



LIVING WITH A STOMA

INTRODUCTION

Sometimes during surgery for Inflammatory Bowel Disease (IBD), the bowel is brought to the surface of the abdomen. An opening is made so that digestive waste products drain into a bag rather than through the anus. This is called a stoma.

This information sheet describes different types of stoma and why you may have one. It also explains how to care for your stoma and manage it in your everyday life.

Your stoma nurse will give you information on how to look after your stoma. You may also find other Crohn's and Colitis UK information useful, especially our information sheets **Surgery for Crohn's Disease** and **Surgery for Ulcerative Colitis**. All our publications are available on our website: www.crohnsandcolitis.org.uk

WHAT IS A STOMA?

A stoma (ostomy) is an opening on the wall of the abdomen that diverts the contents of the bowel out of the body. A bag fits around the stoma to collect the contents.

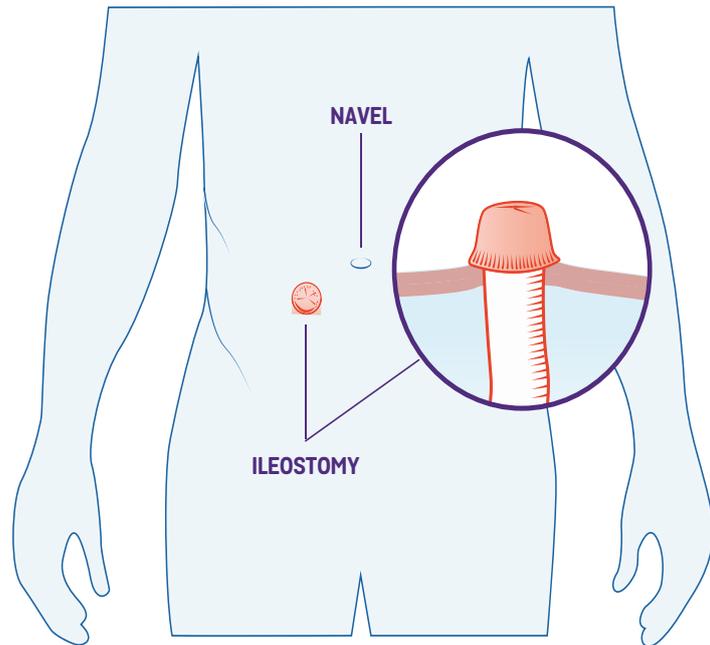
There are two main types of stoma that people with IBD may have – an ileostomy and a colostomy. These may be temporary or permanent. If you have Ulcerative Colitis (UC), you are likely to have an ileostomy. If you have Crohn's Disease you may have either an ileostomy or a colostomy, depending on which part of the bowel is affected. Stomas may be formed from the cut end of the bowel (end stomas) or from a loop of bowel (loop stomas).

- **Ileostomy**

An ileostomy is formed when the ileum (small bowel) is brought to the surface of the abdomen. It usually has a short spout of bowel, 2-3cm in length, which helps prevent digestive waste products (output) irritating the skin around the opening. Your stoma nurse or surgeon will talk to you before the surgery about where the stoma will be on your abdomen. It is usually positioned low down on the right side.

The output is usually soft and loose, with a similar consistency to porridge. This is because the contents of the bowel have not passed through the colon, which is where the body absorbs the remaining water to create solid faeces.

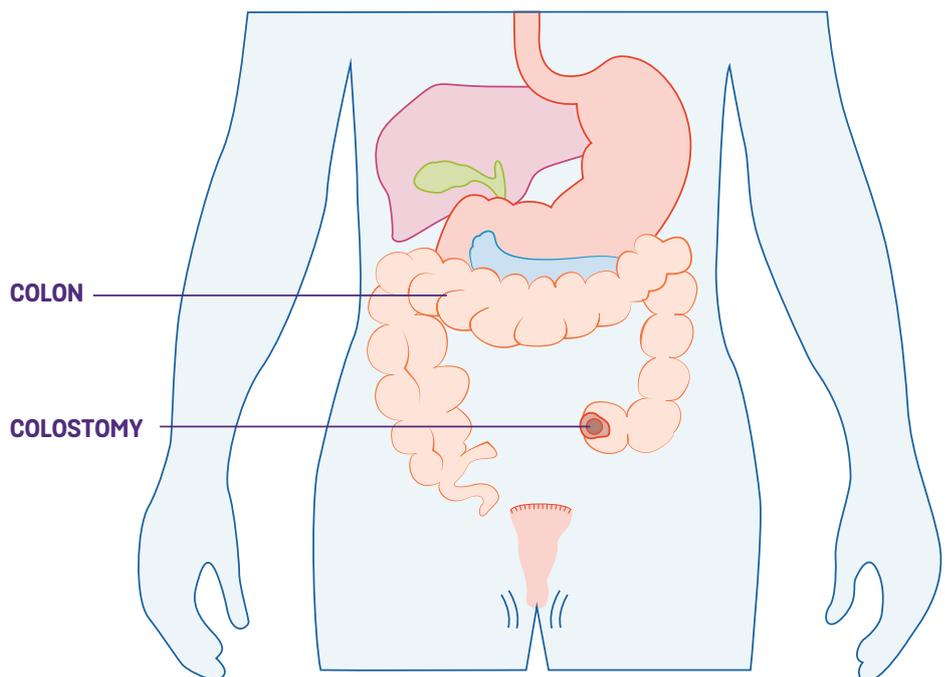
See the next page for a picture of an ileostomy.



