

UCLA Health

it begins with **U**

Ronald Reagan UCLA Medical Center

Colorectal Surgery



About Us

Welcome to Colorectal Surgery at Ronald Reagan UCLA Medical Center!

Our mission is to provide comprehensive, state-of-the-art medical care in a compassionate and friendly environment. We offer the most advanced minimally invasive techniques available in the surgical management of colon and rectal diseases. We also perform complex open surgery when minimally invasive surgery is not appropriate. We specialize in the surgical treatment of colorectal cancer, inflammatory bowel disease, diverticular disease, pelvic floor disorders and anorectal diseases. The Colorectal Surgery team at UCLA consists of a multidisciplinary group of highly experienced, board-certified physicians and nurses to help patients meet the challenges of colorectal disease. We use a variety of skilled approaches to ensure that every treatment plan here is created specifically for you, the patient. Here at UCLA, we are dedicated towards providing you with the best medical care possible.

We are here for you every step of the way!

Sincerely,
UCLA Section of Colorectal Surgery

This booklet will provide you information about:

- Preparing for your surgery
- What to expect during your recovery at the hospital
- What to expect once at home

Important Phone Numbers

Admissions

(310) 267-8000

Billing Department

(310) 825-8325

Clinic/Ostomy Clinic

Phone: (310) 794-7788

Nurse Coordinator

(310) 825-0482

Surgery Scheduler

(310) 794-6591

Information Desk

West: (310) 267-9119

East: (310) 267-9120

Interpreter Services

(310) 267-8001

Page Operator (After Hours)

(310) 825-6301

Preoperative Evaluation & Planning Center (PTU)

(424) 259-8070

Patient Affairs

(310) 267-9113

Spiritual Care

(310) 825-7484

Surgical Waiting Room (Maddie's Room)

(310) 267-9325

Tiverton House (UCLA hotel)

(310) 794-0151

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My Care Pathway

One to Two Weeks before Surgery

I will:

- ☐ Schedule an appointment for pre-op clearance with my Primary Care Physician and/or Cardiologist.
- ☐ Schedule an appointment with the Ostomy nurse (if you will have an ileostomy or colostomy)
- ☐ Get plenty of exercise, rest, and maintain a healthy diet. It is important that my weight is stable.
- ☐ Quit smoking.
- ☐ Follow instructions for stopping anticoagulation.

Two Days before Surgery

I will:

- ☐ **Shower with CHG soap** to prevent infection. You can pick up the CHG kit from our clinic. I will NOT shave my body before surgery.
- ☐ Continue to hydrate and maintain a healthy diet.

One Day before Surgery

I will:

- ☐ Receive a call from the Preoperative Evaluation and Planning Center or call **(424) 259-8070**. This call will confirm the time I need to arrive at the Admissions Office on the day of surgery.
- ☐ If I feel ill or become pregnant, I will call my surgeon's office as soon as possible at 310-794-7788. If I cannot reach my surgeon's office in time, I will call the page operator at 310-825-6301.
- ☐ Most patients will require a **bowel preparation** before colorectal surgery. I will follow the **bowel preparation** instructions provided by my surgeon's office. If unsure, I will ask my nurse coordinator or surgery scheduler.
- ☐ **Shower with CHG soap** to prevent infection. I will NOT shave my body before surgery.
- ☐ Take my prescribed medications (unless instructed otherwise by my doctor), including blood pressure and heart medication.

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Day of Surgery (at home)

I will:

- ☐ **Shower with CHG soap** to prevent infection.
- ☐ **Drink clear liquids until 2 hours prior to my arrival** at the hospital to keep hydrated. You may be provided a beverage to drink on the way to the hospital.
- ☐ Take my prescribed medications (unless instructed otherwise by my doctor), including blood pressure and heart medication

Day of Surgery (after surgery)

I will:

- ☐ Tell my nurse if my **pain is 4/10 or higher** on the pain scale.
- ☐ Have an intravenous line (IV) for fluids and medications, and may have a small tube in my back (epidural) to provide continuous pain medication.
- ☐ Likely have a tube (urinary catheter) to drain the urine out of my bladder and expect it to be **removed as soon as possible**.
- ☐ With staff assistance, **get out of bed** and sit in a chair for 1-2 hours and **walk within 4 hours of surgery**.
- ☐ Start my **breathing exercises** using an incentive spirometer 10 times per hour while awake.
- ☐ Begin liquid or solid diet at the discretion of my surgical team. DO NOT overeat and stop if nausea or bloating.

