



LIVING WITH A COLOSTOMY



A publication of
United Ostomy Associations of America, Inc. (UOAA)

Acknowledgment

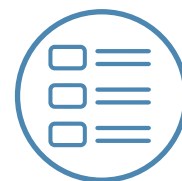
We would like to thank the entire UOAA Education Committee for sharing their personal and professional experiences on living with an ostomy. It is from this collective knowledge base, that worked together to create, what we hope, is a fresh look at the Living with a Colostomy Guide.

Whether you are a colostomate, family member and or caregiver, this guide and the many resources we have included, is meant to help you to navigate through what you need to know, to live with a colostomy.

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Disclaimer: This document contains information developed by United Ostomy Associations of America. This information does not replace medical advice from your health care provider. You are a unique individual and your experiences may differ from that of other patients. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

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Glossary

See the Glossary Section at the back of this publication for definition of blue highlighted words.

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Introduction



The creation of a **colostomy** is a life-changing surgery. Whether it is temporary or permanent, an ostomy will change the way you do a few things, but it should not keep you from doing the things you love, such as travel, sports, family life, and work.

This guide was created to help make this transition easier by providing answers to the many questions you may have. It is by no means meant to replace the support of your physician and ostomy nurse.

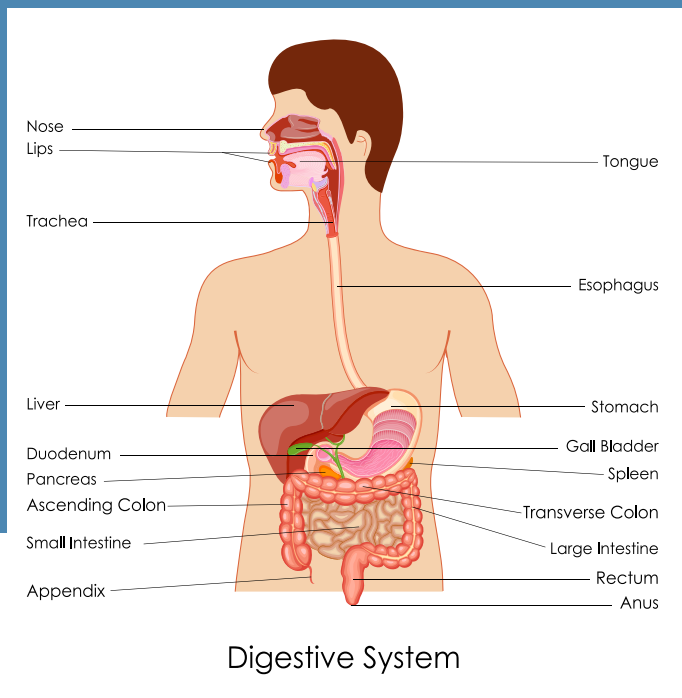
Learning to care for your ostomy is essential to your recovery and long-term well-being. This guide is organized in a way to make this information easy to understand.

A lot of support is available for people with ostomies, also known as **ostomates**, some of which is listed in this guide. Please be patient with yourself, give yourself time to adjust, and use the resources available.



Normal Digestive System

The creation of a colostomy does not significantly change the function of the digestive system. It may be helpful to review the anatomy and function of the normal digestive system.



Mouth

1

- Starts the process of digestion.
- Breaks down food as it is chewed and mixed with saliva.
- Saliva contains digestive enzymes and moistens food to aid in swallowing.
- Food is swallowed and moves down the esophagus until it enters the stomach.

Stomach

2

- Secretes acids and enzymes that further break down and digests food into smaller particles and nutrients that the body can use.
- Stores and churns the food.
- Slowly releases the processed food to the small intestine.

Small Intestine (approximately 20 feet long)

3

Responsible for the absorption of nutrients, which are sent to the liver for processing and allows the nutrients to be used by the rest of the body. Made up of 3 sections:

- The **duodenum** helps neutralize the food as it enters the small intestine.
- The **jejunum** is where most of the absorption of nutrients takes place.
- The **ileum** is essential for the absorption of certain nutrients, such as vitamin B12 and bile salts.
- From the ileum the intestinal contents pass through the ileocecal valve that separates the small and large intestine.

Large Intestine (Colon) (approximately 5 to 7 feet long)

4

Collects, concentrates, transports, and eliminates waste in the form of stool from the body. As the intestinal contents move through the colon, fluids and electrolytes are being absorbed.

Anus

5

The opening where the gastrointestinal tract ends.

