



**The Canadian Association
for Enterostomal Therapy**

A Guide to Living with a Colostomy



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The information contained in this document is current as of September 2007

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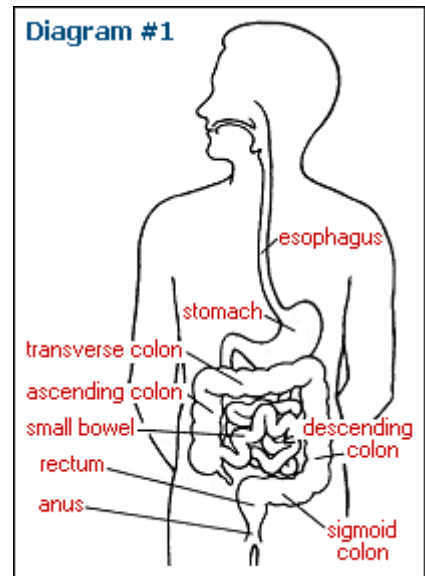
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Introduction

This guide provides helpful information to assist you in learning to live with a colostomy. It is normal to feel apprehensive about having a colostomy. Every year, many men, women and children have colostomy surgery and most resume their previous lifestyles following surgery.

Resource people are available to assist you and your family as you prepare for and recover from surgery. These resource people can answer questions and address concerns that you may have. One of the resource people is an Enterostomal Therapy Nurse (ET Nurse), who specializes in the care of people with ostomies. The United Ostomy Association of Canada (UOAC) is a support group for people who have colostomies as well as other kinds of ostomies. The Association can also provide both information and volunteer visitors who have experienced similar surgery. A local chapter may be near you.

As you read this information, make notes where you have questions or would like to discuss something further. To help you understand the medical terms, you will find blue words that are explained in the **Glossary**. Words or phrases in red text are links. You may click on the link and be taken to the section of the booklet to which the link corresponds to or be taken to a web site that will open in your browser.



The Digestive Tract

The digestive tract consists of the mouth, esophagus, stomach, small intestine, colon (large **bowel**), rectum and anus (Diagram #1). The process of digestion takes place over several hours and begins in the mouth where **enzymes** in the saliva start breaking down food as it is chewed. The food passes through the esophagus into the stomach. In the stomach, food is churned and mixed with gastric juices. The food slowly passes from the stomach into the small intestine. The small intestine consists of three sections: duodenum, jejunum and ileum and is approximately 6 meters (20 feet) in length. Digestion and absorption of nutrients from ingested food takes place in the small intestine; this process is almost complete before waste products pass into the colon. The colon is approximately 2 meters (6 feet) long and ends in the rectum. The colon absorbs water and salts; and the rectum stores waste products (stool). When the stool moves into the rectum, reflexes occur and a person receives a signal in the brain for the urge to have a bowel movement.

What is a Colostomy?

A colostomy is a surgically created opening into the colon, diverting stool from its normal route. Medical conditions that may require bypassing or removing part of the colon include: **diverticulitis**, cancer, **trauma**, **inflammatory bowel disease**, or birth defects. A colostomy may be temporary or permanent, depending upon the reason for surgery.

The type of stool from a colostomy varies depending where in the colon the colostomy is created. A colostomy created toward the right (ascending) side of the colon will have looser, more frequent stools. A colostomy created toward the left (descending) side of the colon will usually have more formed, less frequent stools.

What is a Stoma?

The visible part of a colostomy is called a **stoma**. The location of the stoma on the abdomen varies; depending where in the colon the colostomy is created. To create the stoma, the surgeon brings the colon to the outside of the abdomen, turns it back on itself like the cuff of a sleeve and sews it to the skin. As a result the visible part or stoma, on the abdomen is the inner lining of the colon.

The stoma is soft, moist and pinkish – red in colour, similar to the tissue inside the mouth. Immediately following surgery the stoma is usually swollen and larger than it will be after healing takes place. The size of a stoma varies depending upon the individual and the nature of the surgery. The stoma may bleed slightly when touched since many tiny blood vessels are very close to the surface. There is no feeling in the stoma; it does not hurt when touched or when stool and gas are passed. You cannot control the movement of stool and gas through the stoma; therefore, a pouching system must be worn at all times.