My Care Pathway

Day after Surgery (and until discharge)

I will:

- ☐ See my surgical team early in the morning in my room.
- ☐ Be allowed to drink a liquid diet and nutritional shakes or eat food, if approved by my surgical team. STOP drinking/eating, if nausea or bloating develops.
- ☐ Be offered non-narcotic pain pills such as Tylenol and Ibuprofen or Celebrex in addition to my IV or epidural medications.
- ☐ Focus on **walking and moving around** often, **at least 3 times a day** in the hallways.
- ☐ Tell my nurse if my **pain is 4/10 or higher** on the pain scale.
- ☐ Continue to do my **breathing exercises** and use my incentive spirometer 10 times each hour while I am awake.
- ☐ Sit in a chair for all meals.
- ☐ **Expect my urinary catheter to be removed** (for select surgeries, the urinary catheter may stay in place for a few days).
- ☐ **Chew gum** (you may bring your own)

When I am ready to go home

- ☐ My case manager or nurse will **review my discharge care plan**.
- ☐ If needed, home health services will be arranged.
- ☐ Prescription medications will be delivered to my room or available for pick-up on the B-level pharmacy.
- ☐ I will confirm that I have a **follow-up plan or appointment** with my surgeon, and that I have the appropriate contact information in case I have questions or an emergency arises. I will call the clinic to schedule a follow-up appointment with my surgeon.
- ☐ I will be provided with supplies to take care of my wound and ostomy, if applicable.
- ☐ I will demonstrate understanding of how to take care of myself.

Before Your Procedure

Scheduling Your Surgery

Date & Time:

Surgeon:

Procedure:

Pre-admission Procedure

- On the business day before your surgery, you must call the **Preoperative Evaluation and Planning Center** at **(424) 259-8070** between the hours of 2:00 p.m. and 4:00 p.m. If your surgery is on a Monday, you should call the preceding Friday afternoon.
- **The staff will tell you the time to report to the Admissions office on the day of your surgery.** You will have the opportunity to meet your anesthesiologist on the morning of your surgery. In some cases, the anesthesiologist will also call you the night before your surgery.
- If you develop a cold, fever, or rash, please contact your surgeon. Your surgery may need to be postponed.
- Please be sure to notify your anesthesiologist, if you are pregnant or think you might be pregnant.

Preparing for Surgery

You should plan to stay in the hospital for at least one or two days after your surgery. **The typical length of hospital stay is influenced by the specific type of surgery you are having and other factors.** It is our goal to get you home as soon as possible. Before surgery, discuss expected length of hospital stay with your surgeon. You may need assistance from your friends and family after coming home from the hospital. Rehabilitation facilities and Home Health Care are also available, if assistance is needed. Your case manager will help you make these arrangements during your hospital stay, if needed.

Before Your Procedure

When to stop eating and drinking before your surgery

For your safety and to avoid delay of your surgery, it is crucial to follow instructions about eating and drinking the day prior to your surgery.

- You will be instructed to maintain a **clear liquid diet** on the day before your surgery, unless otherwise instructed by your surgeon.
- Your surgeon may recommend adding nutritional shakes; diabetic options are available.
- **It is important that you stay hydrated** prior to your surgery. Be sure to **drink clear liquids until 2 hours prior** to your arrival.
- You may be provided a hydration beverage to drink on the way to the hospital.
- You may brush your teeth and rinse your mouth.

Clear Liquid Guidelines



Water Soft drinks (soda) Clear Juices (no pulp) Gatorade Gelatin (without fruit) Clear broth or consommé Coffee (no milk) Tea	Dairy: COFFEE CREAMER Milk Ice cream Pudding Cream soups Tomato juice or soup Alcoholic beverages Red food dye or coloring Chocolate: hot/cold cocoa
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Bowel Preparation: Yes / No

To be sure your colon is clear of stool, you will typically be asked to perform a mechanical bowel preparation the day before surgery with laxatives, usually with oral antibiotics of Neomycin and Metronidazole (Flagyl). Please refer to your instructions provided by the surgery scheduler to confirm if your surgeon would like you to do a bowel

Before Your Procedure

preparation. Please be certain you follow the bowel preparation instructions from your surgeon's office.