- **Colostomy**

A colostomy is formed when the large intestine (colon) is brought to the surface of the abdomen. It is usually raised at least 5mm above the level of the skin on your abdomen, to help prevent faeces irritating the skin. Your stoma nurse or surgeon will talk to you before the surgery about where the stoma will be on your abdomen. It is usually low down on the left side but this will depend on where the affected part of the bowel is.

The bowel contents pass through part of the colon, where the body absorbs some of the remaining water. Depending on where the stoma is, the faeces passed out of the body will be semi-formed or fully formed.



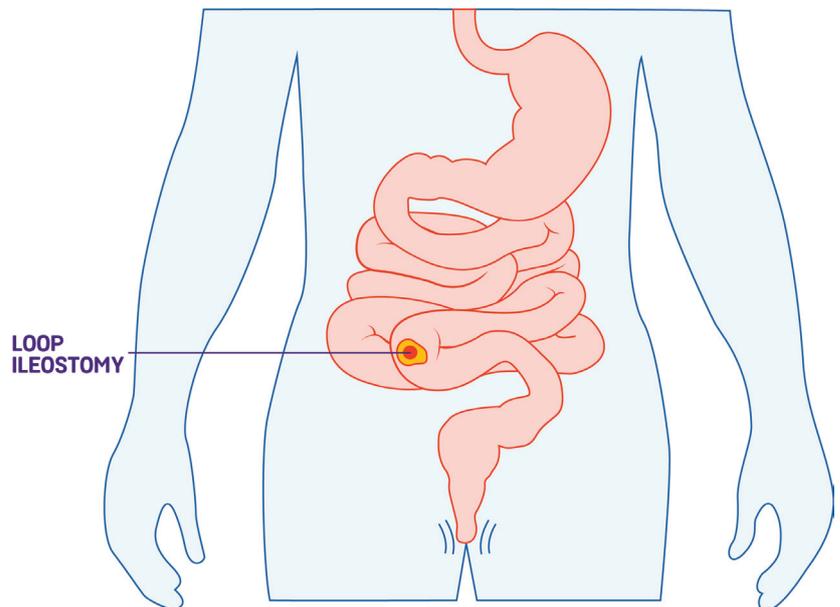
- **Loop and end stomas**

A loop stoma is formed from a loop of bowel brought to the surface of the abdomen. An opening is made in the wall of the bowel and the edges are stitched to the abdomen. The contents of the bowel pass out of one end of the loop into the stoma bag. The other end of the loop does not pass any digestive contents, but may pass some mucus. Loop stomas are usually temporary but can be permanent.

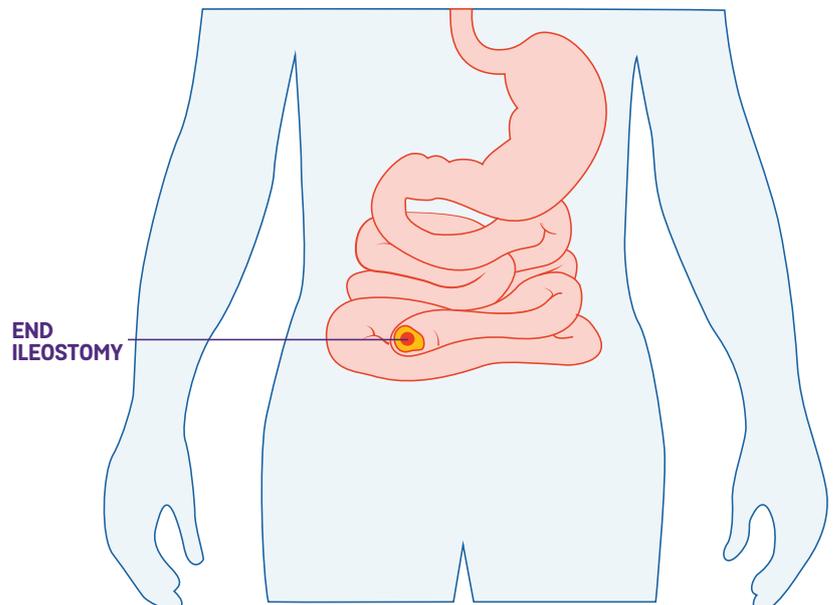
An end stoma is formed from the cut end of the bowel. The surgeon brings the end of the bowel to the surface, folds it over and stitches it to the skin on the abdomen. End stomas can be permanent or temporary.

The pictures below show loop and end stomas formed from the small bowel (ileostomy), but they can also be formed from the large bowel (colostomy).

LOOP STOMA



END STOMA



WHY WOULD I NEED A STOMA?

