



# ConvaTec Ostomy Care

Dedicated to enhancing  
quality of life

**CARING FOR YOUR CHILD AFTER  
OSTOMY SURGERY**



**ConvaTec  
Little Ones®**



## Your Child's Ostomy Surgery May Cause Many Emotions for You

It can be difficult to watch your little one undergo ostomy surgery, even when you know it may have been a lifesaving procedure. Many parents are often in a state of shock and disbelief. It is also not uncommon to feel helpless and have some fear and anxiety about caring for your child after surgery. Take heart in knowing that with support, patience, and a little practice, you should soon feel more comfortable caring for your child's ostomy needs. An ostomy will not delay your child's physical or psychosocial development.

This booklet was written in conjunction with Sandy Quigley CWOCN, CPNP, who is a Clinical Specialist in Wound, Ostomy, and Continence Care, as well as a Pediatric Nurse Practitioner at Children's Hospital of Boston. It was developed to help answer some questions you may have about your child's ostomy care. Ideally, teaching will begin as soon as possible so that you can become more confident in caring for your child's ostomy. You should feel comfortable picking up and holding your child as you normally would, unless there are other specific medical concerns defined by your child's nurses and doctors. Whenever possible, two family members should be taught ostomy care to offer help and emotional support to one another.

Many hospitals have Education Resource Centers to help you learn more about your child's specific medical condition. Some hospitals offer families the opportunity to create web sites to communicate with family and friends while in the hospital. This allows you to share news about your child and post or receive messages anytime.

We've included information about some of our innovative products and invite you to call our Customer Relations Center at 1 800 465-6302 if you have any further questions or would like to receive product samples.

*This brochure was written to inform you about the general care of infants and children with an ostomy. Every child is different and there may be exceptions to the suggestions contained in this brochure. These exceptions will be explained to you by your doctor, pediatric nurse, or Enterostomal Therapy (ET) Nurse. Please always refer to your doctor, pediatric nurse, or ET Nurse. If you have any medical concerns about your infant or child.*



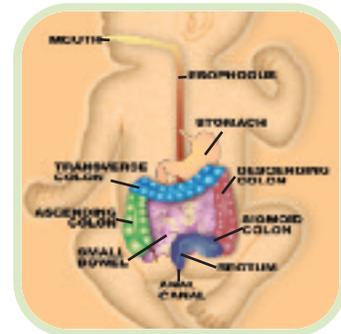
## What is an ostomy?

An ostomy is a surgically created opening in a child's gastrointestinal (GI) system to pass "poop" (called *stool* or *feces*) or urine (in their urinary system) out onto the abdominal surface. This opening is often called a stoma. A *stoma* is the actual part of the small or large bowel or urinary tract that is brought through an incision on the abdominal wall and can be seen on the skin. It may be temporary to allow the affected area to heal and/or grow or permanent, depending upon your child's specific condition. Your child's surgeon, pediatric nurse, or ET Nurse will explain the reason for the surgery and tell you where the stoma is located in your child's GI or urinary system.

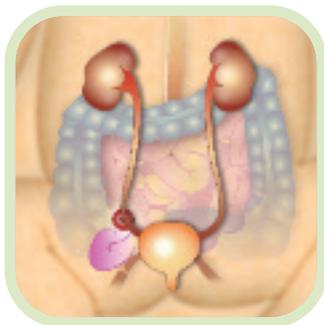
After surgery, your child will not be able to control when stool, gas, or urine comes out of the stoma. Therefore, your child will wear an ostomy pouch over the stoma to collect stool or urine. After your child leaves the hospital, a visiting nurse may come to your home for continued teaching about ostomy care.

## Gastrointestinal (GI) Digestive system

To better understand your child's medical condition, it is important to understand how the GI digestive system works. Foods are broken down and digested in the GI system. The foods we eat are swallowed and move down a long tube (called the esophagus) into the stomach. Digestive juices in the stomach help break down this food before it travels to the small intestine. Once in the small intestine, nutrients your child needs—such as vitamins and minerals—are absorbed into your child's body. Then the food travels in the form of liquid waste into the large intestine, or colon. There, water is absorbed and the stool becomes thicker as it travels through the colon. The large intestine stores the waste until it passes as stool out of the body through the rectum and anus. When a child has a stoma, stool passes through the stoma instead of through the anus.



Stool from an ileostomy is often a green or yellow liquid the first few weeks after surgery. If your child is bottle or breast fed, it may stay somewhat loose. If your child is older, as he begins to eat solid foods, the stool will get thicker (similar to the consistency of toothpaste or pudding). Stool from a colostomy is usually soft and formed.