Infection Prevention

Bathing with a special antimicrobial skin cleanser can reduce your risk of developing a surgical site infection (SSI). Please shower with the provided **CHG Soap** (2% Chlorhexidine Gluconate) two nights before surgery, the night before surgery, and the morning of surgery (total three treatments).

Shaving

Please DO NOT shave hair from your surgery site. Any necessary hair removal will be done in the operating room.

What to bring to the Hospital

Important Things to Bring

Be sure to bring all of your essentials with you the day of your surgery including: personal identification card(s), insurance card, a current list of all medications you are taking (including drug name, dosage, and frequency), advance directive, and any other important documents. If you require CPAP or biPAP machine at home, please bring it with you. If you have a pacemaker please bring the device card.

Belongings

We recommend bringing only essential items to the hospital (e.g. glasses, dentures and hearing aids). Personal items such as canes, walkers or wheelchairs should be left in your car. Leave your valuables, such as jewelry (including rings and watches), cash and credit cards with your family. You will need cash or a credit card to pay for your medications on the day of discharge. A locker will be assigned to you for storage during your surgery. For your safety during the surgery, we ask that you remove all jewelry and body piercings prior to coming to the hospital.

Before Your Procedure

Parking

Valet parking is available at the hospital's main entrance on Westwood Plaza. When leaving, you will retrieve your vehicle from the Valet Lobby located on Level P.

For information regarding long-term discounted parking permits, contact Patient Affairs at (310) 267-9113. For current parking rates and more information, go to www.transportation.ucla.edu or call (310) 825-3618.

Surgical Waiting Area (Maddie's Room)

The surgical waiting area, which is called Maddie's Room, is located on the first floor of Ronald Reagan UCLA Medical Center next to the Admissions Office. This area is designed to be a resource for your family and friends. Volunteer staff members are present from 7:30 a.m. to 8 p.m. Monday through Friday. All persons who accompany you on the day of surgery should wait in this area until you are discharged from recovery. The designated primary contact person should check in and give his or her name, telephone or cell phone number, and your name to the Maddie's Room staff. This will facilitate ease of communication by the operating room staff to update your family or friends during surgery and contact by your surgeon after surgery is completed.

What to Expect During Your Stay

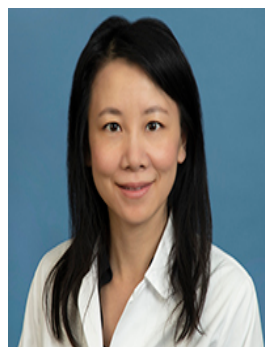
Your Care Team



Kevork Kazanjian, MD
Section Chief



Mary Kwaan, MD, MPH



Anne Lin, MD, MSHS

Attending Physicians

Your attending surgeon leads a care team of resident physicians, nurses, and medical students who will provide exceptional care throughout your hospital stay. You can expect to see your team every morning; your surgeon may see you at the same time or often later during the day. Your surgeon is updated by your team every morning and throughout the day or night (as needed) regarding your progress.

Resident Physicians

Our dedication to excellence includes training future surgeons. The UCLA Surgery Residency is one of the premier training programs in the nation. Our resident physicians are among the best and brightest in the country, and under the direct supervision of the attending surgeon, will care for you during your hospital stay. We appreciate your contribution to the education and training of resident physicians and medical students.

Nurses

Registered nurses (RNs) are a critical part of your healthcare team. In addition to contributing to your care, nurses communicate your needs to your doctors and other team members. They inform you about your

What to Expect During Your Stay

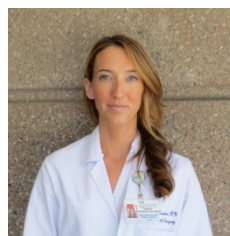
medications, in-hospital treatment and post-hospital home care. RNs also oversee other healthcare workers, such as care partners, to ensure that your comfort and hygiene needs are met.

