

INSTRUCTIONS TO THE COLOSTOMY PATIENT

Management of the Colostomy

RUPERT B. TURNBULL, JR., M.D.

Department of General Surgery

EVERY colostomy patient is instructed in the care of the stoma while in the hospital. The following pamphlet is given to the colostomy patient by the enterostomal therapist who personally instructs each patient.

Instructions to the Patient

The objective of this pamphlet is to teach you to empty the colon completely by an enema. In most adults, the colon when emptied completely does not fill for two days. Therefore, if the emptying is complete, you could expect to have no movement except during enemas that are given every second day. In some patients, the colon fills rapidly, and it is therefore necessary to irrigate the colon every day. We shall help you to decide how often you must irrigate the colon.

Some patients have an "irritable" colon. An irritable colon has cramps and excessive gas formation, and the bowel movements are not always predictable; a movement may occur at any time, particularly after meals, or there may be constipation and no movements. This unpredictable pattern of movements may be a lifelong habit. For such a person, irrigation may not be the best way to manage the colostomy. Perhaps you belong to this group of patients, and you should not irrigate your colostomy. Perhaps you should allow the bowel to move spontaneously; this may occur at fairly regular intervals. Whether or not you are going to control your bowel movements by irrigation will depend on the type of colon you have. However, while you are in the hospital, we are going to acquaint you with the technique of irrigation. You will be using the Greer enema compact (*Fig. 1*).

Irrigating the Colostomy

1. Put on the plastic irrigating sleeve, centering the stoma in the middle of the metal ring, and fasten the belt.
2. Fill the white rubber enema bag (*Fig. 1A*) with one quart of warm water and hang it about five feet from the floor on a hook. (If you are not at home, a hook can be fashioned from a wire coat hanger.) Remove all air from the tubing by releasing the shutoff valve (*Fig. 1B*) and allowing water to run from the bag through the hose and out the tip of the catheter. Put Vaseline on the end of the catheter.
3. Insert your finger into the colostomy and determine in what direction you will be inserting the catheter. Cautiously insert the catheter (*Fig. 1C*) into the colostomy for two or three inches, allowing the water to run all the while to clean out the lower

Acknowledgment is made to Mrs. Norma Gill, Enterostomal Therapist, the Cleveland Clinic Hospital, who assists the patient to learn how to take care of his colostomy.

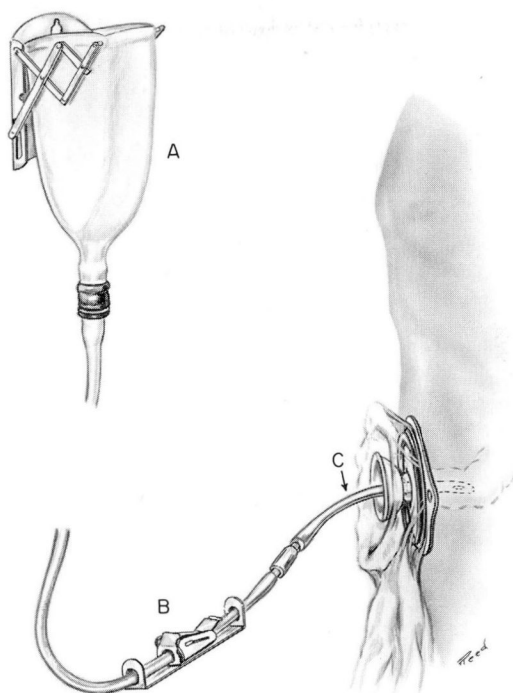


Fig. 1. Greer irrigating apparatus: A, Water container. B, Shutoff valve. C, Irrigating catheter.

five or six inches of colon. (Never force the catheter into the colostomy but push it gently, feeling your way along with the water running briskly.)

