

Understanding Your Ostomy

Colostomy, Ileostomy and Urostomy



Attention to Detail. Attention to Life.

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Your Ostomy

This booklet can help you understand and manage your ostomy. It is important to remember that you are not alone. Every year thousands of people have ostomy surgery. For some, it is a lifesaving event. It may be performed to repair an injury, treat a disease or remove a tumor. Whatever the medical reason for your surgery, it's natural to have questions and concerns.

There are different types of ostomy surgeries. The most common types will be reviewed here – colostomy, ileostomy and urostomy. They are done for different reasons, and there are important differences in how they should be managed.

You must know what type of ostomy you have. Although there are many similarities, there also are important differences. *As you review this information, focus on the sections that are specific to your type of surgery.*

The purpose of this information is to answer some of your questions and to ease some of your concerns about living with an ostomy.  This symbol indicates where detailed information is available about certain topics on our website www.hollister.com

This resource may be provided to you by your healthcare team. It complements information given to you by your doctor and your Wound, Ostomy, Continence (WOC) Nurse or ET Nurse – a nurse who specializes in ostomy care. When you have questions, write them down. You should discuss these questions with your doctor or WOC Nurse. For a list of terms you may not be familiar with, we have provided a glossary at the end of this document.

Learn More: Colostomy, Ileostomy, Urostomy

Before Your Surgery

Determining where the stoma will be placed on your belly is a very important part of the preparations for your surgery. An ostomy or stoma can be located in various places on your abdomen.

Before your surgery, your WOC Nurse and your surgeon will determine the best location for your stoma. Ideally, the stoma should be placed on a smooth skin surface. It should be located where you can see the stoma easily so you can take care of it yourself.



The Ostomy (Stoma)

“Ostomy” is a general term to describe a procedure where an opening is created in the body. The opening is called a “stoma” and it allows stool (bowel

movement) or urine to drain out of the body. They are created for different reasons, and there are important differences in how they should be managed.

Each stoma is unique. Chances are, your stoma will look different from someone else’s. Your stoma will probably be swollen after surgery. It may take several weeks or months for the stoma to shrink to its permanent size.

The skin around the stoma is called the peristomal skin. The peristomal skin should be as healthy as the skin on the rest of your body. The most important thing you can do to keep your peristomal skin healthy is to wear ostomy products that fit well and stay in place.

What is the same about stomas?

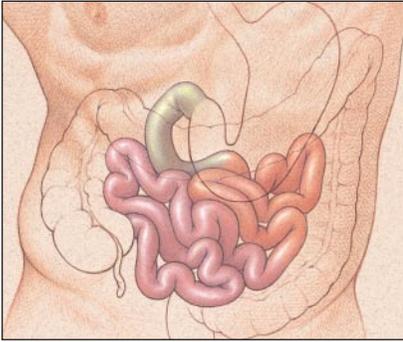
- Stomas are red. They look a lot like the inside of your cheek.
- Sometimes they may bleed a little. This is normal.
- They are usually moist and soft.
- They have no feeling and will not hurt if touched.
- The skin around the stoma should not be red, broken or irritated.

How do stomas differ from each other?

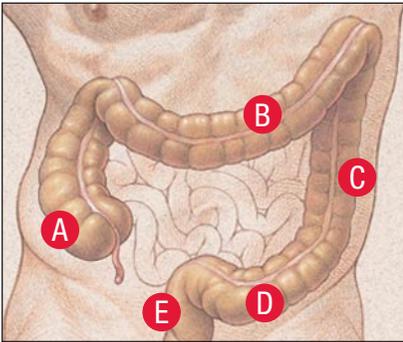
- They may be temporary or permanent.
- There may be more than one stoma.
- Stomas may be different shapes and sizes.
- They may stick out above or be slightly below skin level.
- They are done for different reasons.
- The output – what comes out of the stoma - can vary.

Read more about different types of ostomies on the following pages.