Nurse Practitioner

The Colorectal Surgery Nurse Practitioner will assist by managing your care in the postoperative period while you are hospitalized.

Nurse Coordinator

Sarah Reardon helps coordinate the management and follow-up care of all our patients before surgery and after discharge from the hospital.



Sarah Reardon, RN

Anesthesiologists

Your anesthesiologist is a key member of your team. He or she gives you anesthetics (medications to keep you comfortable) and monitors your condition to keep you safe throughout your procedure.

Ostomy Nursing Service

If you have a colostomy or ileostomy, you will be visited by a Board Certified Ostomy Nurse. This nurse will teach you how to care for your new ostomy. Remember to schedule a preoperative **appointment at the Outpatient Ostomy Clinic** for ostomy teaching and site marking. In addition, consultation for ostomy follow-up, pouching problems, product selection, and measuring for support belts is available. Please call **310-794-7788** to make an appointment.

Case Manager

Your hospital case manager will help facilitate any needs you may have upon discharge from the hospital. For example, arranging for Home health nurse care or physical therapy. The team may include social workers if indicated.

What to Expect During Your Stay

Pre-Procedure Treatment Unit

After arrival to the hospital and your admissions paperwork is complete you will be escorted to the **Pre-Procedure Treatment Unit (PTU) located on the 2nd Floor via the West Elevators**. A PTU nurse will ensure all necessary documentation is complete for your surgery. The nurse will conduct a physical assessment and start an IV (intravenous) line to give you fluids during your surgery. The nurse may also collect blood and urine samples for laboratory analysis.

You will meet your anesthesiologist in the PTU as well as your Operating Room (OR) nurse. Your OR nurse will be with you during your surgery. Consents for surgery and anesthesia may also be signed during this time.

Epidural: YES / NO (depending on your particular surgery)

An epidural is a type of anesthesia used for pain management after your surgery. Your surgeon may recommend an epidural depending on the type of surgery planned for you. You will have opportunity to discuss with the anesthesia team and if you agree with the recommended epidural, it will be placed in the PTU by an anesthesiologist. This reduces narcotic use and enhances recovery after surgery. A small part of your lower spine is numbed with a local anesthetic, and a thin tube (catheter) is placed into the epidural space near the outside of your spine. The anesthetic then goes through the catheter.

Surgery

We will do everything we can to make sure your stay is as comfortable as possible by providing personalized care in a healing, community-oriented environment. The members of your healthcare team are available to support you. We encourage you and the members of your family to ask questions and be active participants in your care.

What to Expect During Your Stay

Post Anesthesia Care Unit (PACU)

After surgery, you will be transported to the Post Anesthesia Care Unit (PACU) to monitor vital signs. You will probably feel sleepy due to the effects of the anesthesia and pain medications. The PACU nurse will be in constant watch until the effects of anesthesia diminish. Patients typically remain in the recovery room for at least two hours although this time varies from patient to patient and the type of surgery. **It is important to note that family members have limited access and may not be allowed to visit in the PACU area.**

Transitional Recovery Unit (TRU)

After your procedure, some patients will continue their stay in the Transitional Recovery Unit (TRU). Depending on bed availability, you may be transferred to a private room. The level of nursing care in the TRU is equivalent to the private recovery units. **It is important to note that during high hospital census periods, you may stay in the TRU for the majority of your hospital stay.**

After Your Surgery

Infection Prevention

It is our top priority that you do not acquire an infection after surgery. Early removal of your urinary catheter reduces your risk of bladder infection. **Hand washing is important.** We encourage you and anyone in contact with you to thoroughly wash their hands or use sanitizer before and after contact.

Pain

Following your surgery, you will receive pain medication via IV line or epidural. Pain medication dosage is adjusted to ensure adequate pain control.

You will be switched to oral pain medicine once you are eating. While the specific medications and dosages prescribed may vary from patient to patient, in general, you can expect to be taking Celebrex and Tylenol (to help with pain control). Narcotic medications (i. e. Oxycodone) may

What to Expect During Your Stay

be prescribed, if needed, to help manage severe pain. Do not use narcotics for gas pain. Walking will help alleviate gas pain/pressure. Minimizing narcotics will help with return of bowel function.