Types of Colostomy Stomas

End Colostomy

An end colostomy is usually located in the lower left colon (sigmoid). If the anus, rectum and part of the lower colon have been removed, this type of colostomy is permanent (Diagram #2).

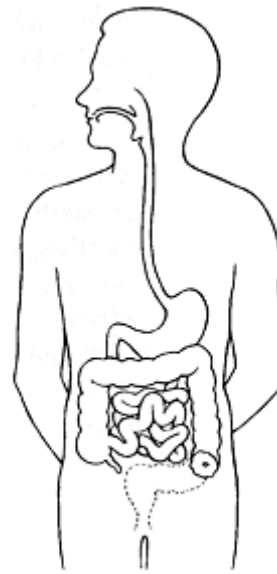


Diagram #2

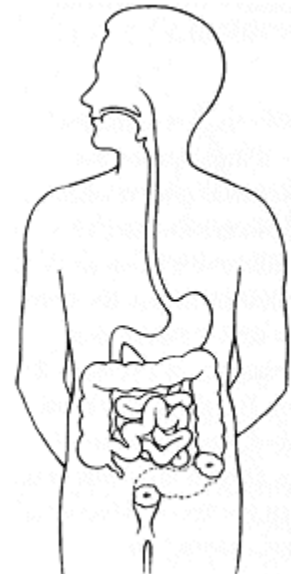


Diagram #3

End Colostomy With a Mucous Fistula

If the anus, rectum and a portion of the lower colon have not been removed, two stomas may be created. One stoma leads to the functioning part of the colon through which stool and gas pass. The second stoma opens into the non-functioning portion of the colon and rectum and is called a mucous fistula (Diagram #3). The second stoma is usually small, flat, pinkish – red in colour, moist and produces only mucus. When the rectum remains in place, the urge to have a bowel movement may occur, but only mucus and possibly some old stool, if present, will be passed.

End Colostomy With a Rectal Stump

Sometimes the end of the lower non-functioning part of the colon and the rectum is stapled or sewn closed and left inside the abdomen. This piece of bowel left inside is called a rectal stump (Diagram #4). If the colostomy is temporary, once healing from the first surgery is complete, a second surgery is required to reconnect the two ends of the bowel.

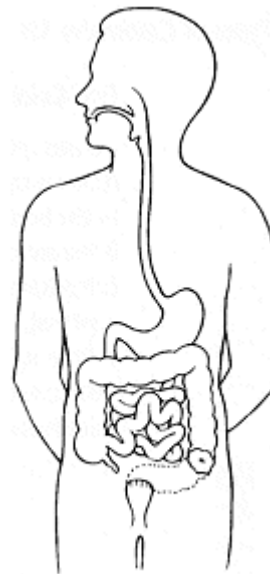


Diagram #4

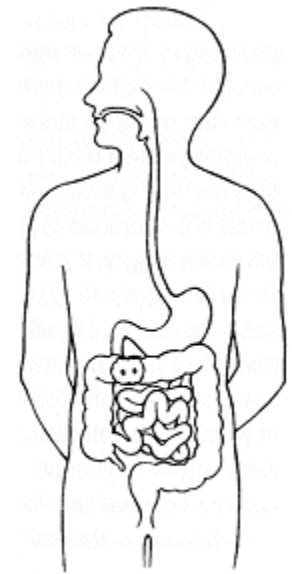


Diagram #5

Loop Colostomy

A loop colostomy is most commonly created if the colon is blocked. This type of colostomy is also used to divert stool from a diseased, injured or healing colon. The stoma site is usually located high on the abdomen above the waistline. If the colon was blocked, the stoma may be very large immediately after surgery but usually shrinks as the blockage is relieved and healing occurs. A loop colostomy may be temporary or permanent and has two openings. One opening leads to the functioning part of the colon through which stool and gas pass. The second opening leads to the non-functioning part of the colon and allows mucus and old stool, if present, to pass from the rectum through the anus (Diagram #5).

