

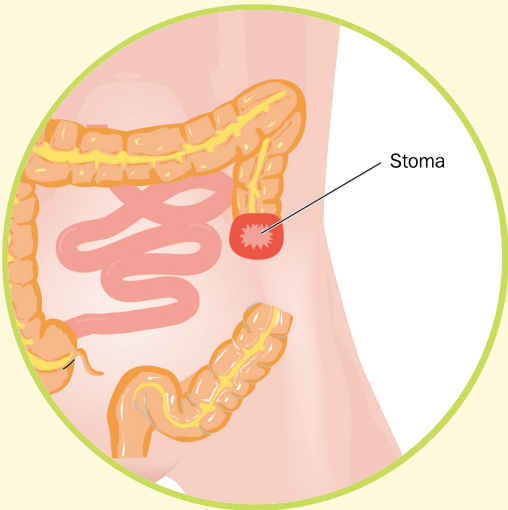


Advice on
Ostomy (Stoma) Care



Changi
General Hospital
SingHealth

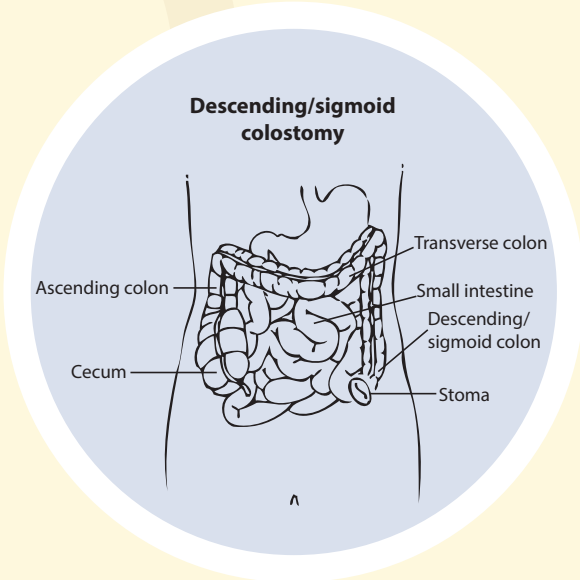
An ostomy refers to a surgically created opening in the body, for the discharge of body waste. A stoma is the end of the ureter or the small or large bowel that can be seen protruding through the abdominal wall. A stoma can be permanent or temporary. A temporary stoma will be closed after a few months.



Common ostomies

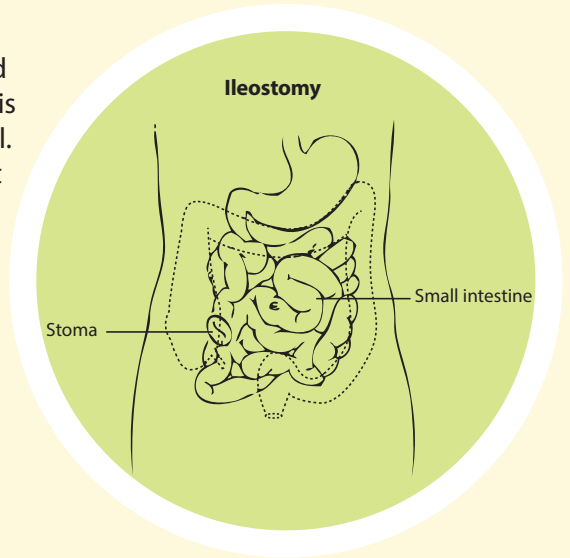
Colostomy

A portion of the large intestine is totally removed or the lower rectum is kept unused for a period of time to promote healing. The remaining portion of the functioning large intestine (colon) is brought to the abdominal wall and a stoma is created for defaecation.



Ileostomy

The entire large intestine, rectum and anus will not be used temporarily. This is to allow the system to rest and heal. The small intestine (ileum) is brought to the abdominal wall to form a stoma for defaecation.



Caring for stoma

Empty pouch

Drain pouch when $\frac{1}{3}$ to $\frac{1}{2}$ full and keep the drainage end of the pouch clean.

Learn to open and close the clamp on the pouch.

Change pouching system

Practise preparing and applying new pouching system.

Learn to measure and cut skin barrier wafer according to stoma size (if using non-moldable wafer).

Stoma size changes in the first 6 to 8 weeks after surgery, as swelling subsides gradually. A long-term pouching system choice should be made after this period.



Diet and fluid guidelines

Colostomy

A change in diet is not required, but patients may want to limit their intake of gas-producing foods.

Ileostomy

Patients are recommended to drink at least 2 litres (6 to 8 glasses) of fluid each day unless contraindicated. This is because removal of all or part of the colon (large intestine) reduces absorption of water and electrolytes (sodium and potassium). Drink in-between meals instead of during meals.

Chewing food well will help to avoid blockage. Avoid hard to digest foods such as nuts, popcorn and foods with skin or seeds. Eating foods such as bananas, potatoes, pasta and creamy peanut butter may help to thicken the stool.

For more information, refer to the Ostomy Diet brochure.

Monitoring medications

Stool or urine colour may change with medication and some foods. If pills are observed, the form of the medication may need to be changed to promote better absorption. No sustained-release or enteric-coated medications or laxatives should be used unless prescribed by your doctor. Patients should notify all healthcare providers of the presence of an ileostomy.



Managing gas and odour

Patients can consider having dietary modifications and the use of filtered pouche and deodorants in the form of drops, sprays and pills.

Patients are advised to consult the **nurses** in 3C - General Surgery Clinic, if they experience the following conditions.

Skin complications:

- Broken skin or excoriation around the stoma
- Unresolved leaking
- Swelling of the stoma



Patients are advised to consult the **doctor** if they experience the following conditions.

Signs of food blockage:

- Abdominal cramping, bloating or distended abdomen, nausea and vomiting
- Watery diarrhoea or no stoma output

Signs of dehydration:

- Lower urine output
- Dark yellow or concentrated urine
- Thirsty, dry mouth and skin
- Weakness
- Lightheadedness

Patient must seek consultation at the A&E department when total blockage is suspected.

Upon discharge, patients will be supplied with a complete pouch set for stoma changing which consists of wafers, pouches, ostomy powder, adhesive removal spray, skin barrier spray, seals and an ostomy belt.

Subsequent supplies can be obtained from the hospital pharmacy or directly from vendors.



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2 Simei Street 3 Singapore 529889
Tel: 6788 8833 Fax: 6788 0933
Reg No 198904226R

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Information is valid as of November 2020 and subject to revision without prior notice.

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