

INSTRUCTIONS TO THE ILEOSTOMY PATIENT

Management of the Stoma

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EVERY ileostomy patient is instructed in the care of the stoma while he is in the Cleveland Clinic Hospital. The following printed text is given to the ileostomy patient by the enterostomal therapist who personally instructs each patient.

INSTRUCTIONS TO THE PATIENT

To lead a normal life, you must have an appliance that is watertight and comfortable; the fitting must be exact. Although you will be equipped with the appliance before you leave the hospital, you will be asked to see us within three weeks for a final fitting.

There are many types of appliances, but the one most suitable for you at this time will be prescribed. Please do not seek the advice of your friends—either on appliances or on the care of your stoma. Friends mean well, but they do not always know what is best for you. We urge you to consult us personally or by telephone at any time that a problem arises.

The following instructions for the use and care of the ileostomy appliance are presented as a guide for you in the early weeks after operation. If you would like to make changes, for your convenience, you may do so.

Use and Care of the Ileostomy Appliance

Removing the Pouch

Equipment (*Fig. 1*):

Medicine glass filled with cement solvent

Medicine dropper to apply solvent

Cotton or gauze pledgets

To remove the pouch, you may sit or stand. First, with a ballpoint pen, trace on your skin the outline of the disc. The ink tracing will show you where to apply the cement when you put on the clean pouch. Now push the skin away from the upper edge of the disc, to free it a little, and allow a few drops of solvent to drip from the medicine dropper between the disc and the skin until it loosens the pouch, so that it comes off. *Do not pull the pouch.*

To remove adherent cement from the skin, use cotton saturated with solvent. Wet the skin around the stoma with solvent until the cement is softened. *Do not rub off the skin.* Now wash the skin with water; use a face cloth. A shower or a
Acknowledgment is made to Mrs. Norma Gill, Enterostomal Therapist at the Cleveland Clinic Hospital.

bath is good for the skin.

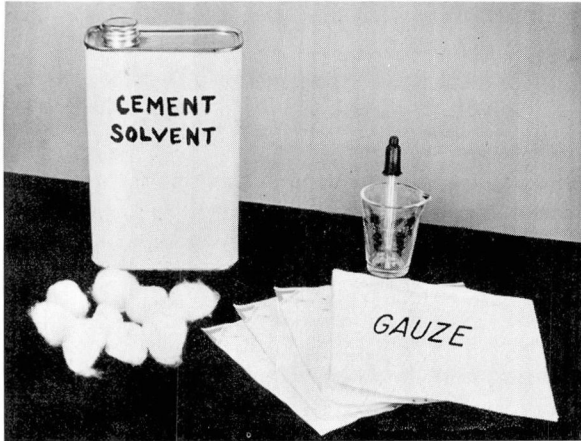


Fig. 1. Equipment for removing the pouch.

Applying the Pouch

Equipment (Fig. 2):

Gum Karaya powder (*Protex powder, Marlen Manufacturing Company, 14807 Kinsman Road, Cleveland, Ohio*)

Talcum powder

Tube of cement in drinking glass

Clean pouch

Paper sleeve

Binder clip (or rubber bands)

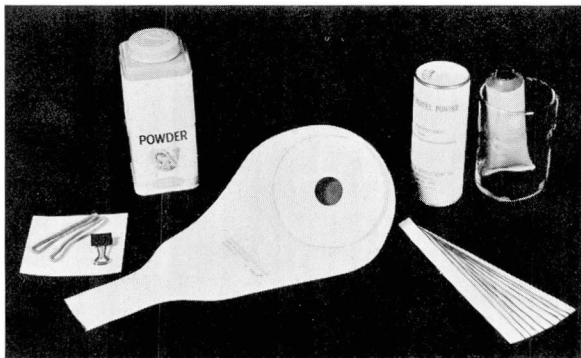


Fig. 2. Equipment for applying the pouch.

Preparation of the skin. Dust some Protex powder on the red, moist skin immediately around the base of the stoma. After a minute or two blow away the excess powder.

Hold a tube of cement in one hand, and allow a few drops to run onto the index finger of the other hand. Apply these drops of cement on the skin (within the inked circle) around the stoma as near to it as you can with the finger, taking care not to smear mucus from the stoma onto the skin. Spread the cement on one small area at a time, until you have circled the stoma. Apply the cement as thinly as possible.

