



University Hospital and  
Manhattan Campus for  
the Albert Einstein College  
of Medicine

**Continuum** Health Partners, Inc.

# Understanding and Caring for your Colostomy

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## Introduction

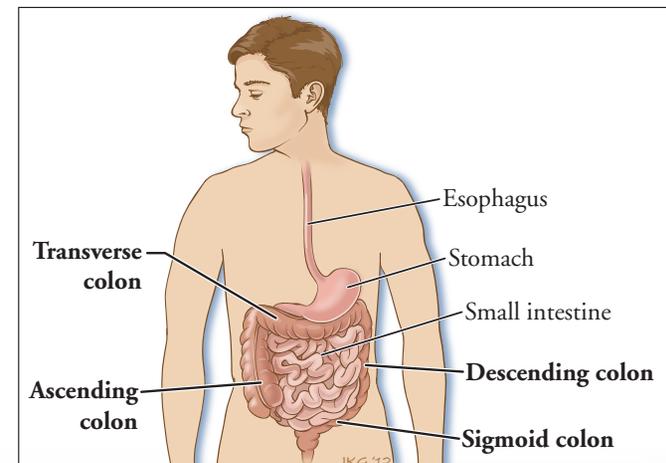
Every year over 100,000 people in the United States undergo ostomy surgery. Whatever the reason for your surgery you and your family will likely have many questions or concerns. The purpose of this booklet is to help you to understand some basic information regarding care of your ostomy, and ease some of your worries. As you learn more about caring and living with your ostomy, many of the concerns you and your family have should lessen.

We encourage you to ask questions, and seek information and support. Your healthcare team (doctors, nurses, etc) as well as WOCN nurses (nurses who specialize in ostomy care) at Beth Israel are all here to help. We hope this information will make your adjustment period easier.

## Your Digestive System/Intestines before Surgery

Your digestive system is made up of organs that breakdown foods, absorb nutrients, and help to eliminate waste (stool) from the body.

The digestive system begins in the mouth. Food goes through the esophagus into the stomach then into the small intestines. The small intestine is about 20 feet long and is where most of digestion of nutrients occurs in the body. Any food that is not absorbed in the small intestines then goes into the large intestines (also called the colon). The large intestines (colon) are 5 to 6 feet long. The main purpose of the large intestines is to absorb water from your stool and store your stool until you have a bowel movement. The large intestine has four parts: the ascending colon, the transverse colon, the descending colon, and the sigmoid colon. As stool moves along the four parts of the large intestines more water is absorbed and the stool becomes thicker and formed. The formed stool then exits the body from the rectum/anus.



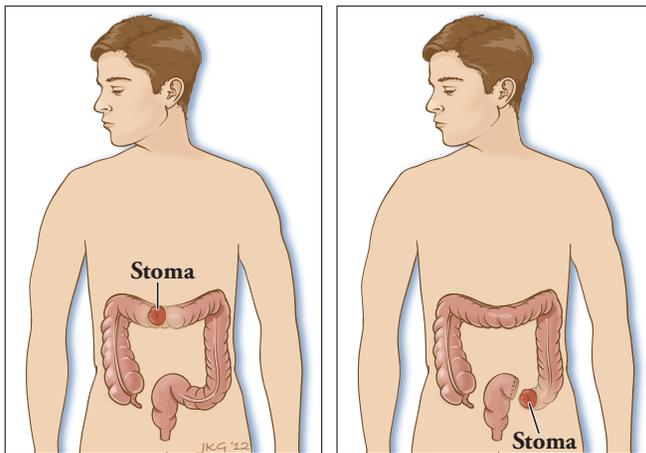
*Digestive system before surgery*

## Your Digestive System/Intestines after Colostomy Surgery

Depending on why you had surgery, with ostomy surgery a section of the small intestine and or large intestines (colon) will have been removed or bypassed. The word ostomy means an opening which is made during surgery that brings a piece of the bowel (intestines) to the outside of the abdomen (on the belly).

There are many different types of ostomies. Your ostomy was created so stool can exit the body. Your ostomy is called a colostomy because the location of the opening is in the large intestines also called the colon. It is important to know the name colostomy.

