



Education



Pouching
Systems



Lifestyle Tips

WHAT TO EXPECT —— after —— ILEOSTOMY SURGERY

LEARNING TO LIVE WITH AN ILEOSTOMY

It's normal to be concerned about living your life with an ostomy. But you should know that you're not alone. There are at least 1.7 million people in the world today living active, productive lives with a stoma.¹

This booklet will help guide you through important aspects of living with an ostomy, and help prepare you to resume a healthy, happy lifestyle. Knowing what to expect can help you feel more comfortable as your life moves forward.



**We understand *your* concerns
and we're here to help.**

ConvaTec is a recognized leader in developing, manufacturing, and supplying ostomy products and services to support healthcare professionals and those living with an ostomy around the world. For over 30 years, we've been creating innovative solutions designed to help improve the lives of people living with an ostomy.

It's only natural that you'll have questions as you begin life with an ostomy. So, in addition to this booklet, we've curated a platform of honest, insightful online tools that are constantly being updated called **me+™ answers**. It's designed to give you the current, up-to-date ideas you need to gain confidence and get comfortable with your ostomy — all in one convenient place, whenever you need it. There are even ideas and information for those who are helping you care for your stoma at home.

**Getting the full benefits of me+ is easy, simply call:
1-800-422-8811 or visit www.convatec.com**



"I'm not letting my ostomy keep
me from doing the things I love."

Mary

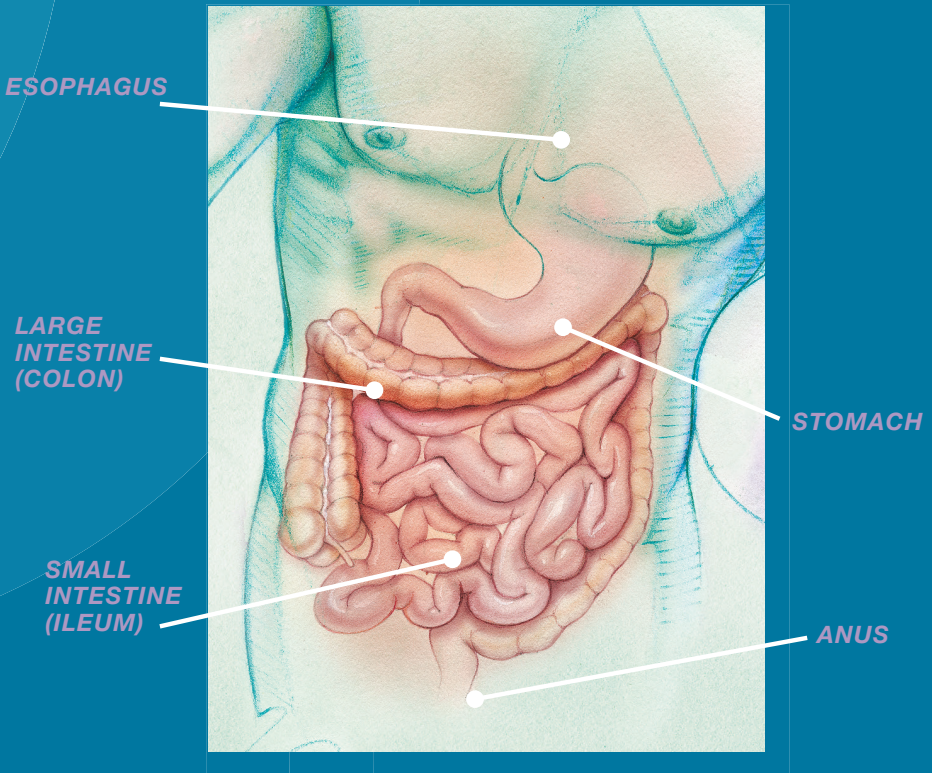
YOUR DIGESTIVE SYSTEM

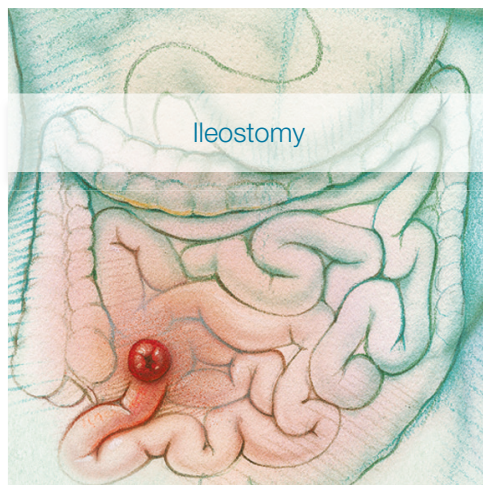
Ileostomy surgery is usually performed to allow your body's waste products to bypass diseased or damaged parts of your digestive system.

