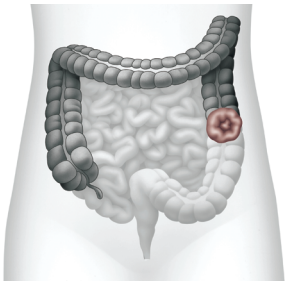
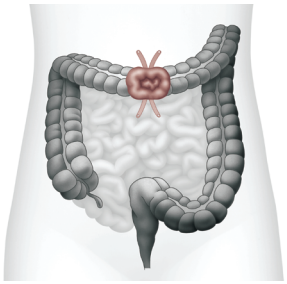
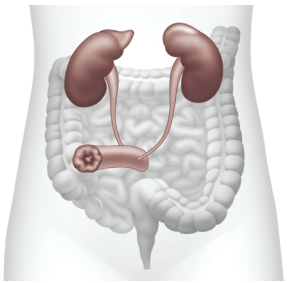
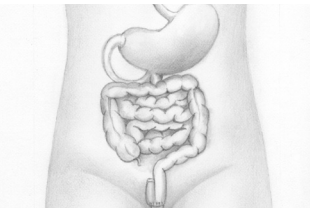
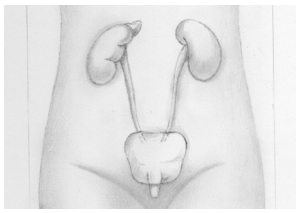
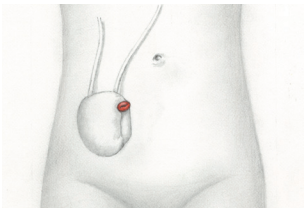
Types of Ostomies

OSTOMY TYPE AND USUAL LOCATION	POSSIBLE INDICATIONS	CHARACTERISTICS OF DRAINAGE	SUGGESTED PRODUCTS
Sigmoid colostomy **Descending colostomy**  *Left side of abdomen*	Rectal cancer with removal of rectum (permanent), perforation due to diverticulitis (temporary), or Crohn's disease. **Pediatrics:** Imperforate anus, Hirschsprung's Disease	Semisolid or formed stool and gas after initial recovery from surgery. Drainage will be odorous. Pouch usually needs to be emptied just once or twice a day (sometimes less).	**After surgery:** Drainable two-piece or one-piece pouch with cut-to-fit skin barrier. Standard wear skin barrier or extended wear skin barrier. Use an odor eliminator in the pouch or when emptying the pouch. If gas is a problem, select a pouch with a filter. **4-6 weeks later:** Consider closed-end pouches, opaque pouches, and pre-sized pouching systems (when the stoma size is stable). Discuss possibility of colostomy irrigation with surgeon and/or WOC nurse.
Transverse colostomy  *Left or right side of abdomen*	Colon perforation or obstruction due to trauma, malignancy, or diverticulitis with perforation. Often temporary.	Mushy to semi-formed stool and gas. Pouch will need to be emptied several times per day.	**After surgery:** Drainable two-piece or one-piece pouch with cut-to-fit skin barrier. Standard wear skin barrier or extended wear skin barrier. Use an odor eliminator in the pouch or when emptying the pouch. If gas is a problem, select a filtered pouch. **4-6 weeks later:** Consider closed-end pouches, opaque pouches, and pre-sized pouching systems.
Ileostomy  *Right side of abdomen*	Chronic ulcerative colitis, familial adenomatous polyposis, or Crohn's disease. **Pediatrics:** Necrotizing enterocolitis. May be temporary or permanent.	Dark green liquid to mushy drainage with gas. Drainage is usually not odorous. Pouch will need to be emptied six or more times per day. Drainage may change color in response to certain foods (e.g., red gelatin may cause red drainage).	**After surgery:** Drainable two-piece or one-piece pouch with cut-to-fit skin barrier. Extended wear skin barrier will provide the best resistance against the liquid, caustic discharge from an ileostomy. **4-6 weeks later:** Consider drainable pre-sized, opaque pouching system. Consider closed-end pouches for occasional use (e.g., active sports and intimate times).
Urostomy (Ileal Conduit)  *Right side of abdomen*	Bladder cancer, or neurogenic bladder. **Pediatrics:** Bladder exstrophy, myelomeningocele. Usually permanent.	Urine with mucus. May be pink with blood initially following surgery. Drains continuously.	**After surgery:** A two-piece urostomy pouching system is easiest to apply and change while stents are in place. Use an extended wear skin barrier. Connect to bedside drainage collector at night. **When stoma size is stable and stents are out:** Consider pre-sized, opaque urostomy pouch. May use one-piece or two-piece pouching system.

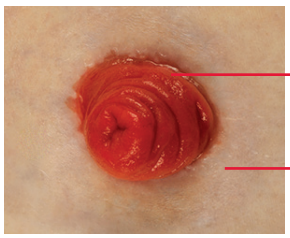
OSTOMY CARE TIPS

Types of Ostomies

Continent Diversions

TYPE	DESCRIPTION	POUCHING NEEDS
Ileoanal Reservoir (ileal J pouch-anal anastamosis) 	An alternative to permanent ileostomy. After removal of the colon, small intestine is used to create a reservoir pouch that is placed in the pelvis and connected to the rectum. When complete, the patient eliminates stool via the anus. The patient often has a temporary ileostomy while the reservoir heals.	Temporary ileostomy: see ileostomy
Orthotopic neobladder (ileal W-bladder, Studor; or Kock neobladder and others) 	Alternative to ileal conduit. After removal of the bladder, small and large intestine are used to create a storage reservoir for urine. This is placed in the pelvis and the ureters and urethra are connected to the reservoir. When healing is complete, the patient can urinate via the urethra.	Temporary need for pouches while recovering from surgery. Use urostomy pouching system with extended wear barrier for temporary stents from the ureters through the skin. Use bedside drainage systems or leg bags for catheters exiting the neobladder and urethra.
Continent cutaneous urinary diversion (Indiana pouch, Mainz Pouch, and others) 	Alternative to ileal conduit. Bladder and urethra are removed. Section of the small and large bowel are used to create a storage reservoir for urine. A stoma is made from the segment of small intestine and connected to the skin. The stoma is constructed with a continence mechanism. The patient catheterizes the stoma to drain urine and mucus from the reservoir.	Temporary need for pouches while recovering from surgery. Use urostomy pouching system for stents from the ureters through the skin. Use bedside drainage system or leg bag for reservoir catheter which must be kept in place until reservoir is healed.

Normal stoma and peristomal skin



Routine follow-up with your healthcare professional is recommended.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

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