## Genitourinary Tract

The urinary tract is made up of two kidneys, two ureters, the bladder, and a urethra. The kidneys are primarily responsible for the removal of waste substances from the blood and for fluid and electrolyte regulation. The urine that is produced by the kidneys travels down the ureters where it is stored in the bladder and released from the body through the urethra. Depending upon the location and nature of the medical conditions, a urinary tract diversion may be created at almost any level of the urinary system. The color of urine can vary depending upon a wide variety of reasons. The effect of food and medication must be considered before deciding that the color is abnormal. Urine from a urostomy is often amber yellow colored, but may be colorless if very dilute, dark yellow if very concentrated, pink or reddish color if blood is present after surgery; these are a few possibilities. Consult your physician or ET Nurse for additional information.



## Common Types of Ostomies

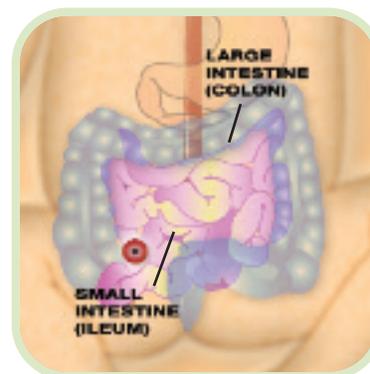
The surgically-created stoma is usually named for the structures involved in the diversion. Depending upon your child's specific medical condition, there may be one or more stomas brought out onto the abdominal surface at the end of surgery. One is where stool passes from. The other is where mucus empties from and is called a *mucous fistula*.

It may be used during another surgical procedure to connect the bowel when the ostomy is closed. A mucous fistula may not require a pouch and is often covered with gauze. If the surgeon creates it close to the stoma, one pouch may be used to cover both stomas.

Your child's surgeon will be able to explain the type of surgery performed.

### Ileostomy:

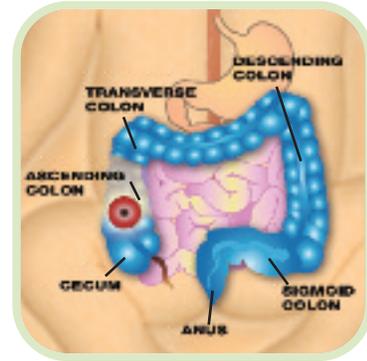
During surgery an opening is made in the small intestine (ileum), which is also called the small bowel. An end or loop of the small intestine is brought out onto the abdomen (the belly) and the surgeon secures it in place. The stool will now pass from the stoma out of your child's body. The stool coming out from the stoma will be a liquid to thick pasty consistency. Depending upon where in the small bowel the stoma was created (beginning, middle, end) will determine how much water is absorbed from the stool and how thin or thick it will be. The further stool travels down in the small intestine, the more water is absorbed and the thicker it will become. The stool from an ileostomy contains enzymes that can irritate the skin around the stoma.



Depending on your child's specific condition you may be instructed to apply an ostomy pouch over the opening to collect stool. It is important to have a properly fitting ostomy pouch to protect the skin surrounding the stoma.

## Colostomy:

During surgery an opening is made somewhere in the large intestine, which is also called the colon or large bowel. The affected area will depend upon your child's specific medical condition. A part of the colon is brought out onto the abdomen and the surgeon secures it in place. The stool will now pass from the stoma out of your child's body. The output may be semisolid to formed. Bacteria normally found in the colon is in fact important to many functions. This bacteria is partly responsible for the odor and gas that often is associated with colostomies. Also please understand that a colostomy does not prevent constipation. Depending on your child's specific condition you may be instructed to apply an ostomy pouch over the opening to collect stool.



## Urostomy:

During surgery a urinary diversion can be created at almost any level in the urinary system. An opening is made through the skin in the abdomen that allows the passage of urine that is made by the kidneys down the ureters and out through the stoma (called a *urinary diversion*). Depending upon your child's specific medical condition, you may be instructed to apply an ostomy pouch over the opening to collect urine.