Breathing Exercises

Deep breathing exercises help keep your lungs clear, strengthen your breathing muscles, and help prevent complications. You will be instructed to use an incentive spirometer to improve the function of your lungs after surgery. We encourage you to **use the incentive spirometer ten times per hour**, so keep it by your side.



Activity

Shortly after your surgery, you will be required to get up out of bed. This helps you heal faster and gentle movement can improve digestive function. Walking also helps your heart and lungs and prevents blood clots from forming in your legs. **The way to get well is to get up and WALK!**

Bladder and Bowel Management

You may have a urinary catheter to drain your urine. **Your urinary catheter may be removed shortly after your surgery to reduce your risk of infection.** However, depending on your type of surgery or existing risk factors, your urinary catheter may stay in place for a few days.

Your digestive system may take some time to return to normal and you may experience constipation or diarrhea as a result. Narcotic pain medication can also cause constipation. A stool softener, may be prescribed to be taken with your pain medication to prevent constipation. **Walking is the best remedy to regain your normal bowel function.**

What to Expect During Your Stay

Length of Stay

The length of hospital stay will vary depending upon the complexity of your procedure and your recovery. Discuss your expected hospital stay with your surgeon before surgery, so that you can prepare accordingly. Before going home, you will have return of bowel function (eating and passing gas). **You may be discharged home without having a bowel movement, this is NOT required.**

Visitors

Visiting hours are unrestricted. However, we request that only one family member stay at the bedside overnight. **It is very important to note that the TRU may not allow families to stay overnight.**

Internet

Wireless internet access (WIFI) is provided throughout the hospital at no charge. Your wireless device should detect and connect to the network or SSID "MEDGUEST." Launch your web browser; you should be able to connect to the WIFI without a password.

Ask Questions

We want to ensure that everyone understands all aspects of your care so **do not hesitate** to ask your physician or the rest of your team any questions you may have.



Preparing for Discharge from the Hospital

Your plan for discharge will be discussed with you on a daily basis to be sure that we anticipate your needs. If necessary, your case manager will assist in setting up home care prior to being discharged.

On the day of discharge, it is our goal to have you ready to leave the **hospital by 11 am**. Please ensure that you have the appropriate arrangements for a ride home the day prior. Please notify us if you need any assistance in making arrangements prior to your discharge time.

Discharge Medications:

Upon your discharge, you will be provided with a prescription for the following medications

- 1) Pain
- 2) Blood thinner (Lovenox) **If you do not receive your Lovenox medication before leaving the hospital, please notify the Surgery team immediately. It is very important to take all of the medication as prescribed to prevent dangerous blood clots.**
- 3) Bowel regimen- if indicated

Follow-up Appointment

If you are not given a postoperative clinic appointment before your discharge, please call our clinic at **310-794-7788**. It is very important that you see your surgeon 1-2 weeks after your discharge. In select cases, a teleconference may be an option instead.

Pathology

Pathology results are typically available to your surgeon 5-7 business days after surgery, sometimes longer. Most patients are discharged home before pathology results are available. Your physician may either contact you by telephone to discuss the results or review your pathology in the office at the time of your postoperative visit.

Going Home

General Instructions

Bathing & Incision Care at home

Please keep the surgical incision clean and dry. If you had staples and they have been removed, you will have Steri-Strips on your incision. Leave the Steri-Strips on the incision for 7-10 days after placement, and then remove them or leave them in place until your office visit if you prefer. No tub baths, swimming or immersion in water for 4 weeks; you can shower without covering the Steri-Strips. If your incision is covered with surgical glue instead, you may get the area wet but do not apply any dressings on top or apply any lotions to the area.

Diet

Once you are discharged you will be able to eat regular food. However, your physician may instruct you to stick to small meals that you thoroughly chew before you can fully move to an unrestricted diet. Use common sense with your food choices and portions. You may be instructed to take nutritional shakes. Consuming enough **protein**, calories, vitamins, and minerals is necessary for faster healing. A low fiber diet is recommended for ileostomy patients. Your nurse and physician will help to explain your dietary regimen.