Types of Ostomies



The Small Intestine



Parts of the Colon

- A: ascending colon
- B: transverse colon
- C: descending colon
- D: sigmoid colon
- E: rectum

The Gastrointestinal (GI) System

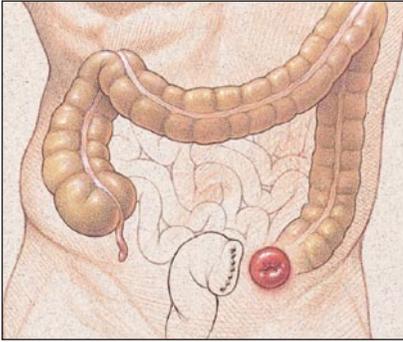
When you chew your food and swallow it, the food goes down your esophagus into your stomach. Stomach acids and chemicals called **enzymes** break down the food until it becomes a liquid mixture. From your stomach, the liquid food mixture goes into your small intestine.

The **small intestine** – which is about twenty feet long – is where most digestion takes place. Vitamins, minerals, proteins, fats, and carbohydrates are all absorbed into your body through your small intestine. Any food that is not absorbed in the small intestine goes into the large intestine as liquid waste or **stool**.

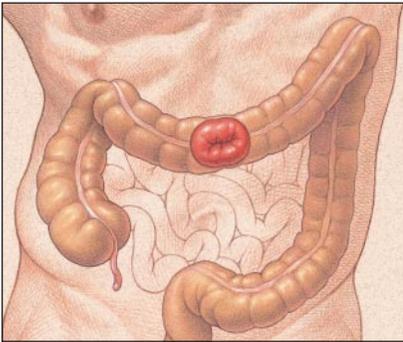
Your **large intestine** is also called the **colon**. It is generally five to six feet long. The colon has two main purposes:

1. to absorb water from your stool
2. to store your stool until you have a bowel movement.

The colon is divided into four parts: the ascending colon, the transverse colon, the descending colon, and the sigmoid colon. As the stool moves through your colon, more and more water is absorbed until the stool usually becomes formed. When you have a bowel movement, stool and gas go from your colon into your **rectum**, and then out of your body through your **anus**. A muscle in your **anus**, called the **anal sphincter**, allows you to control when to have a bowel movement.



Sigmoid Colostomy



Transverse Colostomy

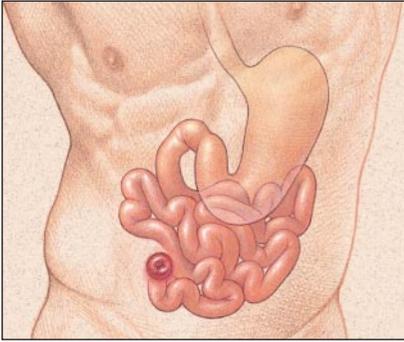
What is a Colostomy?

A **colostomy** is a surgically created opening into the colon through the abdomen. Its purpose is to allow the stool to bypass a diseased or damaged part of the colon. A colostomy may be made at almost any point along the length of the colon. It may be temporary or permanent, depending on the medical reason for the surgery.

When you have a colostomy, stool is no longer eliminated through the anus. Instead, it is eliminated through the colostomy. To construct a colostomy, your surgeon brings part of the colon through the abdominal wall. This new opening on the abdomen is called a **stoma**.

If you have a temporary stoma, it may be a loop or double barrel colostomy. A loop colostomy may have a supporting device that is normally removed after about two weeks.

Because a colostomy does not have a sphincter muscle, you have no voluntary control over bowel movements. Instead, you will wear a disposable pouch to collect the stool.



With an ileostomy, the small intestine is used as the stoma, and the large intestine (colon) has been removed or bypassed.

What is an Ileostomy?

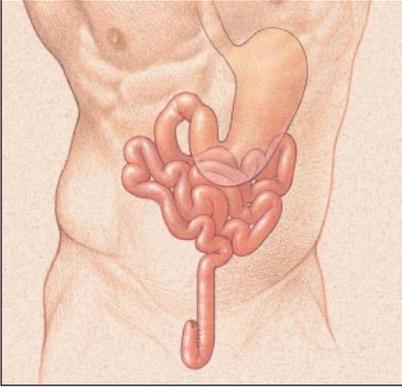
An **ileostomy** is a surgically created opening into the small intestine through the abdomen. The purpose of an ileostomy is to allow stool to bypass the colon.

An ileostomy may be temporary or permanent, depending on the medical reason for the surgery. Because of an injury or disease – such as ulcerative colitis or Crohn’s Disease – the colon may be surgically removed, along with the rectum and anus.