How the digestive system

WORKS:

- When you chew your food, digestion starts. Chewed food then passes through your esophagus and is further broken down by digestive enzymes in the stomach.
- Partially digested food then moves into your small intestine where the body absorbs water and nutrients.
- The remaining undigested food then moves into the large intestine or colon. Water is further absorbed and stool is formed.
- Stool is stored until you feel the urge to go to the bathroom. It is then pushed into the rectum, and expelled from the body through the anus.





WHAT IS AN ILEOSTOMY



Learn more with our
online resources

Visit www.convatec.com/ostomy

An ileostomy is a surgical procedure that creates an opening in your abdomen through which the end of your small intestine is redirected, brought to the surface of the skin, and stitched to your abdomen to form a new exit for waste from your bowels. The new opening is called a stoma. (We will discuss your stoma in more detail in the next section of this booklet.) You wear a pouching system (also called an appliance or pouch) over your stoma to collect effluent from your bowels.

Your Wound Ostomy Continence nurse (WOC nurse), who specializes in the care of patients with new or existing ostomies, will help you understand your surgery and what you will need to do to care for yourself after surgery.

Here are some
additional facts
you need to be
aware of:

- Your small intestine is about 22 feet long and has three parts:
 - **Duodenum:** about 10 inches long
 - **Jejunum:** about 9 feet long
 - **Ileum:** about 12 feet long
- An ileostomy is typically located in the lower part of your ileum where the small intestine and large intestine attach together. The stoma is usually located on the lower right part of your abdomen.
- The location of the ileostomy is important because it determines the consistency of your stool and the frequency of your bowel movements. Because the ileostomy bypasses parts of your digestive system where water is removed from undigested food, the consistency of your stool post-surgery will likely be liquid or pasty. This condition is normal. It's also normal to empty your pouch four to six times a day.
- The stool expelled from your body will contain digestive enzymes from your ileum that can be very irritating to the skin. So it's important that you use a pouching system with a barrier that provides optimal skin protection around your stoma.
- The nature of your stool and frequency of your bowel movements may also be affected by the food you eat and the medications you take.
- Diarrhea can occur when you have an ileostomy, especially if your stool volume increases. If this occurs, eat foods that can thicken your stool (examples found later in this booklet), and drink plenty of fluids (approximately 10 to 12 eight-ounce glasses a day) to avoid dehydration. Talk to your doctor or WOC nurse if diarrhea persists.



YOUR STOMA:

When you have an ileostomy, stool no longer comes out of your body through your rectum. It is eliminated through a new opening in your abdomen called the stoma. Understanding your stoma and learning how to take care of it are important aspects of your new life.

Here are some things you need to know:

- All stomas are as individual as the people who have them. They vary in size, shape, and location on the body.
- It's important to understand that because the stoma has no control muscle (also called a sphincter muscle), you cannot control the stool coming out of the stoma.
- After surgery, your stoma will be swollen. This swelling will subside, and your stoma will change in size and possibly shape. The stoma can also change in size if your weight changes. It is therefore important to measure your stoma after every pouching system change for the first eight weeks, and periodically thereafter, to ensure your pouching system is the correct size.
- Your stoma should be shiny, wet and red, much like the inside of your mouth. Your stoma has no nerve endings, so it will not hurt when you touch it. However, it may bleed slightly if irritated or rubbed. This light bleeding is normal. If the bleeding continues or you are bleeding from inside your stoma, contact your doctor or WOC nurse.
- The skin around your stoma (peristomal skin) should look like the skin on the rest of your belly. To keep peristomal skin healthy, it's important to avoid irritation by keeping stool away from your skin. As noted above, regularly measuring the size of your stoma (especially for the first eight weeks) ensures that your pouching system fits properly and helps prevent stool from leaking onto your skin.
- If you notice that the skin around your stoma has become red, irritated, itchy or sore, contact your WOC nurse.