Walking

Walk as much as you can. You may use stairs. **Walking will improve circulation, increase your feeling of well-being, and prevent lung problems. Walking will also help reduce gas pain.**

Lifting

NO HEAVY LIFTING! Do not lift more than 10-15 pounds for 4 weeks or until your surgeon instructs you to do so.

Driving

When returning for your follow-up visit, ask your physician when you can resume driving. Generally, it comes down to common sense and being safe. **NO DRIVING WHILE TAKING NARCOTIC PAIN MEDICATIONS.**

Going Home

Sexual Activity

Generally, sexual activity should be deferred for 4 weeks followed by using a position that will not put a strain on your incision. You may discuss with your surgeon during your follow-up visit after surgery.

Work

Most patients return to work in 4-6 weeks or earlier.

We take care of 

The rankings take care of themselves

UCLA Health ranked #1 in Los Angeles, #7 in the Nation

U.S. News & World Report

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uclahealth.org

DANGER SIGNS

Call your Surgeon for any of the following:

- Chills, fever exceeding 100.4°F
- Nausea, vomiting, or unable to take anything by mouth for more than 24 hours
- Redness, swelling, or foul-smelling drainage from wound or if your wound opens
- Increased abdominal pain not relieved by prescribed medications, especially if sudden and persistent
- Bleeding from your stoma
- A change in the stoma's color
- Inability to pass urine or painful urination
- No bowel movement or lack of gas/stool from your rectum or ostomy for more than 24 hours
- Constipation or excessive diarrhea, which persists beyond two days.
- **No ostomy output.**
- **Ileostomy output greater than 1 liter in a 24 hour period.**

Contact Information

Colorectal Surgery Clinic (Regular Business Hours)

200 Medical Plaza, Suite 214

Los Angeles, CA 90095-7302

Phone: (310) 794-7788

Fax: (310) 794-1039

<https://www.uclahealth.org/colorectalsurgery>

Page Operator (After Hours)

Phone: (310) 825-6301

Please ask to speak with the "U" surgery resident on call.

Danger Signs

**IF YOU HAVE CHEST PAIN,
SHORTNESS OF BREATH, OR ANY
OTHER EMERGENCY, REPORT TO
YOUR CLOSEST EMERGENCY
ROOM OR CALL 911**

**THE FOLLOWING PAGES ONLY APPLY TO
OSTOMY PATIENTS**

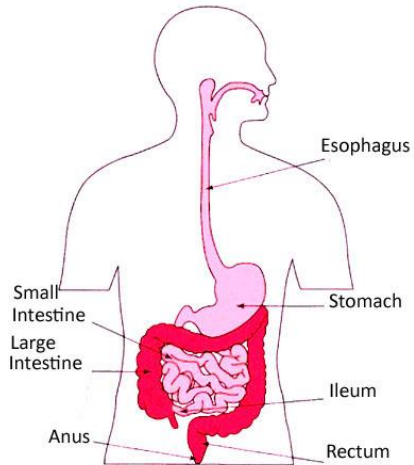
Ostomy Information

Brief Discussion of the Digestive System

Understanding how the digestive tract functions will help you understand how an ileostomy or colostomy works.

When you chew your food and swallow, it travels down your esophagus into your stomach.

Along with acids and enzymes, muscles lining the stomach break down food until it becomes a liquid mixture that is released into your small intestine. Vitamins, minerals, proteins, fats, and carbohydrates are absorbed into the body through the lining of the small intestine (also known as the small bowel). Any remaining food continues to the large intestine as liquid waste or stool. The large intestine (colon) absorbs water and stores the stool. Stool travels from your colon through the rectum and exits through your anus. The anal sphincter muscle controls the exit of stool and gas through the anus.



What is an Ostomy? Why Would You Need One?

An ostomy is a surgically created opening in the abdominal wall where a piece of bowel has been brought out and anchored to the skin; this is called a stoma. This allows stool and gas to be diverted out through the stoma and collected in an external pouch. The diagnoses that sometimes require an ostomy are: colorectal cancer, bowel obstruction, trauma, or Irritable Bowel Diseases (IBD) such as Crohn's disease or Ulcerative Colitis.