Preparation of the pouch. Lay the pouch down on a flat surface—disc up. Apply one coat of cement to the disc of the pouch as you did on the skin—spread a thin coat of cement on a small area at a time, and *be sure that the cement covers the area near the hole in the disc.*

Repeat the process: apply the cement again to the *skin and to the pouch.*

The cement must be dry and “tacky”—test it with your finger. Now place the paper sleeve in the hole of the pouch until it protrudes $\frac{1}{8}$ inch. Using the paper sleeve to “center” the pouch over the stoma (*Fig. 3, A, B, C*), apply the pouch firmly to the skin.

Press the disc of the pouch tightly to the skin for a few minutes until it is cemented firmly in place. The paper strip will fall into the pouch.

Dust talcum powder on the skin around the disc.

Cleaning the Appliance

Equipment:

- Basin of water
- Liquid detergent, *Handy Andy*, *Mr. Clean*,
Pine-sol, *Lestoil*, or *Clorox*
- Chlorazene* tablets (Marlen Manufacturing Co.)
- Drying hanger (from pouch manufacturer)
- Talcum powder
- Cement solvent
- Nylon brush (Marlen Manufacturing Co.)

The pouch should be removed and should be cleaned daily. You may use one or a combination of liquid detergents, and cleaning agents such as *Handy Andy*, *Mr. Clean*, *Pine-sol*, or *Lestoil*, in water. A small amount of *Clorox* may be added.

With a piece of cotton saturated with solvent, remove the cement from the disc and pouch. Place the pouch in a basin of water to which detergent has been added; to deodorize the pouch you may also add *Chlorazene* tablets (Marlen Manufacturing Co.) to the water. Scrub the inside of the pouch with the long nylon brush (Marlen Manufacturing Co.) and soak the pouch for 10 minutes; rinse it with clear water; and hang it up to dry on a drying hanger. Dust the dry

pouch inside and outside with talcum powder to prevent sticking of surfaces.

Soak the pouch for an hour or more, once a week, in water with detergent and *Chlorazene* tablets.