There are different types of colostomies depending on which part of the large intestines (colon) your surgeon used to make the opening. The two most common types of colostomies are **transverse colostomy** (an opening made from the transverse colon) and **sigmoid colostomy** (an opening made from the sigmoid colon). Your doctor or nurse will explain what type of colostomy you have.

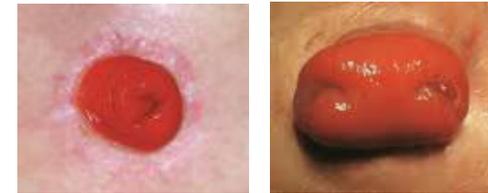


*Digestive system after transverse colostomy surgery (left) or sigmoid colostomy surgery (right)*

Remember, whether you have a transverse or sigmoid colostomy, stool is no longer exiting the body through the rectum/anus. Instead, stool exits through an opening on the abdomen called a colostomy. Generally, immediately after surgery your stool will be liquid. Over time, if you have a transverse colostomy the stool will be liquid or pasty similar to toothpaste. If you have a sigmoid colostomy the stool will be thick or formed. Your body can continue to function even with part of your large intestines (colon) removed. Your surgeon will tell you whether your colostomy is permanent or temporary. Whether your ostomy is permanent or temporary, you will need to learn how to care for your ostomy.

## Your Stoma

The part of the ostomy (intestines) that you can see on your abdomen (belly) is called a stoma. Stoma is a Greek word which means mouth. The stoma will look red and moist just like the inside of your mouth.



*Two examples of healthy stomas*

Because there are no nerve endings you will not feel pain, heat or cold, when you touch the stoma. The stoma may bleed slightly when you wash or rub over it- this is normal and the bleeding will stop on its own. Any ongoing bleeding should be reported to your doctor.

Every stoma is slightly different in size and shape. Your stoma will be swollen after surgery. It will shrink especially during the first few months. It may also change shape. These changes may continue up to a year, as healing continues. Because the stool will now pass out of the body through the stoma, an ostomy pouching system will need to be worn over the stoma to collect the stool. You will generally not feel the stool coming out from the stoma and you can not control the flow. You may also notice a slight movement of your stoma as the body moves stool through your intestine. Some people experience slight cramping in the belly and a feeling of warmth as the stool exits the stoma.

The stool from the colostomy comes directly from the large intestines, so it contains some chemicals that can be irritating to your skin. You will need to take extra care of your skin around the stoma and will need to have a properly fitting pouching system at all times. Not to worry- you will be instructed on the best way to care for your stoma.

## Learning to Care for your Stoma

### New words to learn

**Ostomy:** a surgically created opening in the abdomen for the discharge of body waste

**Ostomy pouching systems:** can also be called pouch, bag, appliance

**Skin barrier:** the portion of the ostomy pouching system that sticks to your skin and protects your skin

**Velcro and clip closure:** methods used to close the bottom of drainable pouches

**Digestive enzymes:** chemicals in your intestines that break down food

**WOCN Nurse:** a registered nurse or advanced practice nurse who is a certified ostomy specialist

After surgery, you will have an odor proof ostomy pouching system over your stoma. Your nurse will describe what is being done as he or she cares for the stoma. You should watch and listen. Once you start to feel better, you will learn how to participate in your care. It is very important to take the time in the hospital to practice your care with the nurses. You may want to have a family member or friend learn with you. Before discharge you need to be able to empty the pouch. You should also try at least one complete change by yourself or with the help of a family member. After discharge, you will continue to learn how to manage your ostomy pouching system with the help of the home care nurse. Keep in mind that as you begin to learn, it is very normal to feel afraid and unsure of yourself. With practice you will become more confident and independent.

### You will need to know how to:

1. Empty your pouch
2. Change your ostomy pouching system

## Emptying your Appliance

It is most important to empty your pouch when it is one-third to one-half full. The pouch should not become overly full since this may cause your pouching system to leak. You will be instructed how to empty your pouch by the nursing staff. There are different ways to handle this depending on the type of ostomy pouching system that you use, the amount of output, and your lifestyle.

Immediately after surgery, when you are spending more time in bed, the nurses will empty the stool into a container. As you are feeling and moving better and at home you will be emptying the pouch in the bathroom. You may choose to sit, squat, or stand over the toilet to empty the pouch. Over time you will choose the position that works best for you.

