**Ostomy**

**Patient Information Booklet**

**Please bring this book to your admission to the**

**Hospital and to all of your appointments**

For Information Call

613-721-2000 extension 2920

Between 8:00 a.m. and 4:00 p.m.

Monday to Friday

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# Introduction

Welcome to the Queensway Carleton Hospital.

This booklet has been prepared by Nursing and Medical Staff at the Queensway Carleton Hospital to give you a better understanding of your ostomy, how it functions and how you should care for it.

You may be experiencing a variety of feelings regarding your ostomy. Learning to live with an ostomy may seem like a great undertaking for now, but with time, patience and teaching you should be able to resume your normal life style.

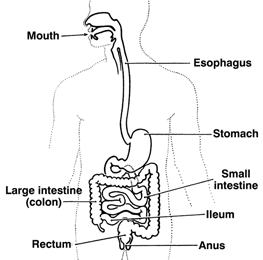
There are many resourceful people available to assist you and your family in the hospital. When you are discharged from the hospital follow-up care is available from community services. Further support and assistance is available through the United Ostomy Association of Canada, Ostomy Canada Society.

As you read through this booklet you will probably have questions and concerns. Please make a note of these and they can be discussed with your doctor and nurses.

# Your Bowel and How it Works

The digestive system breaks down and absorbs the food we eat. The mouth mechanically breaks down the food we eat. The food then passes through the esophagus and into the stomach. Food is stored in the stomach for a short while before entering the bowel, also called the intestine or gut.

The Gastrointestinal Tract



The bowel is a tube-like structure that is divided into two major parts: the small bowel and the large bowel.

The small bowel starts below the stomach. It is loosely coiled in your abdomen and is approximately 6 metres (20 feet) long. It digests and absorbs the food you have eaten.

The next part of the bowel is the large bowel or colon. This part is almost 2 metres (about six feet) long and it frames the small bowel. The function of the large bowel is to remove water from your waste products (stool) and to store these products until you are ready to eliminate them.

# What is an Ostomy?

An ostomy is a surgically created opening in the bowel. The open end of the bowel is brought out through an incision made on your abdomen. The doctor makes a ‘stoma’ from this piece of bowel, by rolling it back like a cuff and sewing it to the skin.

The stoma is moist, red/pink in colour and is similar to the tissue on the inside of your mouth. The stoma has no nerve endings so it is not sensitive to touch or pain. It is rich in blood vessels, and may bleed slightly when rubbed. The stoma is where your waste products (stool and gas) will come out. Your waste products empty into an appliance (pouching system) secured to your abdomen. The opening of the stoma stretches as the stool passes through. With a stoma, you will not have the sensation, urge or control of passing gas or stool like you did before surgery.

# Types of Ostomies

There are two types of ostomies: an ileostomy and a colostomy.

An ostomy can be temporary or permanent. Speak with your doctor to find out what type of surgery you are having.

**What is an Ileostomy?**

An ileostomy is a stoma made from the small bowel. The stoma is usually on the right lower side of the abdomen.

**What is a Colostomy?**

A colostomy is stoma made from the large bowel. The stoma is usually on the left lower side of the abdomen.

# Types of Stomas

The two common types of stomas are an end stoma and a loop stoma.

End Stoma

End Stoma has one opening where stool and gas exit from.



Loop Stoma has one stoma with two openings. Stool and gas exit one opening,

and mucous exits from the other opening. A plastic bridge or rod might be used by the doctor to support the bowel. This bridge or rod is usually removed after surgery within 2 weeks.

# What to Expect from your Ostomy

## Appearance

* The stoma will usually stick out beyond the level of the skin by 2 – 3 cm.
* After surgery the stoma is quite swollen. The stoma will decrease in size for 8 weeks after surgery.
* The stoma will be attached to the surrounding tissue with sutures which will dissolve.
* The skin around your ostomy should not be red or have any areas of skin break down.

## Output

**General Information**

* Food you eat and drink will no longer pass through your entire bowel. This means there is less time to absorb nutrients and fluid. It is important to stay hydrated when you have an ostomy in order to replace any lost output.
* It is common to produce more gas after surgery. This will decrease as the swelling in your stoma decreases.
* After surgery the stool will be liquid in consistency. This will thicken as you start eating.
* Your ostomy will be most active after meals. Plan for ostomy changes prior to eating.
* The colon may or may not be removed, depending on the type of surgery. If the colon and rectum are left in place, you can expect mucous discharge, and occasionally some stool, to come from your anus.

**Ileostomy**

* The thickest consistency will be an oatmeal texture. The consistency can vary as the day progresses from liquid in the morning when you wake up to oatmeal-like consistency later in the day after you have been eating.
* Output can be a large amount of liquid stool after surgery. Once the stool thickens, average output is around 500ml to 750ml per day.

**Colostomy**

* Consistency will range from pasty to formed stool, depending on which part of the large colon was used to make the stoma.
* Average output once the stool thickens is around 100ml to 200ml per day.

# Your Ostomy Appliance

An ostomy appliance is a collection system which holds the stool until ready for emptying while protecting your skin. The pouching system can be a one piece or two piece appliances.

Some common terms you will hear about the pouching system:

Flange or Skin Barrier: A skin barrier sticks to the abdomen to protect the skin. The pouch attaches to it.

Pouch: Plastic containment system for the stool and gas. The pouch can be transparent or opaque in colour. It can be a closed end system or a drainable system.

Closed end system: Disposable, one-time use pouch that cannot be emptied.

Drainable end system: Reusable pouch, in which you empty the stool from the pouch. The pouch is changed when the whole system is changed.

One-piece appliance: The pouch and flange are an ‘all in one’ ostomy system. This can have a closed end or drainable end pouching system.

Two-piece appliance: A pouching system in which the flange and pouch are separate and connect by snapping it together like ‘Tupperware’ or by using a ‘Sticker’ adhesive. This can be a closed end or drainable end pouching system.

You will use a two-piece drainable pouching system while in hospital.

# Caring for your Ostomy

## General Information

* Caring for your ostomy will become part of your daily routine. How often you change your appliance (pouching system) depends on the stoma location, type and amount of stool, and the type of appliance used.
* Most appliances are designed to stay on for 3-7 days. If you feel any itching or burning on your skin, change your appliance and inspect your skin. Any sign of leakage around your stoma is an indicator to change the appliance. Leaking can cause redness and skin breakdown.
* It is important to measure the size of your stoma at least weekly for 8 weeks. After that, continue to measure until you have the same measurement two weeks in a row.
* If you use a soap to cleanse the skin around your stoma, use mild soap free from moisturizers or perfumes.
* Check your pouch frequently to assess the need for emptying. Empty your ostomy pouch when it is 1/3 to 1/2 full to prevent leaking.
* Always carry some extra supplies with you when you leave the house, even if it is to a doctor’s appointment. They may not carry the supplies you need for your ostomy.
* Do not store extra ostomy supplies in a vehicle. Excess heat or cold will affect the adhesive of the appliance.

## Emptying your Drainable Ostomy Pouch

1. You can empty your pouch by kneeling, sitting or standing next to the toilet. To prevent splashing, place some toilet paper in the toilet bowl before emptying it.
2. To empty your pouch, tilt the end of the pouch upwards while removing the clamp or opening the Velcro® closure.
3. Position the pouch to point into the toilet. Slide your thumb and index finger down the outside of the pouch squeezing the contents into the toilet.
4. Use a disposable wipe or toilet paper to clean just inside the opening of the pouch. Then clean any remaining stool from outside the opening of the pouch.
5. Close the pouching system and wash your hands.

## Applying an Ostomy Appliance

These are the basic steps to follow when applying your ostomy appliance:

1. Gather all your necessary equipment:

* Ostomy appliance (flange and pouch)
* Clamp/clip (if you are using this type of closure for your pouch)
* Ostomy belt (if you are using one)
* Pencil/pen
* Scissors
* Measuring guide
* Wet and dry wash clothes or paper towel
* Mild soap (if you are using soap)
* Garbage bag
* Any other ostomy accessories required for you (pastes, rings, powders, belts, etc.)

1. Remove your old ostomy appliance by supporting your skin with one hand and gently removing the old appliance with your other hand. Discard the old appliance into a garbage bag.
2. Wash skin with mild soap and water or just plain water. If you are using soap, rinse well to ensure the soap is removed. Baby wipes are not recommended as they can leave a film behind.
3. Dry the skin thoroughly.
4. Look at the skin around your stoma. It should be free of stool and of any redness or breakdown. If there is redness or breakdown to the skin around your stoma, recheck the size of the stoma and cut the opening of the flange accordingly. If problems persist or worsen see your doctor or ostomy nurse.
5. Measure your stoma using a stoma measuring guide for at least the first 8 weeks after surgery. On the back of the flange, use the measuring guide to draw an opening which will be 3mm (1/8”) larger than the stoma. The goal is to cut the appliance large enough that the appliance won’t touch the stoma but minimal skin is exposed between the stoma and the appliance.
6. Cut the flange out following the pattern you have traced. Then run your finger along the cut edge of the flange in order to remove any sharp edges.
7. Remove the plastic/paper backing from the flange.
8. Apply stoma paste or ostomy barrier ring around the opening of the flange, if additional seal or caulking is needed to prevent leaking.
9. Hold the flange over the centre of the stoma and gently apply to your abdomen. Rub your finger around the flange, first closest to the stoma, then further out. Do this for 30-60 seconds to help the flange stick to the skin.
10. Attach the pouch to the flange and close the end of the pouch.
11. Attach the ostomy belt if you are using one.
12. After any ostomy change, take ten minutes to rest and allow the ostomy appliance to set. Place your hand over the appliance, the warmth from your hand will help the appliance mold and stick to your skin.

# Activities

## Physical Activities

You will be able to enjoy the activities you did before your surgery once approved by your doctor. It will take at least 8 weeks before resuming activities such as vacuuming, lifting, golfing, gardening and general exercises. You should avoid any heavy lifting after surgery. Follow the directions given to you by the doctor for resuming activities.

Rough contact sports (without special stoma protection) should be avoided.

## Bathing

You can have a bath or shower with or without your ostomy appliance. Mild soap and water are okay for the skin and will not harm the stoma. Choose a soap that is free from oil and residue to ensure it will not interfere with the adhesive.

Showers can usually be resumed a couple days after surgery. If you are going to shower, cover the filter on the pouch (if you have one) with a sticker to keep it dry and remove the sticker after the shower. The stickers are provided in each box of pouches.

Speak with your doctor about when you can resume taking a bath.

## Swimming

Activities should be restarted gradually once approved by the doctor. For swimming, it is best to empty your pouch beforehand. Attractive swimwear can be purchased which can help give pouch support and providing a smooth silhouette. Boxer swim shorts are suitable swim apparel for men.

## Clothing

You should be able to wear the same clothing as before surgery. Ostomy appliances are lightweight and should not be noticed under your clothes, especially if the pouch is emptied on a regular basis.

## Sexual Relations

Speak with your doctor to know when it is safe to resume sexual relations after surgery. Your stoma does not limit you or prohibit sexual activity. Many fears and anxieties can be lessened through open discussion between you and your partner. As a result of surgery, some impairment may occur. If you or your partner has any concerns or questions, ask your doctor.

## Work

Most people are able to return to work after surgery. Speak with your doctor about when you can go back to work.

## Travel

You can travel with an ostomy. Always bring your supplies with you. It is suggested to bring at least double the amount of supplies you would normally wear. When travelling by air, keep supplies with you in your hand luggage to avoid the risk of losing them should your checked luggage be sent elsewhere. You will want to have 2 to 3 pre-cut flanges with you since scissors are prohibited on a plane. Before you leave, check where supplies can be bought in the area that you are visiting.

## Medications

Consult with your doctor before taking any medications. Some medications can change the colour, consistency and/or odour of your stool. Talk to your doctor if you are taking any slow release medications.

## Shaving/ Hair Trimming

Do not shave or trim your abdominal hair before surgery or within 7 days leading up to surgery. The doctor or nurse may use clippers to trim your hair if needed. Avoid shaving with a razor after surgery, this can cause ingrown hairs or can cut your skin. It is best to use electrical clippers to trim the hair under the ostomy skin flange if needed.

# Nutrition After Ostomy Surgery

* Nutrition is important for your health and healing.
* With an ostomy you can still enjoy a normal diet.
* Food you eat and drink no longer passes through your entire bowel.
* If you have an ILEOSTOMY you will need to follow a LOW RESIDUE diet for 6 to 8 weeks to decrease the risk of a blockage, because of swelling in the small bowel. See Table 1 for recommended foods and foods to avoid (Page 17). Once your bowel has healed low residue diet is no longer required and you may return to your normal diet. You will be seen by a Registered Dietitian during your stay in hospital and will receive further information related to diet.
* If you have a COLOSTOMY – you can return to a REGULAR diet after surgery. *(If you are feeling anxious about resuming a regular diet, a POST SURGICAL (TRANSITIONAL LIGHT) diet can be followed for 2-3 weeks before resuming a normal diet. See Table 2 for a Post Surgical (Transitional Light) Diet* (Page 18).

## Nutrition Guidelines

* Ensure you are consuming regular meals and snacks to promote normal bowel habits.
* It may be helpful to eat smaller, more frequent meals (4 to 6 meals spaced evenly throughout the day) to increase intake.
* Take small mouthfuls and make sure to chew your food well. This will help you digest your food better.
* Aim to drink 8 - 10 cups (2 - 2.5 litres) of fluids per day to keep your ostomy working and to prevent dehydration.
* Have protein with each meal and snack. Protein will help your body heal and help prevent infections. Good sources of protein are:
  + Lean meat, fish or poultry
  + Cheese, yogurt and milk
  + Tofu and soy-based drinks
  + Eggs
* Trial and error will help you to determine what or if any foods disagree with you.

# Managing Symptoms of Your Ostomy

**Blockage**

* Swelling in your bowel after surgery is normal, but it can affect how food and fluids pass through your bowels. This can lead to a blockage. This risk is higher with an ILEOSTOMY as the diameter of the small bowel is smaller than your large bowel.

**To prevent a blockage**

* Follow a LOW RESIDUE diet for the first 6 - 8 weeks (for ILEOSTOMY)
* Chew your foods well
* Eat small meals regularly
* Ensure adequate fluid intake (8 - 10 cups or 2 - 2.5 litres daily)
* Foods eaten in large amounts that may cause blockage include:

|  |  |
| --- | --- |
| Celery | Meat Casings |
| Coleslaw | Nuts and seeds |
| Corn | Peas |
| Dried fruit such as raisons | Popcorn |
| Pineapple | Beans and lentils |
| Salad greens | Vegetables and fruit skins |

**Smell / Odour**

Certain foods may cause excess odour but DO NOT limit unless they cause problems for you:

|  |  |
| --- | --- |
| * Asparagus | * Spiced foods |
| * Eggs | * Cabbage |
| * Garlic | * Broccoli |
| * Fish | * Onions |
| * Bean Sprouts | * Beans and lentils |

**Foods that MAY REDUCE smell:**

|  |  |
| --- | --- |
| * Fresh parsley | * Cranberry juice |
| * Buttermilk | * Parsley |
| * Yogurt | * Mint |

**Constipation**

* Drink more liquids.
* Exercise may also help relieve constipation (talk to your doctor first).
* For COLOSTOMY patients increase the fibre in your diet as indicated below.
* For ILEOSTOMY patients wait 6 – 8 weeks before starting to increase the fibre in your diet.

**Diarrhea**

* Diarrhea can occur with an ileostomy or colostomy. Your stool can be loose, watery, and more frequent. You will have to empty the pouch more frequently.
* Diarrhea can occur due to a number of reasons such as food, medications, alcoholic beverages, viruses and other illness, and more.

**Thickening Stool / Preventing Diarrhea:**

The thickness of your stool with depend on where your stoma is located. An ileostomy will have looser stool than a colostomy.

To help prevent loose stool:

* Avoid spicy and greasy foods
* If you feel unwell after eating dairy foods, try lactose free products
* Limit caffeine and alcohol
* Limit high sugar foods
* Limit spicy foods
* Increase fibre in your diet

Some foods that help to thicken stool are:

|  |  |
| --- | --- |
| * Bananas | * White bread |
| * Applesauce | * Mashed potato |
| * Pasta | * Yogurt |
| * Rice |  |

Call your doctor if diarrhea persists.

**Increasing Fibre in Your Diet:**

* Eat more fruit and vegetables
* Eat high-fibre cereals (4 or more grams of fibre per serving)
* Enjoy whole wheat/whole grain breads, crackers, pasta and rice

**Flatulence (Gas):**

Some gas is normal but if you are having a lot of gas, changes in your diet may help. Most excessive gas comes from swallowing air. To help reduce swallowing air and decrease gas production:

**Do:**

* Eat slowly
* Eat regular meals
* Chew with your mouth closed
* Eat small meals
* Chew your food well

**Do Not:**

* Drink with straws
* Chew gum
* Talk while eating
* Skip meals
* Drink carbonated beverages

The following foods can increase gas in some people. Limit them only if they cause you problems:

|  |
| --- |
| * Cruciferous vegetables (broccoli, brussel sprouts, cabbage, cauliflower) |
| * Legumes (beans, peas, lentils) |
| * Sprouts |
| * Corn |
| * Sauerkaut |
| * Beer and alcohol |
| * Melons |
| * Turnips |
| * Onions |
| * Eggs |
| * Spicy or fried foods |
| * Peppers |

# Beyond Surgery: Progressing to a regular diet

Food tolerance is very individual. Most people resume a normal diet.

For an ILEOSTOMY, swelling will decrease over time as your body recovers from surgery. About 6 - 8 weeks after surgery, you will be ready to slowly return to your usual diet.

* 6 to 8 weeks after surgery begin to choose foods with dietary fibre. Fibre adds bulk to the stool.
* The best sources of fibre are fresh fruit and vegetables, and whole grains.
* Try one new food at a time.
* Start with a soft version and cut it into smaller than usual pieces.
* Wait 1 to 3 days before trying other new foods – this will allow you to know how you react before trying something else.
* Keeping a food journal may be helpful.
* If you have a problem with a food, avoid it for now, but try it again in a few weeks.