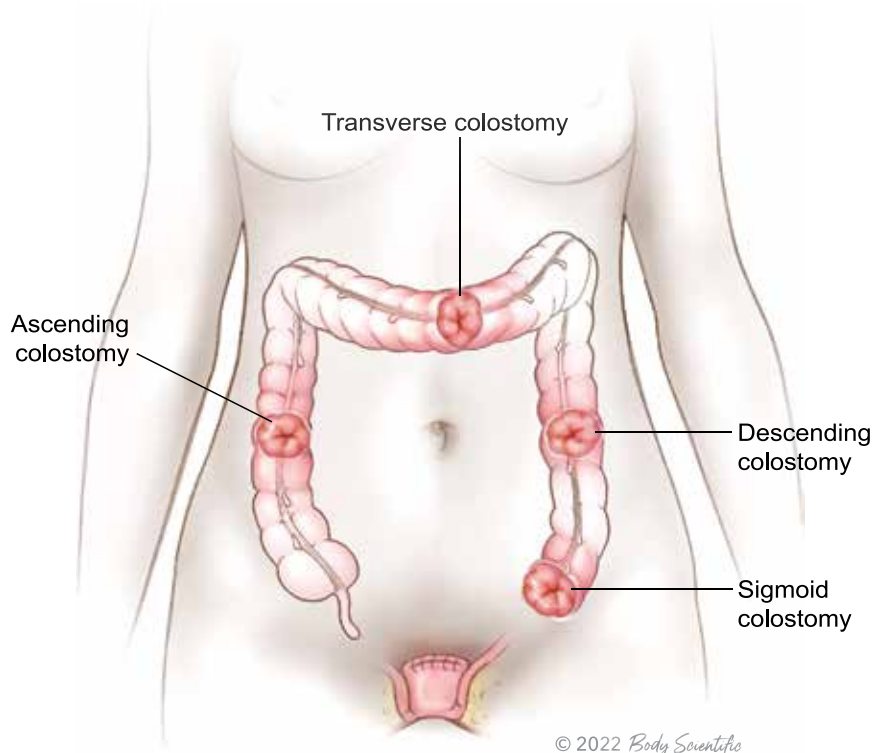
- Connected to the rectum.
- Where the stool exits the body.

What is a Colostomy?

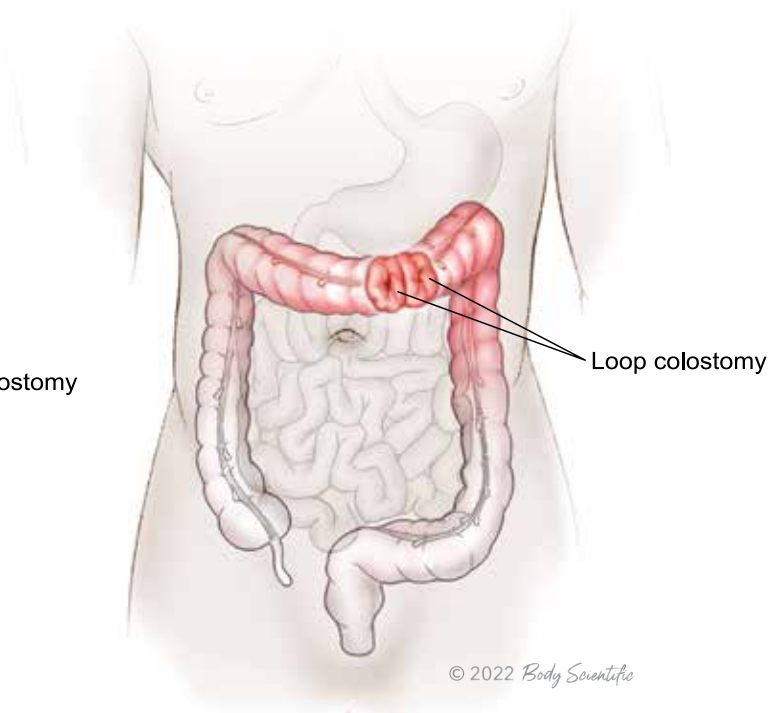
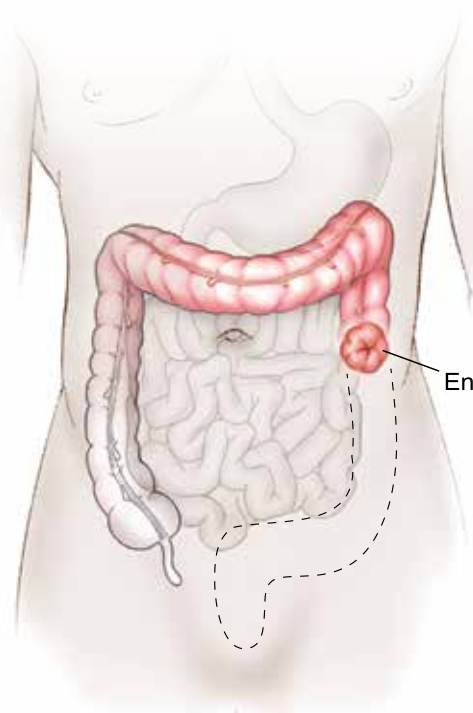