4. Refill the white enema bag with a quart of water, or more if you wish. After filling the tubing with water, insert the irrigating catheter again. Push the shield or dam tightly against the colostomy so that the water will not leak around the tubing. Allow the water from the bag to run slowly. If a cramp develops, stop the flow of water until the cramp passes and then allow more water to flow. Most people can take a little less than a quart of water but some can take more. When the enema is completed, remove the catheter, and fasten the top of the irrigating sleeve with clips. Note that it is important to get as much water as possible into the colon at the time of irrigation, because this will stimulate the colon to contract and to empty. Too little water gives too little returns.

Most patients wait about 15 minutes with the drainage sleeve in the toilet. Some of the water will have returned by this time. Then rinse the drainage sleeve with water from a pitcher, or fill the bag with water and let it run down through the sleeve. Fold the bottom of the sleeve up against the top of the apparatus and fasten with clips so that you can leave the bathroom.

During the 45 minutes following this first irrigation, most of the water will return.

5. About 45 minutes after you have completed the irrigation, apply the colostomy

cap that is in your set. Put some facial tissues inside of the cap and place it over the colostomy to catch any extra returns of mucus or water. You should stop using this cap as soon as possible, because it encourages the colostomy to protrude. A square or two of gauze held in place directly over the colostomy by an elastic waistband is ideal.

Discussion

If you allow the water to run too rapidly into your colon, or if you use too much water, or if the water is too cold, you may feel faint and become sweaty or dizzy. Sometimes vomiting results.

Occasionally, after the water has been run into the colon it will not come out until three or four hours later, and then only in small amounts repeatedly. This means you have an irritable colon. Remember the colon may only be irritable when *you* are irritable or apprehensive or worried. It may act normally at other times. We will give you medications to alleviate this condition should it become necessary.

If all of the water put into the colon does not return, do not be alarmed, since this water is simply absorbed and in the ensuing hours the bladder will fill and empty more frequently.

You must be careful never to force the catheter up into the colon against an obstacle. You could perforate the colon and cause peritonitis. The colon has no nerves and, consequently, perforation does not always produce immediate pain. However, should severe pain develop after a difficult catheter passage, call one of us or your own doctor on the telephone. Fortunately, perforations are rare. To prevent this catastrophe you are given a French-24 Foley catheter to use for irrigation. Note that the end of it is quite soft.

Remember that the entire irrigation procedure is simply a *thorough cleansing enema*, and some time is required to empty the colon. Do not forget that it takes water to get water. The colon must be completely empty or you will surely have additional bowel movements following irrigations. Do not be discouraged if you do not promptly learn how to irrigate the colon, as it takes several weeks before one can be considered expert.

Variations in Irrigating Technique

The method of irrigation described above is presented only as a guide; your irrigating technique should be individualized. For example, you may want to start with a pint of water and repeat the insertion of a pint after each return. Or, perhaps you would like to use more than a quart of water for the first irrigation. Or possibly you would like to put a quart — or pints — in repeatedly following each return. These are some of the variations in techniques to use.

Occasionally salt or soda may be added to the irrigating water. Some patients add a tablespoonful of salt to each quart of irrigating water. If you wish, we will supply you with an enema powder known as *Lavema* made by the Winthrop Company; Lavema can be purchased at your local drug stores. One-half the contents of an envelope in one quart of warm water is the approved mixture. Lavema stimulates the intestine so that the return after the enema is more prompt. It generally is harmless, but if nausea

and vomiting or intestinal cramps occur, simply use less powder.

Care of Irrigating Apparatus

The irrigating equipment that we use most frequently is the *Greer Colostomy Compact*. Instructions for its care come with the apparatus. Should any part become damaged (cracked or leaky), be sure to exchange it. The Cleveland Clinic Pharmacy stocks the apparatus, or the Greer Company will supply you with the address of your nearest dealer. You may write to:

Greer Manufacturing Company
3805 Broadway
Oakland 11, California

Diet

You have been supplied with a diet sheet that should be followed for about six weeks after your discharge from the hospital. The diet simply omits foods that cause gas (peas, beans, cabbage, fish) or frequent bowel movements (fruit, fruit juice, and vegetables such as green spinach and tomatoes). There may be some other foods that you personally should avoid — you will already be aware of these foods.