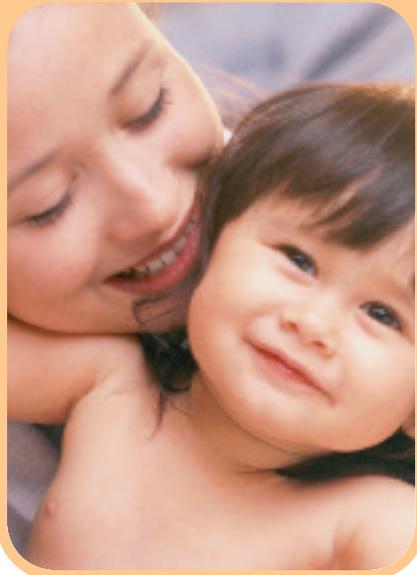
Occasionally, in infants and toddlers, a **vesicostomy** may be created as a temporary means to divert the urine directly from the bladder. This is when an incision is made below the umbilicus ("belly button") and into the top of the bladder. This is then brought up and sutured to the abdominal skin opening as a small ostomy. Urine is often allowed to empty into the diaper area.

It is very important to have a good fluid intake to prevent urinary tract infections. Your child's doctor and/or nurse will give you fluid intake guidelines based upon your child's specific medical condition. Routine follow-up including urine specimens ("samples") and radiologic x-ray examination are essential.



*After being shown a few times how to change an ostomy pouch, many parents may feel that it is not much harder than changing a diaper.*





## Common Questions About Your Child's Stoma

### What does a stoma look like?

The stoma should be red, moist, and feel soft to the touch. It may be round or oval shaped. It may be flat or raised up on the abdominal (belly) surface. It is created from tissue that is much like the lining inside your cheek. The stoma has a good blood supply and it is not uncommon for it to bleed slightly when cleaned during pouch changes. It may also temporarily lose its color when a child is crying or straining down.

It should return to its normal color within a few moments. If you notice a change in the color of the stoma to a dark brown, maroon, or black discoloration, contact your surgeon immediately.

If you ever notice blood in your child's stool, or if there is a continuous stream of blood flowing from the stoma, you should call your child's doctor as soon as possible. ***You should know that certain foods may change the color of stool. For example, red gelatin and beets may give stool a bright red appearance resembling blood.***



### Will I hurt my child if I touch the stoma?

The stoma has no nerve endings, so your child should not feel pain when passing stool or urine or when you touch the stoma. It is a similar feeling to pressing your tongue against your cheek. Once healed, your child can crawl on their tummy unless nurses and doctors advise you not to. Right after surgery, however, your child's abdomen may be tender, but this should lessen each day as it heals.



## Will the stoma change after surgery?

The stoma may change size and shape the first few months after surgery. A stoma can be skin level, retracted (below skin level), or prolapsed (“telescoped out”) from the abdominal surface. Your nurse or ET Nurse can give you specific instructions about using products such as paste or protective seals to improve pouch “wear time” if stool empties from a stoma at skin level. In children with a prolapsed stoma, you may be instructed to monitor the color of the stoma routinely. Be cautious of risk of trauma to the stoma from being pinched or “cut” by a pouch or snug diapers, safety belts, or clothing.

As your child grows, the size of the stoma grows slowly. You may need to change the size or opening of your child’s ostomy appliance. Your ET Nurse may be able to assist you with this.

*After your child’s abdomen heals, touching the stoma should not cause pain.*

## Common Questions About Ostomy Care

### When should I empty the pouch?

Typically, the pouch is emptied whenever it is 1/3 full. This will prevent it from becoming heavy and pulling away from the skin, which can cause leakage. If the pouch is fuller than this, it will not harm the stoma but may begin to lift the skin barrier/wafer away from the skin. It is often more difficult to empty the pouch when it is too full. It is important to make sure the end of the pouch is wiped clean to avoid odors and staining of clothes. Always make certain the tail closure is not pressing into the skin to avoid creating irritation.

Many parents find it is easiest to empty the pouch into a diaper every 3 to 4 hours, or as needed. For older children who are beginning to be toilet trained, they should be taught to sit on the toilet with their bottoms back as far as they can sit and empty the pouch directly into the toilet. Placing toilet paper in the toilet before the stool or urine is emptied helps to prevent splashing.



## How long can the pouch be worn?

Every child is different, so you should ask your pediatric nurse or ET Nurse about your child's unique needs. Pouch wear-time often depends upon the child's size, activity level, and thickness of stool. Establishing a predictable routine for pouch changes will help ease the transition to the home care setting. An infant may need a pouch change every day. An older child may only need a pouch change every 3 to 4 days.

*Please note, large liquid output may affect how well the skin barrier/wafer "sticks" to the skin. Parents often learn when there are periods of slow stoma activity, such as before feedings or meals, and plan routine pouch changes during those times.*

Children are naturally curious and enjoy exploring their own bodies. For those who have an ostomy, it may be beneficial to dress them in one-piece tee-shirts or playsuits to prevent their hands from pulling off pouches.

