

SecuriCare



Going home after stoma surgery



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The first few weeks

'How long will it be before I get back to my usual self?'

It varies from patient to patient, but it is likely to take around 6-8 weeks to get back to your usual level of activity and around 3 months before full recovery.

'I feel so tired – is this usual?'

Yes, it is common to feel tired at first, but each week you will gradually improve.

'Should I rest or should I try to do some exercise?'

You should do both!

- Plan a regular 'rest time' during the day – and let everyone know when it is so you will not be disturbed.
- Go out for one or two short walks every day as soon as possible and increase the distances gradually. Get friends or family to go with you, if you can, especially if you feel a bit wobbly.



'I'm having trouble sleeping'

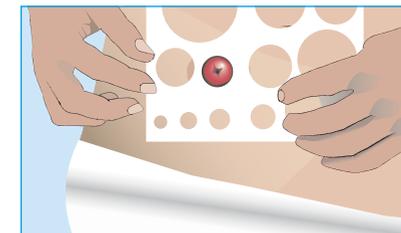
Changes in routine and restricted movement can cause sleeping difficulties and you may also be woken by discomfort caused by sudden movement. Taking a painkiller at bedtime may be helpful – ask your GP or stoma nurse for advice.

Hygiene and caring for your stoma

At first, looking after your stoma may seem to take up a great deal of time, but rest assured that this quickly gets better and you will soon get into a routine.

'My stoma looks quite large and seems to have stitches in'

Your stoma will gradually settle down during the first 6-8 weeks and may reduce in size. Check it weekly with a measuring guide to make sure the hole in your pouch is a snug fit. Your stoma nurse can show you how to do this.



There may be small stitches visible around the edge of your stoma; these usually dissolve of their own accord within 2-3 weeks, but tell your stoma nurse if they are causing you discomfort.

'Is it OK to take a bath or shower?'



Yes, this is safe from 2-3 days after your operation, unless advised otherwise. You can bathe or shower with your stoma pouch on or off, whichever you prefer. It is possible that your stoma may work whilst you are bathing, but rest assured that water won't seep into your bowel as it is a "one-way system".

If you keep your pouch in place while you are bathing and do not intend changing it afterwards, protect the charcoal filter on the pouch with a filter cover (the sticky patches normally supplied by the manufacturer in your box of pouches).

'Should I put salt in the bath?'

There is no evidence to suggest that using salt aids healing. It is a good idea to avoid using soap or bath oils on the skin surrounding the stoma, to prevent irritation in this sensitive area.

Safety first

A non-slip mat will reduce the risk of slipping in the bath or shower. If necessary, your local social services may be able to help with fitting handles to hold on to. It is reassuring to have someone else in the house when you first take a bath or shower, even if actual help is not needed.

Stoma output

Is my stoma output normal?

The output depends on which type of stoma you have – Ileostomy, Colostomy or Urostomy.

Ileostomy

If you have an ileostomy, you may find the output becomes very watery. Should this persist, or if you need to empty your pouch very frequently, you may need tablets to thicken the output, and/or special thickening agents to put in the pouch. You should always ask for advice from your stoma nurse or doctor first.

If the watery output is accompanied by abdominal pain, nausea or vomiting you should seek medical advice straight away.

Colostomy

If you have a colostomy and you have been prescribed painkillers these may cause constipation. It is important to make a habit of drinking plenty of fluids and gradually introducing fruit, vegetables and other high fibre foods into your diet. If constipation persists it may be helpful to take a mild laxative. If you are in any doubt ask your stoma nurse.

Urostomy

If you have a urostomy it is usual to expect mucus in your pouch as your stoma is made from a piece of bowel. The amount should decrease over time but may be helped by taking Vitamin C or a daily glass of cranberry juice (**Warning – if you take Warfarin you should not drink cranberry juice**). You may experience either diarrhoea or constipation in the first few weeks after your operation; if so, speak to your GP.

Wound healing

All wounds progress through several stages and you may notice these changes over the coming weeks:

- Unusual sensations, such as tingling, numbness or itching
- A slight hard lumpy feeling as the new tissue forms
- Slight pulling around the stitches as the wound heals

Don't pull off any scabs, these are the body's 'natural dressings' to protect the new tissue underneath; they will fall off when ready without help.

Seek help if...

- the amount of pain in your wound increases
- the amount of redness and/or swelling increases
- there is any discharge from your wound.

These symptoms might suggest a wound infection.

Eating and drinking

'I feel very bloated when I eat – is this normal?'

You may find your appetite is small and that you get a bloated feeling or indigestion after meals. It may take several weeks before your appetite returns, especially if you have been unwell for a time before. Try eating small meals at regular intervals until your appetite returns. These symptoms usually resolve themselves as you become more active. Soups and milky drinks are nourishing if you can't face a meal.