Six weeks after your discharge from the hospital, you should return to what you consider a normal diet. You will find that some foods still cause diarrhea or gas and you may have to omit them permanently.

Bathing

You may take a bath or a shower at any time. The colostomy can be submerged. Do not be alarmed if there is a little bleeding from around the edges from time to time. This is natural. Do not try to sterilize the skin around the colostomy with iodine, alcohol, or antiseptic solutions. Treat it as any other part of the body with soap and water. Do not use sterile dressings.

CLEVELAND CLINIC COLOSTOMY DIET

Foods Included:

Cereals

Cream of Wheat, farina, Wheatena, barley, oatmeal, Cornflakes, Puffed Rice, Puffed Wheat, Rice Krispies, Shredded Wheat, Muffets.

Breads

White, refined whole wheat, graham, or rye; 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 of rice, potato, or allowed vegetables. Clear broth or broth with noodles or rice. Strained broth from soups made with vegetables such as corn or mushrooms.

Meats

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

Potatoes, etc.

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

Foods Excluded:

Fruits

Fruits in any form, cooked or raw. All fruit juices except nectars.

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

Cracked-wheat bread; bread, muffins or rolls made with bran; bread or rolls with nuts, dried fruits such as raisins. Muffins made with fruit such as blueberry muffins.

Whole vegetable soups made with other than allowed vegetables.

Potato skins.

CLEVELAND CLINIC COLOSTOMY DIET—*Continued*

Foods Included:

Vegetables (cooked)

Asparagus tips, celery hearts, cauliflower tips, squash (no seeds or skins), rutabagas, turnips, puréed beets and carrots. Crisp tender lettuce is the only raw vegetable permitted. Vegetable juices, such as V8, tomato, and carrot.

Desserts

Custards, puddings, plain cakes and cookies, ice cream, gelatin desserts; pastries such as cream puffs; pies such as custard or chocolate cream.

Beverages

Coffee, tea, Sanka, Kaffee Hag, Postum, milk, milk beverages such as milkshakes, eggnogs, and malted milks. Carbonated beverages. Wines and hard liquors also are permitted.

Miscellaneous

Cheese may be used as desired. Any fats as butter, margarine, oils, salad dressings, cooking fats. Smooth peanut butter. Potato chips, pretzels. All seasonings and condiments such as catsup and mustard. Jellies, honey, syrups, molasses, and candies. Gravies and white sauce.

Foods Excluded:

Salads except tender lettuce. Green vegetables such as broccoli, Brussels sprouts, peas, spinach, tomatoes, corn, cabbage, string beans, wax beans, green lima beans, mushrooms, dried beans. (All of these vegetables may be used in puréed form, but produce gas.)

Any dessert containing fruits, nuts, or coconut, such as fruit cake, fruit pies, mincemeat pie, raisin pie, sherbets, fruit whips, coconut cookies.

Popcorn. Relishes made of raw vegetables such as piccalilli or pepper hash. Jams and marmalades. Pickles, olives, and nuts. Any other foods which you may find will cause diarrhea.

NOTE: The colostomy diet is one of personal management. This diet is a guide in that it shows you which foods are most likely to be tolerated and which ones are not.

SAMPLE MENU

Breakfast:

CEREAL

. . . Cream of Wheat

EGG

. . . Poached egg with bacon

BREAD

. . . Toast with butter and jelly

BEVERAGE

. . . Coffee, cream and sugar

Luncheon:

MEAT OR SUBSTITUTE

. . . Cheese soufflé

POTATO

. . . Baked potato

VEGETABLE

. . . Buttered asparagus tips

BREAD

. . . Whole-wheat bread and butter

DESSERT

. . . Ice cream

BEVERAGE

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

Dinner:

SOUP

. . . Chicken rice soup

MEAT

. . . Roast beef with gravy

POTATO

. . . Mashed potatoes

VEGETABLE

. . . Buttered puréed beets

DESSERT

. . . Plain cake

BEVERAGE

. . . As desired