Any time that you notice stool or urine leaking under the skin barrier/wafer, the pouch should be changed to avoid skin irritation. If you need to change it more than once a day, call your pediatric nurse or ET Nurse for suggestions.

## Can I bathe or shower my child without the pouch on?

Bathing will not hurt the stoma. Many parents choose to bathe their children with the pouch on since there is no way to know when stool will pass from the stoma. They then will change the pouch after the bath. When bathing your child choose a mild, non-oily soap that will not interfere with how well the skin barrier/wafer will stick to your child's skin. Make certain that the skin is rinsed with water and dry before applying the new pouch.

## What causes skin irritation?

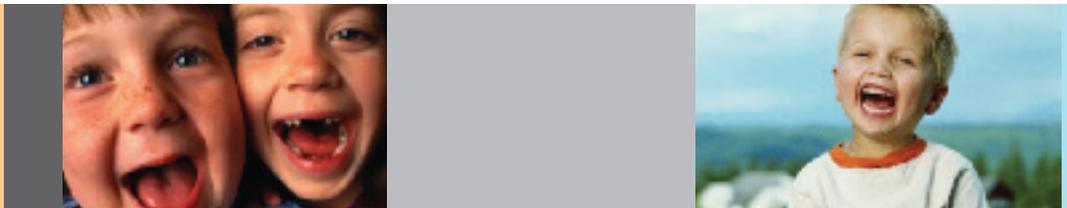
A common cause for irritation is when stool/urine sits under the skin barrier/wafer and touches the skin. Sometimes irritation may be caused by the way the ostomy system has been applied. This may be due to a variety of reasons, such as: the opening in the skin barrier/wafer may be too big, the pouching system may not be the right size, you may need to use additional products such as Stomahesive® Paste or Eakin Cohesive® Seals to ensure a better seal. If your child's skin irritation continues, talk to your pediatric nurse, ET Nurse, or doctor.

## When can my child change the pouch?

Every child is different and it will depend upon the development level of your child. You can start by having your child help you with simple tasks, such as gathering supplies, helping to remove the pouch, and helping to clean the skin. This may help build your child's self-confidence.

When you feel your child is ready, you can teach him or her how to: sit on the toilet to open or unroll the clamp, empty the stool from the pouch into the toilet, wipe the end of the pouch, and close or replace the clamp. And always, teach them to wash their hands with soap and water. Some children find it easier to use a two-piece system with a closed-end pouch without a closure. When they need to empty their pouch in school, they remove the pouch and click on a new one. Reimbursement may vary with different insurers; check with your medical equipment supply company for specific details.

Whenever they will be attending daycare or school, make sure the daycare/school nurse and/or teacher is aware and has written instructions on how to care for your child's stoma. There should always be an extra pouch and change of clothes available at daycare or school.





## How should I dress my child?

Today's innovative ostomy pouching systems are designed to lie flat on the body so they cannot be seen under most clothing. Ostomy pouches can be worn inside or outside diapers or underwear. Many parents of infants and toddlers find it helpful to use one-piece undershirts, outfits, and overalls to help keep curious hands from pulling off ostomy pouches. Be sure that belts and waist-bands do not press firmly against the stoma, especially if it is located at or near your child's waistline. Older girls and teenagers are encouraged to pick one-piece bathing suits that have a pattern design to help conceal the stoma. Boys are encouraged to wear boxer type bathing trunks.

## When should I call my doctor?

If you have any questions or concerns, it is always best to call your nurse, doctor, or emergency room (as instructed by your healthcare provider). **Call immediately if you notice:**

- Your child is not acting as he/she normally does (too sleepy, won't eat or drink, "floppy," jittery, very irritable)
- Fever higher than 101° F/38.34° C **or** as instructed by your child's doctor
- Vomiting or unable to hold down fluids
- Bloating abdomen ("belly") or belly pain
- Foul-smelling or bloody diarrhea or severe diarrhea
- Very little or no stool or urine from the stoma for more than 4 hours
- A large increase in the amount of stool from the stoma
- Color of stoma is blue, purple, or black
- Rash, redness, or irritation of the skin around the stoma (called peristomal skin) that does not improve in 2 to 3 days
- Crying that won't stop or makes you think your child is in pain

*If you have any questions or concerns, it is always best to call your nurse or doctor.*





