Chapter Four

TIME FOR A CHANGE

"Let's face it, we aren't born knowing how to change an ostomy appliance or how to handle leaks, and it can be overwhelming at first. Learning how to change an appliance properly can give you the confidence in knowing that it'll be secure and reliable." – ***Eric Polsinelli, VeganOstomy.ca***

Here's a rundown of the standard procedures for emptying your pouch or changing the whole appliance. These are the basics.

Emptying a drainable pouch

You should empty your pouch when it's about 1/3 full. You can wait till it's 1/2 full but don't push it much past that or you'll risk it suddenly filling up – which can have some unpleasant consequences.

Open the bottom and empty the contents into the toilet. If your output is semi-soft, you can squeeze it out like toothpaste. If it's more watery (common with ileostomies), it'll pour out easily … unless the pouch is so full and gassy that it's about to burst. In that case, as soon as you open the bottom it might start spraying around the room like an out-of-control firehose! If you think this might happen, get as low down to the toilet as you can, and take careful aim. Expect a gusher. And make a mental note to try not to let so much gas build up in your pouch again.

To prevent splash backs, lay a few squares of toilet paper on the water before emptying your pouch.

Some people empty their pouches between their legs while sitting on the toilet. Others stand up at the toilet, or sit on a chair facing it. Whatever works best for you.

After emptying, wipe the opening at the bottom of the pouch with toilet paper. Some folks use a squeeze bottle to squirt warm water into the opening and swish it around in the pouch first.

Most people re-use the pouch a few times, particularly if it isn't too soiled, before changing to a fresh one. If you're wearing a 2-piece appliance, you'll probably change your pouch more often than your baseplate.

Some ostomates wash out their pouch really thoroughly, changing to a new pouch so the old one can air dry before being re-used. I know that a few nurses have recommended against this, but if you're the kind of person who cringes at the very thought of wearing a pouch that's "smeared" inside, you can try it. The most important thing is for you to be comfortable and at ease.

The bottoms of drainable pouches typically come with a plastic clip or a VELCRO® hook-and-loop type flap that rolls up and seals the pouch shut. Both good. Just remember to seal it up when you're done. If you forget to close the bottom of the pouch, you'll find out about it soon enough. Yuck! But take heart. We've all been there. It's a lesson you only have to learn once. Twice at the most.

For peace of mind, some people put one of those black binder clips from office supply stores on the bottom of their sealed drainable pouch, to make extra sure it won't open accidentally.

Emptying a closed pouch (2-piece appliance)

You should do this when it's 1/3 or 1/2 full, the same as a drainable pouch. The only difference is that if you're going to empty and re-use the pouch, you empty it from the hole that goes over your stoma, instead of from the bottom. Again, you can rinse it out and re-use it, or toss it out and put on a fresh one.

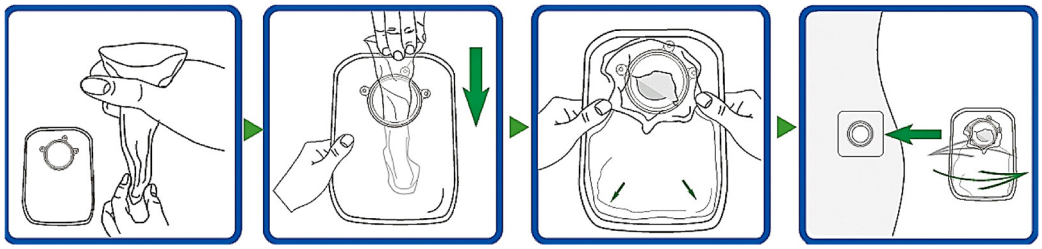
Changing a bag liner (2-piece appliance)

This is as simple as it gets. When it's time to empty, simply pull the liner out of the hole in the pouch and dispose of it. The pouch itself remains unsoiled.

Bag liners are supposed to be flushable, except in a septic system. But if it's particularly full of solid stool, squeeze the contents out into the toilet first. Otherwise, it can be like trying to flush a brick.

Many people say you should never flush anything but toilet paper. If you're hesitant to flush the bag liner, you can dispose of the empty liner as you do a used pouch. This is what I do. I keep my used, empty liners in a resealable plastic bag until trash day.

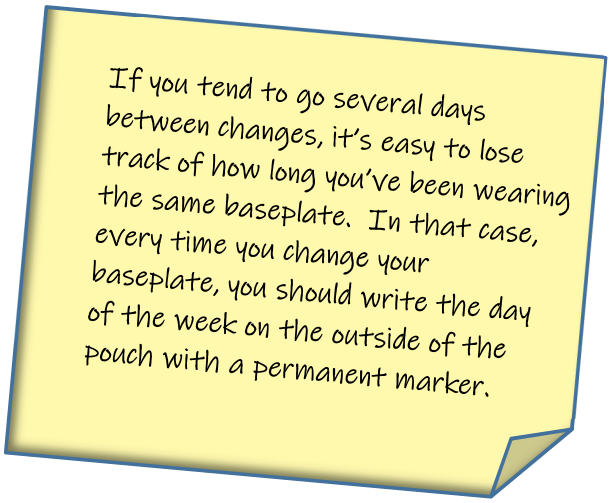
To put a new liner in the pouch, just push it in then insert a couple of fingers down as far as you can and wriggle them around to open it up a bit inside. You can also blow into it. Leave some of the liner sticking out, all around the hole. You don't have to be fanatic about smoothing it out. It will never be neat & tidy. Just be sure you leave enough sticking out to "catch" all the way around the hole when you click or press the pouch back onto the baseplate.