What is a Pouching System?

A pouching system/appliance is made for containing stool, odour and gas and to protect the skin around the stoma. A wide variety of pouching systems is available to meet individual needs (Diagram #6). The nurse or ET nurse will show you pouch samples prior to or after your surgery. Your preferences and lifestyle are important considerations in pouch selection. Sometimes more than one pouching system is tried before a person decides which pouch is most comfortable and best meets their needs.

Pouching systems are:

- Odour resistant
- Lightweight
- Low profile – not noticeable through clothing (Diagram #6)

They may be:

- Drainable or closed-ended
- One piece or two pieces
- Pre-cut or cut-to-fit the stoma opening

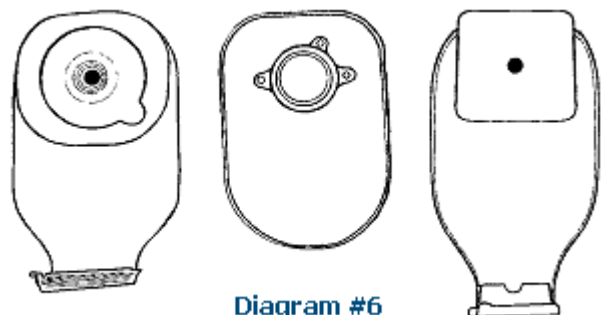


Diagram #6

Length of wear time varies, depending on individual needs and type of pouching system. The pouching system needs to be kept clean and free of leaks.

The stoma usually shrinks for approximately 6 to 8 weeks following surgery. It is important to measure the stoma each time you change your appliance and to use the appropriate size. You need guidance in selecting the pouching system that is best for you. Enterostomal Therapy nursing services are available in most major cities in Canada to provide this guidance. If ET nursing services are not available in your hospital or community, ask your doctor or nurse where you can find further information, or see the [Resource List](#).

Canadian provinces may have health care plans to help offset the cost of ostomy appliances/pouching systems. Specific information can be obtained from your surgeon, ET nurse, medical/surgical supplier, pharmacist or social services.

Pre-operative Preparation

If your surgery has been planned, you may be seen in a pre-admission clinic where you will receive pre-operative teaching and a medical assessment. You may find it helpful to ask a relative or friend to accompany you to ask questions or take notes. You will meet a variety of health care providers who may include: doctors, nurses, dietician, [anaesthetist](#) and ET nurse. These professionals discuss different aspects of your operation and answer your questions and address your concerns. You will be given specific information about your surgery, bowel preparation and pre-operative diet.

Preparation for surgery may include: x-rays, blood tests, urine test, [electrocardiogram \(ECG\)](#), medications and complete cleansing of the bowel. The bowel needs to be empty before surgery can be performed; this also decreases the risk of infection. Bowel preparation includes taking laxatives, following a clear fluid diet and possibly taking antibiotics. It is important to drink extra water at this time to replace the fluids being lost during bowel cleansing. You will be given instructions about fasting.

It is important that either an ET Nurse or your surgeon examine your abdomen before surgery and select the best location for your stoma. This decision is made with your input. The site is chosen and marked taking into consideration your lifestyle, clothing and specific needs. Every effort is made to situate the stoma in the best possible location. Sites vary depending upon the circumstances and anatomy of each person.

If your surgery was an emergency, some of the steps of preparation may have been omitted.

Post-operative Expectations

Immediately after surgery, members of the health care team look after your physical needs. Medication is given to relieve post-operative pain. You are guided and encouraged to do deep breathing exercises. You are assisted to move and walk usually within the first 24 hours. All of this helps speed your recovery from surgery.

You will have:

- An intravenous (IV) giving you fluids and medications.
- A dressing covering the operative area. Your incision will probably be closed with staples that are removed at a later date.
- A catheter inserted into your bladder to keep it empty.
- A colostomy pouch over the new stoma.

You may have:

- A suction tube inserted through your nose into your stomach keeping it empty until your bowel returns to normal function.
- Support stockings or special stockings to help the circulation in your legs.
- A drainage tube in the abdomen to remove any fluid from the operative site.