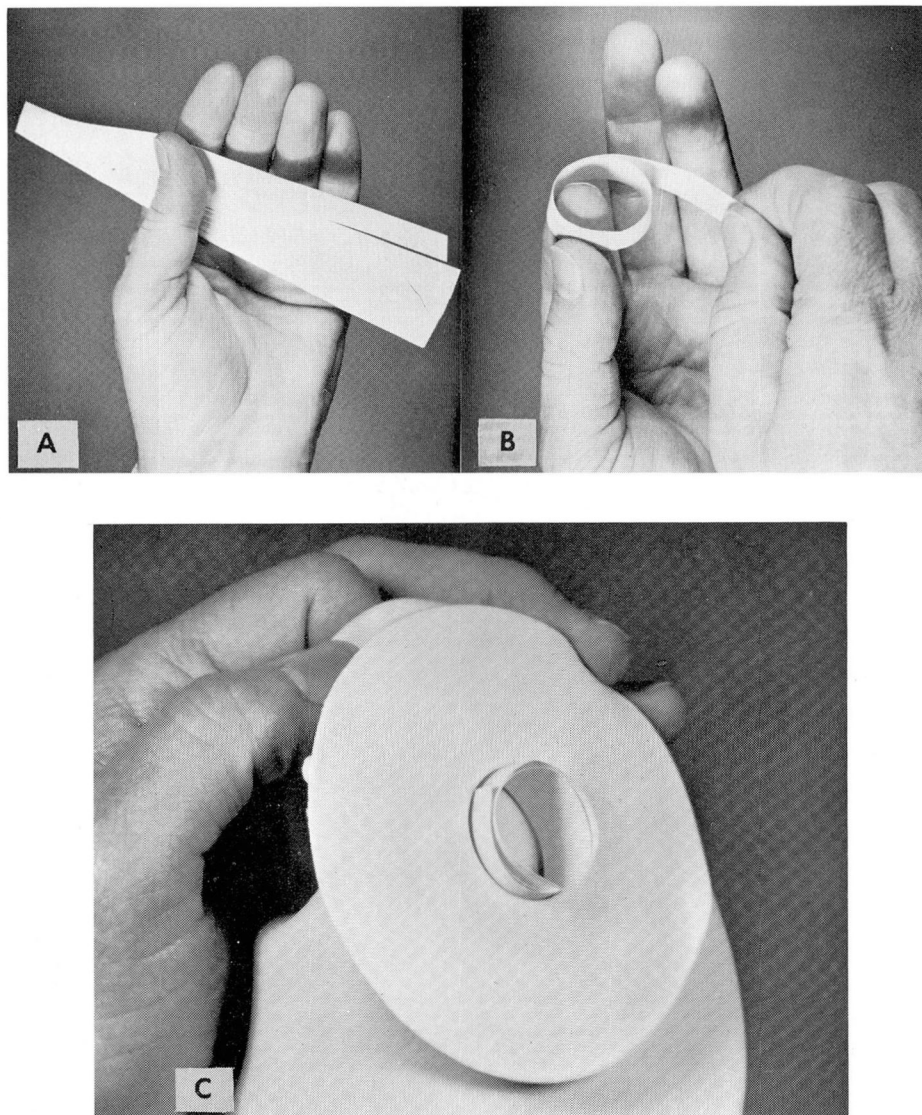


Fig. 3. Use of the paper sleeve for centering the pouch. A, Narrow strips of bond paper. B, Coiling a strip to fit the aperture of the pouch. C, Paper sleeve in place. (Courtesy of: R. B. Turnbull, Jr., M.D., *Ilcostomy Quarterly*, Spring, 1960.)

Emptying the Pouch

The pouch should be emptied every two or three hours, depending on how fast it fills. Do not let it fill up and "blow off" at night. You can prevent this from happening if you limit the amount of food and fluid you take just before bedtime; or you may wish to wear a large pouch at night. Do not lie on the pouch when it is full or partly full.

Accidental Detachment of the Pouch

If the pouch should accidentally come off, you did not apply it correctly. Repeat the entire process of applying the pouch, paying particular attention to *spreading of the cement accurately on the skin and on the disc of the pouch*.

Ordering the Appliance and Supplies

Your pouches were purchased for you from one of several companies. The manufacturer keeps a record of your size and all other details necessary to know when you reorder from him.

Write to the manufacturer direct for cement, cement solvent, extra pouches, and belts.

Binder clips (or rubber bands), to close the end of the appliance, are available at any stationery store. Take one of your old clips with you when you go to purchase new ones.

When ordering supplies, allow 10 days for delivery.

Discussion

The stoma represents the end of the small intestine brought to the skin. (The large intestine or colon has been removed.) Digestion is completed in the small intestine, and by the time most foods reach the stoma they are in the form of a brown, green, or yellow liquid that has little odor.

For the first several weeks after the operation, the stoma is a little stiff and noisy, and it may cause cramps. There is a slight egglike odor. The stiffness, noise, gas, and cramps are caused by swelling, but the swelling soon subsides. After a few weeks, there is no odor or noise or cramps.

Special Problems—Swelling of the Stoma, Cramps, and Watery Diarrhea

You can damage the stoma with the appliance if it is not centered properly, or if it "slides" against the stoma. This damage is in the form of a cut on the *undersurface* of the stoma. When the stoma swells and runs excessively, turn it upward and look at it carefully with a hand mirror. You will see a cut near the skin that will bleed and may be painful when it is touched (*Fig. 4*). Such a cut can cause swelling, cramps, odor, an excess of gas, and noise. Should this occur,

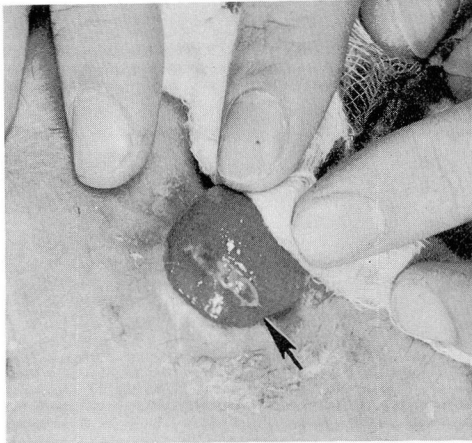


Fig. 4. Photo of the cut undersurface of the stoma.

put on the first application that you received when you were discharged from the hospital (it has a large opening); or cement on a Marlen postoperative pouch.

