with bag cover, tube top, or scarf.
- Accessories: Ostomy accessories such as pouch covers, belts and special underwear with a pocket for the pouch. An inexpensive way to disguise your pouch is to use a tube top pulled down around your waist. Some web sites: Ostomy Secrets.com, Sleath Belt.com, CSPouchCovers.com, Tubetop.com.
- Supplies: You will receive 5 bags and necessary accessories when you go home. If you have Medicare, Home Care will supply ostomy pouches during the time they see you. Your Case Manager will arrange supplies to be sent to your home by a Medical Supply Company that contracts with your insurance. You will call them for your next supply order, usually this is monthly. Most insurance companies cover 20 pouches per month and needed accessories.
- Home Care: Your Case Manager will make every attempt to arrange Home Care Nursing for you. You will be given the information before you leave.
- Support/Resources. United Ostomy Association has a wonderful web site. Many of the manufacturing companies have Patient Support Programs and provide samples. The numbers are in the Your Health Matters handout.

When to contact your Surgeon's office:

1. Anything that has to do with this surgery, such as a fever.
2. A change in the color of your stoma- blue, black, purple, white.
3. A large amount of bleeding (> 4 tablespoons) in the pouch.
4. Nausea and vomiting for more than a day.
5. Bleeding and skin opening between the stoma and the skin.
6. Severe skin breakdown that is not healing.
7. Diarrhea (emptying bag > 7 times in a day) with signs of dehydration (dark urine, very thirsty)
8. Severe cramping and no stoma output for 4-6 hours.