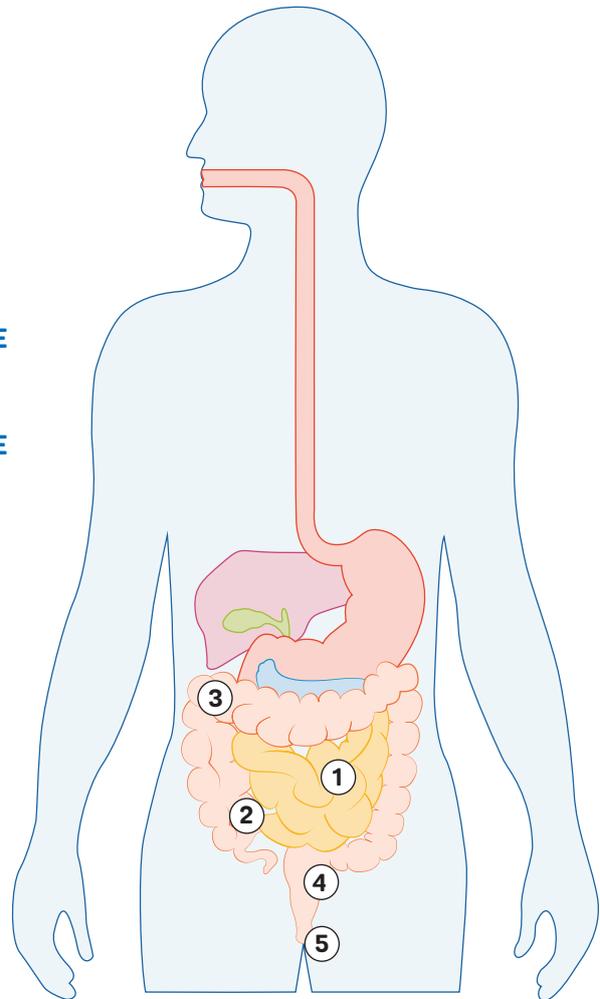
Your doctor may recommend surgery to remove part of the bowel if you have:

- severe IBD that is not responding to medical treatment
- complications of your disease that will not respond to medical therapy, such as a narrowing in part of the bowel (stricture) or a pus-filled area in the wall of the bowel (abscess)
- a perforated bowel
- a high risk of cancer in the bowel
- cancer in the bowel.

Some people choose to have a stoma if they feel it will improve the quality of their lives.

THE DIGESTIVE SYSTEM

- 1 SMALL INTESTINE
- 2 END OF ILEUM
- 3 LARGE INTESTINE (COLON)
- 4 RECTUM
- 5 ANUS



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I chose to have a permanent ileostomy. Yes it's hard to go through surgery, yes it changes your body and yes it's a big decision. But it was worth it to be able to go out, not be in the bathroom 30 times a day, to stop the accidents, to be able to eat what I want and allow me to be a parent to my children. I wear my bag out and proud and encourage others to do the same. ”

Shell, age 33, diagnosed with Ulcerative Colitis in 2005, has a permanent end ileostomy

• **Crohn's Disease**

If you have Crohn's Disease in the colon, you may have an operation to remove most or all of the colon (colectomy). You may have an ileostomy or the surgeon may join the end of the ileum (last part of the small intestine) to the remaining healthy colon or to the rectum.

If you have Crohn's in the rectum or anus, you may have surgery to remove all or part of the rectum (proctectomy) and the surgeon may need to create a permanent stoma to divert the digestive waste products. You may have a temporary stoma to relieve your symptoms before having this surgery. If the colon, rectum and anal canal need to be removed (proctocolectomy), you will have a permanent ileostomy.

Very occasionally, some people with Crohn's will need emergency surgery, for example, if they have:

- severe bleeding from the bowel
- a blocked bowel
- a hole or tear in the bowel wall.

They may have a temporary stoma after the surgery.

• **Ulcerative Colitis**

If you have UC, you may have the whole colon and rectum removed (proctocolectomy). You will then have a permanent ileostomy.

An alternative is to remove the colon (subtotal colectomy) but leave the rectum in place. After this surgery, you will have a temporary end ileostomy. The subtotal colectomy relieves your symptoms and gives you time to decide whether to have either a permanent stoma (end ileostomy) or an ileo-anal pouch. The surgeon will discuss your options with you.

Surgery to form an ileo-anal pouch is commonly called pouch surgery, but may also be described as IPAA (Ileal pouch-anal anastomosis) surgery. The surgeon uses the ileum (the last part of the small bowel) to make a pouch, which is joined to the anus. You will usually need two or three separate operations to complete the surgery. The surgery allows you to pass faeces from the anus. If you have this type of surgery, you may have a temporary stoma (loop ileostomy) while the bowel heals after the pouch is formed.

You may find the loop ileostomy behaves differently from the temporary end ileostomy you had after the first operation (subtotal colectomy). For example, the output may be increased and you may have more problems with sore skin. This is because the loop ileostomy is formed higher up the small bowel, so the output is looser and more likely to irritate your skin.