Should the cramps become unbearable, irrigate (*Fig. 5*) the stoma by repeatedly injecting salt water (one heaping teaspoonful of salt to one quart of warm tap water). Inject the water through the snout of the baby's ear-syringe, or a special tube you received when you were discharged from the hospital. You may have to irrigate every hour, for two or three hours, to remove food particles completely.

Obstruction of the Stoma

The stoma is the narrowest part of the small bowel, and it may become "stopped up" (obstructed). Obstruction results from cutting the undersurface of the stoma (with consequent swelling as described under the heading, **Swelling of the Stoma, Cramps, and Watery Diarrhea**) or, more often, from eating large amounts of food that are listed as undesirable. (See **ILEOSTOMY DIET**.) Since these foods do not digest completely, they are conveyed down the small intestine to a point just inside the stoma where they accumulate and form a "dam." Irrigating the stoma (as described under the heading **Swelling of the Stoma, Cramps, and Watery Diarrhea**), will dislodge clumps of residue and will allow them to pass. Unrelieved obstruction of the stoma can become a serious matter and may lead to vomiting. If this happens, you should contact your doctor or a member of his staff by telephone.

Skin Care

Should any portion of the skin to which the pouch is cemented become irritated and present a red wet surface, dust Protex powder on it and blow away

FOOD OBSTRUCTION

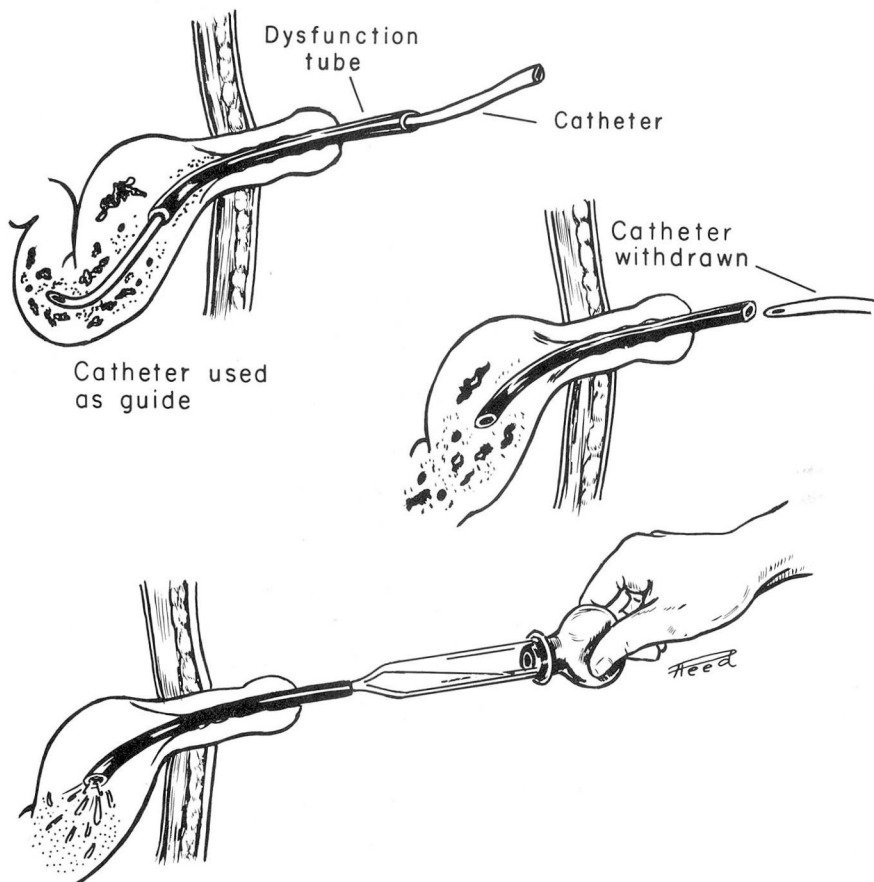


Fig. 5. Irrigation through the stoma.

the residue. The cement can then be applied right over the powdered areas. Remember that this gumlike powder sticks to the cementing surface of the appliance, and must be scrubbed off before more cement is applied later.