If your rectum and anus were removed, you will have an incision where the anus was located ([perineal](#) incision). This incision is covered with a dressing and a drainage tube may be placed in this area.

In the operating room after surgery, a pouching system is applied over the stoma. Nurses check the condition of your stoma and ensure the pouching system is intact. Your colostomy will probably not function for a few days after your surgery. At first, you may have abdominal cramps and then gas starts passing through the stoma. Passing gas is a sign your bowel is beginning to work. In the beginning you may have a large amount of noisy gas, which may be followed by loose stool. As you return to your usual diet the gas will probably become less noisy and the stool should become more formed.

If the anus and rectum have not been removed, the urge to have a bowel movement may be felt. Mucus or old stool, if present, may be passed from the rectum.

Learning to Live With a Colostomy

As you gradually recover from surgery, you begin to take part in the care of your colostomy. You probably will be taught the care of your colostomy while in hospital. It is important you become as independent and comfortable as possible with the care and management of your stoma. With time and practice as you recover from surgery, you develop confidence and the care becomes routine. Support and understanding from family and friends are very helpful during your recovery. If you wish, a family member may be included in the teaching sessions so they can become familiar with your needs. Never hesitate to ask questions. After discharge, home care nursing support and ET nursing services may be available in your community to assist you until you are feeling confident and independent with your care.

Going Home

Prior to discharge from hospital, you may have your colostomy supplies ordered for you or you may be given the name(s) of a pharmacy or medical/surgical (ostomy) supply store where you can purchase your ostomy supplies. You need at least one extra pouching system when you leave the hospital and a list of supplies required for your ostomy care. It is preferable to have your supplies delivered to you in the hospital before discharge, ensuring you have the correct pouching system.

A follow-up appointment with your surgeon should be arranged prior to your discharge. If you have received care from an ET nurse while in the hospital, it is important to receive follow-up care and maintain contact, if possible. If you have not seen an ET nurse while in hospital, ask your surgeon if ET nurses are available in your community or contact the Canadian Association for Enterostomal Therapy (CAET) listed in the [Resource List](#).

Ongoing Considerations for Daily Living

Following surgery, it is normal to have concerns about your altered body appearance and the altered elimination process. It takes time to adjust to the changes in your body. Each "new" experience you master helps you feel more comfortable and confident. It may be helpful to tell those closest to you how you feel. However, not everyone needs to know you have an **ostomy**. It is your decision about whom you wish to tell. If you feel you need help adjusting to living with a colostomy, discuss your concerns with your surgeon, family doctor and/or ET nurse. Discussion with a visitor from the United Ostomy Association of Canada (UOAC) who has experienced similar surgery as you is helpful for many people. Inquire from your doctor or ET nurse if a local chapter and visitor are available in your area.

When you are away from home, it is advisable to carry a spare pouch and changing equipment in a purse or pocket or briefcase.

Colostomy Irrigations

Some people with a colostomy in the descending or sigmoid part of the colon (Diagram #1) may choose to manage their colostomy output by irrigation. Irrigation is similar to an enema. Water is put into the bowel through the stoma to regulate stool passage from the colon. This method of colostomy management is optional and may be inappropriate and contraindicated for some people. Consult with your surgeon. An ET nurse should instruct you in the correct technique and necessary supplies.

Work

Your surgeon will advise you when you can return to work determined by the progress of your recovery, reason for surgery and your type of employment. Keeping extra supplies at your workplace is a wise idea in case an unexpected pouch change is needed.

Activities

The activities you enjoyed before surgery can usually be resumed after recovering from your operation. Avoid strenuous activities such as lifting, vacuuming or golfing for at least 6 to 8 weeks. Your surgeon will advise you when you can return to your activities. Swimming, hot tubbing and saunas may be resumed once your incision(s) heals completely. Prolonged exposure to water may cause the adhesive seal to loosen your pouching system. Applying surgical tape around the four sides of the adhesive seal of your pouch (e.g. like a picture frame) may help protect the seal. Smaller pouching systems are available and may be an option for wear during some activities.