If you need emergency surgery for UC, you may have an end ileostomy. This may be reversed if you are able to have further surgery to form an ileo-anal pouch.

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HOW SHOULD I LOOK AFTER MY STOMA?

Your stoma nurse will show you how to look after your stoma and how to change your bag. They will also give you written information. They will usually be your main point of contact before surgery, while you are in hospital and once you are back home.

- **In hospital**

Before your operation, a specialist nurse (such as a colorectal or stoma nurse) or doctor (such as a gastroenterologist or colorectal surgeon) will explain your treatment options. You will have time to ask questions and talk to your loved ones before making a decision.

The stoma nurse or colorectal surgeon will talk to you about where the stoma will be on your abdomen. They will avoid any areas of skin that have creases, scars or folds. They will also try to place the stoma out of the way of waistbands of your clothes. The nurse will show you how to look after your stoma and will give you information and support.

The stoma nurse will make sure you are able to look after your stoma yourself after surgery and before you go home. They will help you to build a routine of care of your stoma that fits in with your everyday activities. They will also talk to you about which stoma supplies you need and will give you a supply of stoma bags to take home. They should give you a prescription for your stoma supplies along with details of stoma supply companies, so you can order more once you are home.

- **At home**

When you are home, you will need to give your GP the details of your prescription. They can tell you if you are able to get free prescriptions. In England, stoma supplies are free on prescription if you have a permanent ileostomy or colostomy. Your GP or hospital doctor can give you an FP92A form to apply for free prescriptions. If you have a temporary stoma, you will need to pay for your prescriptions unless you are aged over 60 or you have a cancer diagnosis. Your GP or pharmacist can give you information about prescription prepayment certificates, which may work out cheaper. All prescriptions are free in Wales, Northern Ireland and Scotland.

You can either get your stoma supplies from a pharmacy or you may want to use a delivery company. These companies may offer extra services and free samples. For example, they may cut your stoma bags to fit your stoma. Remember to order supplies regularly and in plenty of time so you do not run out. It can take up to two weeks for your supplies to arrive, depending on the service you use.

The stoma nurse or specialist nurse will either visit you at home or see you in a clinic to make sure you are coping with your stoma. They will give you advice on preventing any problems, such as leaks or sore skin.

- **Stoma care**

Most stomas are pinkish red in colour and are about the size of a 50p piece. Your stoma may change size and shape over time, for example if you lose or gain weight or as you get older. If you are worried about any changes to your stoma, your stoma nurse will be able to help.

It is important to keep the skin around your stoma healthy to prevent soreness and irritation. You can use warm water to regularly clean the skin. Do not worry if you see small spots of blood from the stoma. The blood vessels in the stoma tissue can sometimes bleed but it will soon stop. If blood is coming from inside the stoma, contact your stoma nurse.

Burning and itching around the stoma can sometimes be a sign that you need to change your stoma bag. If your skin is sore, visit your stoma nurse for an assessment. They will check that your stoma bag fits snugly around your stoma and they can recommend products to help protect your skin (see **Other products** below). If you have an infection in the skin around your stoma, your GP can give you treatment.



I had constant soreness and itchiness with the skin around my stoma. But the stoma nurses were great in finding alternative options and now everything is much better. ”

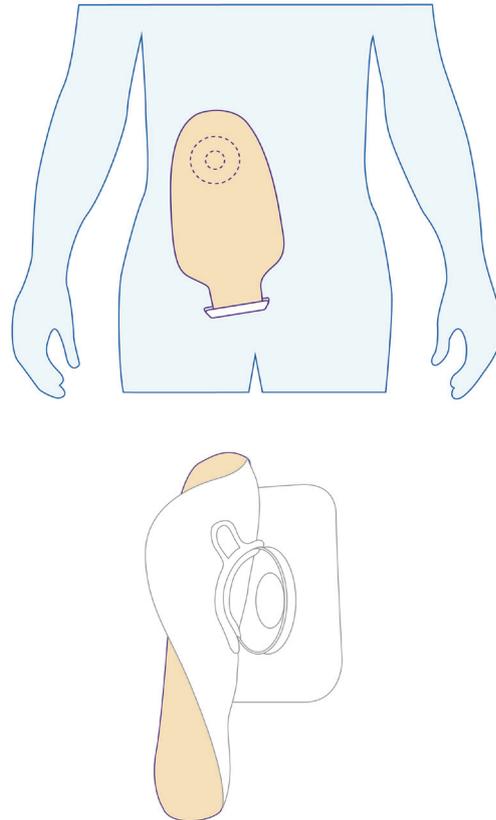
Kevin, age 30, diagnosed with Ulcerative Colitis in 2016, had a temporary loop ileostomy

- **Stoma bags**

There are different types of stoma bags available, including two-piece or one-piece bags and drainable ileostomy bags and closed colostomy bags.

Stoma bags are made up of a base plate (adhesive plate or flange) and a bag. The base plate sticks to the skin around the stoma and the bag collects faeces.

Two-piece bags (see below) have separate base plates and bags, which join together using clickable rings or adhesive. You can leave the base plate on your skin for up to four days and change the bag as often as you need.



