Ileostomy Guide

Ileostomy surgery is done for many different diseases and problems. Some conditions that can lead to ileostomy surgery include ulcerative colitis, Crohn’s disease, familial polyposis, and cancer. Sometimes an ileostomy is only needed for a short time

What Is an Ileostomy?

stoma, usually on the lower right side of the abdomen.

An ileostomy may only be needed for a short time (temporary), maybe for 3 to 6 months, because that part of the colon needs time to rest and heal from a problem or disease. But sometimes a disease, such as cancer, is more serious and an ileostomy may be needed for the rest of a person's life (permanent).

A Wound Ostomy Continence nurse (WOCN or WOC nurse) will probably work with the surgeon to figure out the best location and way to care for your stoma. (A WOC nurse is a specially trained registered nurse who takes care of and teaches ostomy patients. This nurse may also be called an *ostomy nurse*.)

When you look at your stoma, you are actually looking at the lining (the *mucosa*) of your small intestine, which looks a lot like the inside lining of your cheek. The stoma will look pink to red. It’s warm and moist and secretes small amounts of mucus. It will shrink shortly after surgery. Its shape will be round to oval. Some stomas may stick out a little, while others are flat against the skin.

Unlike the anus, the stoma has no valve or shut-off muscle. This means you won’t be able to control stool passing from the stoma. There are no nerve endings in the stoma, so the stoma itself is not a source of pain or discomfort.

As part of this surgery, the colon (the main part of large intestine) and rectum (the lowest part of large intestine where formed stool is held until it’s passed out of the body through the anus) are often removed (this is called a *colectomy*). This means that colon and rectum no longer function as they used to. Sometimes, only part of the colon and rectum are removed.

What does an ileostomy do?

After the colon and rectum are removed or bypassed, waste no longer comes out of the body through the rectum and anus. Digestive contents now leave the body through the stoma. The drainage is collected in a pouch that sticks to the skin around the stoma. The pouch is fitted to you personally. It’s worn at all times and can be emptied as needed.

Ileostomy output will be liquid to pasty, depending on what you eat, your medicines, and other factors. Because the output is constant, you’ll need to empty the pouch 5 to 8 times a day.

References

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Last Revised: October 16, 2019

Types of Ileostomies and Pouching Systems

An ileostomy can be short-term (temporary) or life-long (permanent). The different types of ileostomies are described here.

- Belts and tape

Temporary ileostomies

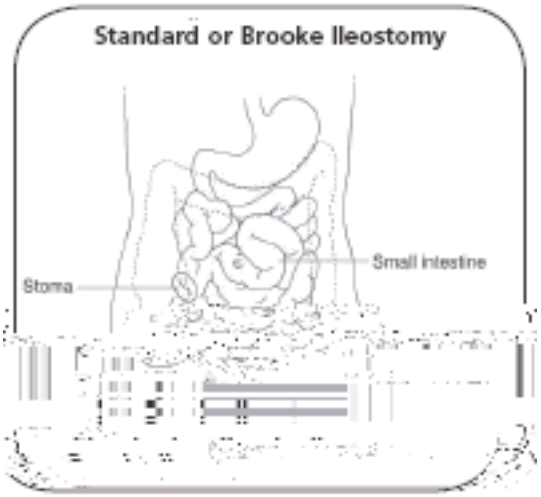
Certain bowel problems may be treated by giving part of the bowel a rest or with surgery to remove the damaged part. The bowel must be kept empty so it can heal. To keep stool from getting to the bowel, a short-term (temporary) ileostomy is created. Healing usually takes a few weeks or months, but may take years. In time, the ileostomy will be surgically reversed (removed) and the bowel will work much like it did before. A temporary ileostomy can also be done as the first stage in forming an ileo-anal reservoir (or J-pouch).

Permanent ileostomies

When part of the bowel becomes diseased, a long-term (permanent) ileostomy must be made. The diseased part of the bowel and anus are removed or permanently rested. In

The standard or Brooke ileostomy surgery is the most common type. The end of the ileum is pulled through the abdominal wall and is turned back and sutured to the skin, leaving the smooth, rounded, inside-out ileum as the stoma.

The stoma is usually in the right lower part of the abdomen, on a flat surface of normal, smooth skin. The fecal output is not controlled. This means you'll need to wear a collection pouch all the time, and empty it regularly.