Some swimwear have patterns and various panels that may help to conceal the pouch. You may find a selection at retail outlets and at some medical/surgical (ostomy) supply stores. Boxer trunks for men are an option.

Bathing

Your pouching system may be left on or removed when you bathe or shower. Showering with your pouching system off is a good way to cleanse the skin. Direct the forceful water stream away from the stoma. Soap and water will not injure or enter your colostomy, but stool may be expelled. With time, you probably will be able to predict the time of day when your colostomy is least likely to function and you can bathe or shower at that time.

Avoid using bath oils and lotions on the skin around your stoma because they may prevent your pouching system from adhering. If you use a two-piece pouching system and choose to wear it when bathing or showering, keep the pouch secure to the wafer. This may prevent the water from loosening the adhesive seal. Remember to thoroughly dry both sides of the pouch to avoid skin irritation from moisture.

Skin Care

Meticulous skin care around the stoma is important. The skin around the stoma should be free of redness and/or irritation and look like the skin on the rest of your abdomen. Check your skin and stoma each time you change your pouching system. Cleanse the skin around the stoma with warm water. It is not necessary to use soap; however, if you choose to, use a mild non-perfumed soap and rinse your skin well with warm water. The skin should be wiped gently and thoroughly dried. Adhesive residue remaining on the skin from your pouching system/appliance should be removed preferably with an **ostomy** adhesive remover. Use warm water to cleanse the remover from the skin as the remover may interfere with pouch adherence. If you cleanse the stoma, a small amount of bleeding from the stoma is normal.

Consult with an ET nurse before using creams or lotions because these products can interfere with the pouching system adhesive.

Hair on the skin around the stoma can be **carefully** removed by trimming with scissors or electric clippers. Wet electric shavers for use in the shower are an option. Commercial hair removal products should **never** be used. Use of a razor may cause skin irritation for some people. Discuss concerns or questions with an ET nurse.

Skin irritation can be caused by:

- Damage or injury from inappropriate removal of the pouching system
- Incorrect appliance fit
- Leakage of stool onto the skin
- Sensitivity to products
- Moisture

If you experience skin irritation and it does not quickly resolve, contact an ET nurse or your doctor for assistance.

If you have a mucous fistula, it requires similar care as the stoma. The frequency of cleansing will depend upon the amount of discharge. Usually a non-sterile, light dressing is sufficient covering.

If you have a **perineal** incision, keep this area clean and dry to promote healing.

Clothing

Pouching systems are lightweight, discreet and low profile (not noticeable through clothing). Your pouch will probably not be visible when worn beneath undergarments and emptied when 1/3 full. Minor adjustments in clothing may be required for comfort.

These adjustments may include:

- Wear waistbands above or below the stoma.
- Avoid tight belts directly over the stoma.
- Wear a pouch cover made from a soft absorbent fabric to provide comfort and keep the plastic away from the skin.
- Wear undergarments that cover and support the pouching system. A soft elastic or Lycra® undergarment may be worn. Some specialized pouch covers and undergarments are available.

Weight Gain and Weight Loss

Weight gain and weight loss can create new creases in the skin around the stoma. If this creates a problem with appliance management, contact an ET nurse for advice.

Travel

Yes, you can travel; this may require some extra planning. Potential problems may be avoided by the following suggestions:

- Take at least double the supplies you normally use. Your supplies may not be available where you are travelling or be reimbursable outside your home province.
- Protect your supplies from exposure to heat and/or cold.
- Keep some supplies in your hand luggage in case your luggage is lost.
- Ask an ET nurse, your surgeon or family doctor or contact the CAET and/or UOAC about available resources in the area you plan to visit (see [Resource List](#)).
- Observe water precautions; if you cannot drink the water, do not use the water to irrigate.
- If flying, ask for an aisle seat near the washroom.

When riding in a vehicle, protect the stoma from the seat belt. A soft foam padding or a small pillow can be placed between the stoma and the seatbelt to protect the stoma.

Sexual Relations

Following surgery, it is normal to have concerns about your altered body appearance and altered elimination function. People may have concerns about the effect the colostomy may have on sexual relationships. Concerns should be discussed with your partner, surgeon, family doctor and/or ET nurse. Open discussion with your partner will help you understand each other's feelings and help in your adjustment.