## Common Questions About Diet and Nutrition

### Can my child get dehydrated?

Yes. It can happen anytime your child loses too much urine or stool and is unable to replace the fluid. When a child has the “flu” that may cause diarrhea and/or vomiting, they are at risk to get dehydrated. Call your child’s doctor if your child shows any of these early signs of dehydration:

- Your child refuses fluids
- Your child has not urinated (or has only a slightly wet diaper) in 4-6 hours  
Note: this is particularly important in infants or young children
- Your child is less active or unusually sleepy
- Your child’s urine is dark yellow
- Your child’s mouth is dry
- Your child has sunken eyes

### Will my child need to eat a special diet?

This depends upon your child’s medical condition. Unless your doctor recommends a special formula or gives you specific dietary guidelines, your child will most likely be able to eat a variety of foods with few restrictions. At first, your child may feel more comfortable eating small, frequent meals and snacks. Your doctor may also recommend introducing foods your child was not able to eat before surgery—or new foods—slowly and one at a time. Generally, it is important for your child to eat a balanced diet, chew foods very well, and drink plenty of fluids (as instructed by your nurse or doctor) to prevent dehydration.



## Can certain foods affect my child's stool output?

Yes. Some dairy foods (milk, cheeses, yogourt), starchy foods (pasta, rice, potatoes), breads, bananas, creamy peanut butter, and marshmallows can thicken stools. Other foods can thin stools, such as fresh fruits and fruit juices, green beans, fried foods, chocolate, and very seasoned foods. Foods like red Jell-O® and beets can cause stool to change color.

## What is a food blockage?

A food blockage may develop, especially if your child has an ileostomy, because it is narrower than the large bowel. Hard to digest food can build up and block the flow of stool through the bowel. That is why it is important for your child to chew foods very well and drink plenty of fluids.

Some foods that can cause a blockage include corn and popcorn, celery, dried and citrus fruits, seeds and nuts, fruit/vegetable skins, peas, and meats in casings like hot dogs. It is important to call your doctor right away if your child has any of these signs and symptoms of food blockage:

- Belly pain or cramping
- Swelling of the belly or stoma
- More than usual amount of watery stool output (often foul-smelling)
- Little or no stool output in 4 hours
- Your child is unable to eat or drink
- Your child is nauseous or vomiting
- Your child is irritable or not acting as usual



## What causes gas?

Swallowing air, such as when a child cries, sucks on a pacifier, or drinks with a straw, may cause gas. Certain foods like beans, carbonated beverages, and cabbage-family vegetables can also cause gas. If the pouch gets too full of gas, it may lift away from the skin and leak. If gas fills up the pouch, empty it from the bottom. Please note that pouches with a filter system can help to release gas and minimize odor.

## What if my child gets diarrhea?

You will most likely learn your child's usual pattern of stool output before your child leaves the hospital. This will help you know when to be concerned about diarrhea. If you suspect diarrhea, call your child's doctor. Your doctor may ask you questions to help diagnose diarrhea such as: Are you emptying the pouch more or less than usual? Is the stool more watery?

Diarrhea can cause dehydration, so your doctor may also ask you questions to help diagnose dehydration such as: How many wet diapers are you changing? Is the urine output less than usual? Does your child have dry lips and circles under the eyes? Is the soft spot on the top of your child's head sunken in? Is your child more lethargic, more irritable, or feverish? If your child is dehydrated, your nurse or doctor will give you instructions to ensure that the amount of liquid your child takes in keeps up with the amount of liquid your child is putting out. Always call your nurse or doctor if your child is having diarrhea and/or unable to hold down fluids.

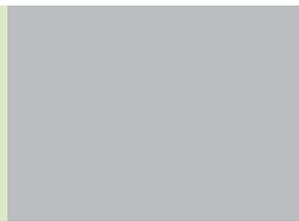
## Helpful hints for pouching

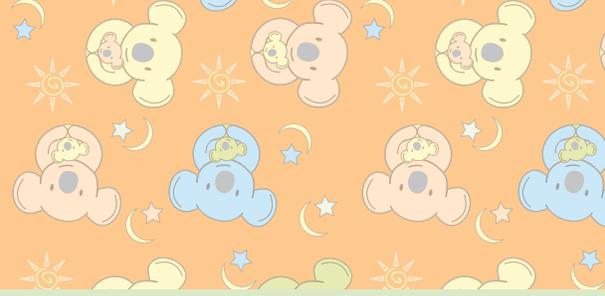
- BE ORGANIZED: gather all the supplies, including the written step-by-step application cards
- Empty the previous pouch into a diaper or container before removing. Older children can sit on the toilet to empty their pouch
- Wash the skin around your child's stoma with mild, non-oily soap and warm water. If you prefer to use commercial wipes on the skin around the stoma, choose a brand that does not contain oils or lotions, since they may make it difficult for the pouching system to stick
- Prior to pouching your child, make sure the skin around the stoma is free of any solvent or greasy substances. Pat thoroughly dry
- Look at the stoma and assess the color
- Look at the skin around the stoma frequently. The skin should look like skin on other areas of the body
- Monitor the skin for any prickly rashes that may be a candidal yeast rash. If you notice a rash, please call your doctor or ET nurse