Remember, the colon’s main purpose is to absorb water and store stool. Your body can continue to function even without a colon.

When you have an ileostomy, stool is no longer eliminated through the anus. Instead, stool is eliminated through the ileostomy.

An ileostomy does not have a sphincter muscle, so you have no voluntary control over bowel movements. Instead, you will wear a disposable pouch to collect the stool.



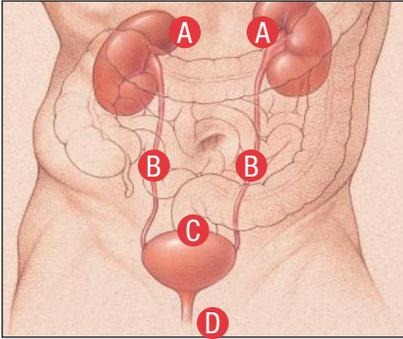
Ileal Pouch Anal Anastomosis.

An alternative to a permanent ileostomy is a procedure called ileal pouch anal anastomosis or ileal reservoir. After removal of the colon, the small intestine is used to create a reservoir pouch that is placed in the pelvis and connected to the anus. A temporary ileostomy is often needed while the reservoir heals.

Stool from an Ileostomy

Just after surgery, the stool from an ileostomy is generally a steady liquid type of drainage. However, as the small intestine begins to adapt, the stool will become thicker and more paste-like.

Remember the stool from an ileostomy comes directly from the small intestine, so it contains digestive enzymes that can be very irritating to your skin. Because of that, the pouch you wear must have a protective skin barrier that fits closely around your stoma.



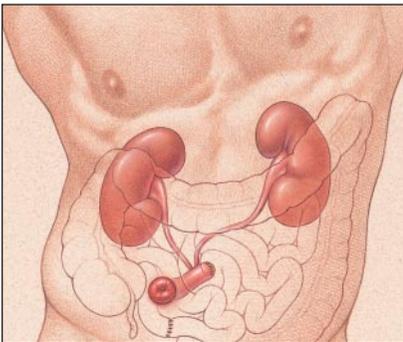
A: kidneys B: ureters
C: bladder D: urethra

The Urinary System

The human urinary system begins with the kidneys. The kidneys are two bean shaped organs located just above the waistline, toward the back.

Urine or liquid waste flows from the kidneys through two narrow tubes called **ureters** and collects in the **bladder**. The flow of urine is fairly constant. A **sphincter** muscle allows the bladder to store urine until it is a convenient to

empty the bladder, or urinate. When a person urinates, the sphincter muscle relaxes, and urine flows out of the body through a narrow tube called the **urethra**.



With an ileal conduit, the bladder and urethra have been removed or bypassed.

What is a Urostomy?

A **urostomy** is a surgically created opening usually on the abdomen. A urostomy allows urine to flow out of the body after the bladder has been removed. A urostomy may also be called a urinary diversion.

With a urostomy, the bladder and urethra have been removed or bypassed. When a person has a urostomy, urine is no longer eliminated through the urethra. Instead, it is eliminated through the stoma.

Because a urostomy does not have a sphincter muscle, you have no voluntary control over when to urinate. Instead, you wear a **pouch** to collect the urine.

Types of Urostomies

Your surgeon may select one of several methods to create the urostomy or urinary diversion. The most common method is called an ileal conduit.

To create an ileal conduit, the surgeon removes a short segment of the small intestine (ileum). This short segment of intestine will be used as a pipeline – or conduit – for urine to flow out of your body. The few inches that the surgeon removes for the **ileal conduit** will not affect how the intestine works. The surgeon reconnects the intestine, and it continues to function just as it did before.

Your surgeon closes one end of the conduit, inserts the ureters into the conduit, and brings the open end of the conduit through the abdominal wall. This new opening in your abdomen is called a stoma.

Another type of urinary diversion is called a **colon conduit**. A colon conduit is formed in much the same way as an ileal conduit with one major difference. To construct a colon conduit, the surgeon uses a short segment of the large intestine (**colon**).



Stoma with stents

You may have small tubes called **stents** inserted during surgery. These will be removed several weeks after surgery. Stents extend out of your stoma and drain into your pouch. They will be removed by your doctor or WOC Nurse.

There are other types of urinary diversions. Do you know what type you have? If you don't, ask your surgeon or your WOCN Nurse.