Sexual relations may be resumed when approved by your surgeon and when you feel physically and emotionally ready. It takes time to adjust to the changes in your body.

If the rectum has been removed, depending upon the reason, there may be some degree of sexual impairment due to possible nerve damage in the [perineal](#) area. This damage, if present, may be temporary or permanent. Discuss concerns you may have with your surgeon.

The following suggestions may help when you are involved in an intimate relationship:

- Empty your pouch prior to sexual activity.
- Wear a smaller "mini" pouch or fold and tape your pouch.
- Cover the pouch with a pouch cover, cummerbund, fancy lingerie or crotchless panties.
- Try different positions that are comfortable for you and your partner.

Ongoing concerns should be discussed with your family doctor or surgeon. A discussion with a professional specializing in sexual counselling may be of benefit. Your family doctor or surgeon can refer you, if you wish.

Medications

Most medications can be taken safely following colostomy surgery. Most medications are absorbed in the stomach and small intestine. Certain medications can affect the odour, colour, and consistency of stool.

Inform your doctor and pharmacist about your colostomy before taking a new medication and discuss concerns with them.

Regular use of pain medication can cause severe constipation. If you experience constipation, consult with your doctor or ET nurse for preventative treatment with stool softeners and laxatives.

At all times carry a list of all the medications you take. A blank medication record can be obtained from some pharmacies.

Dietary Management

The diet of a person who has a colostomy usually requires very little or no change. You should be able to eat the same foods you ate before surgery. A special diet is not required unless you have restrictions for another medical condition.

Following any type of bowel surgery, there is a gradual progression in diet from clear fluids (e.g. juice, broth, Jell-O), to full fluids (e.g. milk, ice cream, cream soup), to a light diet (solid food that is low in spices and fibre), to a regular healthy diet based on [Canada's Food Guide for Healthy Eating](#).

A regular diet should include a variety of foods from the following food groups:

- Grain products
- Vegetables and fruit
- Milk products
- Meat and alternatives

Everyone differs in the foods they tolerate. Foods that caused you constipation, diarrhea or gas before surgery will probably continue to do so after your surgery. Experiment with a variety of foods. Try one new food at a time so you can identify the foods that may cause difficulty. Give foods a second and third chance before eliminating them from your diet. You may find that in a couple of weeks you tolerate foods that previously bothered you.

The following guidelines can assist you controlling some conditions commonly experienced by people. If any of these conditions persist, contact your doctor or ET nurse for assistance and guidance. A visit with a dietician may be helpful to assist you with dietary concerns and/or management. Ask your doctor or ET nurse for a referral to a dietician.

Excessive Gas

Foods that may promote gas formation:

- Dried peas and beans
- Melons
- Eggs
- Beer and carbonated beverages (pop)
- Onions and related vegetables
- Strong cheeses such as Roquefort
- Vegetables of the cabbage family – broccoli, brussels sprouts, cabbage and cauliflower

If you have a problem with excess gas, you may wish to limit your intake of gas-forming foods or eat them on occasions when gas production is not a concern to you. To help decrease gas formation:

- Eat regular meals
- Chew your food well
- Avoid chewing gum
- Avoid use of drinking straws
- Avoid talking with food in your mouth

Odour

Foods that may promote odour:

- Fish
- Eggs
- Onions
- Garlic
- Dried peas and beans
- Asparagus
- Fried foods
- Vegetables of the cabbage family, including turnip

If you have problems with food-related odours, you may wish to limit your intake of these foods or eat them at times when you are less likely to be concerned about odour.

Foods that can be included in your diet to help control odour are parsley, yogurt and buttermilk. Pouch deodorants are available. Also special tablets may be taken by mouth that may help reduce odour. If odour is a concern consult with a dietician, ET nurse or your doctor for suggestions.

Diarrhea

Foods that may promote diarrhea:

- Highly seasoned foods
- Alcohol
- Coffee
- Salads
- Uncooked vegetables and some fruits
- Foods that are natural laxatives such as prunes or licorice

Limiting intake of these foods may reduce diarrhea. Including cheese or buttermilk in your diet may also help decrease diarrhea. Try drinking fluids half an hour after meals, rather than with meals.