Continent ileostomy (abdominal pouch)

Reasons for surgery:		
Ulcerative colitis	**Output:**	**Management:**
Familial polyposis	Liquid or paste-like drainage	Drain fairly often with a small tube (catheter) and use a stoma cover
Cancer-related problems		

A continent ileostomy is a different type of standard ileostomy. You don't need to wear

- Allow you to shower or bathe with the pouch on, if you wish to do so

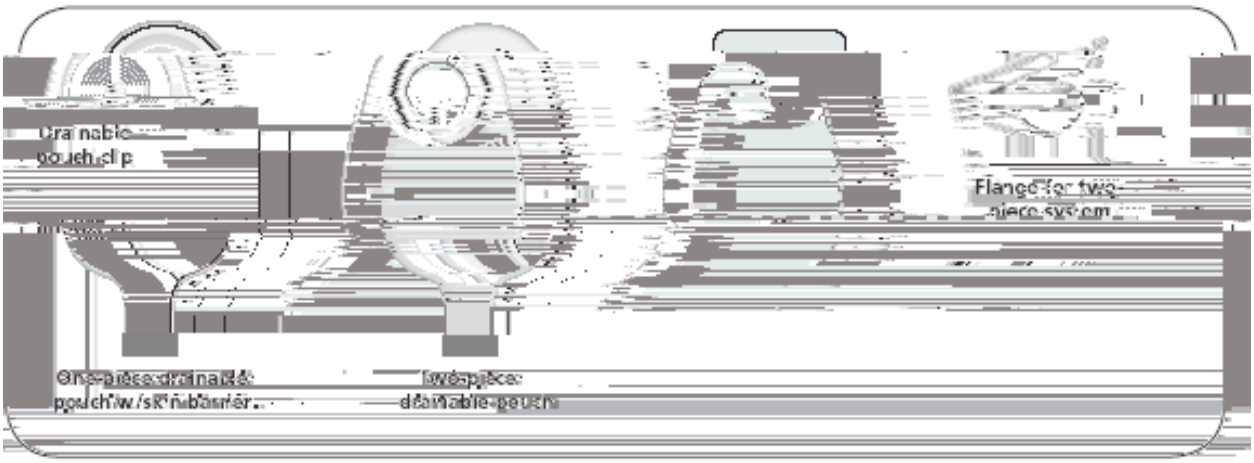
Types of pouching systems

Pouches come in many styles and sizes, and an ostomy nurse can help you choose the best one for your situation and lifestyle. They all have a collection pouch to collect stool drainage that comes out of the stoma and an adhesive barrier (called a flange, skin barrier, or wafer) that protects the surrounding skin. There are 2 main types of systems available:

- One-piece pouches have both a pouch and skin barrier attached together in the same unit. When the pouch is removed, the barrier also comes off.
- Two-piece systems have a pouch and a separate skin barrier.. When the pouch is taken off, the barrier stays in place.

Depending on the design of your pouch's skin barrier, you may need to cut a hole out for your stoma, or it may be sized and pre-cut. It’s designed to protect the skin from the stoma output and be as gentle to the skin as possible.

Some pouching systems can be opened at the bottom for easy emptying. Others are closed and are taken off when they are full. Still others allow the adhesive skin barrier to stay on the body while the pouch may be taken off, washed out, and reused. Pouches are made from odor-resistant materials and vary in cost. They can be either clear or opaque and come in different lengths.



After surgery, the stoma may be swollen for about 6 to 8 weeks. During this time the stoma should be measured about once a week. A measuring card may be included in

boxes of pouches, or you can make your own template to match your stoma shape. The opening on the skin barrier should be no more than 1/8 inch larger than the stoma.

Belts and tape

Wearing a belt to help hold the pouch in place is a personal choice. Some people with ileostomies wear a belt because it makes them feel more secure and it supports the pouching system. Others find a belt awkward and use tape instead. Tape can be put around the outside edge of the skin barrier like a frame.

If you choose to wear a belt, adjust it so that you can get 2 fingers between the belt and your waist. This helps to keep you from getting a deep groove or cut in the skin around the stoma which can cause serious damage to the stoma and sores (pressure ulcers) on the nearby skin. If a belt is used, it shouldn't ride above or below the level of the belt tabs on the pouching system. People in wheelchairs may need special belts. Supply companies often carry these special belts or an ostomy nurse can talk to you about making one yourself.

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Caring for an Ileostomy

ileostomy. But while you learn how to deal with the changes that have been made, you may need help and advice. A good sense of humor and common sense are needed when changes in body function take place. Be confident. You can learn the new system. Before long you will again be in control.