Persistent skin blemishes, shallow ulcers, or red wet areas may appear near the stoma. These are caused by pulling the disc off instead of allowing the solvent to dissolve it off. These shallow ulcerated areas may spread and may burrow rapidly under the skin in a few days. This progression can be prevented as follows: after the pouch is removed, dissolve the cement from the skin. Take a long soaking bath or shower; dry the skin, then apply cement, but avoid touching each blemish

or ulcer. Cut bits of folded gauze (*Fig. 6*) to the size of each ulcer and cover each one individually. Now, apply the pouch. Repeat this morning and night until the areas are healed.

Remember that solvents should be removed from the skin with a wet cloth before applying cement. They are irritating. Always allow the cement to dry before applying the pouch. "Wet" cement may blister your skin.

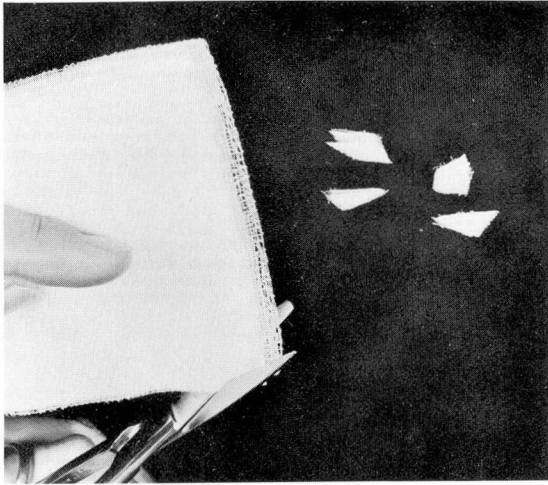


Fig. 6. Gauze bits to cover skin ulcers.

Diet List

A diet list is presented on the last pages of this booklet. It itemizes the foods that you are allowed and those that you are not allowed to eat. We ask you to follow this diet carefully for at least six weeks; but thereafter, you may eat moderate amounts of the foods listed as undersirable. Large portions can cause obstruction. Remember that *cole slaw*, *popcorn*, *canned fruit salad*, *nuts*, and *shrimp* are never entirely safe to eat.

Baths and Showers

Baths and showers may be safely taken at any time. When the stoma is active, and you wish to bathe, wear the appliance in the tub, but change it after you come out. We suggest that you remove your appliance and then shower or bathe to take advantage of the favorable effect of water on the skin around the stoma. Remember: water and soap will not harm the stoma in any way.

Sports

You may participate in most sports. For swimming and other sports you may wish to add adhesive tape over the edge of the disc to provide an extra seal. Wear a tight undergarment to hold the pouch to your abdomen.

Manufacturers' Names and Addresses

Marlen Manufacturing Co.
14807 Kinsman Road
Cleveland, Ohio

Permatype Inc.
1559 New Britain Avenue
West Hartford 10, Connecticut

Torbot Company
170 Vine Avenue
Warwick, Rhode Island

Appliances

Appliances that we most frequently use
are illustrated on the next four pages
(Figs. 7, 8 A and B, and 9 A and B).