## Helpful hints for mom and dad

- Always keep your doctor and ET Nurse's contact information readily available
- Always keep the order number for your child's ostomy appliance as well as your local ostomy appliance distributor available
- Always keep extra supplies and a change of clothes in your car and diaper sack

*Please refer to application cards for detailed pouching instructions.*





## A secure fit for a baby's unique body contours

Finding a secure fit for a baby's little tummy can seem like a big challenge. That's why we created ConvaTec Little Ones®.

Developed under the guidance of leading pediatric ostomy experts who understand that babies are not just "little adults," ConvaTec Little Ones® were designed to comfortably and securely fit the unique contours of even the littlest bellies. A skin-friendly adhesive and thinner profile ensure a secure fit. Drainable pouches with an improved closure system are available on most sizes and allow for easy drainage. Soft-welded pouch edges and smaller pouch sizes provide extra comfort for a baby.



## ConvaTec Little Ones® Ostomy Pouching Systems

### Little Ones® Adhesive Coupling Technology

Available in Extra Small (babies under 4.5kg/10lbs) and Standard sizes (for children over 4.5kg/10lbs)



- Adhesive Coupling Technology lets you remove the pouch without removing the skin barrier. This makes pouch changing easier, is gentler on a baby's tender skin, and allows you to view the stoma without removing the skin barrier
- Extra small circular barrier with no starter hole, aids in securing a more comfortable, customized fit
- The thin, flexible Stomahesive® skin barrier moves with the baby's belly, minimizing discomfort
- An advanced filter system allows for the release of excess gas, reducing ballooning
- The soft, colorful flocking and rounded corners of the pouch are comfortable on a baby's sensitive skin
- The InvisiClose® Outlet facilitates easy drainage, yet provides two levels of closure security you can trust
- Available in drainable and closed-end pouch styles





## Little Ones® Extra Small One-Piece System

*Available in Extra Small to fit babies smaller than 4.5kg/10lbs*

- Trusted Stomahesive® technology ensures a safe, comfortable fit
- This system offers an integrated cutting guide and no starter hole to allow for customization
- The InvisiClose® Outlet facilitates easy drainage, yet provides two levels of closure security you can trust
- Pouches are transparent on one side so you can view output during the post-operative period, yet are soft against a baby's skin



## Little Ones® Standard One-Piece Ostomy System

*For children over 4.5kg/10lbs*

- This system is thin, lightweight, and easy to apply
- The modified Stomahesive® skin barrier is gentle on a child's sensitive skin
- Features small dimensions for a comfortable, "little" fit
- Pouches are soft, quiet, odor-proof, and discreet under clothing
- Available in drainable and urostomy pouch styles



## Little Ones® Standard Two-Piece Ostomy System

*Suggested for children over 4.5kg/10lbs*

- Exclusive Stomahesive® skin barrier is gentle on a child's sensitive skin
- Features small dimensions for a comfortable, "little" fit
- The exclusive flange system minimizes unintended disconnection
- An audible "click" of the skin barrier to the pouch confirms an accurate seal
- Pouches are soft, quiet, odor-proof, and discreet under clothing
- Available in drainable, closed-end, and urostomy pouch styles





## Glossary of Terms

**Abdomen**—area of the body between the chest and the hips in the front part of the body that contains the digestive organs

**Adhesive coupling technology (ACT)**—a two-piece ostomy pouching system that sticks together with a tape-like adhesive rather than a plastic ring

**Anus**—the opening at the end of the large intestine. Stool leaves the body through this opening

**Appliance**—the pouch or bag worn over the stoma (often called an ostomy pouching system)

**Bladder**—a hollow organ that stores urine until it passes out of the body

**Bowel**—also commonly called the intestines. The duodenum, jejunum, and ileum are part of the small bowel. The colon and rectum are part of the large bowel