The creation of an **ostomy** is a surgical procedure performed when a person has lost function of the bladder or the bowel and waste must be removed from the body through another route. A surgeon creates an opening in the skin and then brings a portion of the intestine to the surface, creating a **stoma**. The stoma allows stool or urine to be diverted outside of the body.

In the case of a **colostomy** a section of the large intestine (most common the descending or sigmoid colon, less common the ascending or transverse colon), is brought to the surface of the body and a stoma is formed from that part of the intestine.



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A colostomy is created when the colon (large intestines) is brought through the abdominal wall. An end colostomy has one opening and is round, a loop colostomy has two openings and is often oval.

Stomas

A stoma looks like a red bud on the skin.

- Your stoma will be swollen right after surgery. It will shrink down to its final size about 6 weeks after surgery.

An **appliance** or pouch is worn over the stoma to contain stool. A stoma can be permanent or temporary. This will be determined between you and your surgeon.



Stomas created with a loop colostomy are often temporary. Stool will pass through one of the openings and the other may produce only mucus.

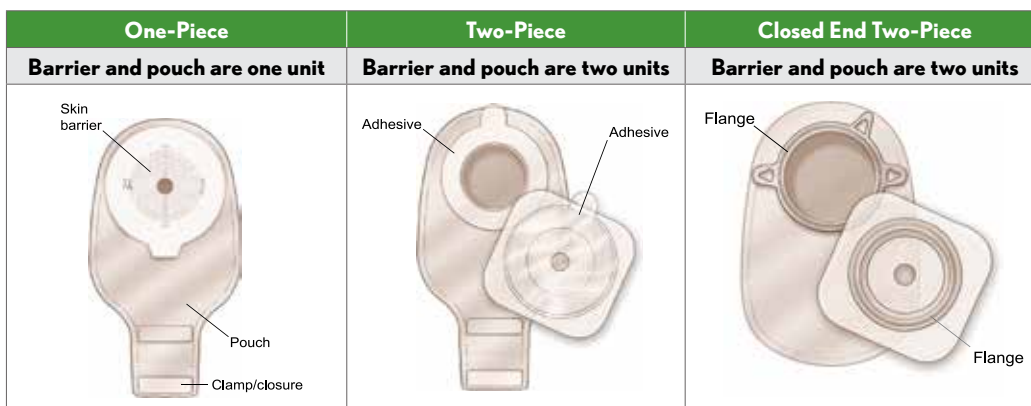
- *Your stool will go into the pouching system attached to your stoma.* If your colon and rectum are still intact, however, you may sometimes feel like you need to have a bowel movement from your rectum. This is normal! You can pass mucus and even leftover stool rectally into a toilet.

- *Your stool may be liquid or watery after surgery.* This is normal, too! Over time it should thicken. Depending on where in the colon the stoma is located, the stool consistency will be different.
 - Ascending colon- output usually remains loose because it mixes with the stool from the small intestine (ileum)
 - Transverse colon- output should get to the consistency of pasty /soft to oatmeal thickness
 - Sigmoid colon- output returns to that of an intact colon.
- If your stool does not thicken, notify your doctor. Liquid stool makes you prone to dehydration, so your doctor may suggest medication to help thicken it.
- *You may have output from your stoma throughout the day and night.* It will be important to empty the pouch when it is a third to half full so that it does not get too heavy on your abdomen. Depending on the location of the ostomy in your colon, you will empty it approximately 2-5 times a day.

Pouching Systems

Pouching supplies can be broken down into two main types: **one-piece pouching systems** and **two-piece pouching systems**.

- In one-piece system the **skin barrier** and pouch are attached together.
- Two-piece systems consist of a separate skin barrier and pouch. A round plastic device called a **flange** connects the two pieces by snapping together. There are also some that stick together with an adhesive flange.



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The table below highlights some benefits of the one- and two-piece systems.

	One-Piece Pouching System	Two-Piece Pouching System
Able to remove pouch from skin barrier		✓
Lower profile (less bulky)	✓	
Able to empty	✓	✓

The fundamental difference between the two is that you can remove the pouch from the skin barrier on the two-piece system, but you cannot do so on the one-piece system. Removing the pouch is convenient if you want to rinse it out, or if you use a closed end pouch, throwing it out.