### General steps:

- First place some toilet paper in the toilet bowl (this will reduce any splashing).
- Then, if you use a pouch with a clamp or velcro closure, while sitting or standing over the toilet, hold the bottom of the pouch up and then unclamp it.
- Slowly empty the contents into the toilet bowl.
- Dry the bottom of the pouch with toilet paper and close the clamp or velcro closure.

It is important to clean/wipe the bottom of the pouch with toilet paper or a wet baby wipe; this will prevent odor and staining of your clothes.

It is not necessary to rinse the inside of the pouch. It is normal for the stoma to be in contact with stool and rinsing the pouch can loosen the seal.

Some people are concerned about odor while emptying. Remember every person who passes stool will have some odor. There are spray, liquid, and other types of deodorants that can help you with this.

## Changing your appliance

The ostomy pouching system wear time can vary from 3 to 7 days. Generally, the system should be changed every four to five days. If you have leakage, you will need to change the pouching system to prevent the skin around your stoma from getting irritated.

There are three main types of ostomy pouching systems: one piece systems, two piece systems and closed end pouches. Closed end pouches are used only if your stool is formed and less frequent. After surgery, the nurses or WOCN nurse will guide you to the best system for your stoma. Remember, the steps for changing the pouching system and the type of system that you use will vary depending on your stoma and body type.

You will be instructed on how to change your pouching system by the nursing staff. You should watch and practice with them.

### General steps:

Remove the old pouching system; wash and dry the skin; cut your skin barrier to your stoma size (you will be taught to measure your stoma so that you know the correct size); remove the paper backing from the skin barrier; put the pouching system on; and press all around the adhesive for a minute. The last step is close the clamp or Velcro closure on the bottom of the pouch.

### Tips when changing you appliance:

- Change every 4-5 days or at the first sign of leakage
- Try to set up a schedule that works best for you
- Change your pouching system before meals or wait at least 1 hour after your meal
- Gently remove the pouching system; water or adhesive remover wipes can be used to help
- Measure the stoma using the sizing guide provided in the box. This is especially important in the first 6-8 weeks after surgery as the stoma will decrease in size. Later on you can purchase pre-cut systems.
- Your stoma is not sterile and you do not need any special gauze to clean your skin. You can use a regular wash cloth or towel. You do not need to wear gloves but make sure you wash your hands thoroughly after emptying your pouch.
- Avoid using products containing alcohol around the stoma.
- Clean your skin with water. If you use soap, make sure it doesn't contain oils or lotions as these can prevent the adhesive from working properly. Your skin should be completely dry before applying your new pouching system.

- You can shower or bathe with the pouching system in place, or you can remove it before bathing on the day you are due for a change. Water will not enter or harm your stoma
- After you apply your fresh pouching system, hold the skin barrier against your body, and press all around it for one full minute. This will help to seal the skin barrier in place for a better hold.
- If your skin becomes red or sore, or your pouching system is not staying in place, be sure to tell your doctor, nurse or WOCN.
- Be prepared - Always carry an extra pouching system with you at all times

### For individuals with sigmoid colostomies only:

If you have a sigmoid colostomy, as your stool becomes more formed you may want to switch to a closed end pouch. This type of pouch is removed and discarded after each bowel movement. Closed end pouches work best if your bowel movements are less frequent (under three movements a day). Your WOCN can tell you more about this type of pouch.

If you have a sigmoid colostomy and are fully recovered from surgery you may be a candidate to learn a procedure called irrigation. Irrigation means giving yourself an enema through the colostomy so that you can train your intestine to empty on a schedule. Doing these irrigations (usually daily) may eliminate the need to wear a pouching system over the stoma. Not all individuals are candidates for this type of procedure and you must be instructed before doing this procedure. You should never give yourself an enema through your colostomy unless you have been properly instructed. Ask your doctor or WOCN if you want information about colostomy irrigations.

### Some more products to learn about

**Stoma Powder** used on the skin around the stoma if the skin is irritated by frequent contact with stool.

**Skin Protectant Wipe** which works like a liquid band-aid to protect the skin around the stoma (make sure it is labeled "no-sting").