Urine from a Urostomy

Urine will begin flowing from your stoma immediately after surgery. At first, the urine may have a slight reddish color. However, after a few days, the urine will return to its normal color.

If you have either an ileal or a colon conduit, you will see mucous in your urine as the urine collects in your pouch. The **mucous** comes from the segment of intestine that was used to form your conduit.

Pouching Systems

You may choose a **one-piece** or **two-piece** pouching system.

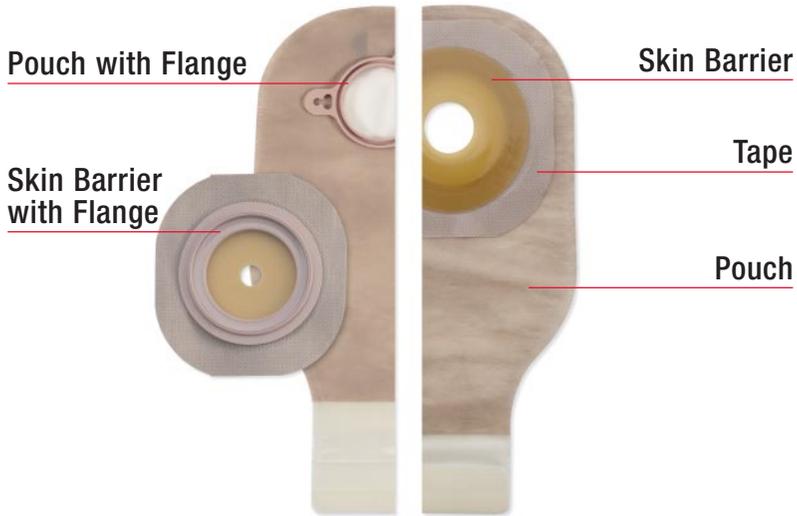
One-Piece Pouching System

In a one-piece system, the skin barrier is already attached to the pouch. This means the one-piece pouch is easy to apply. You just peel and stick.

Two-Piece Pouching System

A two-piece system is the most versatile. It comes with a skin barrier that is separate from the pouch. The pieces snap together with a flange, a part which looks like a plastic ring. It is easy to unsnap the pouch and discard the pouch as often as you like.

Two-Piece Pouching System One-Piece Pouching System



Other Pouch Features

Both one- and two-piece pouching systems will include a **skin barrier**. The skin barrier is the adhesive portion of your pouching system. It protects your skin and adheres to your skin.

There are different types of pouches that go with the skin barrier. You will need a specific type based upon the kind of ostomy you have. Once that has been determined, you can choose the features in the Hollister ostomy **pouch** you feel meets your individual needs.

Many pouches have clear and beige options. You also can select pouches that have a soft cover, such as the Hollister ComfortWear panel, to increase your comfort.

You might choose a pouch with a filter if you are concerned about gas. The filter lets the gas out, but not the odor. It also minimizes gas build-up, so the pouch does not inflate like a balloon. This may be used for a colostomy or sometimes with an ileostomy but never with a urostomy.

Hollister provides odor barrier pouches to increase your confidence when wearing a pouch.

Pouch options include drainable, closed and urostomy options. Continue reading for more details.

Colostomy and Ileostomy Pouches

Drainable Pouch

This is best suited for colostomy and ileostomy stomas. Drainable pouches are best if you have discharge frequently throughout the day. They have a closure or clamp, so emptying the pouch is quick and easy.

A filter is another option if you have gas. The filter lets gas out but not the odor. It also minimizes gas build-up, so the pouch does not inflate like a balloon.

Closed Pouch

This is best suited for colostomy stomas. If you use a closed pouch, you can simply remove it and dispose of it. This type works best if your discharge is less frequent and your pouch needs to be emptied just one or two times a day. Closed pouches don't have clamps and must be replaced to be emptied. Most Hollister closed pouches have a filter.



Left to right:
One-Piece Drainable Pouch and Two-Piece Closed Pouch with Filter.

Urostomy Pouches

All urostomy pouches have a drain valve/spout at the bottom of the pouch so it can be emptied as needed. During the day, most people find it necessary to empty the pouch about as often as they would normally go to the rest room.



Left to right:
One-Piece Urostomy Pouch and Two-Piece Urostomy Pouch.