"Karen has always
been there for me,
through it all."

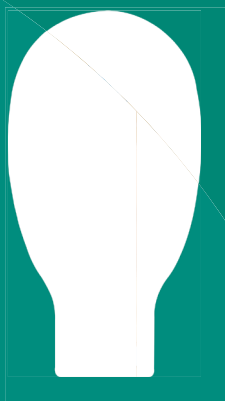
James

POUCHING SYSTEMS



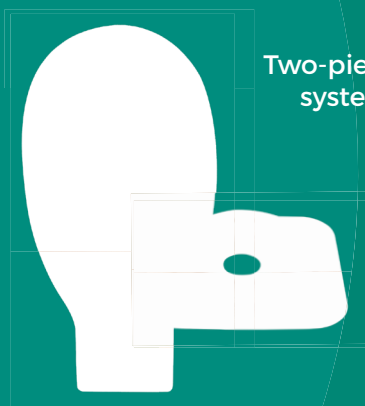
Pouching systems are designed to be secure and to enable you to live an active lifestyle. For example, you can bathe, shower, exercise, or swim while wearing your pouching system.²

A pouching system consists of a **SKIN BARRIER** and a **POUCH**, and is available as a one-piece or two-piece system.



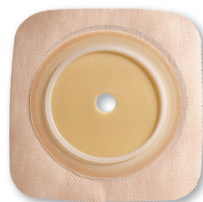
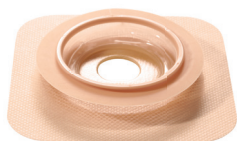
One-piece system:

The skin barrier and the pouch are manufactured together as one appliance. They cannot be separated and must be applied to your body and removed as one piece.



Two-piece system:

The skin barrier and the pouch are manufactured separately and can be applied to your body individually or together. With this option, the pouch can be removed to be changed or emptied without removing the skin barrier. To apply the pouch and barrier together, you simply attach the pouch to the barrier first, and then apply the complete system to your body.



POUCHING SYSTEMS: **SKIN BARRIER**

The skin barrier, also called a wafer, is the piece of the pouching system that sticks to your body. It holds the pouch in place and should be designed to protect the skin around your stoma from stool.

The skin barrier:

- Is designed to fit snugly around your stoma.
- Has an opening that should be adjusted to the size of your stoma, unless using a pre-cut skin barrier.
- Should be designed to protect the skin from stool and prevent skin irritation.

Comes in three alternative formats:

- A moldable option where the opening is molded with the fingers to the exact size and shape of your stoma.
 - A cut-to-fit option where you use scissors to cut the opening to your measured stoma specifications
 - A pre-cut option that cannot be further sized.
- We recommend that you leave no more than a one-eighth inch opening around the stoma when using cut-to-fit or pre-cut options.
 - Is available in a convex format. Convex skin barriers may be appropriate if you have a flush (flat or even with the skin) or retracted (below skin level) stoma. A convex skin barrier may also be a good option for a well protruded stoma that has a dip or valley around it. A convex barrier is shaped so that when you apply it, it presses down on the skin around the stoma. As a result, your stoma will stick out more, which can help prevent leakage around the stoma.

POUCHING SYSTEMS:

POUCH

The pouch attaches to the skin barrier to collect the stool that comes out of your stoma.



The pouch:

- Can be clear or opaque (tan colored-pouch) and is odor-proof.
- Is available with or without a filter. A filter helps release and deodorize gas. If you have a pouch with a filter, you will need to cover the filter while swimming, bathing or showering. (Covers are provided with systems that have a filter.)
- Can be closed with an integrated pouch closure (ConvaTec's InvisiClose® option) or with a clip.
- Comes in drainable and closed-end options. Drainable pouches allow the stool to be drained from the pouch periodically through the day. This option is recommended for patients who have loose, liquid stool or semi-formed stool that can be unpredictable. You cannot drain closed-end pouches. Instead, these pouches are simply removed, placed in a sealable plastic bag and discarded after use. This option is recommended for patients who have thick, formed stool that is more predictable.
- Should be emptied when one-third to one-half full. Do not allow your pouch to fill up all the way. A full pouch can pull away from the barrier or skin due to the added weight. It can also cause bulging under your clothes.