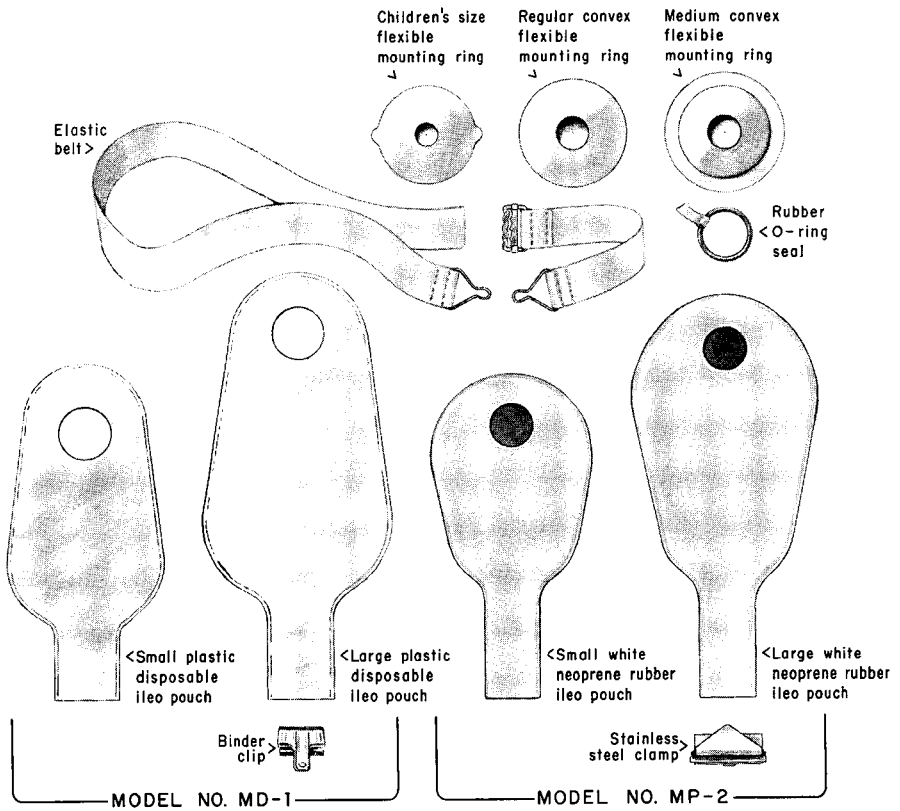


Fig. 7. Marlen Manufacturing Company appliances.

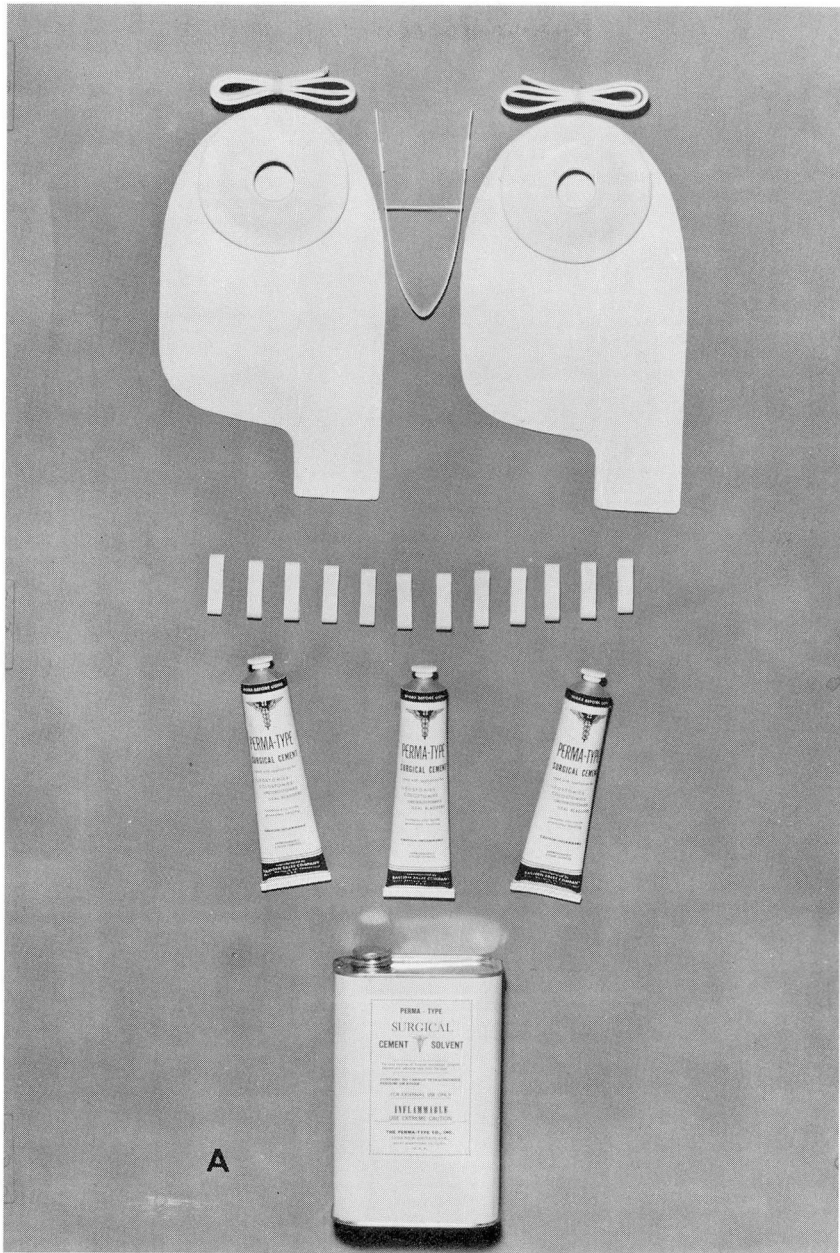


Fig. 8. Perma-Type Co., Inc.: A, Appliances.