Bedside Collector

At night, many people find a bedside collector preferable to getting up during the night and emptying the pouch. A length of flexible tubing can be attached to the drain valve on your pouch. This allows the urine to flow into the bedside collector while you sleep.



Understanding Your Ostomy Care



Skin Care

The skin around the stoma is called the **peristomal skin**. The skin next to your stoma should not have rashes or sores. The peristomal skin should look just like the skin elsewhere on your abdomen. The most important thing you can do to keep your skin healthy is to use ostomy products that fit well, minimize leakage, and stay in place.

Each time you remove your skin barrier and pouch, look carefully at your peristomal skin. If you notice any swelling, redness, or rash, you could have irritated skin. Irritated skin is painful. If the problem persists or gets worse, be sure to contact your WOC Nurse.



Bathing or Showering

With an ostomy, you can shower or bathe just as you did before. Soap and water will not flow into your stoma or hurt it in any way. You may shower or bathe with your pouch on or off – the choice is yours.

If you wear a two-piece system and decide to shower with the pouch removed, water may possibly interfere with the skin barrier adhesion. Be sure to check afterwards.

Soap residue can sometimes interfere with how well the skin barrier or adhesive sticks to your skin, so choose a soap or cleanser that is residue-free.

 **Diet**

Immediately after surgery, you may be on a restricted diet. After your recovery from surgery, you should be able to go back to your usual diet unless you are otherwise instructed. Of course, each person's needs are unique. If you have any questions about diet or fluids, check with your doctor, your WOC Nurse or a dietitian.

- **Ileostomy and Colostomy:** There are some foods that can cause odor or gas in your system (see below). If that is a concern for you, you may want to eat those foods in moderation.
- **Urostomy:** For most people, a urostomy has very little effect on diet. Chances are you will have to increase the amount of fluids you drink. To keep your kidneys functioning properly – and to help prevent urinary tract infections – you should drink plenty of water each day.

Odor

Odor is a concern for people who have ostomy surgery. Today's ostomy pouches are made with odor-barrier film, so odor is contained inside the pouch. You should notice it only when you are emptying or changing your pouch. If you notice odor at any other time, check the pouch seal for leakage.

- **Urostomy:** Some foods and nutritional supplements can cause your urine to have a strong odor and some medications can affect the odor of urine.
- **Ileostomy and Colostomy:** Some foods may increase the odor of the stool. Examples include: asparagus, broccoli, brussel sprouts, cabbage, cauliflower, eggs, fish, garlic, onions, some spices and some nutritional supplements.

Gas

- **Ileostomy and Colostomy:** As your bowel begins to function after surgery, you will notice gas in your pouch. The amount of gas varies. If you experienced excessive gas before your surgery, you will likely have similar problems after your surgery. Gas can be caused by the foods you eat. It also can be the result of swallowing air. Drinking carbonated beverages, smoking, chewing gum, and chewing with your mouth open can all increase the amount of air you swallow.

If you are concerned about gas, you can use a pouch with a filter. The filter lets the gas out of the pouch, but not the odor. It also minimizes gas build-up, so the pouch does not inflate like a balloon.

Foods and beverages may increase gas. Some foods that may increase gas include: beans, beer, broccoli, brussel sprouts, cabbage, eggs, fish, garlic, onions, some spices.

Lifestyle Tips

- Eat a balanced diet.
- Eat slowly and chew your food well.
- Drink plenty of water, juice or other fluids each day unless you're restricted from doing so.
- Add foods to your diet gradually, to see how those foods agree with your system.
- Empty your pouch when it is necessary and convenient; for many people that means three to five times a day. Emptying your pouch regularly can help reduce the risk of leakage. It also can help to avoid a bulge from a pouch that is too full.

Food Blockage

Ileostomy: If the drainage from your ileostomy suddenly stops or consists only of watery fluid **and** you have abdominal pain you may have a food blockage. This can occur when high fiber foods have difficulty passing through the intestine and exiting the stoma. The symptoms (cramping, stoma swelling, abdominal distention) are similar to bowel obstruction of other causes, so it is important to contact your healthcare provider or seek care at an emergency room.

Foods that may contribute to blockage include high fiber foods such as: celery, Chinese vegetables, coconut, corn, nuts, dried fruit, and popcorn.