Find out which products are right for you.

Call 1-800-422-8811 or email CIC@convatec.com.

EVERYDAY OSTOMY CARE

As we've already noted, caring for your ostomy will be an important part of your new life. But it doesn't have to be the center of your life. As you learn more about it, living with an ostomy will become easier and more routine.

Here are a few basics:

- Keep your stoma and the skin around it clean. Protect the skin around your stoma from coming in contact with stool.
- Clean the skin around your stoma with warm water. Use a soap (if desired) that has no creams, oils, or moisturizers.
- Avoid oils, creams, baby wipes, and moisturizers, as they can irritate the stoma and surrounding skin. (When the peristomal skin is irritated, it's more difficult to get the pouching system to stick to your body.)
- There are skin care accessories, including barrier wipes and adhesive removers, which can serve as important accompaniments to your daily routine.
- Pat the skin dry around the stoma after cleaning. Remember that the stoma may bleed a little, which is normal.
- After removing the skin barrier, slight redness of the peristomal skin is normal. Any redness should fade quickly back to your normal skin color.
- If you feel burning or itching, or if stool leaks from under your skin barrier, don't try to "patch" the skin barrier with extra tape. Remove the skin barrier, clean the area, and replace the old barrier with a new one.
- If burning, itching, or leaking continues, or your stoma becomes irritated, contact your doctor or WOC nurse.
- Food and medications can change the color, consistency, and odor of your stool. If you notice any changes, contact your doctor or WOC nurse.
- How, and how often, you change your pouching system will depend on the type of system you use. Your WOC nurse may give you a detailed, step-by-step instruction guide.

"My friends are like family. Having their support throughout this transition has been a blessing."

Paul





USING A DRAINABLE POUCHING SYSTEM

The following is a basic guide for emptying and changing a drainable pouching system. Remember, your process steps will be influenced by whether you're using a one or two-piece drainable system.

If you're using a one-piece drainable system, you can drain the system as needed and replace the entire system (including the skin barrier) with a new one, as required. If you're using a two-piece drainable system, you have the option of keeping the existing skin barrier and reusing the drained pouch or attaching a new pouch.

Here are the STEPS: 1,2,3...

1. Decide what your objective is – again, depending on what kind of system you have. Do you want to drain the pouch, replace the pouch, replace the skin barrier, or the entire system?
2. Gather your supplies. Supplies may include:
 - Paper towels or wash cloth
 - Scissors (for a cut-to-fit system)
 - Warm water and soap (if desired) with no oils, creams, or moisturizers
 - Measuring guide
 - New pouching system or barrier
3. To prevent water from splashing on you, remember to place toilet paper in the toilet before emptying the pouch.
4. Empty your pouch by sitting on the toilet. Lift the end of the pouch upward and undo the clip or closure carefully. Keep the end held closed. Place the end of the pouch between your legs in the toilet. Hold the edges of the pouch and then direct the contents into the toilet.



5. It's not necessary to clean a drainable pouch after emptying. After you have emptied it, simply wipe inside and outside the end of the pouch with toilet paper. The pouch will be odorless again.
6. If you're using a one-piece drainable pouching system and will not be removing the system yet, close and secure the opening of the pouch after emptying and wiping.
7. If you're using a two-piece drainable pouching system, empty as instructed above and secure the opening with the closure or clip. If desired, you can attach a new pouch to the skin barrier.
8. If you're going to change the skin barrier and completely replace the system (whether or not you are using a one or two-piece system), remove the existing barrier from your abdomen. Start by lifting the top edge of the barrier, and then slowly and gently peel downward. Use your other fingers to support and push down on your skin as you remove the barrier. Consider using an adhesive remover/releaser, which will make the barrier come off more easily and help prevent skin injury.
9. Throw away the old pouch and barrier (if you're changing both or have a one-piece system) in a sealable plastic bag. Do not flush used ostomy products down the toilet.
10. Wipe the peristomal skin with toilet paper. Gently cleanse the area with warm water and a soap (if desired) with no oils, creams, or moisturizers, and rinse with warm water.
11. With a towel or wash cloth, gently pat dry the skin around your stoma. Remember, after removing the skin barrier there may be temporary redness that should subside.
12. Re-measure your stoma size to ensure it has not changed.
13. Prepare your new barrier and/or pouch and apply as instructed.