In one-piece bags, the base plate and bag are joined together and you replace the whole bag each day or on alternate days.

Your stoma nurse will help you find a bag that fits your body shape and your lifestyle. You may need to change to a different bag over time. For example, your abdomen may be swollen after surgery so you may need a different bag once the swelling goes down. If your stoma does not extend out far enough from your skin, your stoma nurse may recommend a convex bag. This is shaped to help prevent leaks. Convex bags can put pressure on the skin around the stoma so you should only use them under the guidance of your stoma nurse, to prevent skin problems.

You can't control when you pass faeces or wind into the bag so you will need to empty the bag regularly. Depending on the type of stoma bag used, ileostomy bags are usually emptied four to six times a day and changed every one to four days. There is an opening at the bottom of the bag, so you can empty the contents into the toilet. You can then clean the opening of the bag with toilet tissue and close it up.

Colostomy bags do not usually have an opening so you need to change them when they are a third to half full. This may be two or three times a day, on average.

There are other options for managing your colostomy. If you have an end colostomy, you could try using a stoma plug. This fits inside the stoma, preventing faeces from leaving the bowel. Another option is to irrigate your stoma. This washes out the colon so you do not pass any faeces or wind for one or two days. You can wear a stoma cap to protect your stoma. Your stoma nurse can tell you if any of these options would suit your stoma.

- **Other products**

Every stoma is different and every body shape is different, so there are many products available to help you manage your stoma care. You can get many of these products on prescription. They can be helpful if you are having problems with your stoma, such as leaks or sore skin. For example, seals and washers can help the bag fit better and help to prevent leaks. Adhesive removers help to remove the base plate from the skin.

You can also get support garments or belts to support your stoma and abdominal muscles, for example if you have a hernia or if you are playing contact sports. Your stoma nurse can help you with any stoma problems and give you advice on products. You can also find information on stoma bags and other products from stoma supply companies. Many of these have telephone helplines and information on their websites. Some also have their own stoma nurses.

DO I NEED TO CHANGE MY DIET?

You can eat and drink soon after surgery. Once your stoma starts to pass some wind and faeces, you will be able to start gradually increasing the amount you eat and drink.

You can start with foods that are easy to digest. Foods like mashed potato with butter, scrambled egg, creamy soup, ice cream, jelly and custard are good options. Vegetables should be well-cooked. You may find it easier to eat five or six smaller meals a day and to chew your food well.

After a couple of weeks, you can start to eat more normally. You may find it helps to try one new food at a time to see how it affects your digestive system. For example, some people find that fizzy drinks and 'windy' vegetables like cabbage make their stoma bag fill with gas. If a food causes problems with your stoma, you could stop eating it for a while and then try it again. If it carries on causing problems after a few tries, then you may want to avoid it in future. For some people, enjoying a favourite food occasionally can be worth the temporary increased wind or output.

Some foods, like beetroot, asparagus and strawberries, can change the colour of your stoma output. This is not harmful but may worry you if you are not expecting it. There is no need to avoid these foods. Our **Food and IBD** booklet has more information about diet after surgery.

- **Eating with an ileostomy**

You should be able to eat a normal, healthy diet. A small number of people may find it hard to digest foods containing fibre. If you are having problems, you could try adding fibre to your diet gradually, starting with cooked fruit, like stewed apple. You may want to avoid small, hard foods like sweetcorn and nuts. You could also remove the skin and seeds of fruit and vegetables, and chew the food well and slowly.

If you get a blockage, you may get pain in your abdomen, you may feel sick or bloated and your stoma may stop working. Your stoma nurse can give you advice on what to do.



I always drink plenty of fluids with and after meals to help keep the output a porridge consistency. I find if I do not drink enough then output slows and blockages are more likely. If I get a blockage I have a drink and gently massage the area around the stoma, which helps move the output into the bag. Moving around also helps. ”

Michelle, age 31, diagnosed with Ulcerative Colitis in 2007, has a temporary loop ileostomy

See our **Food and IBD** booklet for information on eating after surgery.

You will need to make sure you are drinking enough fluids (between 2 and 2.5 litres a day) to avoid your body losing too much water (dehydration). This is particularly important in hot weather or when you are doing a lot of physical activity.

You may sometimes get an increased output from your stoma, for example if you have a stomach bug. You can replace the lost fluid by drinking as normal. Eating salty foods will replace the lost salts. You may want to try rehydration drinks, which you can buy from the pharmacy or supermarket.

Taking antibiotics and eating spicy food may also increase the output from your stoma. If you have increased output, try to avoid foods and drinks that can make the bowel more active, like fruit, fried foods, fruit juice, caffeine and alcohol. Eating foods that thicken the output may help. These include:

- foods high in carbohydrate, such as rice, bread, potatoes, pasta, noodles
- root vegetables, such as carrots, parsnips, sweet potato, plantain, pumpkin
- bananas – not too ripe or too green
- drinks containing thickeners, such as milkshake, frozen yoghurt.