## Care of minor skin irritation

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It is very important that the skin around your stoma remains healthy and free of any irritation or rashes. To prevent skin irritation you should take good care of your skin, use only products that you need, and follow the steps that you were taught. Remember the drainage from a colostomy if left on the skin can be irritating and make the skin sore. It is better to prevent a skin problem than to treat one.

Skin problems are most often caused by:

1. Poorly fitting pouching system
2. Incorrectly removing or applying the pouching system
3. Not changing the pouching system regularly but waiting until it leaks
4. Changing the pouching system too often
5. Adding additional tape

## Tips to prevent skin irritation

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- Measure your stoma size regularly; especially the first few months as the stomas shrink after surgery. Make sure you are cutting the skin barrier opening so that it fits closely to your stoma
- Change your pouching system on a regular basis. Do not wait until it leaks.
- If leakage should occur, change the pouching system. Do not try to patch it with tape
- Be gentle to your skin during removal and cleaning
- Follow the steps that you were taught on how to empty and change your pouching system.

## Tips to treating minor skin irritation

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- If you have a minor skin irritation- Recheck the size of your skin barrier opening; wash and dry your skin well; Dust the skin around your stoma with stoma powder and seal the powder in with a skin sealant no-sting (alcohol- free) barrier wipe; then put your pouching system on as usual.
- Use of commercial creams or ointments under the skin barrier will not allow the skin barrier to stick to your skin and should not be used.
- Do not use home remedies
- Do seek help if you are having on-going problems such as unexpected leakage under the skin barrier or ongoing skin issues
- **Do not ignore skin problems around your stoma- call your doctor or see a WOCN if your skin becomes irritated and does not heal or feel better**

## Discharge from the rectum

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Depending on the type of surgery you had, you may pass left over stool or mucus from your rectum. This should resolve on its own. You may want to wear a pad until the drainage decreases. If you are passing a large amount of discharge or blood from your rectum notify your doctor.

If your rectum was completely removed, you may have a slight staining of blood until the incision by your rectal area heals. Again, this should be a small amount and resolve on its own. You may want to wear a pad until the drainage stops. If you are passing a large amount of discharge from your incision in the rectal area, notify your doctor.

If you have a rectal incision, it is best to not sit on a donut type device (ring cushion) as this separates the incision and will slow the healing. It is better to sit on a soft pillow or soft air inflated seat cushion.

## Fluids and Diet

Immediately after surgery, you may be on a restricted diet to allow for healing. After your recovery from surgery, you should be able to go back to your usual diet unless you are otherwise instructed. Remember, if you have a medical condition that requires a special diet, this has not changed.

If you have any questions regarding your diet you should speak to your doctor or nutritionist.

It is normal for colostomy output to be unformed and watery to slightly pasty after surgery. In time the stool will thicken and for individuals with a sigmoid colostomy your stool will likely become formed.

Remember, digestion of food takes place almost entirely in the small intestines, not in the colon (large intestines).

### General tips regarding fluids and diet:

- Eat a balanced meal on a regular schedule (skipping meals or eating too heavily all at once may produce more gas and irregular output).
- Avoid high fiber for at least four to six weeks after surgery. (This means eating less or limited fruits and vegetables). Avoid corn, nuts, seeds, celery, Chinese food, and foods with fibrous peels – beans, lentils.
- Eat slowly and chew your food well.
- Drink plenty of water, juice or other fluids each day unless you're restricted from doing so for other medical reasons.
- Add foods to your diet gradually, to see how those foods agree with your system.
- Keep in mind that food that disagreed with you before surgery will have the same effect.
- If you notice pain or bloating after eating certain foods, then avoid them.
- Be patient with yourself; in time you will learn what food routines work best for you.

## Constipation and Diarrhea

If you have a colostomy you can still get constipation or diarrhea just like before surgery. Most times these situations can be managed with minor changes in your diet and fluid intake.

### Constipation

Constipation can occur for many reasons. Some medications may cause constipation such as some pain relievers and antacids. Other reasons for constipation are a diet lacking in fiber and inadequate fluid intake. Decreased stool output, firm stool, or no stool from your colostomy may be a sign of constipation.