It's important to drink plenty of fluids

This will help your body function properly. Aim to drink 8-10 large mugs of fluid per day e.g. water, squash, tea, coffee or milk.



'Can I have a glass of wine or beer?'

A small amount of alcohol can improve your appetite and is not usually harmful (but check first with your doctor if you are taking any medicines).

'Are there any foods I should avoid?'

Some foods can cause flatulence. If you think an item has upset you, try it again after a few weeks. In time you will be able to enjoy your food as before. More detailed advice about the foods which may affect your stoma can be found in 'Nutritional Advice', another booklet in this series. If you are in any doubt about the right sort of food to eat, ask your stoma nurse.



'Should I carry on with my usual medicines?'

Check with the hospital or your GP to check the suitability of any medicines you regularly take. Some medicines such as 'slow-release' tablets, or others such as the contraceptive pill, may be affected by changes in absorption in the bowel.

For further information see 'Nutritional Advice', another booklet in this series. For your copy please call the SecuriCare Careline.



Getting active

'When can I get back to the gym and swimming pool?'

Wait until after your first outpatients appointment (usually about 6 weeks after discharge) before starting formal exercise again. But remember it normally takes about 3 months for the abdominal muscles to heal completely. Check with your stoma nurse or GP if you are unsure.

'Will I be able to do the housework and other household chores?'

Discomfort in the wound will prevent you from attempting too much at first and will act as a warning, particularly with movements that involve bending and stretching (e.g. reaching high and low shelves), lifting heavy weights, and pushing or pulling, (e.g. vacuuming). Standing up for long periods can be tiring.

If help with chores is available for the first few weeks after discharge it is very useful. After 4-6 weeks you should be beginning to feel fit enough to resume most household chores, but avoid strenuous activity, eg mowing the lawn, for 3 months or so.

'Why can't I do any carrying or lifting?'

For about 3 months after surgery, avoid carrying shopping or lifting anything heavier than a kettle of water as this could result in a hernia.

'What are the best clothes to wear?'

Loose fitting clothing and tracksuits may be best at first as your abdomen may feel swollen and tight. Braces can be more comfortable than a belt for men. Watch that your waistband does not fit too tightly and restrict your pouch. Try to wear clothes which distract gaze away from your abdomen.

If you have a job which involves heavy lifting, you may be advised to wear a special support belt (Ask your stoma nurse or call our careline for more advice).



Dropped waist line garments, skirts and trousers without waist bands, low slung belts, long jackets and tops, Long tops and long skirts create the illusion of lowering your waist.



Pushing your belt lower down your actual waist can create the impression that your waist is narrower than it really is! Matching colours are also good with vertical necklines.

Out and about

'When can I drive again?'

Usually around about 6-8 weeks after surgery, but this will vary according to the type of operation you have had. Ask for specific advice but do remember that your movement and strength must be up to coping with an emergency stop as well as normal driving. It is also a good idea to check with your insurance company.



'When should I go back to work?'

This depends on the type of surgery you have had and the sort of work you do. It is better to feel completely well before you return as many people feel tired and find concentration difficult to start with. More specific advice can be given by hospital staff or your G.P.

Carry supplies with you

Once you are out and about, it's a good idea to carry a small travel pack with you containing spare pouch, wipes etc. If you are worried about odour when changing your pouch (which shouldn't be any greater than odour from a normal bowel movement) you can obtain a special deodorant spray on prescription.

Travel packs are available free of charge to users of the SecuriCare Home Delivery Service. For a sample of deodorant spray, please call the SecuriCare Careline.



Personal relations

'Is it best to tell people?'

Only you can decide who, if anyone, you choose to tell about your stoma. But rest assured that people won't be able to tell that you have one. You yourself have probably met or passed by, without knowing, many people with a stoma.



Sexual relations

There are no specific guidelines about when you can resume your usual sexual relationships – be guided by your own feelings. As a rough guide, by the time you are ready to go to work this can be resumed, although some people will feel ready earlier.



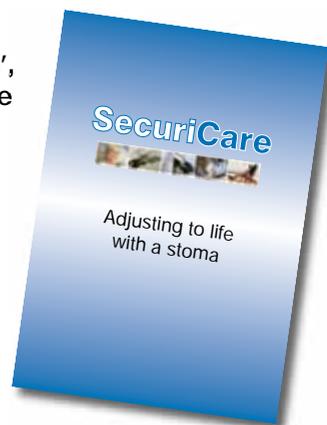
'I'm worried about how my body looks'

If you feel unsure, try experimenting with attractive underclothing. Specially designed underwear is also available on prescription – ask your stoma care nurse for more information or advice.

'Am I likely to be impotent?'