Pouches themselves can also have some variations:

- Some pouches have **filters** that allow gas to escape.
- There are different pouch sizes, from small to large
- The closure at the bottom of a pouch can be a hook and loop type closure (i.e. VELCRO®) or a clamp (a.k.a clip).
- Some people find a hook and loop closure easier to manage than a clamp (a.k.a clip).
- There are pouches that have a **closed end** and don't require a closure like a hook and loop or a clamp/clip. You may be able to use a closed end pouch if your stools are thick or formed. This eliminates emptying, as the pouch is removed from the barrier and discarded.

Types of Skin Barriers

Using a **skin barrier** (also referred to as a **baseplate, faceplate, or flange**) that is the correct size for the stoma is just as important as using the right size and type of pouch. An opening that is too small can cut or injure the stoma and may cause it to swell. An opening that is too large exposes the skin to possible irritation. In either case, you should replace the skin barrier with one that fits properly with both the opening and the pouch.

There are two types of barriers:

- **Convex barrier** (bowl type): May be helpful for a stoma that is closer to or lies flatter against the skin
- Flat barrier: Can be effective for "budded" stoma, which is a stoma that rises above the skin

Both barriers can be used with a one-piece or a two-piece system, and both can be molded or cut to fit the stoma. Precut barriers are also available for use if your stoma maintains a stable size over time.

Other Supplies and Accessories

It is best if you use only the skin barrier and nothing else against your skin. You may, however, need other supplies to care for your ostomy. Many are available on the market, but the most common are listed in the table below.

Equipment	Description
Paste	Used to fill in creases or to help achieve a better seal
Rings	Used to fill in creases or valleys Helpful in making up for stoma irregularities and ensuring a good seal at the skin Often easier to manage than paste
Powder	Used to absorb moisture if skin is irritated or weeping
Skin barrier wipes/spray	A clear sealant that goes over the skin after cleansing Used to seal skin before placing a skin barrier; may provide a little tackiness to help with adhesion
Adhesive remover wipes/spray	Makes removal of skin barrier easier Helps to remove any leftover adhesive
Belts	Can be used with pouching systems that have belt loops Adjustable elastic belts may enhance the adherence and support of the pouching system Can make people feel more secure when wearing a pouch

Remember, the best equipment is what works best for you.

Caring for Your Colostomy

Emptying Your Pouch

As mentioned earlier, you will have to empty your pouch often each day—usually between two and five times. You must empty it when it becomes one-third to one-half full. If you let the **pouch** get too full, the seal could break and leak.

Below are the general guidelines for emptying your pouch, but you will find your own way to do so when you are at home in a familiar environment.

1. When the pouch is one-third to one-half full, go to the bathroom to empty it.
2. You can either stand facing the toilet, or you can sit on the toilet and empty the pouch between your legs.
3. Place some toilet paper in the toilet to prevent excessive splashing.
4. Open the pouch and empty the contents into the toilet. Measure the amount if your doctor has directed you to do so.
5. Clean the bottom of the pouch with toilet paper and then close it.

Changing Your Pouching System

As with emptying, you will find your own process and setup to change the pouching system in your home. It will be easier to change it when your output is slow. This may be first thing in the morning before you eat anything.

Follow these steps to change your system:

1. Gather supplies. It is often helpful to get everything set up before you remove the flange/skin barrier. Having everything ready, including molding or cutting your new barrier, allows you to minimize the amount of time the appliance is off of your body.
 - If you use a two-piece pouching system, you will need a new skin barrier and pouch. If you use a one-piece system, you will need a new one-piece.
 - You will need a washcloth or other cleansing material, a plastic bag, and any other supplies you use routinely.
2. Carefully remove the skin barrier, being cautious not to tear the skin. Place it in the plastic bag.

3. Clean around the stoma with warm water and a washcloth or cleansing material. Avoid using baby wipes, oils and lotions, as they will prevent adherence of the new appliance.
 - *Spots of blood on your cleansing cloth is no cause for alarm.* The blood vessels in the surface skin tissue around the stoma are very delicate and are easily disturbed. For this reason, cleaning around the stoma as you change the pouch or skin barrier may cause slight bleeding. The bleeding will usually stop as quickly as it started.
4. Dry the skin thoroughly. Keep a towel handy to manage any output.
5. Prepare the new skin barrier.
 - Cut or mold the barrier as necessary, making the opening just large enough to fit around the stoma.
 - Do not leave exposed skin around the stoma.
 - You may also use a hairdryer on medium heat to warm the skin barrier for a few seconds before placing it on your abdomen. Most barriers adhere better when warm.
6. Place the skin barrier (if using a two-piece system) or place the one-piece system over your stoma. Press your fingers firmly across the entire barrier to adhere it to your skin. Remember to make sure the skin is dry to ensure adherence to the skin.
7. Keep your hand on your pouching system for several minutes to ensure it adheres to your abdomen.

