Life with a stoma

A guide for you and your child

Coloplast

Contents

This booklet contains information on multiple types of stoma procedures - so it's important to note what type of stoma your child has! Read the anatomy and surgery specific information as highlighted below (based on information addressing either the digestive or urinary tracts). The rest of the booklet is relevant to all surgery types.

Ileostomy

Colostomy

Urostomy

If your child is having surgery, no matter what age, it can be overwhelming. It is natural to experience many different emotions. Each family's beliefs, expectations and concerns before and after stoma surgery may vary. Coping is easier with support from other parents and from hospital staff who have experience with children who have stomas.

Being positive, patient, supportive and involved from the beginning will also help you and your child adjust to having a stoma. Children are very accepting and after a relatively short period of time, will learn to adapt to life with a stoma.

This booklet is designed to help answer some of the most frequently asked questions you may have regarding your child's stoma care.

At Coloplast, we are dedicated to improving the quality of life for people, big and small, with stomas. This booklet is a starting point in helping you, your family and your child manage life with a stoma.

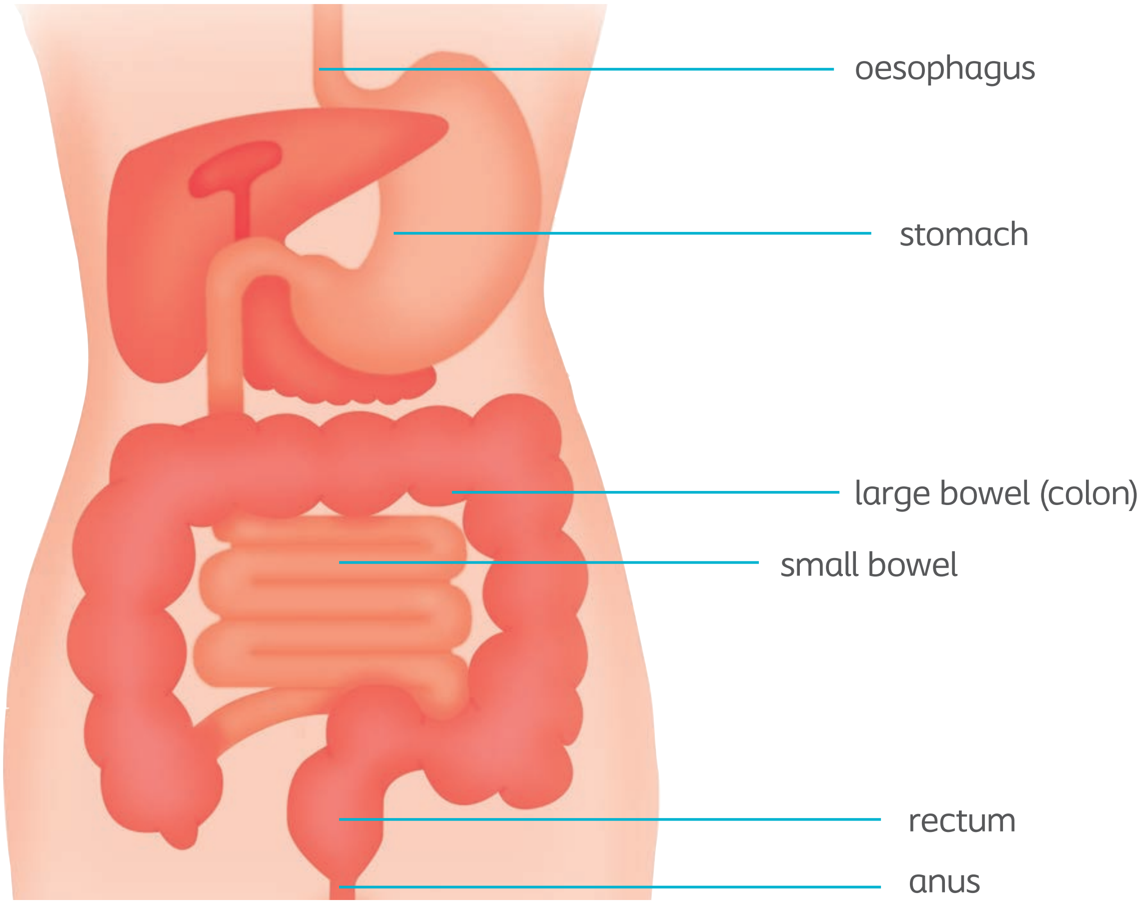
However, this booklet is not meant to be a substitute for medical or nursing care. Please contact your child's doctor or nurse specialist if you have any questions not covered in this booklet.