LIFESTYLE TIPS

You can live a very active lifestyle after having ileostomy surgery. In fact, you should be able to enjoy all the activities you engaged in before your surgery. It may take a little time to get back into the swing of things and you'll have to make a few adjustments, but you should plan on resuming your everyday activities such as going out to eat, traveling, working, and participating in the leisure activities you have always enjoyed.

Here are some things you'll need to keep in mind as you resume YOUR EVERYDAY LIFE.

Obtaining and storing supplies:

When you're discharged from the hospital, your WOC nurse will review with you where and how to get your ostomy supplies. You'll receive a list of supplies, complete with product names, manufacturers, and product codes.

When storing your supplies, avoid direct sunlight or heat, which can have adverse effects on your ostomy products and may reduce their effectiveness. Try to store your supplies in a cool, dry place at room temperature or slightly below.

Who needs to know I have an ostomy?

Having ostomy surgery is a very personal experience, and whom you share this information with is up to you. However, a few people who would benefit from knowing (and their knowing will benefit you) include your:

- **Family**
- **Doctor**— including your family practice doctor
- **Pharmacist**— after surgery, the way your body digests and absorbs medications may change, and medications can have an effect on your stool.



"Trying out new recipes
is fun and allows me to
have variety in my diet."

Jonathan

LIFESTYLE TIPS: DIET^{2,3}

Food is just one of the many things that can affect your ileostomy. But having a stoma should not stop you from enjoying your food. It just takes time for your digestive system to recover from surgery. Following a low fiber diet for the first six to eight weeks can be helpful because your intestines are swollen and passing high fiber foods might be difficult.

With your doctor's permission, six to eight weeks after surgery, you may choose to start adding high fiber foods back gradually. Introduce one food at a time, chew well, and see how it is tolerated before adding additional high fiber foods.

General guidelines

Listed below are some general guidelines as you recover from surgery and resume your diet and lifestyle.

Eat regularly.

You may find it helpful to eat smaller portions more often to allow your digestive system to recover from the operation. This will also help your system better digest and absorb your food. If there's a food that you really enjoy, try a small amount of it at first.

Chew your food well.

Most foods, if chewed well and eaten slowly, shouldn't give you any problems. Gulping your food can cause belly discomfort and bloating. It can also increase the amount of gas released from your stoma.

Drink plenty of fluids daily.

Six to eight glasses of liquid, preferably water, is recommended to stay hydrated. It may be helpful to drink a glass of fluid each time you empty your pouch.

Certain foods may still cause stomach discomfort.

If certain foods upset your digestive system before your illness, it's possible that they will still upset your digestive system after surgery.

You may have diarrhea.

Diarrhea can be caused by many things, including viruses, antibiotics, and some medicines. It can also be a sign of trouble digesting certain foods. If food is the problem, you can try to remove fiber and bulk from your diet and eat foods that thicken your stool. If you are experiencing increased liquid stool, caffeine-free sports drinks are helpful to replace fluid and electrolytes.



LIFESTYLE TIPS: DIET GUIDE

Foods high in fiber should be avoided for the first 6-8 weeks, then may be added gradually once swelling has gone down. They should be tried in small amounts and chewed well. If you have questions about certain foods, ask your dietician or ostomy nurse. Consuming too many high fiber foods or introducing them too soon after surgery may cause a partial or complete bowel obstruction (refer to page 34). **Examples include:**

- Popcorn
- Nuts
- Fruits and vegetables with skins
- Chinese vegetables
- Celery
- Dried fruits
- Coconut
- Wild Rice
- Corn
- Olives
- Mushrooms
- Meats with casings (such as hot dogs and kielbasa)
- Sunflower and Pumpkin Seeds

Gas and noise are normal. Gas can be caused by swallowing air while chewing gum, drinking liquids through a straw, smoking or if you use a CPAP device. Pouch filters can help minimize pouch ballooning as well as odor.