Changing your baseplate

There's no one-size-fits-all schedule for this. Everyone's different. It's mostly about avoiding leaks (which are obvious) or slow seepages under the baseplate (which can be sneakier). As soon as any output gets under there, you need to change the baseplate.

That doesn't mean you should wait for a leak before changing. Hopefully, there's no leak. But to avoid skin problems, you need to take the baseplate off, clean your skin, and put on a new one, on a regular basis.



Some people have to change their appliance several times a day (usually because of problems with leaking). Others can go a week or even longer. Most people are somewhere in between. Over time, you'll get to know what's average for you.

Step 1 – Remove appliance

You might find it easiest to do the change standing, or sitting, or lying down. Whatever works for you. I stand at the toilet, in case there's any output while my stoma's exposed. Those who sit or lie down usually have gauze or tissue ready to place over their stomas to catch any leaks.

The first step is to remove the baseplate (with or without an attached pouch). Don't just rip it off like a bandage. Use one hand to hold or stretch your skin while the other hand gently pulls off the baseplate, working your way around it.

If your skin is fragile or if you feel the baseplate is sticking a little too well, you can use an adhesive remover around the edge (they usually come as individually wrapped wipes), one small area at a time, gently pulling the baseplate off your skin as you go.

Have everything you'll need within reach. You don't want to take off your baseplate, then realize you have to walk across the bathroom to grab something. Believe me, that's exactly when your stoma will decide to wake up!

If there's a build-up of adhesive on your skin after you've removed the baseplate, take it off with another adhesive remover wipe. You'll know if you need to do this because your skin will feel tacky or you'll actually see or feel little clumps of adhesive build-up.

Step 2 – Wash the area

Next, gently wash the skin around the stoma. Don't scrub, but be thorough. Most stoma nurses say it's best to use a soft cloth and warm water. No soap. If you feel you really must use soap, the milder the better. Avoid anything with perfume, oils, or deodorant.

I used to use baby washcloths, particularly when my skin was irritated, but now that the area's healthy I use a good quality, soft paper towel. Don't actually wash the stoma itself, just the skin around it that's been covered by the baseplate.

If you've used soap or any other kind of product, like adhesive remover, make sure you rinse really well.

It's perfectly ok to get some soap or water on the stoma. Some people even take baths with their stomas exposed. Just make sure to rinse thoroughly afterwards.

You may need to put some products on your skin or baseplate at this point, depending on your individual situation. These are described later in the *What Could Possibly Go Wrong?* chapter.

Make sure the area is bone dry after rinsing or applying any products. You can let your skin air dry, or use a blow dryer on a gentle setting.

Step 3 – apply the new baseplate

Typically, there's a flimsy backing on the baseplate that keeps the adhesive side sticky and clean. Peel it off, then apply the baseplate over your stoma, making sure very little or no skin is exposed around edge of the stoma and visible through the hole. It should be a pretty exact fit.

Some ostomates and nurses say there can or even should be a very tiny circle of skin visible around the stoma (a maximum of 1/8" or .33 cm). This is to be extra sure that your stoma opening doesn't extend beneath the baseplate, which could result in leaking.

It's really up to you. If you find that leaving any skin exposed at all makes it red and irritated, then try an exact fit. If you find an exact fit leads to leaking or seepage under the baseplate, try leaving a small circle of skin visible. Over time, you'll get to know what works best for you.

Some ostomates gently warm the baseplate for a few minutes with a hair dryer before applying it. This can make the baseplate adhere better to your skin. It isn't a must-do step for everyone, but if you find you need some extra adhesion, it's something to try.

Once the baseplate is on, make sure it's secure by pressing firmly all around it, taking special care to press the circular area immediately around the stoma with your finger.

Some people turn an empty prescription pill bottle upside down, with the top off, and use that to press down on the baseplate around the stoma, ensuring a good seal. Make sure it's the right size bottle. You don't want to press directly on the stoma, just around it.

With a 1-piece appliance, you're good to go. Otherwise, the next step is to attach the pouch, using either an adhesive or mechanical coupling, as described in Chapter 3.

Many people who have trouble with adherence lie down for 5-10 minutes after putting the baseplate on. Some apply a warm heating pad or lay their warm hand over the appliance during this time, to make sure the adhesive "takes."