You will have been advised if this is a possibility. A few operations do have unavoidable side effects which may cause impotence but there have been many advances in treatments for this – sometimes as simple as taking a tablet – so seek advice as soon as possible.

For more advice see 'Adjusting to life with a stoma', another booklet in this series. For your copy please call the SecuriCare Careline.



Continuing support

Your stoma nurse will continue to provide support after you are discharged from hospital. She may see you once or twice at home and then at the local stoma clinic. You will be informed of the date before you leave the hospital. Sometimes a district nurse may be arranged if you have a particular need, such as a wound dressing.

If you require advice, or develop a problem with your stoma, you can phone the stoma nurse directly on weekdays during their normal office hours. If an urgent problem occurs outside these hours, or over a weekend, contact your district nurse or doctor's surgery.

The SecuriCare Careline is also available to answer your queries from 9.00a.m – 5.00pm Monday to Friday

NHS Direct offers emergency advice 24 hours a day on

0845 46 47



Your supplies

Storage

Avoid storing pouches near a heat source, such as a radiator, direct sunlight or in a steamy bathroom as these can affect the adhesives and quality of the products.

Obtaining your supplies

Your stoma nurse will have arranged for a supply of appliances to be delivered to your home. Future supplies can be delivered in the same way, ready cut to size for you. Many people with stomas are exempt from prescription charges – check with your stoma nurse or GP for more details.

Your stoma care nurse will give you details of how to order.

SecuriCare order line **0800 318 965**

You can also order your supplies by visiting our website at

www.securicaremedical.co.uk

Trouble-shooting guide

The following tips may help you solve some of the common problems which can occur. If things don't improve within a few days, contact your stoma nurse for further advice.

Leakage

The most common cause of leakage is that the hole/aperture in your pouch is the wrong size. It should fit snugly around the base of your stoma. Check your stoma size using a measuring guide and cut your pouch to fit. If in doubt ask your stoma nurse to check this for you.

Make sure you are drying your skin carefully and avoid using powder or cream on the skin around the stoma. Use of a formulated skin barrier wipe may be recommended. Take time to fit your pouch carefully, pressing the flange down firmly.



Pancaking (colostomy or ileostomy)

Sometimes the faeces collects at the top of your pouch instead of dropping down to the bottom; this is known as pancaking. It may seep under the flange causing a leak.

Pancaking occurs when there is little or no air in your pouch causing the inside of the pouch to stick together. Try covering the filter with the special filter covers supplied with your pouches. Alternatively, try putting a baby little oil into your pouch.

Sore skin

Often occurs if the hole/aperture in your pouch is too large. Check your stoma size using a measuring guide and cut your pouch to fit snugly around your stoma, making sure that the area of sore skin is covered by the flange. If in doubt ask your stoma nurse to check this for you. A skin barrier wipe will protect the skin around the stoma.



'I still feel as though I want to pass a motion'...

If you have a colostomy or ileostomy but your rectum (back passage) has not been removed, you may still feel the urge to open your bowels as usual. This is common and quite normal. If the sensation is particularly strong, sit on the toilet and don't strain. You may pass mucus (jelly/slime), which is normal bowel secretion. Try to keep the skin around your anus clean and dry to prevent soreness.

Rectal discomfort or pain

This can occur in some patients when their rectum has been removed, and is sometimes referred to as 'phantom rectum'. Whilst pain or discomfort usually resolves spontaneously when the wound has healed, this may take as long as 6 months. If it continues you should mention it at your hospital clinic visit.

You may experience a discharge from the rectal wound as it heals; if concerned ask your community nurse or stoma nurse to check this.

Skin barrier wipes are available by calling the SecuriCare Careline on **0800 585 125**.

The SecuriCare award winning Home Delivery Service

- Stoma supplies are delivered direct to your door anywhere in the country, where and when you want – free of charge
- We can take care of organising your prescription and ensuring you receive your stoma care products cut to size – next day. All it takes is one easy phone call to your own personal SecuriCare account manager
- Complimentary disposal bags are supplied with every order. Wipes are available on request
- We can provide you with any make of stoma product



How we work for you

With your prescriptions processed by your personal account manager your order is then printed out to the despatch department where it is picked and customised. Once your order is checked, it is packed and your personal driver will collect it from Head Office or the nearest depot and deliver to you the next day.

Freephone Orderline
0800 318 965

What SecuriCare can do for you

Next day delivery

Phones manned from 8.00am - 5.30pm

Order online via internet and email

Customisation service

Our own delivery drivers (most areas)

Freephone Careline for advice

Stoma care nurses/nurse advisors (certain areas)

Prescription collection service

Samples from any manufacturer

Holiday delivery in the UK

Travel certificates & No Waiting card

Complimentary information booklets

SecuriCare



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