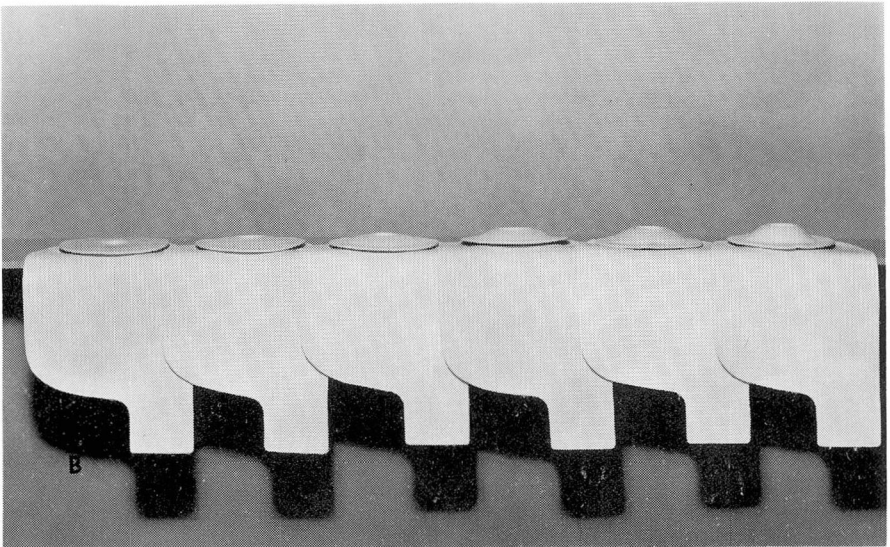


Fig. 8. Pouches showing discs of various convexities available.

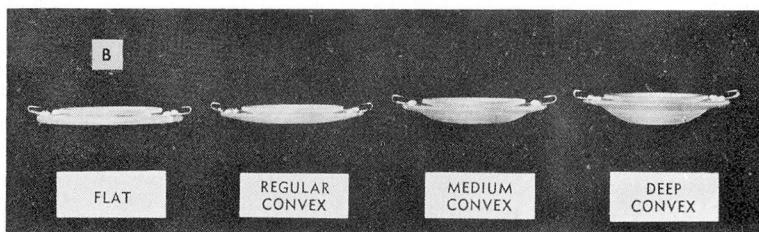
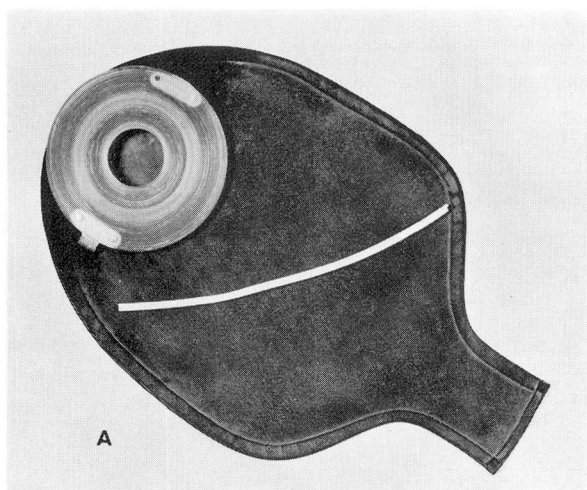


Fig. 9. Torbot Company: A, Pouch with plastic disc; B, various convexities of plastic discs available.

CLEVELAND CLINIC ILEOSTOMY DIET

Foods Included:**Fruits**

Strained: stewed prunes, applesauce, apricots, peaches, white cherries, pears. Any strained fruit juice.

Cereals

Cream of Wheat, farina, Wheatena, rice, barley, strained oatmeal, cornflakes, Corn Kix, Puffed Wheat, Puffed Rice, Wheaties, Shredded Wheat, Muffets.