Constipation

The causes of constipation are varied and may include the following: decreased activity, low fibre diet, inadequate fluid intake and certain medications. Suggestions that may help prevent constipation are:

- Drink at least 6 to 8 glasses of water a day.
- Eat foods high in fibre, such as fresh fruits and vegetables, whole grain breads and cereals, and foods with bran, nuts or seeds.
- Eat stewed prunes or drink 1 to 2 glasses of prune juice per day.
- Increase your activity level.

If you are not able to relieve constipation through diet and exercise, talk to your doctor or pharmacist about the use of a mild laxative and/or stool softener.

Post-Surgical Hospital or Clinic Visits

After your surgery, you usually have follow-up visits at the hospital or at your surgeon's clinic. When you go for your follow-up visit:

- Take enough supplies for a complete change of your pouching system.
- Inform the staff if your rectum and anus were removed or if you have a mucous fistula. This will help them plan your care.
- If a follow-up bowel examination such as a barium enema or colonoscopy is planned, you will receive detailed information about the procedure and required preparation.
- Laxatives are given to cleanse the bowel prior to these procedures. An open-ended drainable pouching system is recommended for management of increased colostomy output during this time.
- Procedures using barium can be quite constipating. Ask your doctor about taking laxatives or doing irrigations for this potential problem.
- Contact an ET nurse, family doctor or surgeon if you have concerns or questions.

If you are being treated for another medical (e.g. diabetes) or a different surgical condition, remember to tell your doctor and all health care providers at the hospital or clinic that you have a colostomy.

Medic Alert®

Wearing a **Medic Alert®** bracelet informs health care professionals of your colostomy in case of an emergency. Discuss with an ET nurse or your doctor the information to include on the Medic Alert® identification. Application forms are available at many pharmacies across Canada. Medic Alert® identification is also available for wristwatches.

Concerns to Report to Your Doctor and/or ET Nurse

Contact your doctor or ET nurse if you experience any of the following problems:

- Marked change(s) in stoma size or appearance
- Irritated skin around your stoma
- Excessive bleeding from the stoma
- Unresolved constipation or diarrhea
- Swelling near or around your stoma
- Increased tenderness or foul smelling discharge from the perineal wound if the rectum and anus were removed
- Bleeding from the rectum, if the rectum was not removed
- Ongoing problem(s) with leakage from your pouching system

Glossary

Anaesthetist • A medical doctor who specializes in giving medication to put people to sleep so surgery can be performed.

Bowel • Also called intestine and colon. It is the part of the digestive tract that lies between the stomach and the anus. There are two parts, the small intestine and the colon (large bowel). Often these words are used interchangeably.

Diverticulitis • A diverticulum is an abnormal little sac or pouch that may occur in the lining of any hollow organ of the body. In the colon (large bowel), these may become inflamed and cause diverticulitis, a condition that may require surgery.

Electrocardiogram (ECG) • A test to evaluate the heart action.

Enzymes • Substances in the mouth, stomach and small intestine that cause the breakdown of food. Enzymes can also irritate the skin if stool, which contains enzymes, remains on the skin.

Inflammatory Bowel Disease • Inflammation of the bowel. Symptoms vary, depending on the area of the bowel affected and the degree of inflammation. This refers to both ulcerative colitis and Crohn's disease.

Ostomy • A surgically created opening into the digestive or urinary system, diverting stool or urine from its normal route. Sometimes the word *ostomy* is used as a shortened version for the word *colostomy*.

Perineal • The area located between the genitals and the anus (rectum).

Stoma • The part of the bowel that is seen outside of the body on the abdomen following ostomy surgery.

Trauma • Injury or damage (e.g. car accident).