REMEMBER: Always keep a bag or kit of supplies with you in case you need to change your appliance away from home.

It is also helpful to keep one at work or at school.

Stock your kit with whatever supplies you may need to change your appliance:

- Paper towels
- Plastic bag (to dispose of old appliance)
- New appliance
- Change of Clothes and Underwear
- Paste
- Skin barrier wipes/spray
- Adhesive remover wipes/spray
- Rings

Potential Problems

Barrier Issues

It is important to address skin issues as soon as they occur.

If you notice leakage or have itching or burning, remove the old barrier and follow the steps for putting on a new barrier. A barrier with a good seal, which can last 3 to 4 days, may be all that is needed to clear up the problem.

- **Activity:** Intense physical activity causes sweating under the barrier and may contribute to shorter wear time.
- **Allergies:** Watch for sensitivity or an allergic reaction to adhesives, skin barriers, paste, tape, or pouch material. Such reactions can develop after weeks, months, or even years of use of a product, as the body can become gradually sensitized.
- **Diet:** Dietary influences may also contribute to shorter wear time. For example, some foods cause watery output, and watery output is generally more difficult to contain.

For more information on diet and food selection, visit <https://www.ostomy.org/diet-nutrition/>.

- **Hair:** Excessive hair around the stoma can interfere with the skin barrier and may cause pain when removing it.
 - Trim the hair with scissors.
 - Avoid using a straight razor. An electric razor is the best choice.
- **Hernia:** Hernias are caused when the intestine pushes against a weak area of the abdominal wall, creating a bulge, around the stoma. If you develop a bulging around your stoma, contact your surgeon.
- **Skin:** Scars, changes to weight or body shape near the stoma can affect the fit of your barrier around the stoma. If you have any scars or if your body shape or weight changes, you may need to change the type of skin barrier you use, and you may need to begin to use accessories such as paste or fillers.

For more information on skin care visit <https://www.ostomy.org/ostomy-skin-care/>.

- **Stoma prolapse or retraction**

(If you experience either of these, it is recommended that you contact your doctor.)

- **Stoma prolapse** is a complication in which the stoma becomes longer.
- **Stoma retraction** is a complication in which the stoma can become flush with the skin or be drawn into the body.

-
- Weather: When the weather is hot and humid, perspiration under the skin barrier may contribute to a shorter **wear time**.

Gas

Excessive gas from the stoma is normal immediately after surgery.

There are many other things that may cause gas:

- Drinking from a straw
- Chewing gum
- Drinking soda
- Eating certain foods: eggs, cabbage, onions, fish, baked beans, milk products, cheese, and alcohol

Odor

Various factors can cause odors.

- Certain foods
- Normal bacterial action in your intestine
- Certain medications and vitamins

Individual experimentation is the best way to determine what is causing the odor.

Here are some tips to help control odor:

- Ensure that the skin barrier is securely sealed to the skin.
- Empty the pouch frequently.
- Place specialized deodorants (liquid or tablet form) in the pouch.
- Use air deodorizers when emptying the pouch; these effectively control odor during this process.

Constipation

People who have had problems with constipation prior to colostomy surgery often have the same problem post-surgery. It is not uncommon.

If you develop constipation:

- Increase fluid intake
- Increase fiber intake
- Exercise

You may try whatever you have used in the past to manage your constipation. Those interventions should still work.

If you have any concerns, call your doctor or ostomy nurse.



Seeking Medical Assistance

You should call your doctor or **ostomy nurse** if you have any of the following issues:

- Severe cramps lasting more than 2 or 3 hours
- Unusual odor lasting more than 1 week
- Unusual change in **stoma size** and appearance
- **Obstruction** at the stoma
- **Prolapse** or **retraction** of the stoma
- Excessive bleeding from the stoma or a moderate amount of blood in the pouch after emptying it several times
- Severe injury or cut to the stoma
- Continuous bleeding at the junction between the stoma and the skin
- Watery discharge lasting more than 5 or 6 hours
- Vomiting with the inability to consume fluids orally
- Chronic skin irritation, itchy rash (might be a sign of a fungal or yeast infection), weeping skin
- Stenosis (narrowing) of the stoma
- Unable to **wear** your pouching system for 2 to 3 days without it leaking

Life After a Colostomy

Many aspects of day-to-day life will be affected by your colostomy. As your strength returns and you heal after surgery, you may resume your regular activities—with guidance from your doctor. Here we highlight some considerations that will help you integrate colostomy care into your routine.