**Closed-end pouch**—a pouch that has no opening at the bottom and is removed and thrown away after each use

**Colon**—the large bowel or intestine responsible for forming, storing, and expelling stool

**Colostomy**—a surgically-created opening between the large intestine (colon) and the abdominal surface

**Congenital**—a condition or anomaly that is present or exists at birth

**Dehydration**—a condition that occurs when the body loses too much fluids. Can also be caused by not drinking enough fluids or by other conditions such as vomiting and diarrhea that cause fluid loss

**Diarrhea**—loose, watery stool

**Diversion**—when an alternative route is given or created, such as a urinary diversion

**Drainable pouch**—has an opening at the bottom which allows stool or urine to be drained and re-closed with a clip or self gripping fastener hook tape

**Esophagus**—long tube that allows food to move from the mouth to the stomach

**Feces/stool**—bodily waste (“poop”) that passes through the anus or colostomy or ileostomy

**Filter**—some ostomy pouching systems come with a built-in filter to help release gas and/or odor and avoid the pouch filling with air

**Fistula**—an abnormal tube-like passageway between one hollow organ in the body and another hollow organ, or the skin

**Ileostomy**—a surgically-created opening between the small intestine (ileum) and the abdominal surface

**Ileum**—the last area of the small intestine

**Kidneys**—organs in the urinary tract that remove wastes from the blood and create urine

**Large intestine**—part of the intestinal tract where waste is stored and formed into stool. Also commonly called the colon

**Mucous fistula**—a surgically-created opening in the abdomen where the nonfunctioning part of the bowel is brought out onto the surface. The moist inner lining of the bowel or urinary tract produces mucus

**Mucus**—a thick, slimy substance that coats and protects the inner lining of bowel and bladder tissue

**One-piece ostomy pouching system**—the skin barrier/wafer and pouch are made as one. May be ideal for children with big, rounded bellies. With some ostomy pouching systems (such as ConvaTec Little Ones® One-Piece) the pouch may be emptied from the bottom without having to remove it

**Ostomy**—a surgically-created opening (called a stoma) in the GI system to allow the passage of stool or in the urinary system to pass urine

**Peristomal skin**—the skin surrounding a stoma

**Pouch with spout**—drainage tap or spout at the bottom of the pouch to empty urine or liquid stool

**Rectum**—lower part of the large intestine that ends at the anus and allows stool to pass from the body

**Skin barrier/wafer**—round or square-shaped with a sticky side that is applied to the skin around the stoma (called peristomal skin). Protects the skin from stool or urine, which can be very irritating

**Skin protective barrier**—a wipe or spray that forms a protective film on skin to help prevent skin breakdown

**Small intestine**—part of the intestinal tract where food is further broken down and nutrients are absorbed

**Stoma**—a surgically-created opening on the abdomen surface. Also commonly called an ostomy. Stool or urine leaves the body through this opening instead of the anus or urethra

**Stomahesive® Paste**—breakthrough “tried and tested” barrier paste exclusive to ConvaTec that is used to fill in uneven skin surfaces

**Stomahesive® Protective Powder**—breakthrough “tried and tested” powder exclusive to ConvaTec that is used to absorb moisture from irritated skin

**Stool**—solid waste from the body that gets passed in a bowel movement. Also commonly called “poop” or “feces”

**Two-piece ostomy pouching system**—skin barrier/wafer and pouch are separate and attached together with a round, plastic ring (called a flange). Pouch can be easily removed without also having to remove the skin barrier/wafer

**Ureter**—tube that goes from the kidney to the bladder

**Urethra**—the tube that goes from the bladder to allow the passage of urine outside the body

**Urine**—fluid that is made by the kidneys (often called “pee” or “wee”)

**Urostomy**—urine passes down the ureters into a surgically-created stoma



## Organizations that can help

**Canadian Cancer Society**

Suite 200, 10 Alcorn Avenue  
Toronto, ON M4V 3B1

Phone: (416) 961-7223

Fax: (416) 961-4189

[www.cancer.ca](http://www.cancer.ca)

**Crohn's & Colitis  
Foundation of Canada**

600-60 St. Clair Avenue East  
Toronto, ON M4T 1N5

Phone: 1-800-387-1479

Fax: (416) 929-0364

[www.ccfcc.ca](http://www.ccfcc.ca)

**United Ostomy  
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[www.colorectal-cancer.ca](http://www.colorectal-cancer.ca)

*ConvaTec Ostomy Care: Dedicated to enhancing quality of life.*

*Innovation that starts with caring is just part of the ConvaTec way. ConvaTec Ostomy Care is committed to making a difference in the lives of people with an ostomy by providing the highest quality range of innovative products and services, including support for people with an ostomy, the clinicians who care for them, and the family members who support them. It's why so many people trust us and our products.*



# Secure and comfortable options to meet a baby's needs

With all the challenges that come with caring for a little one, finding a secure and comfortable ostomy system doesn't have to be one of them. That's because ConvaTec has a line of products just for them.