It is important to tell your stoma nurse if you have ongoing problems with increased output and you feel thirsty, faint or weak, or if your urine is a dark yellow colour. You may have a stoma that produces a higher than normal output, which can cause dehydration. The stoma nurse or a dietitian can give you advice on your diet and may suggest you take rehydration drinks to replace the lost salts. They may also recommend medicine, such as loperamide, to prevent diarrhoea. Speak to your GP or pharmacist before taking any medicines. You may need to limit your intake of low-salt drinks, such as water, as these can make dehydration worse.

For more details see our information sheet on **Dehydration**.

- **Eating with a colostomy**

Once you have recovered from surgery, you will be able to eat a balanced, healthy diet.

Just like anyone without a stoma, you may sometimes pass faeces less often than normal (constipation). You can help to prevent this by drinking plenty of fluid (between 2 and 2.5 litres a day) and eating enough fibre. If you have constipation, eating regular meals will keep your stoma working. If you want to add more fibre to your diet, try to do it gradually to avoid too much wind and be sure to drink enough fluid to help keep your bowel motions soft.

Some people may, at times, have an increased loose, runny output (diarrhoea). Your GP or stoma nurse can give you medicine to slow the movement of food through your bowel and thicken the output. The ileostomy section above has a list of foods that can thicken the output.

For more details see our information sheet on **Diarrhoea and Constipation**.

HOW WILL A STOMA AFFECT MY LIFE?

Having a stoma should not stop you doing the things you did before your surgery. You may need to make some changes to your daily routine, but having a stoma can make life easier if you no longer have IBD symptoms.

Everyone deals with their stoma differently. How it affects your life and the way you feel will be individual to you. Your stoma nurse and IBD team are there to help you.

- **Your emotions**

Having a stoma is a big change and it can affect how you feel about yourself. You may feel low in mood, worried or lonely, or feel that you have lost control over your body. It can take a long time to come to terms with what you have been through and to manage the stoma alongside the social, sexual and work aspects of your life.

Your stoma nurse is there to answer your questions and help you cope with looking after your stoma. If you need extra support, you may want to ask your GP about seeing a counsellor. Our information sheet **Counselling and IBD** has more information on how counselling can help and where to find a counsellor.

- **Coping with everyday life**

Problems with your stoma can affect the quality of your life. You may have discomfort or pain, or find it hard to stop leaks from the stoma bag. You may be worried about going out or you may feel you can't do everyday things like going to work or seeing friends. Even when you are confident looking after your stoma, accidents can still sometimes happen. Your stoma nurse can show you how to prevent and deal with accidents, such as leaks.

Some people find their day-to-day lives easier once they have a stoma. If you are no longer having IBD symptoms, you may be able to return to doing more of the things you enjoy. Talking to people, like family and friends, can also help you to feel more positive about your stoma. You may want to think about joining a support group to meet other people with stomas. Your stoma nurse can tell you if there are any in your area.

- **Body image**

Having a stoma can affect how you see yourself and how you feel about your body. At first, you may feel shocked or upset by the change to your body. Or you may feel positive about your stoma if you are no longer having IBD symptoms.

Some people are worried about how their stoma looks and whether people can see the bag through their clothes. Emptying the bag regularly helps it to lie flat against your body so it cannot be seen under your clothes. Some people like to wear support garments or trousers and skirts with high waists, to help keep the bag flat against the body.

Getting out and about will help you to gain confidence. Talking about how you feel may also help. Your IBD team and stoma nurse are there to give you support.

- **Sexual relationships**

You may worry about how your stoma will affect your sex life. You may not be sure how your partner will react to your stoma or you may be worried about smells or noise from your stoma.

It can take time for you and your partner to get used to your stoma but gradually together you will be able to adjust. You may want to empty the bag before intimacy or sex. As long as the bag is attached well, it should not get in the way. If you want to cover the bag, you can buy underwear or bag covers. If you have a colostomy, you could use a stoma plug. A list of suppliers is available from The Colostomy Association.

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It was important to me to involve my young children in looking after my stoma, to help us all adjust to the change in lifestyle. They all had a role, including naming my stoma, helping me to choose clothes that looked good and passing me all my supplies to do a bag change. ”

Yvette, age 35, diagnosed with Ulcerative Colitis in 2002, has an ileostomy

In some people, surgery may damage the nerves and tissues that control sexual function, causing erectile dysfunction in men and painful sex in women. You may want to talk to your IBD team and surgeon before your surgery about these possibilities. If you have a stoma and are having these symptoms, your GP, IBD team or colorectal surgery team can give you advice on treatments that can help.

Having a stoma may improve your sex life if you are no longer having symptoms of IBD. For example, your desire for sex (libido) may increase if you are feeling well.

Your GP or stoma nurse can give you advice on contraception. Some methods may not be suitable for you, depending on the type of stoma you have. For example, the contraceptive pill may not be fully effective in some women with an ileostomy, particularly if there is an increased output from the stoma.

Our information sheet, **Sexual Relationships and IBD**, has more information on how a stoma can affect sexual relationships.