If you have excessive gas, check your diet. **Foods known to cause gas:**

- Asparagus
- Beer
- Broccoli
- Cabbage
- Cauliflower
- Carbonated drinks
- Dairy (milk, eggs, cheese)
- Dried beans
- Onion
- Spicy foods



To help minimize gas, try foods such as yogurt and buttermilk.



Odor is also normal. However, pouches are made with odor-resistant material, and if the pouch is applied properly, you shouldn't have any odor except when you empty the pouch in the bathroom. Pouch filters help minimize any odor.

Odor can be further minimized by limiting or avoiding these foods:

- Asparagus
- Eggs
- Fish
- Garlic
- Cheese
- Beans
- Cabbage, and other vegetables in this family

Foods can also have specific effects on your stool. There are foods that can thicken stool (and possibly cause constipation) and foods that can loosen stool (and cause you to go more frequently).

Foods that thicken stool:

- Applesauce
- Bananas
- Bread/Toast
- Cheese
- Marshmallows
- Pasta
- Peanut Butter
- Potatoes
- Pretzels
- Rice
- Tapioca

Foods that loosen stool:

- Alcohol
- Chocolate
- Coffee
- Milk
- Spicy foods
- Raw vegetables/fruits
- Tea
- Water

Rich-colored foods, such as beets or some spices (e.g., turmeric), may discolor the stool.

One of your top priorities should be maintaining a healthy diet and sensible weight by including foods from all of the main food groups. A balanced diet will also help your body repair itself after surgery.

Be sure your diet includes: Proteins: meat, fish, cheese, etc.

Fiber: vegetables, fruit, grains

Carbohydrates: bread, potatoes, rice and pasta



Get the nutrition advice you
need to live a healthy life.

Call 1-800-422-8811

LIFESTYLE TIPS: **WORK AND EXERCISE/SPORTS**

Give yourself time to fully recover after surgery. When you feel ready, gentle exercise such as walking is ideal. You can gradually increase the distance you walk. The types of activity you do after surgery will depend to a great extent on what you did before your operation. But before starting an exercise program, playing contact sports, or going back to work, talk to your doctor. Consulting your doctor is especially important if you have other conditions such as asthma or high blood pressure.

General guidelines

- Your doctor will tell you when you can return to work, begin playing sports, and engage in other physical activities.
- You can purchase small pouches especially well-suited for sports or exercise.
- Empty your pouch before you start an activity.
- Be aware that pouch wear time may be reduced when playing sports and exercising. There are devices available to protect the stoma if there is a concern that the stoma could be injured. You can discuss these with your WOC nurse.
- If you're using a hot tub, be aware that your pouch wear time may be reduced due to the temperature of the water.

Water will not harm or enter your stoma. You can bathe, shower or swim while wearing your pouching system.² Check your pouch seal beforehand. Waterproof tape may be helpful if you will be bathing, showering or swimming for an extended period of time.

Avoid wearing a wet/sweaty pouch for long periods as this can lead to Moisture Associated Skin Damage (MASD).⁴ Pouch covers and undergarments can help absorb moisture.

You can shower with your pouching system off as well. If you shower with your pouch off, make sure you use a soap that is oil and residue-free.



←
"I'm enjoying my
morning jogs again."



"Running a business is
nonstop, but it's my passion."

"I love playing tennis.
It helps me de-stress
after a long day"



LIFESTYLE TIPS: INTIMACY

There is no reason why having a stoma should prevent you from continuing (or starting) a sexual relationship. Just remember that communication and trust are very important. It's normal to feel sensitive about the change in your body. Share your feelings with your loved one, and respond to their concerns as well. Let your partner know that sexual relations will not hurt your stoma.

With time, understanding, and a positive attitude, you can enjoy a satisfying sexual relationship. The more you share about your stoma and how you feel about it, the closer you will feel with your partner. Also keep in mind that the way you see yourself influences the way others see you. If you accept your body after surgery, your partner is likely to as well.

For Women

After surgery, some women experience vaginal dryness. Try one of the many lubricants available over the counter, or ask your doctor about a hormone cream or vaginal suppository. If you use birth control, oral contraceptives may not be the best choice as your body may not absorb the medication. Talk to your doctor about the best form of birth control for you.