Disposal

Dispose of used baseplates and pouches (and bag liners, if you don't flush them) the same way you'd dispose of soiled diapers.

Avoid plastic grocery bags or anything that isn't air-tight and made to fight odors.

Some people use a diaper disposal system like DIAPER GENIE®. Others don't use the actual apparatus but just the bags that are made for it, which come in a roll. Still others use sealable plastic bags or doggy poop bags. Some brands of ostomy pouches even come with their own odor control trash bags.

Personally, I put my used baseplates, bag liners, and pouches into resealable plastic bags, like freezer bags. Once sealed, they go in a special odor control bag that comes with my pouches. When a few plastic bags have accumulated in there, I tie a knot and throw it out with the regular trash.

Irrigation

This is only an option for people with descending or sigmoid end colostomies (because your stool needs to be pretty firm, and if you have an ileostomy, irrigating can lead to dehydration). It's basically a water enema, flushing stool out of your colon through the stoma. After you've irrigated, you shouldn't produce any more output for a day or longer, eliminating the need to empty pouches more frequently and irregularly.

How it works

You sit on or near a toilet, hang a bag of warm water about shoulder height, like an IV drip, and let the water flow down into your stoma, where it washes out the stool.

The equipment needed is available from ostomy supply companies – basically an irrigation bag (to hold the warm water) with a tube and an on/off flow control valve, a "stoma cone" on the end of the tube that's inserted partway into your stoma (remember that the stoma has no nerve endings, so inserting the cone is painless), and an "irrigation sleeve" that the output flows through and out into the toilet. There are other accessories you might want to use, like an ostomy belt to keep the irrigation sleeve firmly attached to your baseplate, a hook to hang the bag from, and a clip for the end of the sleeve. All easily available.

There's a learning curve at first, of course. You should be taught how to do it by a stoma nurse. There are things to learn, like water temperature, flow rate, how to deal with the odd problem that might crop up, etc., but once you've

mastered the technique, you may find this a much more attractive option than emptying a pouch frequently.

The whole process usually takes about 45 minutes to an hour. And you only have to do it every day or two, sometimes even every three days.

Following a regular irrigation routine generally works best. You should irrigate the same number of days apart at roughly the same time of day (like every second morning, for example). That doesn't mean you can never change your schedule. If travel, company, or other demands mean you must skip or delay irrigation that's quite alright. Your bowels may take a few days to re-adjust to the variation or they may readily adapt to a new routine.

Is it for you?

People who irrigate and love it often report …

- The best part is the freedom that comes from regaining control over your bowel movements.
- After the colon adjusts to this new process and new routine, it typically "learns" to hold the stool inside until the next irrigation. This means that colostomates who successfully irrigate can avoid middle-of-the-night bathroom runs, and embarrassing situations at work or in social situations.
- They can often wear only a small stoma cap or patch in between irrigations, so no bulky appliance.
- They tend to have reduced gas, odor, and skin irritations.
- Irrigation is generally less expensive than frequently replacing pouches.

On the downside …

- It can take some time to learn how to irrigate and for your body to adjust to it (at least several weeks).
- Even the most successful irrigators can sometimes have a bit of output in between irrigation sessions. This is usually minor and often in the form of hard pellets. Until you've been irrigating for several months and are familiar with your body's response to irrigation, it's best to carry a spare pouch when you're away from home.
- The time it takes to irrigate is another factor to consider. It takes a lot longer to irrigate than to empty a pouch, although it's done much less often, so if you add up how much time is spent in the bathroom every week, it might even out.
- If you're a bit squeamish about touching your stoma, you'll probably find this whole idea unappealing.

Some people actually enjoy the forced break of irrigating. They're happy to spend the time listening to music, playing a game on their laptop, reading, etc. while sitting in the bathroom. Others put a clip on the irrigation sleeve, slip into a robe, and putter around the house for a while.

Before making the decision to irrigate, talk it over with a stoma nurse or doctor who's knowledgeable about the process. There are some conditions that have to be ruled out, or at least carefully considered, before starting – such as a prolapsed stoma or hernia, extensive radiation to the lower bowel, and pre-existing conditions like IBD or chronic diarrhea.

DECISION MATRIX

	Irrigation	***Traditional pouch system***
Feels more "normal" between changes	**Yes ✓**	No
Frequency of changes	**Less ✓**	More
Urgency/unexpected accidents	**Less risk ✓**	More risk
Gas, odor, skin irritation	**Less ✓**	More
Appliance can be bulky	**No ✓**	Yes
Cost	**Less ✓**	More
Hernia, prolapse, pre-existing condition	*Check with doctor*	
Ileostomy	No	**Yes ✓**
History of bowel problems	No	**Yes ✓**
Learning curve / time to adjust	More	**Less ✓**
Time in bathroom per change	More	**Less ✓**
Need to stick to a routine/schedule	More	**Less ✓**
Squeamish about touching stoma?	No	**Yes ✓**