Emotional/Psychological Adjustment

The reaction to intestinal diversion surgery varies from one individual to another. For some, it will be a problem; to others, a challenge. Where one person considers it as a life-saving procedure, another finds it to be a devastating experience. Each person will adapt or adjust in their own way and in their own time.

Peer support from UOAA-affiliated support groups can be helpful as you go through this adjustment.

For more information on emotional/psychological adjustment after ostomy surgery visit

<https://www.ostomy.org/emotional-issues/>.

Hospitalization After Surgery

After your colostomy, you may need to be hospitalized for an unrelated reason. Be sure to take your ostomy supplies with you, as the hospital may not have your brand. You may find that you are the ostomy expert, especially if you are in a hospital where patients with an ostomy are rare or are being treated for a condition not related to your ostomy. If you are in doubt about any procedure and how it may affect your colostomy, ask to talk to your doctor.

Request that the following information be listed on your chart:

- Type of ostomy
- Whether your rectum or colon has been removed or is intact
- Details of your management routine and the products you use

Returning to Work

For more information about returning to work after ostomy surgery, visit

<https://www.ostomy.org/back-work-ostomy/>.

Intimacy and Sexuality

Sexual relationships and intimacy are important and fulfilling aspects of your life that should continue after ostomy surgery. A period of adjustment after surgery is to be expected. Sexual function may be affected and you should ask your surgeon how this relates to your surgery. Discuss any problems with your physician or ostomy nurse. For more information on intimacy and sexuality, visit <https://www.ostomy.org/sexuality>



Sports

An ostomy should not limit your participation in exercise and sports. People with ostomies are distance runners, weightlifters, skiers, and swimmers, and they can participate in most other types of athletics. You should, however, take a few precautions. Many physicians do not allow contact sports because of possible injury to the stoma; a severe blow could damage the stoma or cause the pouching system to slip. Such problems may be overcome with special protective garments. Weightlifting could cause a hernia at the stoma. Check with your doctor before participating in any sports or exercise regimen.

Travel

Anyone with a colostomy can travel. As long as you plan ahead, nothing should be out of your reach.

- Seat belts will not harm your stoma when adjusted comfortably. Do not place the seatbelt straps directly over the stoma.
- Store supplies in the coolest part of the car—not in direct sun or the trunk.
- Bring supplies in your carry-on bag when flying, as luggage can be lost.



For more information on traveling with an ostomy visit

<https://www.ostomy.org/ostomy-travel-and-tsa-communication-card/>.

You Matter! Know What to Expect and Know Your Rights

UOAA's Ostomy and Continent Diversion Patient Bill of Rights (PBoR) is a tool produced by the organization for patients to self-advocate for their own care and improve outcomes. It is meant to empower those who live with an ostomy (temporary or permanent) or a continent diversion. The PBoR identifies the needs and expectations for those needing this type of surgery and for the community of people who are currently living with an ostomy or continent diversion. It outlines evidence based recommendations for best in practice quality ostomy care for medical professionals.

Visit <https://www.ostomy.org/bill-of-rights/> for more information on this tool, how to use it and download a wallet size version to refer to when needed.

Social Connections/Resources

Find an Ostomy Support group: <https://www.ostomy.org/support-group-finder/>

Find an Ostomy Nurse: <https://www.ostomy.org/find-an-ostomy-nurse/>

Facebook: UOAAinc, Ostomyland, Ostomy lifestyle athletes

Instagram: @uoaa_/, #ostomy, #ostomybag, #ostomyadventure, #ostomylife, #ostomyfashion

Twitter: @UOAA, @ostomyconnect, @ostomylife

Frequently asked questions: <https://www.ostomy.org/living-with-an-ostomy/>

Glossary of Terms



Ostomy A to Z Getting to Know the Ostomy Lingo

This glossary originally appeared in *The Phoenix* magazine and is in the 2020 version of the UOAA New Ostomy Patient Guide. *The Phoenix* magazine is the official publication of UOAA and answers the many questions about returning to a full and active life after ostomy surgery.

For more information, call 800-750-9311 or go to www.phoenixuoaa.org.

By Cliff Kalibjian

Revised by Joanna Burgess-Stocks, BSN, RN, CWOCN

If you are new to the ostomy world, it's easy to become quickly overwhelmed with new terminology when talking with your health care team or when reading about your condition. The good news is that by becoming familiar with some key terms, you will soon begin to feel much more comfortable – and fluent with the ostomy lingo around you. This glossary will help you get started by briefly defining various ostomy-related terms in an easy-to-understand manner.