**Call your doctor** if you vomit, have no colostomy output for 2 days, or if you develop abdominal pain.

Tips regarding constipation:

- Try to identify the cause(s) of your constipation (review your diet, medications, fluid intake, activity level).
- Speak with your doctor or healthcare provider.
- Always drink plenty of fluids especially after being in the sun and participating in sports activities where you perspire.
- Increase your fluid intake.
- Eat foods that are high in bulk such as fruits, vegetables, and bran.
- Do not take a laxatives or enemas unless you speak with your doctor.

### Diarrhea

Diarrhea can also occur for a variety of reasons such as from certain foods, a virus, and some medications such as antibiotics. A large increase in stool output (mostly watery) is a sign of diarrhea. On-going diarrhea may lead to dehydration. Signs of dehydration may include: dry mouth, increased thirst, dark urine, less urine, weakness, nausea and vomiting, dizziness, and muscle cramping. Call your doctor if you vomit, have excessive or watery output, or if you develop abdominal pain or fever.

Tips regarding diarrhea and dehydration:

- Try to identify the cause(s) of your diarrhea (review your diet, medications, fluid intake).
- Speak with your doctor or healthcare provider.
- If you have diarrhea it is very important to keep yourself hydrated (replace the fluids that you have lost)

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## Constipation and Diarrhea

Tips regarding diarrhea and dehydration, continued:

- Always drink plenty of fluids especially after being in the sun and participating in sports activities where you perspire.
- Drink a glass of water or a sports drink each time you empty your pouch. Sports drinks will help prevent dehydration better than water, juices or carbonated beverages.
- Salty snacks like pretzels can also help to keep fluids in your body. Check with your doctor to make sure you can eat salty foods.
- Peanut butter, bananas, and marshmallows will help to slow down your intestines and thicken the stool. Bananas will also add potassium, as will tea, Gatorade (G2 is diabetic) or fruit juice.

## Gas

Everyone produces gas from the intestines. As your bowels begin to function after surgery you will notice gas in your pouch. The amount of gas varies from person to person. In the beginning there tends to be more gas as your intestines are still recovering from the effects of surgery. Gas can also be caused by certain foods or by swallowing air. Skipping meals, drinking carbonated beverages, using a straw, smoking, chewing gum, and chewing with your mouth open all can increase the amount of gas you produce.

Over time you will learn what increases your production of gas and how best to manage this with your ostomy.

Foods and beverages that may increase gas:

Beans	Cabbage	Fish
Beer	Carbonated beverages	Garlic
Broccoli	Dairy Products	Onions
Brussels sprouts	Eggs	Some spices

This does not mean that you cannot enjoy these foods but you may want to limit the amount of foods which cause discomfort due to gas.

If you are concerned about problems with gas, discuss this with your doctor, nurse or WOCN.

Noise from gas can be muffled by clothes, and many pouches have built in charcoal filters that allow the gas to be released without opening the pouch. For some individuals with excessive gas, there are medications that can be used but this should not be done without consulting your doctor or WOCN.

## Odor

Everyone who produces stool will produce some odor. Your diet, nutritional supplements, and certain medications can affect the odor of the stool.

Foods and beverages that may increase odor:

Asparagus	Cauliflower	Garlic
Broccoli	Cheese	Onions
Brussels sprouts	Eggs	Some spices
Cabbage	Fish	

This does not mean that you cannot enjoy these foods but you may want to make note so that changes in odor do not cause worry.

If you are concerned about odor, discuss this with your nurse or WOCN.

The pouches are designed so they are odor proof. Unless you have leakage of stool under the skin barrier or from the pouching system there should be no odor until you change or empty your pouching system in the bathroom. Rinsing your pouch will not reduce the odor and may increase your risk of leakage.

Some people have found that eating yogurt or parsley naturally helps to reduce stool odor. If odor during emptying is a problem for you, commercial deodorants (liquid or drops) may be put into the bottom of the pouch to help. Some individuals put a bit of their favorite mouthwash in the bottom of their pouch after emptying. You may also choose to use an air freshener. Keep in mind that everyone's stool has some odor and the modern pouching systems are designed to be odor proof.

## Medications

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Some medications or nutritional supplements may change the color, odor, or consistency of your stool just like before surgery. Even over the counter medications, like antacids can cause changes such as diarrhea or constipation. Antibiotics may make your stool thinner than normal, and may even cause diarrhea. Your pharmacist or doctor can tell you whether it is safe and effective to take certain medications when you have a colostomy. It is good to know that most medications are absorbed in the stomach or small intestines and not the large intestines so you should receive the full benefit of the medications.