Constipation

Colostomy: Constipation may occur when you have a colostomy (you may have experienced this before surgery also). Some medicines may cause constipation, such as some pain relievers and antacids. Other reasons for constipation are a diet lacking in fiber and inadequate fluid intake. Sometimes simply increasing your fluids, taking a mild laxative or increasing fiber intake will fix the problem. Discuss with your doctor or WOC Nurse.

Diarrhea

Ileostomy: Diarrhea can occur for a variety of reasons. With an ileostomy, you can still get diarrhea, just as before your surgery. It's normal for ileostomy output to be unformed. If your drainage changes to mostly fluid output and a marked increase in the volume of the drainage, you may have diarrhea. If you have diarrhea, you need to drink more fluids to prevent dehydration. Some signs of dehydration include dry mouth, dark urine, reduced urine, weakness, muscle cramps, and feeling faint. During this time, avoid foods and beverages that cause loose stools.

Colostomy: Diarrhea can occur for a variety of reasons. With a colostomy, you can still get diarrhea, just as before your colostomy surgery. If you have diarrhea, there are some foods you can eat that may help to thicken your stool. During this time, avoid foods and beverages that cause loose stools.

Some foods that may help thicken your stool include applesauce, bananas, cheese, creamy peanut butter (not chunky), noodles (any type), pretzels, white rice, white toast and yogurt.

Lifestyle Tips

- Diarrhea can cause dehydration, so you may need to increase the amount of fluids you drink.
- If you normally irrigate your colostomy, stop until the diarrhea ceases. You can later resume your normal irrigation schedule.
- If the diarrhea persists, call your doctor.
- Sports drinks will help prevent dehydration related to fluid loss better than water, juices and carbonated beverages.

Preventing Urinary Tract Infections

Uroostomy: People with urinary diversions can develop urinary tract infections, and this can lead to kidney problems. Some warning signs of a urinary tract infection include: dark, cloudy urine, strong-smelling urine, back pain (where your kidneys are located), fever, loss of appetite, nausea, vomiting. If you notice any of these symptoms, contact your doctor or your WOC Nurse.

Medication

Before taking any medication, it's a good idea to ask your doctor or pharmacist.

Ileostomy and Colostomy: Some medications or nutritional supplements may change the color, odor, or consistency of your stool. Even non-prescription medications, like antacids, can cause constipation or diarrhea. Antibiotics may make your stool thinner than normal, and may even cause diarrhea.

Do not take laxatives unless prescribed by your physician. If you have questions about any medications you are taking, ask your doctor, pharmacist or your WOC Nurse.

Ileostomy: Some medications may not be completely absorbed when you have had your colon removed. Some examples of these types of medications include: enteric coated medicines, timed-released, extended or sustained release medications.

Irrigation

Colostomy: Irrigation may be an option for a person who has a descending colostomy or sigmoid colostomy. The purpose of colostomy irrigation is to allow you to control when to have a bowel movement. Irrigation trains the colon to empty at a regular time each day.

Irrigation is somewhat like an enema through the stoma. It is very important to learn the technique of irrigation from a healthcare professional. If you are interested in irrigation, ask your WOC Nurse for more information.

Maintaining Your Lifestyle

Clothing

After ostomy surgery, many people worry that the pouch will be visible under their clothing. Some people think they won't be able to wear "normal" clothes, or that they will have to wear clothes that are too big for them. You should be able to wear the same type of clothes you wore before your surgery. In fact, today's pouches are low profile and fit so close to the body, chances are no one will know you're wearing a pouch – unless you tell them.

The pouch can be worn inside or outside your underwear, whichever is more comfortable. Women can wear panty hose or girdles as long as they are not too tight. Choose a patterned swimsuit, instead of one with a solid color.

Returning to Work and Traveling

As with any surgery, you will need some time to recover. Be sure to check with your doctor before returning to work or starting strenuous activity. Once you've recovered from the surgery, your ostomy should not limit you. You should be able to return to work or travel just about anywhere. When you travel, take your ostomy supplies with you. Take more than you think you will need. If you need to buy supplies while traveling, you will find that ostomy products are available from select medical or surgical retailers throughout the world.