Adhesions: A term your surgeon may use that refers to bands of scar tissue that normally develop after surgery. It is the body's response to healing and repairing itself. On occasion, these can cause an intestinal (bowel) obstruction. Adhesions can be surgically or medically managed if needed.

Appliance - (ostomy pouch system, ostomy pouch, ostomy bag) - A prosthetic medical device consisting of a wafer (barrier) and a pouch that is worn over the stoma to contain body waste (i.e. urine, stool).

Baseplate/Faceplate - See Skin Barrier

Closed-end pouches - Are non-drainable (cannot be emptied) and are intended to be used by those with a colostomy. For successful use, the stool should be soft to well-formed and changed on average twice a day.

Colectomy - A surgical procedure in which part or all of the colon is removed.

Colostomy – A section of the large intestine, (most common the descending or sigmoid colon, less common the ascending or transverse colon) is brought to the surface of the body and a stoma is formed from that part of the intestine.

Colostomy Irrigation – The process of putting water into the colon through the stoma using specialized ostomy irrigation products. It is a way for a person living with a colostomy to manage and regulate their bowel movements and can result in predictable ostomy output at a scheduled time. Certain people are candidates for learning irrigation techniques that will allow for increased control over the timing of bowel movements. Talk to your doctor to see if you may be a candidate for this practice. To learn more about this procedure you can also read our [Colostomy Irrigation Article](#).

Continent Diversion (CD) – A fecal (stool) or urinary diversion where control is made possible through the creation of an internal reservoir (a surgically made pouch inside your body). The reservoir is emptied by either manually inserting a catheter (small tube) into a stoma or by going to the bathroom in the “normal” way through the anus for stool, or through the urethra for urine.

Convexity (Convex Pouching System) – Designed for those with a flush or skin-level stoma or for those with large creases around the stoma. The convex shaped skin barrier (wafer) helps the output of stool or urine to go into the pouch instead of underneath the pouching system.

Crohn’s Disease - A chronic inflammatory bowel disease (IBD) that can affect any part of the GI tract from the mouth to the anus but is more commonly found at the end of the small intestine (ileum).

Diverticulosis/Diverticulitis – A condition of the colon in which small sacs or pouches form in the wall of the colon, often people have no symptoms. Diverticulitis occurs when these small pouches become inflamed. Ruptured or perforated diverticulitis often requires the creation of a temporary colostomy or colostomy.

Drainable/Open Pouches - Have an opening at the bottom through which the contents are drained. This opening is usually secured using a Velcro closure or a plastic clip.

Flange - The plastic round device found on a two-piece pouching system that connects to the ostomy pouch to the wafer/skin barrier; found on a mechanical coupling system. The flange on the pouch and the flange on the wafer/skin barrier must match and fit together to create a secure pouching system.

Filter – A device incorporated into or can be attached onto a pouching system. It allows gas to be filtered out of the pouch. Filters made with charcoal allow odor to be filtered out of the pouch along with gas.

Folliculitis – An inflammation of the hair follicle (s). This can occur on the skin around the stoma due to the physical trauma involved with repeatedly removing an ostomy appliance.

Hernia - Occurs when the intestine “bulges” through a weak area of the abdominal wall. When this happens next to an ostomy, it is called a parastomal hernia.

Ileostomy - The entire colon, rectum, and anus are removed or bypassed. A part of the small intestine (ileum) is brought through the abdominal wall, creating a stoma.

Jejunostomy - An opening created through the skin into the jejunum (part of the small intestine) that can be used for a feeding tube or as a bypass during bowel resection.

Obstruction – A partial or full blockage in the intestine resulting from a variety of causes including fibrous foods, cancerous growth, scar tissue/adhesions, or when the lining of the intestine is severely inflamed. A blockage can be partial with some output or complete with no output. This is a serious medical condition and may require hospitalization to address the cause.

One-Piece Pouch – The pouch and wafer/skin barrier are combined as one item and cannot be separated.

Ostomate – A person who has undergone surgery for a fecal or urinary diversion, or a continent diversion (i.e. colostomate, ileostomate, urostomate).

Ostomy - Surgery in which an opening is created (called a stoma) where urine or stool exits the body. Bodily waste is rerouted from its usual path because of malfunctioning or diseased parts of the urinary or digestive system. An ostomy can be temporary or permanent. Ileostomy, colostomy, urostomy are different types of ostomies.

Pancaking - When stool output collects under the wafer/barrier of a pouching system instead of going into the pouch causing leakage.

Peristomal Skin – The external skin that is around the stoma. Having healthy peristomal skin is important for quality of life for those with ostomies. Ongoing pouch leakage can damage peristomal skin.