Created under the expert guidance of pediatric, neonatal, and ET nurses to meet the special needs of babies, Convatec Little Ones® were designed to provide an optimal fit—one that's secure, comfortable, and easy to remove with minimal discomfort.

For more information on ConvaTec Little Ones®, simply call **1 800 465-6302**.

## Product Information

System	Code	Volume Capacity	Length of Pouch When Closed (approx.)	Stoma Opening (approx.)	Filter	Film Type	Closure	Comfort Panel	Odor Barrier/ Quiet Film	To Be Used With Skin Barrier or Pouch
One-Piece Extra Small Drainable	411633	56 mL	10.6 cm (4.2")	0 - 23 mm (0" - 7/8")	No	Transparent	InvisiClose® closure system	One-sided printed comfort fabric	Yes	NA
One-Piece Standard Drainable	020922	218 mL	18.5 cm (7.3")	8 mm - 50 mm (5/16" - 2")	No	Transparent	Drainable with tail closure	One-sided comfort panel	Yes	NA
One-Piece Standard Urinary	020917	142 mL	15 cm (5.9")	8 mm - 50 mm (5/16" - 2")	No	Transparent	Tap with 2 night drainage connectors	No	Yes	NA
Two-Piece Standard Closed-End	401930	263 mL	16.2 cm (6.4")	32 mm (1 ¼")	No	Opaque	Closed-End	Two-sided comfort fabric	Yes	401925
Two-Piece Standard Drainable	401927	NA	18.5 cm (7.3")	32 mm (1 ¼")	No	Transparent	Drainable with tail closure	One-sided comfort panel	Yes	401925
Two-Piece Standard Drainable	401928	NA	18.5 cm (7.3")	45 mm (1 ¾")	No	Transparent	Drainable with tail closure	One-sided comfort panel	Yes	125259
Two-Piece Standard Urostomy	401929	142 mL	15 cm (5.9")	32 mm (1 ¼")	No	Transparent	Tap with 2 night drainage connectors	One-sided comfort panel	Yes	401925
Two-Piece Flexible Skin Barrier	401925	NA	NA	32 mm (1 ¼")	NA	NA	NA	NA	NA	401927, 401929, 401930
Adhesive Coupling Technology (ACT) Extra Small Drainable	411631	56 mL	10.6 cm (4.2")	0 - 23 mm (0" - 7/8")	No	Transparent	InvisiClose® closure system	One-sided printed comfort fabric	Yes	411632
ACT Standard Closed-End	411639	72 mL	14.5 cm (5.7")	4.8 - 31 mm (3/16" - 1 ¼")	Yes	Opaque	Closed-End	Two-sided printed comfort fabric	Yes	411641, 411642
ACT Standard Closed-End	411640	72 mL	14.5 cm (5.7")	4.8 - 31 mm (3/16" - 1 ¼")	Yes	Transparent	Closed-End	One-sided printed comfort fabric	Yes	411641, 411642
ACT Standard Drainable	411637	255 mL	21.2 cm (8.3")	up to 31 mm (1 ¼")	Yes	Transparent	InvisiClose® closure system	One-sided printed comfort fabric	Yes	411641, 411642
ACT Standard Drainable	411638	255 mL	21.2 cm (8.3")	up to 31 mm (1 ¼")	Yes	Opaque	InvisiClose® closure system	Two-sided printed comfort fabric	Yes	411641, 411642
ACT Standard Stomahesive® Skin Barrier	411641	NA	NA	4.8 - 31 mm (3/16" - 1 ¼")	NA	NA	NA	NA	NA	411637, 411638, 411639, 411640
ACT Standard Flexible Stomahesive® Skin Barrier with HCA* Tape Collar	411642	NA	NA	4.8 - 31 mm (3/16" - 1 ¼")	NA	NA	NA	NA	NA	411637, 411638, 411639, 411640
ACT Extra Small Stomahesive® Skin Barrier	411632	NA	NA	0 - 23 mm (0" - 7/8")	NA	NA	NA	NA	NA	411631

\*Hydrocolloid Collar Adhesive

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V10-802-E