- **Fertility and pregnancy**

Inactive UC or Crohn's are unlikely to affect fertility. However, active IBD, particularly Crohn's, may reduce fertility in some women. Your doctor and IBD team can talk to you about the risk of IBD affecting your fertility. They can help you to get your IBD under control before you start trying to conceive. You may also find it helpful to ask your GP to refer you to a fertility specialist.

Pouch surgery for UC can cause the build-up of scar tissue, which may block or damage the fallopian tubes and reduce fertility in women. Keyhole surgery may be less likely to affect fertility than open surgery.

Less is known about how surgery affects fertility in men, however pouch surgery may cause erectile dysfunction in some men.

If you become pregnant and you have a stoma, you may want to tell your stoma nurse at an early stage. They can give you advice on how pregnancy can affect your stoma. For example, your stoma may change shape or size.

Most pregnant women who have a stoma are able to give birth vaginally, but sometimes a caesarean section may be necessary.

You are not likely to have stoma surgery while you are pregnant, unless severe IBD is a greater risk to your baby than the surgery. The risks of surgery may be lowest during the middle trimester (months 4-6) or, if this is not possible, towards the end of the pregnancy.

You can read more about fertility and pregnancy in our information sheets, **Fertility and IBD** and **Pregnancy and IBD**.

- **Physical activity**

When you go home after surgery, you will probably be able to walk around without help and do lightweight tasks. You will feel tired to start with but gentle exercise can help you to build up your energy levels.

You should avoid lifting heavy objects for up to three months after surgery. This is to reduce the risk of a hernia, which is where the bowel can push against a weak part of the muscle or tissue in the abdomen or around the stoma. Once you have recovered from surgery, your stoma nurse or physiotherapist may recommend exercises that build up the muscles in the abdomen (core muscles) to help prevent a hernia.

Having a stoma should not stop you doing the sports you enjoy. Stoma bags are waterproof so you can go swimming. If you have a colostomy, you could use a stoma plug while you're swimming. Your stoma nurse can give you information about these. If you want to cover up your stoma bag, you can buy covers in different colours and patterns. The Colostomy Association provides further information about stomas and has a list of companies that sell products, such as bag covers.

Once you have returned to full fitness, your stoma nurse will tell you when you can start playing contact sports. They can also advise you on building up your core strength and can tell you about stoma guards and support belts, which some people wear to protect and support their stoma.

- **Work**

If you are going back to work after surgery, you may be worried about telling your employer about your stoma. You may want to think about asking for a phased return to work, if you are feeling tired or finding it difficult to concentrate for long periods. There is information about how to talk to your employer about your condition in our **Employment and IBD: a guide for employees** information sheet. We also have a version for employers, which you may want to show to your manager or HR department.

- **Travel**

After surgery, your doctor may recommend you wait until you are walking around easily and able to sit comfortably before travelling. How long this takes depends on the type of surgery you have had and how quickly you recover, but it may be three to four weeks.

Your GP will tell you when you can start to drive again. You will need to be in full control of the vehicle and not affected by any medicines that may make you feel sleepy, like some painkillers. You should feel comfortable when you are driving and be able to do an emergency stop with confidence. You will need to tell your car insurance company about your operation and they can tell you how long you need to wait before you are insured to drive.

If you are going away, you may want to take extra stoma supplies with you. Some people take twice the amount they usually use to make sure they have enough. To avoid too much wind in your stoma bag, you may want to change your bag just before you travel and avoid fizzy drinks or spicy foods. If you are flying, you could divide your stoma supplies between your hand luggage and main luggage, in case one goes missing. You will not be able to take aerosols or scissors in your hand luggage so you may want to take spare stoma bags that have already been cut to size.

You may need to wait until you have been back to the clinic for your review (4-6 weeks after surgery) before you can fly. If you need to fly sooner than this, your consultant may suggest waiting for at least 10 days after surgery, depending on the type of surgery you have had. This is because the air pressure within the cabin causes the gas in your intestines to expand, which could cause pain and stretch your wound.

You will have a higher risk of blood clots (deep vein thrombosis) on long journeys if you have recently had surgery. To reduce your risk, you may want to wear compression stockings (properly fitted by a health professional) and move your legs as much as possible during the journey.

If you are travelling abroad, you can get a travel certificate from the Colostomy Association, IA (The Ileostomy & Internal Pouch Support Group) or some stoma companies that explains your needs in different languages. You may want to find out if there are any local stoma nurses where you are going to stay.

There is more information about travelling with a stoma in our **Travel and IBD** information sheet.

- **Taking medicines**

When you have a stoma, your body may not fully absorb medicines that you take by mouth. Many tablets and capsules slowly release drugs and your body may not have time to absorb them before they come out in the stoma bag. Tablets that dissolve in water, liquids and uncoated tablets may work better. Your GP or pharmacist can give you more information and can help you find the right type of medicine.

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I refuse to be dictated to or defined by my stoma. Since the operation, I have played cricket again to a good standard, played football and golf, been swimming and cycling amongst many other things. ”

Kevin, age 46, diagnosed with Ulcerative Colitis in the late 1990s, has a permanent ileostomy

COMMON WORRIES

Many people worry about smells from their stoma, what clothes to wear or how to prevent leaks. If you are worried about anything, speak to your stoma nurse or IBD team. Other people with IBD can also be a great support. Your stoma nurse may be able to put you in touch with a local support group.

- **Will it smell?**

Stoma bags have filters that use charcoal to filter the air and absorb smells. The bag should not smell except when you change or empty it. If you are worried about leaving a smell, you could use a regular air freshener. You may also want to avoid foods that can cause smelly wind, such as fish, eggs, onions, cheese and cucumber. Foods that may reduce smells include yoghurt, orange juice, tomato juice and parsley. If you are having problems with smells, you could ask your stoma nurse or supply company about deodorising sprays and powders that you put inside the bag.

- **Will it be noisy?**

You won't have any control over wind passing out of the stoma and it can be noisy. To reduce wind, you could try avoiding windy foods and fizzy drinks like broccoli, cheese, beans and beer. Physical activity may also help. Other lifestyle factors, such as smoking, drinking through straws, chewing gum and sucking sweets or mints, increase the amount of wind going into your bag.

- **Can I wear my usual clothes?**

You should be able to wear the same clothes you wore before surgery. If your surgery is planned, the stoma nurse will talk to you about the best place for the stoma to be placed on your abdomen to try to avoid getting in the way of waistbands. Some people choose to wear looser or tighter clothes to hide the bag, depending on where the bag is.

- **My skin is sore**

The skin around your stoma should look the same as the skin elsewhere on your body. But sometimes, you may get problems, such as itchy, red skin (dermatitis), sore skin or a yeast infection (candidiasis).

If your stoma bag doesn't fit well, faeces can leak onto the skin and make it sore. The bag may leak if the base plate does not fit the shape of your body or fit snugly around your stoma. For example, if you lose or gain weight, the shape of your abdomen may change and the bag may no longer fit snugly. The shape of your stoma may also change, so the base plate no longer fits.

Make sure there are no creases in the base plate and that the hole in the base plate fits around your stoma well. Your stoma nurse will show you how to measure your stoma and cut the hole to fit. To prevent leaks, the hole needs to be the same shape as your stoma and 1-2mm larger.

If you are having problems with leaks, contact your stoma nurse for a review. They can check whether you need to change to a different stoma bag or they may give you other products that help to prevent leaks, such as seals, pastes or flange extensions. Emptying the bag regularly can also prevent leaks. If you have a colostomy, you may have a number of other options, including a two-piece bag, a stoma plug or stoma irrigation.

If you think your skin is reacting to the stoma bag, you could test it by attaching a bag to the other side of your abdomen to see if your skin still reacts. There are products such as skin wipes, sprays and powders that can help to protect your skin. But bear in mind that these can cause skin reactions in some people.

HELP AND SUPPORT FROM CROHN'S AND COLITIS UK

We produce more than 40 information sheets, booklet and guides about all aspects of IBD which are available to download for free on our website:

www.crohnsandcolitis.org.uk

We run a confidential helpline which is staffed by a team of trained Information Officers providing information and support to anyone affected by Inflammatory Bowel Disease.

Our team can:

- help you understand more about IBD, diagnosis and treatment options
- provide information to help you to live well with your condition
- help you understand and access disability benefits
- be there to listen if you need someone to talk to
- put you in touch with a trained support volunteer who has personal experience of IBD

Call us on **0300 222 5700** or email **info@crohnsandcolitis.org.uk**

See our website for WebChat (Live Online):

www.crohnsandcolitis.org.uk/support/information-service

Crohn's and Colitis UK Forum

This closed-group community on Facebook is for everyone affected by IBD. You can share your experiences and receive support from others at:

www.facebook.com/groups/CCUKforum

OTHER ORGANISATIONS

- **Colostomy Association**
0800 328 4257
Website: **www.colostomyassociation.org.uk**
- **IA (The Ileostomy & Internal Pouch Support Group)**
0800 018 4724
Website: **www.iasupport.org**
- **Stomawise**
0779 630 2853
Website: **www.stomawise.co.uk**

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We hope that you have found this leaflet helpful and relevant. If you would like more information about the sources of evidence on which it is based, or details of any conflicts of interest, or if you have any comments or suggestions for improvements, please email the Publications Team at publications@crohnsandcolitis.org.uk. You can also write to us at Crohn's and Colitis UK, 45 Grosvenor Road, St Albans, AL1 3AW or contact us through the **Information Line: 0300 222 5700**.

ABOUT CROHN'S & COLITIS UK

We are a **national** charity established in 1979. Our aim is to improve life for anyone affected by Inflammatory Bowel Diseases. We have over 33,000 members and 50 Local Networks throughout the UK. Membership costs start from £15 per year with concessionary rates for anyone experiencing financial hardship or on a low income.

This publication is available free of charge, but we would not be able to do this without our supporters or members. Please consider making a donation or becoming a member of Crohn's and Colitis UK. To find out how call **01727 734465** or visit www.crohnsandcolitis.org.uk



This information sheet has been produced with kind support from Coloplast, which had no input into the design or content of the guide.

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