Pouch closures – Refers to various ways to seal the bottom of a drainable ostomy pouch. For those with a colostomy or ileostomy, they include Velcro closures that are incorporated into the pouching system or separate plastic clamps/clips that are separate from the pouching system. For urostomy pouches, the closure is referred to as a tap closure.

Skin Barrier – Also called a “wafer, baseplate or faceplate” is the part of the pouching system that goes against your skin and has a hole that fits around your stoma. It holds your pouch in place and should help protect the skin around your stoma from stool or urine.

Skin Protectants – no sting barrier sprays or barrier wipes that can be applied to the skin around the stoma to protect the skin from the adhesives used in pouching systems. They are also used to help skin irritations/sores to heal.

Specialty Providers of Ostomy Care – A medical professional with advanced education and /or certification to care, support and educate those with an ostomy.

Stoma - A portion of the large or small intestine that has been brought through the surface of the abdomen (belly) and then folded back like a sock cuff. A stoma provides an alternative path for urine (in the case of a urostomy) or stool (in the case of a colostomy or ileostomy) to leave the body.

Stoma Blockage - When something obstructs the stoma preventing stool from coming out. blockage can be partial (a small amount of stool is able to come out) or complete (no stool is able to come out).

Stoma Measuring Guide – A card with special holes used to measure the stoma. This is useful when selecting the correct wafer/skin barrier size for your pouching system, when ordering samples, or when using it as a template to cut out the stoma opening on your wafer/skin barrier.

Stoma Retraction – A stoma that has receded to the level below the surface of the skin. This may result in pouch leakage and skin irritation.

Flush Stoma – A stoma that is at the same level with the surface of the skin. This may result in pouch leakage and skin irritation.

Stoma Prolapse – The telescoping (protrusion) of the intestine through the stoma which makes the stoma appear much longer than “normal”. Your surgeon should be notified if this happens.

Two-Piece Pouching System - The pouch and wafer/skin barrier are separate from each other and must be attached through either a mechanical, adhesive or interlocking coupling system. The pouch can be removed to be changed or emptied without removing the wafer/skin barrier.

Ulcerative Colitis – A form of inflammatory bowel disease that targets the colon (large intestine) and affects its innermost lining. Symptoms can include abdominal pain, fatigue, weight loss, and bloody diarrhea. Surgery for this condition may result in one having an ostomy.

Urostomy (Ileal conduit) – A type of ostomy surgery in which a passageway for urine (conduit) is made by attaching the ureters to an isolated piece of the small intestine (ileum) which is brought outside of the abdomen to form a stoma.

Wafer - See Skin Barrier

Wear time – Refers to the length of time an ostomate can wear a pouching system before leakage occurs. This is individualized and will depend on the product and body contour.

Wound, Ostomy, and Continence Nursing Certification Board:

- They certify RNs with a bachelor’s degree or higher who have completed formal and experiential learning in ostomy education and who have passed a certification exam(s).
- These nurses are certified as CWOCN (Certified Wound Ostomy Continence Nurse), CWON (Certified Wound Ostomy Nurse) or COCN (Certified Ostomy Care Nurse).
- Certifications must be renewed every five years by exam or the creation of a professional growth portfolio (PGP).

Wound, Ostomy and Continence Nurses Society:

A professional international nursing society of healthcare professionals who are specialists in the care of patients with wound, ostomy and continence needs.

- They support members by promoting educational, clinical and research opportunities.
- They have developed the Ostomy Care Associate (OCA) Program as a continuing education program. It empowers WOC specialty nurses to prepare LPN, RNs and other licensed clinicians to provide optimal care for ostomies, fistulas and feeding tubes. They function as an extension of the WOC nurse team.
- They offer a one-week educational program for ostomy management specialists (OMS).
- Candidates who complete this program can sit for the examination offered by the National Alliance of Wound Care and Ostomy Member Association (NAWCO).
- Recertification is every five years and can be done through an online or onsite refresher course.

Wound Care Education Institute (WCEI):

Offers certification prep courses.

- They offer a one-week educational program for ostomy management specialists (OMS).
- Candidates who complete this program can sit for the examination offered by the National Alliance of Wound Care and Ostomy Member Association (NAWCO).

Many ostomy-related terms are defined above, but there will always be more. Whether you are new to the ostomy world or experienced with it, you will be continuously learning. By working with your health care team and arming yourself with the right knowledge, you will learn the best ways to take care of yourself. For more information, go to www.ostomy.org, call 800-826-0826 or see a qualified ostomy nurse.



www.ostomy.org

UOAA promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration.