Colostomy: Custom Cut Two Piece System

Type of Ostomy: ________________________________________________

Assemble Equipment:
☐ 1- Pouch _________
☐ 1- Wafer _________
☐ 1- Stomahesive powder
☐ 1- Soap (Dial or Ivory)

Accessories:
☐ Washcloths or paper towels
☐ Plastic bag
☐ Scissors

Optional Supplies:
☐ Stomahesive paste
☐ Barrier fill __________________________________________________
☐ Adhesive remover: _____________________________________________

▶ Tail closure (choose one)
  ☐ Hollister (# 7770)
  ☐ Convatec Duolock (# 1756-52)

☐ Pouch cover __________________________________________________
☐ Other: _________________________________________________________
Procedure:

1. Cut the wafer out to the same shape as the pattern or stoma. Be sure the opening is the same size as the stoma or $\frac{1}{8}$" larger than the stoma all around.

2. Center and apply the pouch onto the wafer.

3. Remove all pieces of protective paper from both the back of the wafer and the edges of tape.

4. Optional: Apply a “bead” of stomahesive paste around the inner cut edge of the wafer. Set the pouch aside until you are ready to apply it. Warm the paste before it is used by putting it in hot water for about 5 minutes. This makes it easier to spread.

5. Remove the old pouch carefully as a unit using two hands. To prevent tearing the skin, support the skin with your free hand while holding onto the pouch with the other.

6. Wash the skin, rinse and dry well.

7. Keep skin clean and dry until the pouch is applied.

8. Treat any reddened, moist skin with stomahesive powder. Brush off excess powder or the pouch will not adhere adequately.

9. If the paste has not already been applied onto the wafer, apply a “bead” of stomahesive paste around the base of the stoma and or in the creases.
10. Center and apply the pouch.

11. Apply tail closure to the bottom of the pouch.

Hints for Colostomy Care:

- Assemble equipment before removing old pouch.
- Place pouches in newspaper or a plastic bag and dispose in the regular trash. Do not flush them down the toilet.
- Use regular soap without added oils or fragrance to clean the skin around your stoma (Dial or Ivory).
- If you want to clean off the stoma, be gentle. Wipe excess mucous off with a tissue. It is not necessary to scrub the stoma because it is self-cleaning. The stoma cannot tolerate cleansing agents such as peroxide or alcohol.
- Barrier films can be used for added protections of the skin around the stoma, as recommended by your ET nurse.
- To aid in the removal of the pouch, gently lift an edge of the wafer and wipe with the adhered edges with adhesive remover. Continue this until the wafer separates from the skin.
- To remove residue from the skin that is left after the pouch is removed, rub the area with the wipe. When adhesive remover is used, wash the skin thoroughly afterwards to remove the remover residue.
- For the first 6-8 weeks after surgery, measure your stoma with each pouch change to make sure that you are cutting the opening of the pouch correctly. After that time, periodically measure your stoma to make sure the size is correct.
• Regular washcloths or good quality paper towels can be used to clean the skin.

• Expected wear-time for the pouching system is 5-7 days. Change on a regular schedule before you have leakage. **If you cannot keep a secure seal for at least three days, call the E.T. Nurse for re-evaluation.**

• Reddened skin may be caused by any number of reasons. Often, dusting the skin with stomahesive powder will heal it. If skin redness persists, start looking for the cause.

An ineffective seal of the pouch causes the skin to become irritated 90% of the time. A problem with the seal can be the result of uneven skin around the stoma, wrinkles, gaining weight, or cutting the opening of the pouch incorrectly.

• Empty the pouch when it is 1/3 to ½ full of stool or flatus. Do not poke holes in the pouch to allow gas to escape, as this will cause odor. There are pouches with filters in them as well as filters that can be purchased to put on the pouch yourself. Pouches are odor-proof, but there will be normal odor when the pouch is emptied. Rinsing the pouch is not necessary, but cleaning the “tail” and the clamp are very important for odor control.

• Your bowel needs time to adjust after surgery and certain treatments. It takes about 12 weeks for your “normal” bowel pattern to return. In most cases, a normal bowel movement will return.

• If you still have your rectum, it is normal to pass mucous. It will feel like you need to have a bowel movement from your anus. You can relieve this feeling by sitting on the toilet and passing the mucous. The mucous can be white, yellow, gray, brown or even red. You should not pass blood clots or foul-smelling discharge. The frequency of passing this discharge lessens over time.

• Emptying stool from your pouch can be a little easier when you coat the inside of your pouch with a few drops of mineral oil, baby oil, or liquid soap.

• Stomahesive paste can “dry out” if you do not close the tube completely. If it is hard to push out, soften it by putting it in a glass or sink of hot water before using.

• When seeing your doctors or E.T. Nurse, bring equipment with you in case your pouch needs to be changed.

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**Please call if you have questions. You can leave a message at (614) 293-8897. Your call will be returned the next business day. If you have a question which requires a quick response, call (614) 293-8000 and ask to have the ET Nurse paged.**

**If you would like more written information, please call the Library for Health Information at (614)293-3707. You can also make the request by e-mail: health-info@osu.edu.**

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† Upon request all patient education handouts are available in other formats for people with special hearing, vision and language needs, call (614) 293-3191.