### Tips regarding medications:

- **Always** remind all your healthcare providers, including dentists, doctors, and pharmacists that you have a colostomy
- It is not necessary to crush a tablet or take liquid forms of the medication unless you have other conditions
- Never stop a prescribed medication until you speak with your doctor.
- If you see your pill or capsule in your ostomy pouch during emptying- discuss this with your doctor. Looks can be deceiving - even though you see the capsule, your body may or may not have absorbed the medicine
- It is best not to take a laxative or stool softener if you have a colostomy until you speak with your doctor who can help guide you.
- If any healthcare provider (doctor, nurse, and radiologist) orders a laxative, remind them that you have a colostomy.

## Adjusting and Living with an Ostomy

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Each person's adjustment to living with an ostomy is different. Allow yourself time to recover from surgery and for you to become fully independent in your care. In the beginning, you may feel frightened or sad regarding the change in your body. You may also feel that you will never be able to manage your ostomy care. If prior to surgery you were experiencing painful symptoms you may view your ostomy more positively. You may see this change as a solution to a troublesome symptom or as a way to recover from a difficult disease. Ostomy surgery often provides a path to survival. There are no right or wrong feelings. Over time feelings will change and adjustments will be made. Most often people do feel better with time. This will happen as you feel better from surgery, adjust to living with an ostomy and get used to how it looks and works. Keep in mind that you are not alone; thousands of people every year have ostomy surgery. Take your recovery day by day. You may want to speak to someone who can offer support, a close friend or professional counselor, or attend an ostomy support group in your area. If you are interested in this speak to your WOCN. Seek help if you are feeling overwhelmed or overly sad. Your healthcare team at Beth Israel Medical Center is here to help.

## Lifestyle Issues

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### Showering, Bathing

You can bathe or shower with the pouch on or off. Water will not enter the stoma- think of it as a one way pipe. Ostomy pouching systems hold well during these normal activities.

If you bathe or shower with the pouching system on, afterwards be sure to towel dry the tape and skin around your pouching system. Some individuals use a hair dryer on the cool setting to dry the area quickly.

If you take the entire pouching system off to bathe or shower, some stool may exit the stoma as you are bathing. You may want to choose a time of day when your bowel is less active- for example first thing in morning or before your heavier meal. Remember, this will not be a full bowel movement. If some flow occurs just rinse it off with the shower water (it will go down the drain). Once out of the tub or shower have your new pouching system ready to apply after drying your skin.

If you are using a two-piece ostomy system you may wish to unsnap the pouch from the skin barrier during showering. Afterwards you can snap your pouch back on.

You should avoid bath oils or moisturizing soaps since this may make it harder for your pouching system to stick to your skin.

## Lifestyle Issues

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### Clothes

You can wear any clothing you want. You will not need a special wardrobe. Initially you may feel more comfortable wearing loose-fitting clothes, but eventually you will most likely go back to your usual wardrobe. It is important to try not to wear a belt directly over your stoma. Try to wear your belt above or below your stoma to prevent injuring it.

### Work

Most people can return to their same jobs after recovery from surgery. Your doctor will tell you when you can go back to work. The amount of time out of work will depend on how fast you heal and the type of work you do. Unless you tell them, people will not know that you have an ostomy.

### Exercise/Sports

Remember you have had major surgery. Allow yourself time to regain your strength. For the first three months after surgery, you should avoid lifting anything over ten pounds. Avoid exercises that are stressful to the abdominal muscles such as sit-ups, or push-ups. Walking and light stretching are good exercises for this period. This will allow time for the belly muscles to heal. After this recovery period, you can return to most pre-surgery activities. The only limits might be contact sports such as football, wrestling etc. Talk to your doctor about how much you should exercise or any concerns you may have regarding exercising.

### Swimming

It is best to wear your pouching system when swimming. Some people choose to place extra waterproof tape around the edge of the skin barrier when they are swimming.

## Lifestyle Issues

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### Sexual Activity

Talk to your doctor about when you may safely resume sex or if surgery or radiation may have caused changes that would make it hard to have sex. Generally, after your incision is healed you may resume normal sexual activity. For many people returning to a normal sex life will come naturally. For others it may take time for your concerns to lessen. Talk to your partner. He or she needs to know that sexual activity will not harm the stoma. Relationships are built on love, understanding, respect and closeness. Take steps to make you and your partner as comfortable as possible.

### A Few Tips:

- Make sure you have a good seal on your pouching system.
- Empty your pouch.
- Try a pouch cover or wear a shirt or lingerie that makes you feel most comfortable.

### Travel

Whether it is a short or long trip you should always be prepared. It is best to always have a spare pouching system with you wherever you go, even if it is a brief trip or a doctor's appointment. Some people feel anxious the first few times they go out or travel outside their homes. If you feel anxious, your stress will be lessened by thinking ahead. First, empty your pouch before leaving home. Second, think about where a bathroom would be located should you need one. Third, always carry a spare pouching system with you. If you are traveling by plane you may want to have a note from your doctor stating you have an ostomy. Always take your ostomy supplies on the plane with you; do not check them with your luggage. You may also want to know the name of a local ostomy nurse or supplier in the area you are traveling. For long trips arrangements can be made with your vendor to have ostomy supplies sent ahead or delivered to where you will be staying. People with ostomies travel and live all around the world. Having a stoma should not limit your ability to travel.

## Follow up care

Your healthcare team will explain any follow up care you will need. Generally, you will have an appointment to see your doctor about two weeks after discharge. Call your doctor, if you have any questions or concerns before this time. If you have an ostomy question you may want to speak with the WOCN or make an appointment with the outpatient ostomy service. See the section in this booklet regarding outpatient ostomy services.

## Obtaining Ostomy Supplies after Hospital Discharge

You will be given a basic limited supply of ostomy equipment when you leave the hospital as well as prescriptions and/or a list of your supplies. Be sure you receive and keep these prescriptions and/or list in a safe location.

Once you leave the hospital you are responsible for obtaining your supplies. By law, the hospital can not supply you with ostomy supplies after discharge. If you think you will need financial assistance please ask to see a social worker.

Most often, while you are receiving Visiting Nurse services the visiting nurse will order your supplies. You should remind the visiting nurse to place an order for your ostomy supplies during their first visit to your home.

**If you do not have a Visiting Nurse or you are no longer receiving Visiting Nurse services, you must order your supplies from a surgical supply store/distributor.**

**You should not wait until the last minute to order your supplies.**

You should always have at least three pouching systems available.

### A few pieces of information:

- Ostomy equipment/supplies are covered by Medicare and under most major medical insurance plans. Most pay 80%, after the yearly deductible is met.
- Ostomy equipment/supplies are not part of prescription drug plans but are considered durable medical equipment.
- Some insurance companies require you to use specific suppliers in order to obtain coverage. It is your responsibility to check with your insurance company regarding coverage and the surgical supply store/distributor to make sure they accept your insurance. In some cases, you must pay for the equipment and then submit a claim for insurance reimbursement.
- If you have New York State Medicaid, they cover 100% but you must use a supplier that accepts Medicaid.
- There are monthly limits regarding the amounts of supplies covered by Medicare, Medicaid and other insurances- check with your supplier.

## Where to Purchase your Ostomy Equipment/Supplies

Ostomy equipment/supplies are available both locally at some local pharmacies, from surgical supply stores, through mail order supply companies or by doing an internet search.

**Remember, it is your responsibility to check with your insurance carrier and with the surgical supply store/ distributor to make sure they accept your insurance.**

Many patients have reported a high satisfaction with mail order suppliers which have toll free numbers and deliver the equipment to your home. You can request a catalog from the supplier and should shop around for best prices.

Below are some mail order/on-line suppliers that carry a large inventory of ostomy equipment/supplies:

Byram Healthcare	1-877-902-9726	www.byramhealthcare.com
Edgepark Surgical	1-800-321-0591	www.edgepark.com
Liberty Medical	1-877-680-0963	www.libertymedical.com
Sterling Medical	1-888-202-5700	www.sterlingmedical.com
CCS Medical	1-800-322-3956	www.ccsmed.com
Better Living Now	1-877-238-548-669	(H.I.P. Insurance)

When ordering supplies you will need to have your insurance card, doctor's name and phone number or fax number, the date of your surgery, type of ostomy (ileostomy, colostomy, urostomy) ready. You may need to refer to the list or box of supplies provided to you. You may need to provide a prescription to the supplier.

*Please note that Beth Israel does not endorse any one supplier. This is not an all inclusive list, but provided as general educational information only.*

## Outpatient Ostomy Services

We know that you or your family may still have concerns, questions or ostomy equipment needs/ adjustments after discharge from the hospital.

Ostomy Services are available to you after discharge by appointment only, on Fridays at Philips Ambulatory Care Center (PACC), located at 10 Union Square East, Suite 2N, New York, NY 10003.

Ostomy outpatient services are provided by Irene Jankowski APN, BC, CWOCN. Nurse Practitioner and Wound, Ostomy, Continence Specialist.

We recommend making an appointment one month after your surgery, or sooner if you are having any ostomy related problems. If you have a new ostomy, we recommend that you call for an appointment as soon as you get home so your appointment can best be scheduled with your doctor visits.

**For Ostomy Outpatient Clinic appointments call: 212-420-3960**

If you have questions only and need to speak with a WOCN (Wound, Ostomy, Continence Specialist) at Beth Israel and had surgery at the Petrie Division in Manhattan, please call 212-420-4155. If you had surgery at Beth Israel, Kings Highway Division please call 718-951-9661. Please note that appointments can not be made or rescheduled at these numbers.

**For MEDICAL EMERGENCIES please call 911, contact your physician or go to the nearest Emergency Room.**

## Samples and Manufacturer Programs

Several Manufacturers of ostomy supplies/equipment such as Convatec, Hollister, and Coloplast offer free starter programs. These programs can also help you link to ostomy suppliers that may best meet your needs.

These manufacturers also will provide kits which contain samples of products and other information for your education. Many ostomy suppliers will also provide free samples if requested.

These samples do not replace your need to order your supplies. However asking for samples can allow you to try out a product in order to know if it will work for you before placing an order from your supplier.

Below are some Ostomy Manufacturers that offer such programs:

Hollister Secure Start Program	1-888-808-7456 ext. 5815	<a href="http://www.hollister.com">www.hollister.com</a>
Convatec Starter Kit	1-800-422- 8811	<a href="http://www.convatec.com">www.convatec.com</a>
Coloplast Consumer Specialist Team	1-888-726-7872	<a href="http://www.us.coloplast.com">www.us.coloplast.com</a>

If you need help to enroll in one of these programs, please make your WOCN at Beth Israel aware or speak to your home care nurse for assistance.

*Please note that Beth Israel does not endorse any one program. This is provided as educational information.*

## Community Resources

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You or your family may want to seek more information. Below are just a few organizations that may be helpful. Keep in mind your doctors, the WOCN team, and entire healthcare team at Beth Israel are always here to help.

### **Wound, Ostomy, Continence Nurses Society**

1-(888) 224-WOCN (9626) | [www.wocn.org](http://www.wocn.org)

This is a professional nursing society- members are nurses who are experts in the care of patients with ostomies. You can access a directory of WOCN's to find a specialist in most areas of the country and around the world.

### **United Ostomy Associations of America, Inc. (UOAA)**

1-(800) 826-0826 | [www.uoaa.org](http://www.uoaa.org)

This is a volunteer based health organization. They work to give support to people who had or will have intestinal or urinary ostomies. They provide information regarding support groups.

### **Crohn's and Colitis Foundation of America**

1-(800) 932-2423 | [info@ccfa.org](mailto:info@ccfa.org) | [www.ccfa.org](http://www.ccfa.org)

Provides information and support to improve the quality of life for people with Crohn's disease and ulcerative colitis.

### **Cancer Care, Inc**

1-(800) 813-HOPE | [info@cancercare.org](mailto:info@cancercare.org) | [www.cancercare.org](http://www.cancercare.org)

This is a national non-profit organization. They provide free support and information to help people with cancer.

### **National Family Caregivers Association (NFCA)**

1-(800) 896-3650 | [info@thefamilycaregiver.org](mailto:info@thefamilycaregiver.org) | [www.nfcacares.org](http://www.nfcacares.org)

Provides support and information to people who have to care for a loved one who is ill, old or disabled.

## Questions for your Healthcare Team

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