For Men

Remember that you may not have an orgasm the first time you have sex after surgery. If you find that you are having ongoing problems getting or keeping an erection, talk to your doctor or WOC nurse. Don't panic. More than likely, there will be a solution.

General guidelines

- Empty your pouch before beginning sexual activity.
- Wear a small pouch. You can try closed-end mini pouches (also called "passion pouches") designed to be smaller and less bulky.
- Cover your pouch with specially designed underwear, lingerie or pouch covers if you feel uneasy about your partner seeing it.
- If one sexual position causes you discomfort, try another.
- Do not put anything in your stoma during sex.

"My ostomy doesn't get
in the way of my relationship."

Vanessa



LIFESTYLE TIPS: CLOTHES

Because your belly may be swollen after surgery, loose-fitting clothing may be preferable to wear after your operation and when you return home. As you recover and move on with your customary lifestyle, you can return to wearing your usual clothes. You may need to adjust your waistlines slightly, but since pouching systems are designed to lie as flat as possible on your body, any adjustments should be minor. You can wear your pouch either inside or outside your underwear, whichever you prefer.

Women can wear tight garments such as pantyhose and tighter fitting outfits (including shape wear), as long as the clothes are soft and stretchy. Be cautious, however, about tight clothes or belts rubbing on your stoma— especially if your stoma is at or near your waistline. There are also undergarments specially designed with an inner pocket to support your appliance and keep it flat underneath your clothing.

Remember, you're likely to be most critical of how you look in clothing, since you're aware that the pouch is there. People who don't know about the pouch will not be looking for it.





"I travel a lot for work.
Being prepared allows me
to get where I need to go
without any problems."

Glen



LIFESTYLE TIPS: TRAVEL

Your ileostomy should not restrict your ability to travel. The following are some helpful tips for both domestic and international travel:

- If you're using cut-to-fit barriers, cut some skin barriers before you go. This way you can leave your scissors in your checked luggage to comply with airport security regulations.
- Consider using moldable skin barriers to avoid difficulties with scissors altogether.
- Pack your ostomy supplies in your carry-on luggage.
- Take extra supplies in case your products are not available at your destination.
- Carry a TSA Travel Card (available from ConvaTec and the United Ostomy Associations of America at www.ostomy.org). This card proves your need for stoma care supplies. You can show it to security personnel if you're asked about your ostomy supplies or your ileostomy itself. While the card does not preclude the possibility that you will be searched, it identifies you as having a stoma and encourages the agent to carry out any necessary searches with discretion.
- All screenings at airports must be carried out in a way that treats passengers politely, and with dignity and respect. You may ask that any personal screening be carried out in a private area.
- When traveling outside the US, take your important ostomy care information and a list of supplies written in the appropriate language. Also, pay particular attention to advice on drinking water. The safest bet is to stick to bottled water.



answers

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support



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HELP AND SUPPORT


More than just great products—**me+™** brings you the tools and advice to help you make life with an ostomy completely your own.

At first, living with an ostomy can feel as if your whole world is going to change. It's normal to have many feelings and questions. But you're not alone. With me+, we completely surround you with the support, inspiration, insights, and ideas that you need to live with an ostomy in your own way. We believe you are defined by your interests, your hobbies, your friends, and all the things that make you unique—not your ostomy, and we're here to help you get back to doing all the things that make you— you.

**me+ is available by phone or email
in whatever language you need.**

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(M-F, 8:30 AM-7:00 PM EST)
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me+ community: Inspiring stories and ideas from others living with an ostomy.

Additional support:

- You can talk to a product specialist or ostomy nurse at the ConvaTec Customer Interaction Center if you have questions about your ileostomy, ostomy products, or if you need additional help and support. Simply call us at 1-800-422-8811.
- You can order your free samples and information you'll need as you learn to care for your ostomy by calling us at 1-800-422-8811.

"I never thought I would be able to do so many things again. But now I know my ostomy is just a part of me, not who I am."

Sarina

FOR MORE INFORMATION

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QUICK REFERENCE GUIDE

Ordering supplies and insurance reimbursement

- Ostomy supplies are special products and may not be available at your local drugstore.
- Contact your insurance provider to understand what your insurance plan covers and pays for ostomy supplies, and where you can purchase and order supplies (usually through a supplier or retailer).
- ConvaTec ostomy nurses can help you find a local retailer or online supplier.
Call 1-800-422-8811.