Lifestyle Tips

- When flying, pack your ostomy products in your carry-on bag.
- Cut your skin barriers in advance, so you will not need to carry scissors in your carry-on bag.
- Fasten the seat belt above or below your stoma.
- Store your ostomy products in a cool, dry place.
- Plan ahead. Know where to contact a local WOC Nurse when traveling.

Activity, Exercise and Sports

When your doctor says it is appropriate, you may resume your normal activities. An ostomy should not prevent you from exercising or from being physically active. Other than extremely rough contact sports or very heavy lifting, you should be able to enjoy the same type of physical activities you enjoyed before your surgery.

People with ostomies are able to swim, water ski or snow ski, play golf, tennis, volleyball, softball, hike, sail, or jog just as they did before their surgery. Please be aware that heat and moisture can reduce the wear time of the pouching system, so you may want to watch how your skin barrier performs under these conditions.

Lifestyle Tips

- Empty your pouch before swimming.
- You may add tape to the edges of your skin barrier before swimming.
- You may need to change your pouch more often if you wear it in a hot tub or sauna.



Sex and Personal Relationships

Because ostomy surgery is a body-altering procedure, many people worry about sex and intimacy, and about acceptance by their spouse or loved one. For people who are dating, a big concern is how to tell someone about their ostomy.

Supportive personal relationships can be major sources of healing after any type of surgery. The key, of course, is understanding and communication.

Ostomy surgery affects both partners in a relationship, and it's something to which both partners must adjust, each in his or her own way. Let your partner know that sexual activity will not hurt you or your stoma. If you have concerns about your emotional adjustment after surgery, be sure to talk about them with your doctor or WOC Nurse.

If you are concerned about having children, you will be happy to know that after a satisfactory recovery, it is still possible for a woman who has a stoma to have children. Many men have become fathers after having ostomy surgery. If you have questions about pregnancy, be sure to ask your doctor or your WOC Nurse.

Lifestyle Tips

- Empty your pouch before having sexual relations.
- Sexual activity will not hurt you or your stoma.
- You may wear a small pouch or closed pouch during sex.
- A beige pouch or pouch cover can help hide the pouch contents.
- Intimate apparel can hide the pouch and keep it close to your body.

Routine Care of Your Ostomy

When your doctor says it is appropriate, you can resume your normal activities. You will get used to your pouching system from Hollister and develop a schedule that fits your lifestyle. Here are a few guidelines for successful care of your ostomy.

- Empty your pouch when it is one-third to one-half full.
- Replace the skin barrier (the waxy part that sticks to your skin) every three to seven days.
- If you use soap, make sure your soap doesn't contain oils or lotions that can interfere with adhesives.
- Rinse your skin with water, and dry it completely before you apply the new pouch.
- After you apply your skin barrier, hold it against your body for 30-60 seconds. The pressure and warmth help activate the adhesive.
- If you wear a two-piece system, try putting your skin barrier on at an angle, making a diamond shape, for a smoother fit.
- You can shower or bathe with your skin barrier and pouch in place, or you can remove them before bathing. Water will not harm or flow into your stoma.
- If your skin becomes red and sore, or your pouch is not staying in place, be sure to see your doctor or WOC Nurse.

Follow Up Care

Following Surgery: Discharge Information

Your WOC Nurse can help you keep a record of your surgery and recommend the right products to maintain the health of your colostomy.

Type of Ostomy: _____

Date of Surgery: _____

Stoma Size and Shape: _____

Recommended Pouching System: _____

Other Recommended Products: _____

Other Suggestions: _____

You can get your ostomy products through the following retailer(s):

Retailer Name: _____

Retailer Address: _____

Phone: _____

Retailer Name: _____

Retailer Address: _____

Phone: _____

Your WOC Nurse: _____

Phone: _____

About Supplies

Ostomy products are specialized supplies that are not available through all pharmacies. You may choose to use mail order supply companies or purchase through a local retailer.

Many ostomy supplies are covered by private insurance plans, military benefits, Medicare and Medicaid. Check with your carrier to find out your level of coverage and if you must use a specific supplier.

If you need assistance in finding a supplier for Hollister products, contact us at 1.800.323.4060, select option 3.