Resource List

(Updated September 2007)

Canadian Association for Enterostomal Therapy (CAET)

P.O. Box 48069
Mississauga, ON L5A 1W4
Phone • 905-270-8433
Fax • 905-270-8963
Web Site • <http://www.caet.ca/>
Email • caet@on.aibn.com

United Ostomy Association of Canada Inc. (UOAC)

P.O. Box 825
50 Charles Street East
Toronto, ON M4Y 2N7
Toll Free • 1-888-969-9698
Fax • 1-416-595-9924
Email • uoacan@astral.magic.ca
Web Site • <http://www.ostomycanada.ca/>
UOAC Chapters Across Canada • <http://www.ostomycanada.ca/chapters.htm>

UOAC chapters have been organized in all ten provinces, and are meant to provide an opportunity for persons who have had or may have ostomy surgery and their families, partners, caregivers and friends to meet, provide support and understanding and share information.

Canadian Cancer Society

National Office
Suite 200, 10 Alcorn Avenue
Toronto, ON M4V 3B1
Phone • 1-416-961-7223
Toll Free • 1-888-939-3333
General Email • info@cis.cancer.ca
Web Site • <http://www.cancer.ca/>

Canadian Medic Alert® Foundation Inc.

Suite 800, 2005 Sheppard Avenue East
Toronto, ON M2J 5B4
Toll Free (English) • 1-800-668-1507
Toll Free (French) • 1-800-668-6381
Web Site • <http://www.medicalert.ca/>

Crohn's and Colitis Foundation of Canada

Suite 600, 60 St. Claire Avenue East
Toronto, ON M4T 1N5
Phone • 1-416 920-5035
Toll Free • 1-800-387-1479
Web Site • <http://www.cfc.ca/>

Canadian Society of Intestinal Research

855 West 12th Avenue
Vancouver, BC V5Z 1M9
Phone • 1-604-875-4875
Toll free • 1-866-600-4875
Fax • 1-604 875-4429
Web Site • <http://www.badgut.com/>
Email • info@badgut.com

Familial Gastrointestinal Cancer Registry

Attention • Terri Berke, Clinical Co-ordinator
Mount Sinai Hospital
Suite 1157, 600 University Avenue
Toronto, ON M5G 1X5
Phone • 1-416- 586-4800 Ext. 8334

Or write to:

Dr. Zane Cohen
Digestive Disease Clinical Research Centre
Familial GI Cancer Registry
60 Murray Street, Box 24
Toronto, ON M5T 3L9

IDEAS (Intestinal Disease Education and Awareness Society)

1859 Napier Street
Vancouver, BC V5L 2N4
Phone • 604-255-9606
Fax • 604-253-7889
Email • info@IDEAS-NA.com

**International Association for
Medical Assistance to Travellers**

Suite 1, 1287 St. Claire Avenue West
Toronto, ON M6E 1B8
Phone • 1-416-652-0137
Web Site • <http://www.iamat.org/>

Wound Ostomy & Continence Nurses Society

Suite C, 15000 Commerce Parkway
Mt. Laurel, NJ 08054
Toll Free • 1-888-224-WOCN
Web Site • <http://www.wocn.org/>

United Ostomy Association of America (UOAA)

P.O. Box 66
Fairview, TN 37062
Toll Free • 1-800-826-0826
Web Site • <http://www.uoaa.org/>
General Information Email • info@uoaa.org

World Council of Enterostomal Therapists (WCET)

P.O. Box 48099
Mississauga, ON L6A 1W4
Phone • 1-905-848-9400
Fax • 1-905-848-9413
Web Site • <http://www.wcetn.org/>

Personal Information

Print this form, fill in the information, and keep it handy for your personal records or should you need to take it with you when travelling or visiting your doctor or ET nurse.

Surgical Procedure • _____

Date • _____

Place • _____

Enterostomal Therapy Nurse (ET nurse) • _____

Address • _____

Phone Number • _____

Surgeon • _____

Address • _____

Phone Number • _____

Family Doctor • _____

Address • _____

Phone Number • _____

Medical/Surgical Supply (ostomy) Store • _____

Address • _____

Phone Number • _____

Pharmacy • _____

Address • _____

Phone Number • _____

Prescriptions • _____

Home Care Nurse • _____

Phone Number • _____

Dietitian • _____

Address • _____

Phone Number • _____

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