Medicare coverage can be confusing; the chart below can help. The usual maximum quantity of pouches or skin barriers that Medicare covers per month is as follows:

Products	Quantity per month
Closed-end pouches	up to 60
Drainable pouches	up to 20
Skin barrier paste.....	4 oz. tube
Skin Barrier with flange.....	up to 20
Protective Skin Barrier Wipes.....	3 boxes of 50 wipes every 6 months
Ostomy Belt	1

No maximum quantity limits have been established for extended wear skin barriers, including Eakin Cohesive® Seals, or adhesive remover wipes.

** Updated in 2016*

*The reimbursement information provided by ConvaTec is intended to provide general information relevant to coding and reimbursement of ConvaTec's products only. Coverage and payment policies for the same insurer can vary from one region to another and may change from time to time because of ongoing changes in government and insurance industry rules and regulations. Therefore, please confirm HCPCS Codes with your local DME-MAC, private insurer, or Medicaid agency before processing claims. ConvaTec does not guarantee coverage or payment of its products listed herein.

CONTINUING CARE:

Here is a convenient way to store
your important information.

WOC Nurse's name:

Doctor's name:

Hospital:

Surgery type:

Stoma type:

Product re-order codes:

Other medications:

Allergies:

Emergency contact:

WHEN TO CALL THE DOCTOR

Dehydration

- **Signs and symptoms:** dry mouth, excessive thirst, dark or decreased urine.

Blockage^{5,6} (May be partial or complete)

- **Signs and symptoms of a partial blockage:** cramping, watery diarrhea, swollen or distended belly, high-pitched gas, projectile stool
- **Signs and symptoms of a complete blockage:** cramping, swollen or distended belly, no output from ileostomy for 8 hours, nausea or vomiting.

Stomal complications⁶

Necrosis

- **Signs and symptoms:** Stoma should be moist and red. Notify physician if stoma becomes purple, grey or black, or is dry on the surface.

Bleeding

- Small amount of bleeding is common. Notify physician for excessive bleeding that does not resolve, bleeding from the inside of the stoma, or bloody stool.

Skin irritation around the stoma

- **Signs and symptoms:** Reddened or irritated skin, rash, itchiness, or skin that is not intact.

Hernia

- **Signs and symptoms:** A bulge or swelling under the skin behind the stoma.

Prolapse

- **Signs and symptoms:** Stoma becomes elongated and may appear to telescope. May have color change.

References:

1. An overview of the ostomy market and ConvaTec's ostomy model. Global Business Intelligence Analysis 2009. December 2009. Data on file, ConvaTec.
2. Goldberg, M. Patient Education Following Urinary/Fecal Diversion. In: Carmel J, Colwell J, Goldberg, M, eds. Wound Ostomy and Continence Nurses Society Core Curriculum Ostomy Management. Philadelphia, PA: Wolters Kluwer; 2016: 131-139.
3. Carmel, J. Specific Patient Management Issues. In: Carmel J, Colwell J, Goldberg, M, eds. Wound Ostomy and Continence Nurses Society Core Curriculum Ostomy Management. Philadelphia, PA: Wolters Kluwer; 2016: 140-147.
4. Gray, M, Colwell, J, Doughty, D, et al. Peristomal Moisture-Associated Skin Damage in Adults with Fecal Ostomies. J Wound Ostomy Continence Nurs. 2013; 40(4):389-399.
5. Carmel, J., Colwell, J. & Goldberg, M. (Eds). (2016). Core Curriculum: Ostomy Management. Wound, Ostomy, and Continence Nurses Society.
6. Prinz, A., Colwell, J., Cross, H., Mantel, J., Perkins, J., Walker, C. (2015). Discharge Planning for a Patient with a New Ostomy: Best Practice for Clinicians. J Wound Ostomy Continence Nurs. 42 (1): 79-82.

NOTES



Handwriting practice lines consisting of 20 horizontal grey lines.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.



**Getting the benefits of me+™ is easy,
simply call: 1-800-422-8811**