## Table 1. LOW RESIDUE DIET (For Patients with an ILEOSTOMY)

| Food Group | Foods Recommended | Foods to Avoid |
| --- | --- | --- |
| Milk and Alternatives | Milk and milk beverages/non-dairy milks (soy, oat, nut)  All cheeses  Yogurt, ice cream, sherbet | Yogurt/ice cream containing nuts, seeds or fruit-bottom with seeds (blueberry, strawberry, raspberry, etc.) |
| Grain Products | All made from white refined flours without nuts, seeds or dried fruit.  Breads/crackers: bread with no visible grains/seeds/nuts, soda crackers, melba toasts  Cereals: plain refined cereals, Rice Krispies, Special K, Corn Flakes, puffed rice, cream of wheat, oatmeal  Pasta & Rice: plain refined noodles, white rice, barley | Whole grain flours and baked products with nuts, seeds or dried fruit.  Breads/crackers: containing seeds, grains, nuts or dried fruit  Cereals: bran, whole grain cereals, granola, steel cut oats, cereals with nuts or dried fruit  Pasta & Rice: whole grain pasta, millet, quinoa, brown and wild rice |
| Meat and Alternatives | All meat, fish, poultry, shell fish and eggs  Tofu  Smooth nut/seed butters (peanut butter, almond butter)  Well pureed hummus | Legumes (lentils, dried beans, peas)  Nuts and seeds  Processed meats with casings or skins (sausage, deli-made wieners)  Chunky nut butters |
| Fruits | Canned fruit: pears, peaches, mandarin oranges, apricots  Whole fruit without skin, seeds or membranes: apple, pear, banana, apple sauce, cantaloupe, honeydew melon, grapefruit, oranges, peaches, nectarines, mango, plums, watermelon | Dried fruit: prunes, raisins, dates, figs, apricots, currants  Whole fruit with skins or seeds: All berries, cherries, cranberries, grapes, kiwi, pineapple, rhubarb |
| Vegetables | Well cooked vegetables without skins or seeds: carrots, potatoes, parsnip, squash, beets, green beans, broccoli, cauliflower, asparagus, eggplant, pumpkin, turnip, tomato sauce, tomato paste, all vegetable juices  Canned vegetables: all but corn or mushrooms | All raw vegetables and stringy vegetables: celery, brussel sprouts, cabbage, corn, mushrooms, onions, peas, radish, sauerkraut, spinach, swiss chard, salads, bok choy, bamboo shoots, coleslaw  Canned vegetables: corn and mushrooms |
| Fats and Oils | All oils, butter, margarine, cream cheese and mayonnaise | Nuts, seeds, raw coconut |
| Desserts and Snacks | Plain candies, chocolate without nuts or dried fruit, seedless jam and jelly, honey, syrup  Baked good without nuts, seeds, dried fruit  Chips, pretzels, cheesies | Candies or chocolate made with nuts or dried fruits, jam and marmalade with seeds or peels  Baked goods with nuts, seeds, dried fruit or any berry filling  Popcorn, corn chips |

## Table 2. POST SURGICAL (TRANSITIONAL LIGHT) DIET (For patients with a COLOSTOMY, if needed)

| Food Group | Foods Tolerated Well | Foods Not Tolerated Well |
| --- | --- | --- |
| Grain Products | Soft breads or bagels  Hot cereals (oatmeal or cream of wheat)  Dry cereal allowed to soften in milk  Pasta  Rice | Breads with nuts, seeds or dried fruit  Cereals with nuts, seeds or dried fruit  Whole grain products if you are experiencing diarrhea  High fat baked goods |
| Fruits and Vegetables | Tender cooked vegetables  Soft fresh fruit  Fruit and vegetable juices  Canned fruit may be better tolerated than fresh | Raw vegetables  Skins and seeds of fruits and vegetables  Dried fruit  High acid fruit and vegetables and their juices – orange juice, tomato juice, tomato products |
| Milk and Alternatives | All milk  Soy, rice, almond, oat milk  Yogurt  Cheeses  Soft cheese products, cottage cheese  Ice cream  Smoothies and shakes | Yogurts or ice cream containing fruits with seeds or skins |
| Meat and Alternatives | Tender/lean cuts of chicken, beef, fish, pork, turkey  Ground meats  Eggs  Smooth nut/seed butters  Tofu | Tough fibrous meats  Nuts and seeds  Chunky nut butters  Meat with casings (hot dogs, sausages)  Legumes (dried beans, peas, lentils) |
| Other | Soups and stews  Sherbet  Honey  Jelly  Oral nutrition supplements (Ensure, Boost, etc) | Fried foods  Spicy foods  Crunchy chips  Popcorn |

# Common Stoma Complications

There are always risks for stoma complications. While you are in hospital, you will have a clear pouch over your stoma, so nurses and your doctor can easily see and monitor the appearance of your stoma. The early complications are often seen while you are in hospital or under the care of the community nurses. These are often related to the amount of tension and/or blood supply to the stoma. There are also later complications that may occur months or years after the surgery. The management of any of these complications will depend on the severity of them. Notify your doctor and speak with your ostomy nurse if complications arise.

