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Caring for Your Ileostomy

patient education
DIS099

Key Points

- Your pouching system will collect stool from your ileostomy.
- The pouch you use will be fitted personally to your stoma opening.

An ileostomy is an opening made in the abdominal wall. Creating an ileostomy requires surgery.

During the ileostomy procedure, a surgeon brings the end of the ileum (the lowest part of the small intestine) through the new opening, usually on the lower right side of the belly.

After surgery, what you see at the opening, on the surface of your abdomen, is called a **stoma**. When you look at your stoma, you're seeing the lining of your small intestine. A stoma looks pink or red and is round or oval-shaped. It's warm and moist, and it secretes small amounts of mucus. Over time, it will shrink in size. Some stomas stick out while others are flush with the surface of the skin.

Because an ileostomy involves removing or bypassing the colon and rectum, stool no longer comes out of the rectum through the anus. Stool now leaves your body through the stoma and is collected in a **pouch** that sticks to the skin around your stoma.

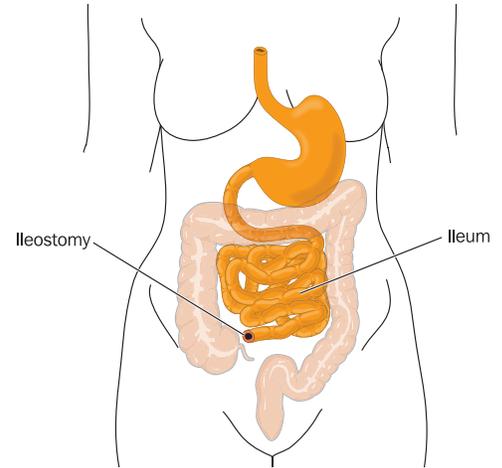
About the Pouch

The pouch is worn at all times and emptied as needed, up to 5-8 times a day.

To ensure it works as well as possible, the pouch is specifically **fitted** to your stoma opening.

Many things affect the pouching system. For a pouch to work best, it must fit:

- The location of the stoma
- The length of the stoma



- Scars and folds near the stoma
- Your abdominal firmness and shape
- Your height and weight

A good pouching system should be:

- Secure with a leakproof seal that lasts 3-7 days
- Odor-resistant
- Protective of the skin around the stoma
- Nearly invisible when covered by clothing
- Easy to put on and take off

Your ostomy nurse can help you choose a pouching system that works best for you.

Caring for Your Ileostomy

Learning to care for your ileostomy takes practice and time. Discuss it with your doctor or ostomy nurse, and follow their specific guidelines.

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Changing the Pouch

Changing your pouch is best when there is less bowel activity—for example, early in the morning before you eat and drink, or at least one hour after a meal when digestive movement has slowed down.

Shortly after surgery, ileostomy output is thin and watery. As time goes on, the output gets thicker, which makes it easier to determine the best times to change your pouch.

You don't have to use sterile supplies to change the pouch, but all supplies you use should be clean.

Emptying the Pouch

Empty the pouch when it's about one-third full, to keep it from bulging and leaking. Use the following steps:

1. Sit as far back on the toilet as you can, or on a chair facing the toilet.
2. Place a small strip of toilet paper in the toilet to decrease splashing.
3. Hold the bottom of the pouch up and open the pouch at its tail.
4. Slowly unroll the tail over the toilet.
5. Gently empty the pouch contents.
6. Clean the outside and inside of the pouch tail with toilet paper.
7. Roll up the end of the pouch and use its clip or Velcro to close it.

Addressing Problems

Watch carefully for the following problems and take measures to avoid them, if possible. If any of the problems arise, respond as directed by these instructions and by your health care providers.

- **Skin irritation near your stoma:** The main job of the small intestine is to absorb nutrients and water from what you eat. To break food into small particles, the small intestine releases enzymes. Your ileostomy output will be liquid or pasty, depending on what you eat. The enzymes in that output can irritate your skin. That's why skin around your stoma must always be protected. If you develop a large irritated area around your stoma, it should be treated quickly. Call your doctor or ostomy nurse right away.

- **Blockage (obstruction):** If your ileostomy doesn't have output for 4-6 hours and you have cramps and/or nausea, you have a blockage. Food and liquids you eat affect ileostomy output. Large pieces of poorly chewed food can become stuck in the small bowel in the first six weeks after surgery. To prevent blockages, it's important to cut your food into small pieces, chew your food very well, and avoid foods that don't break down even after being chewed. Follow your doctor's or ostomy nurse's diet instructions. If you have a blockage for 4-6 hours and you have cramps and/or nausea, call your doctor right away. Do **NOT** use a laxative.
- **Diarrhea:** Having diarrhea can be a warning that something is not 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. Diarrhea can cause your body to lose a lot of fluid and electrolytes. Call your doctor or dial 911 if you are dizzy, weak, or experiencing other serious symptoms.
- **Phantom rectum:** When you feel like your rectum is still there, we call it phantom rectum. You might feel an urge to have a bowel movement the way you did before surgery. This is **normal**. If you experience it, no response is needed.

When to Call for Help

Call your doctor or ostomy nurse if you have:

- Cramps lasting more than 2-3 hours
- Continuous nausea and vomiting
- No ileostomy output for 4-6 hours, with cramping and nausea
- Severe watery discharge lasting more than 5-6 hours
- Bad odor lasting more than one week (possible sign of infection)
- A deep cut in—or injury to—the stoma
- Bad skin irritation or deep sores
- A lot of bleeding from the stoma opening (or a moderate amount in the pouch that you notice several times when emptying it)
- Continuous bleeding when the stoma meets the skin
- Unusual change in your stoma size and color