Call your WOC Nurse if you notice any of the following problems listed below:

Colostomy and Ileostomy:

- Skin irritation
- Recurrent leaks of your pouch or skin barrier
- Excessive bleeding of your stoma
- Blood in your stool
- A bulge in the skin around your stoma
- Persistent diarrhea
- Diarrhea with pain and/or vomiting

Urostomy

- Any sign of urinary tract infection:
 - dark, cloudy urine
 - strong-smelling urine
 - back pain (where your kidneys are located)
 - vomiting
 - fever
 - loss of appetite
 - nausea
- Skin irritation
- Urine crystals on or around your stoma
- Recurrent leaks of your pouch or skin barrier
- Warty, discolored skin around your stoma
- Excessive bleeding of your stoma
- Blood in your urine
- A bulge in the skin around your stoma
- A stoma that appears to be getting longer

Questions to ask my doctor or my WOC Nurse:

Other questions related to living with an ostomy:

Resources

Organizations that provide information

Your doctor and your WOC Nurse are very important resources. An annual physical with your doctor is something that should definitely be a part of your routine. It's also a good idea to have an annual checkup with your WOC Nurse. For more information and a free catalog, contact Hollister Incorporated.

Hollister Incorporated

2000 Hollister Drive
Libertyville, IL 60048
1.800.323.4060
www.hollister.com

If your hospital does not have an WOC Nurse on staff, contact the Wound, Ostomy, and Continence Nurses Society, a professional organization. They can help you find an WOC Nurse close to where you live.

Wound, Ostomy and Continence Nurses Society (WOCN)

15000 Commerce Parkway
Suite C
Mt. Laurel, NJ 08054
1.888.224.WOCN (9626)
Fax: 866.615.8560
www.wocn.org

Another important source of information and support is the United Ostomy Associations of America, Inc. (UOAA) an organization of people with ostomies. There are chapters of the UOAA in nearly every major city in the country, and there is a national conference each year.

United Ostomy Associations of America, Inc. (UOAA)

1.800.826.0826
www.uoaa.org

You can get more educational materials and product information from Hollister. Ask your WOC Nurse or call Hollister Incorporated at:

Hollister Incorporated

2000 Hollister Drive
Libertyville, IL 60048
1.800.323.4060
www.hollister.com

In Canada:

Hollister Limited

95 Mary Street
Aurora, Ontario L4G 1G3
1.800.263.7400

Educational Resources

All Hollister educational materials are available in the Learning Center section on our website:

www.hollister.com

Glossary

Anus

The opening of the rectum; the last section of the digestive tract where waste is expelled.

Bladder

The bladder is where urine is stored prior to voiding (urination). It is removed or bypassed in urostomy surgery.

Colon

Another term for the large intestine or last portion of the gastrointestinal tract.

Colon Conduit

A procedure where the ureters are implanted into a section of the colon to direct urine into a stoma made from the colon.

Colostomy

An ostomy (surgical opening) created in the colon; part of the large intestine.

Enzymes

Digestive enzymes break down the food we eat so it can be used as a source of nutrition.

Ileal Conduit

This is the most common type of urostomy. The ureters are connected to a small section of the ileum used to create a stoma.

Ileostomy

An ostomy (surgical opening) created in the ileum, part of the small intestine.

Large Intestine

Another term for the colon or the last part of the gastrointestinal tract.

Mucous

A sticky, thick fluid that looks like cloudy material in the urine. This is normal to see in the urine from an ileal or colon conduit.

One-Piece

The skin barrier is attached to the pouch.

Peristomal Skin

The skin area around the stoma.

Pouch

The bag that collects the discharge from the ostomy.

Rectum

The lower end of the large intestine, leading to the anus.

Skin barrier

Part of the pouching system; it protects your skin and adheres your pouch to your skin.

Small Intestine

The portion of the gastrointestinal system that first receives food from the stomach. Divided into three sections: duodenum, jejunum and ileum.

Sphincter

A muscle that surrounds and closes an opening. An ostomy does not have a sphincter.

Stoma

Another term for ostomy; a surgically created opening.

Stool

Waste material from the bowel. Also known as feces or bowel movement.

Two-Piece

The skin barrier is separate from the pouch. Both pieces are needed to create a complete pouching system.

Ureters

Narrow tubes that drain urine from your kidneys to your bladder.

Urinary Diversion

General term for a surgical procedure to reroute the urinary system. Also called a urostomy.

Urostomy

An ostomy (surgical opening) created to drain urine; also called a urinary diversion.



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