* **Stoma ischemia or necrosis:** Part or all of the stoma can turn dusky to black in colour. Most often it is a superficial portion of the stoma and this area will naturally come off and leave a healthy stoma underneath.
* **Stoma retraction:** The stoma is pulled downward and sits flush or below the level of the skin. A more advanced pouching system will be used.
* **Mucocutaneous separation:** Part or all of the stoma detaches itself from the surrounding tissue. This can often be treated as a wound and typically heals with dressings.
* **Peristomal hernia**: Bowel pushes through the opening of the stomach muscle that was made during the surgery and rests between your skin and your stomach muscle.
* **Stoma prolapse**: The stoma extends beyond its original length.
* **Stoma stenosis**: The opening of the stoma becomes small and it is difficult for stool to pass through it.

# Where to get Supplies

**Medical Supply Store**

Medical supply stores generally have the supplies readily available. Check with your local store. If the supplies are not available, the store can order in what you need. Please note that orders can take time, plan ahead and do not run out of supplies.

**Pharmacy**

Speak with your local pharmacy about ordering supplies. Please note that supply orders can take time, plan ahead and do not run out of supplies.

**Online Stores**

There are many online stores selling ostomy supplies.

# Financial Resources

Some financial assistance may be available from the following:

1. Ministry of Health and Long-Term Care (Ontario) – Assistive Device Program. Provides some funding for temporary ostomies (greater than 6 months) and permanent ostomies
2. Extended Health Care Plans
3. Disability Pension Recipients
4. Disability Tax Credit
5. Veterans Affairs
6. Canadian Cancer Society may offer financial assistance if the ostomy is a result of Cancer

# Support Services

For more information, visit the websites of any of the services below. This is not intended to be an exhaustive list.

* United Ostomy Association of Canada / Ostomy Canada Society: For information on living with an ostomy and to find a support group near you, visit [www.ostomycanada.ca](http://www.ostomycanada.ca) or OttawaOstomy.ca
* Nurse Specialized in Wound, Ostomy, and Continence Care (NSWOC): To learn more about what an NSWOC can offer and to find one in your area, visit www.nswoc.ca
* Manufacturers of Ostomy Products: visit the website of the specific company you are using for your products for additional information and resources.
* Local Health Integration Network - Home and Community Care (LHIN-HC): You will have a nurse from your local LHIN-HC follow you after discharge from hospital. If you have challenges with your ostomy after you are discharged from their service, you can contact them and ask if you can be followed again.

# Going Home after Surgery

Before discharge from hospital, your nurse will make the necessary arrangements for home care service. You will need to know how to empty the pouch prior to leaving as well as a general idea of how to change the appliance in case leakage occurs. You will be given a discharge kit with some ostomy supplies to get you started. You will have home care arranged for nurses to visit you in your home to help teach you to be independent with your pouching system and provide additional ostomy support. The home care nurses will provide you with the ordering numbers for the ostomy appliance so you can buy your own supplies. Be aware that some stores will need to order these appliances which can take several business days. You do not want to run out of supplies. Before going home, you will also be given information about a follow up appointment with your doctor.

**References**

Doughty, D. B. & McNichol, L. L. (Eds.) (2016). *Wound, Ostomy and Continence Nurses Society™ Core Curriculum Wound Management*. Philadelphia: Wolters Kluwer.

The Ottawa Hospital 2008 Esophageal Surgery Patient Information

[www.ottawahospital.on.ca](http://www.ottawahospital.on.ca)

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