Breads, etc.

White, refined whole wheat, graham, or rye (no seeds); simple wafers or crackers. Arrowroot crackers, Melba toast, Zwieback, Holland Rusk, rolls, muffins, baking powder biscuits, waffles, pancakes.

Eggs

Soft boiled or hard boiled, poached, scrambled, omelet, fried, creamed, or as soufflé.

Soups

Cream soups made with rice, potato, or with allowed vegetables. Clear broth or broth with noodles or rice. Strained broth from soups made with whole vegetables such as mushrooms.

Meats and Fish

Beef, lamb, veal, pork, bacon, ham, liver, sweetbreads, domestic rabbit, loose sausage, luncheon meats, chicken, turkey, squab, duck, goose, oysters. Fresh, smoked, or canned fish. Meats may be broiled, boiled, roasted, or fried.

Foods Excluded:

Raw whole fruits. Cooked fruits or canned fruits. *Dried* fruits such as raisins, dates, figs.

Those containing bran such as All Bran, 40% Bran Flakes.

Cracked-wheat bread; muffins or rolls made with bran; muffins or rolls made with whole fruit such as blueberry muffins. Bread, rolls or muffins made with nuts, dried fruits such as raisins, or seeds such as poppyseeds or caraway seeds.

Soups containing whole vegetables such as corn chowder, pepper pot, or mixed vegetables.

Meats in casings. Luncheon meats with peppercorns, pimento, or other whole spices.

Lobster, shrimp, crab, and fish may cause odor or obstruction.

CLEVELAND CLINIC ILEOSTOMY DIET—*concluded*

Foods Included:

Potatoes, etc.

White potatoes — baked, mashed, boiled, creamed, or escalloped. Sweet potatoes, spaghetti, rice, noodles, macaroni, or hominy.

Vegetables

Strained—peas, beets, string beans, wax beans, carrots, asparagus, spinach, finely shredded crisp lettuce. (Baby-food vegetables may be used to save straining vegetables at home.) Any vegetable juice.

Desserts

Custards; puddings such as cornstarch, rice, tapioca, and bread. Cakes such as angel food, sponge, chocolate, plain white cake; cookies. Ice cream, sherbets, gelatin desserts, fruit whips. Pastries such as cream puffs; pies such as custard, pumpkin.

Beverages

Coffee, tea, Sanka, Kaffee Hag, Postum, carbonated beverages.

Miscellaneous

Cheese may be used as desired if tolerated. Any fats such as butter, margarine, oils, salad dressings, and cooking fat. Smooth peanut butter. Pretzels. All seasonings and condiments such as mustard and catsup. Candies, jellies, honey, syrups, and molasses. Gravies, whitesauce, and vinegar.

Foods Excluded:

Potato skins, potato chips, fried potatoes. Spaghetti sauce that contains whole vegetables such as mushrooms or green peppers. Wild rice or brown rice.

Whole vegetables.

Any desserts containing excluded fruits, nuts, or coconut, such as fruit cake. Pineapple sherbet, coconut cookies. Pies made with whole fruit such as berries, raisins, or mincemeat.

Milk in any form if it causes diarrhea or if it has not been tolerated in the past.

Garlic. Chili sauce with seeds. Popcorn. Relishes made with whole vegetables such as piccalilli, or pepperhash. Nuts, jams, marmalades. Pickles and olives.

SAMPLE MENU

Breakfast:

FRUIT

...Strained orange juice

CEREAL

...Cream of Wheat

EGG

...Poached egg with bacon

BREAD

...Toast with butter and jelly

BEVERAGE

...Coffee with cream and sugar

Lunch:

SOUP

...Chicken rice soup

MEAT OR SUBSTITUTE

...Cheese soufflé

POTATO

...Baked potato

VEGETABLE

...Strained carrots

BREAD

...Whole-wheat bread and butter

DESSERT

...Strained apricots

BEVERAGE

...Milk, tea, or coffee, as desired

Dinner:

SOUP

...Broth

MEAT

...Roast beef with gravy

POTATO

...Mashed potatoes

VEGETABLE

...Strained peas

BREAD

...White bread with butter

DESSERT

...Ice cream

BEVERAGE

...As desired