The two types of fecal ostomies are an ileostomy and a colostomy. An ileostomy is a diversion from the small intestine and a colostomy is a diversion from the large intestine.

Ostomy Information

The stool consistency from each type of ostomy will depend on where in the intestinal tract the stoma was made. An ileostomy will have liquid to pasty stool output whereas a colostomy can have formed stool.



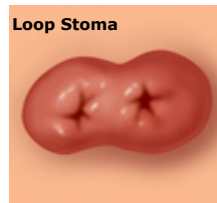
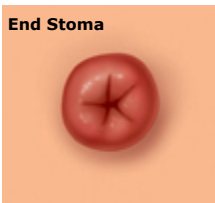
Temporary vs. Permanent Ostomies

An ileostomy or colostomy may be temporary or permanent depending on the reason for the surgery. In some cases, a fecal ostomy is created to temporarily divert the stool and gas in order to allow the affected intestine to heal. In the case of ileal or J-pouch, the colon is removed and a portion of the small intestine is enlarged to form a small reservoir which is attached to the rectum. A temporary ileostomy is required while the J-pouch heals. Patients that have had their rectum and sphincter muscles surgically removed will have a permanent colostomy.

Ostomy Information

What Does an Ostomy Look Like?

A stoma is where the intestine exits at the skin level. A stoma can be round or oval in shape and should be red or pink in color. Stomas vary in size and can stick out or be flush with the skin level. The stoma may be an end stoma or a loop stoma depending on the type of surgery need. Since the stoma does not have nerve endings it should not be a source of pain or discomfort.



Ostomy Information

What is it Like Having an Ostomy?

Wearing a pouch will be one of the biggest changes you will experience after surgery. The process will take some time to learn new skills to manage ostomy care.

After surgery, the stool from your ostomy will be liquid. Depending on diet, the medications being taken, and other factors, the stool will gradually become thicker in consistency.



You will not be able to control the passage of stool from the stoma. Drainage is collected in an odor-proof pouch that is applied to the skin around the stoma and concealed underneath your clothing. The ostomy pouch must be worn at all times and can be emptied several times a day when it is one third to one half full. The pouch needs to be changed every three to five days.

How Do You Take Care of an Ostomy?

After your surgery, your primary nurse and ostomy nurse will teach you how to care for your ileostomy/colostomy. Learning will begin by observing your first pouch emptying/pouch change. As you get stronger you will actively participate in ostomy care. **You may still have bowel movements from your rectum; this is normal.**

During your hospital stay **you will receive an education booklet specific to your ostomy.** If you have an ileostomy you will be instructed on fluid intake and monitoring your ostomy output. Prior to discharge you will receive limited ostomy supplies for home use and **instructions to set up an account with an ostomy supplier;** costs are covered by insurance with a prescription. A Home Health ostomy

Ostomy Information

nurse may also visit you to continue to help you learn to become independent in your ostomy care. **An outpatient ostomy clinic is also available as an additional resource (310) 794-7788.**

Managing Ileostomy Output

If you have an ileostomy (not colostomy), normal daily output should be between 600-1200 ml. Output more than 1200 ml a day can lead to severe dehydration and imbalance of minerals. Dehydration, if not corrected promptly, can cause very serious problems like kidney failure.

The best way to prevent dehydration is to record your ileostomy output and drink 1-2 liters of Gatorade or another electrolyte beverage daily.

At discharge, if your Ileostomy output is greater than 1 Liter / 24 hours, notify your surgeon's office and use Metamucil and Imodium as directed below. Both of these products can be purchased from any drug store and do not require a prescription.

- Start **Metamucil (1-2g)** 3 times per day
- If output remains high, add **Imodium 2 mg** (1-2 tablets) 30 minutes before meals, and before bedtime (**maximum of 8 tablets [16 mg]/ 24 hrs**). **Start with 1 tablet twice per day and titrate up according to the ileostomy output.**
- If output is still high, add **Lomotil** (1-2 tablets) in between Imodium doses (maximum of 8 tablets of Lomotil / 24 hrs).
Note: Lomotil requires a doctor's prescription.

Ostomy Information



it begins with 