Protecting the skin around the stoma

The skin around your stoma should always look the same as skin anywhere else on your abdomen. But ostomy output can make this skin tender or sore. Here are some ways to help keep your skin healthy:

How to empty the pouch

Empty the ostomy pouch when it is about 1/3 to 1/2 full to keep it from bulging and leaking. Follow these steps:

- Sit as far back on the toilet as you can or on a chair facing the toilet.
- Place a small strip of toilet paper in the toilet to decrease splashing.
- Hold the bottom of the pouch up and open the clip on the end or tail of the pouch.
- Slowly unroll the tail over the toilet.
- Gently empty the contents. You can put some toilet paper in the toilet first to help avoid splashing if needed.
- Clean the outside and inside of the pouch tail with toilet paper.
- Roll up the end of the pouch and clip.

When to change the pouching system

It's best to have a regular changing schedule so problems don't develop. Different pouching systems are made to last different lengths of time. Some are changed every day, some every 3 days or so, and some just once a week. It depends on the type of pouch you use.

There may be less bowel activity at certain times in the day. It’s easiest to change the pouching system during these times. You may find that early morning before you eat or drink is best. Or allow at least 1 hour after a meal, when digestive movement has slowed down. Right after surgery, ostomy output may be thin and watery. As the output gets thicker, you’ll be better able to find the best time for changing your system.

Factors that affect the pouching system seal

The pouching system must stick to your skin. It’s important to change it before it loosens or leaks. The length of time a pouch will stay sealed to the skin depends on many things, such as the weather, skin condition, scars, weight changes, diet, activity, body shape near the stoma, and the nature of the ostomy output. Here are some other things that may affect how long a pouch sticks:

- Sweating will shorten the number of days you can wear the pouching system. Body heat, added to outside temperature, will cause skin barriers to loosen more quickly than usual.
- Moist, oily skin may reduce wearing time.

You will not need special clothes for everyday wear. Ostomy pouches are fairly flat and hard to see under most clothing. The pressure of elastic undergarments won't harm the stoma or prevent bowel function.

If you were sick before surgery, you may find you can now eat normally for the first time in years. As your appetite returns, you may gain weight. This can affect the clothes you choose more than the pouching system itself.

Snug undergarments such as cotton stretch underpants, t-shirts, or camisoles may give you extra support, security, and help conceal pouches. A simple pouch cover adds comfort by absorbing body sweat and keeps the plastic pouch from resting against your skin. Men can wear either boxer or jockey-type shorts.

- Use an odor-resistant pouch.
- Check to see that the skin barrier is stuck securely to your skin.
- Empty the pouch often.
- Place special deodorant liquids and/or tablets in the pouch.
- There are some medicines you can take that may help. Check with your doctor or ostomy nurse about these products and how to use them. Some things that many people have found help with odor are chlorophyll tablets, bismuth subgallate, and bismuth subcarbonate. Keeping air deodorizers in that room can also control odor very well when you are emptying the pouch.

Finding medicine capsules in your pouch

Be aware that coated tablets or time-released capsules may come out whole in the pouch. In most cases, this means you didn't get the medicine. If you notice this, talk with your health care provider or pharmacist. There may be other medicines you can use to make sure you're getting what you need. Liquid or liquid gel medicines tend to absorb faster and may work better for you.

Severe skin problems

Large areas of skin that are red, sore, and weeping (always wet) will keep you from getting a good seal around your stoma. It's important to treat minor irritations right away. If you have a large irritated area, or one that's getting larger despite special care, contact your doctor or ostomy nurse. They may prescribe medicine to take by mouth or to put around your ostomy to help dry out and heal your skin.

For deep pressure ulcers caused by a very tight ostomy belt, loosen or remove the belt and call your doctor or ostomy nurse right away. You will need treatment.

Blockage (obstruction)

There will be times when your ostomy does not have output for short periods of time. This is normal. But, if your stoma is not active for 4 to 6 hours and you have cramps, pain, and/or nausea, the intestine could be blocked (the medical word is *obstructed*). Call your doctor or ostomy nurse right away if this happens.

These are some things you can do to help move things through your ostomy:

- Watch for swelling of the stoma and adjust the opening of the skin barrier as

needed until the swelling goes down.
- Take a warm bath to relax your abdominal muscles.
- Fluids can be taken if there is some stool output: avoid solid foods
- Sometimes changing your position, such as drawing your knees up to your chest, may help move along the food in your gut.
- Do **NOT** take a laxative.

Foods high in fiber such as cabbage, greens, celery, pineapple, nuts, coconut, and corn can cause obstruction. Obstruction can also be caused by internal changes such as adhesions (scar tissue that forms inside your abdomen after surgery).

If you keep having pain and cramping with no output from your stoma for more than 2 hours, and you can't reach your doctor or ostomy nurse, go to the emergency room. Take all your ostomy supplies with you.

Diarrhea

Diarrhea is usually a warning that something isn't right. Diarrhea is defined as frequent loose or watery bowel movements in greater amounts than usual. It happens when food passes through the small intestine too quickly for fluids and electrolytes to be absorbed. It can come on suddenly and may cause cramps. It can cause your body to lose a lot of fluids and electrolytes. You must quickly replace these electrolytes to avoid getting sick

medicines you might be taking. You may be given medicine to help slow things down. Remember, no matter what, you need a well-balanced diet and good fluid intake to have a good output.

Electrolyte imbalance

Electrolytes are salts and minerals in the blood, like potassium, magnesium, and sodium. Keeping them balanced is important. When the colon (large intestine) is removed, you're at a greater risk for electrolyte imbalance. Diarrhea, vomiting, and a lot of sweating can increase this risk.

Dehydration is also a serious concern. Symptoms include increased thirst, dry mouth, decreased urine output, feeling light-headed, and feeling tired. If you get dehydrated, you'll need to drink more fluids. To avoid dehydration, you should try to drink 8 to 10 eight-ounce glasses of fluid a day. If you have diarrhea, you may need more. Drinks such as Gatorade, PowerAde, or Pedialyte contain potassium and sodium. But any liquid containing water (soda, milk, juice, tea, etc.) helps to meet your daily need for fluid.

Loss of appetite, drowsiness, and leg cramps may be signs of sodium loss. Fatigue, muscle weakness, and shortness of breath may be signs of potassium loss. Dehydration, low sodium, and low potassium can all be dangerous and should be treated right away. Keep in mind that some of these symptoms can be caused by other problems which may be emergencies. Call your doctor or 911 right away if you are dizzy, weak, or having other serious symptoms.

Phantom rectum

Phantom rectum is much like the "phantom limb" of amputees who feel as if their removed limb is still there. It's normal for you to have the urge to move your bowels the way you did before surgery. This can happen at any time and may go on for years after surgery. If the rectum has not been removed, you may have this feeling and also may pass mucus when sitting on the toilet. Some people who have had their rectum removed say that the feeling is helped by sitting on the toilet and acting as if a bowel movement is taking place.

Short bowel syndrome

This condition happens when surgery is done to remove a large part of the small intestine. Short bowel syndrome needs special attention because there's not enough intestine left to absorb the nutrients the body needs.

People with short bowel syndrome must be under a doctor's care. They must be closely watched to make sure they're taking in enough calories, carbohydrates, proteins, fats, vitamins, and minerals. They can live a normal life, but must be careful to avoid diarrhea, and be within quick reach of medical care. The shorter the small intestine, the more watery the discharge will be. This may reduce the time a pouch can be worn because the skin barrier breaks down more rapidly.

When you should call the doctor

You should call the doctor or ostomy nurse if you have:

- Cramps lasting more than 2 or 3 hours
- Continuous nausea and vomiting
- No ostomy output for 4 to 6 hours with cramping and nausea
- Severe watery discharge lasting more than 5 or 6 hours
- Bad odor lasting more than a week (This may be a sign of infection.)
- A cut in the stoma
- Injury to the stoma
- Bad skin irritation or deep sores (ulcers)
- A lot of bleeding from the stoma opening,or a moderate amount in the pouch that you notice several times when emptying it (NOTE: Eating beets will cause some red discoloration.)
- Continuous bleeding where the stoma meets the skin
- Unusual change in your stoma size or color
- Anything unusual going on with your ostomy

Ordering and storing ostomy supplies

Supplies may be ordered from a mail order company, from a medical supply store, a local pharmacy, or online. For ad,2.y0 0 z3.15 0 r 1 0 0 1 8Tm ing where the stoma meets the ski87.c

work with the company in question
- Compare prices when using mail order and the Internet (remember to include shipping costs)
- Keep all your supplies together on a shelf, in a drawer, or in a box in a dry area away from moisture and hot or cold temperatures.
- Order supplies a few weeks before you expect them to run out to allow enough time for delivery. DO NOT stockpile supplies – they can be ruined by moisture and temperature changes.

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Last Revised: October 16, 2019

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