The digestive system

When food is swallowed, it passes through a long narrow tube (oesophagus) into the stomach. In the stomach, digestive juices help break down the food before it is passed into the small bowel. The small bowel has three segments the duodenum, the jejunum and the ileum. Nutrients needed by your child are absorbed from the food in the small bowel. This is why the small bowel is important. Later, your child's digested food is passed into the large bowel (colon), where water is absorbed and the stool becomes more formed. The stool is stored in the end of the large bowel (rectum) and leaves the body through the bottom (anus).

The part of the bowel you see on your child's abdomen is called the stoma. The stoma is where the poo will now pass from your child's body.

The stoma is soft, moist and red in colour like the inside of your cheek. Every stoma is different. Some are above the skin level, some are level with the skin and some stomas are in a skin fold. They also come in different shapes, sizes and places on the tummy.



Ileostomy

If your child has a surgically created opening between the small bowel and abdominal wall, it is a duodenostomy, jejunostomy or ileostomy, depending on what part of the small bowel was involved in the surgery. Your surgeon or nurse specialist can help you understand both the type and reason for your child's stoma surgery.

The most common stoma surgery involving the small bowel is an ileostomy.

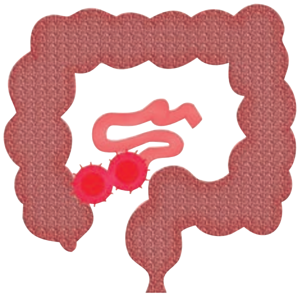
During ileostomy surgery, the end of the small bowel is brought through the skin on to your child's tummy. The part of the bowel you will see on your child's tummy is called a stoma, this is now where the poo will be passed.

You may want to ask your surgeon or nurse specialist to explain how your child's stoma was made during surgery.

Ileostomies can be temporary or permanent. When your child's stoma is temporary, the small bowel is eventually reconnected and the stoma is closed. When your child's stoma is permanent, the small bowel is not joined up.

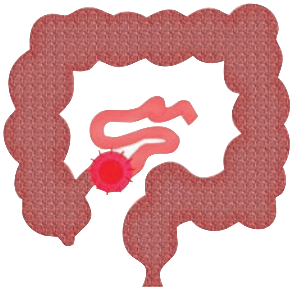
With an ileostomy, your child will not be able to control when the poo or wind comes out of the stoma. Therefore, your child will wear a stoma bag to collect the poo. When wind is passed, Coloplast has a built in deodorising filter system which will enable the wind to leave the bag.

Types of ileostomies



Double barrel or loop stoma.

The 2 ends of the bowel may not always be next to each other. This is called a split stoma.



End ileostomy

Ileostomy (cont.)

The first output from the stoma will be mostly wind and yellow or green liquid poo. As your child begins to eat and drink more, the poo will thicken to a "toothpaste" consistency that is light to medium-brown.

This is because less water is being absorbed from the poo compared to before your child had surgery. The thickness and how often the stoma works will be affected by the position of the stoma in the small bowel.

Poo from an ileostomy contains enzymes that can irritate the skin around the stoma. Your child's specialist nurse will teach you ways to protect the skin from these enzymes.

With a correctly fitted product and clean skin, irritation can be prevented. If you have concerns about any irritation of the skin around the stoma contact your child's nurse specialist.

Even with an ileostomy, your child may still have their bottom in place and they may feel the need to have a poo from their bottom. This feeling occurs because the bowel continues to produce mucus and is completely normal.

It is important to know what type of stoma your child has. Ask your child's surgeon or nurse specialist if you are unsure.

Colostomy

If your child has a surgically created opening between the large bowel (colon) and abdominal wall, it is called a colostomy. Your surgeon or nurse specialist can help you understand both the type and reason for your child's colostomy surgery.

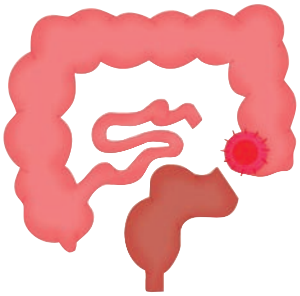
During colostomy surgery, the end of the large bowel is brought through the skin on your child's tummy. The part of the bowel you see on your child's tummy is called a stoma. The stoma is where the poo will now be passed. Depending on the surgical procedure your child has, your child may have one or more than one stoma, only one of these will be active with poo.

You may want to ask your surgeon or nurse specialist to explain how your child's stoma was created during surgery.

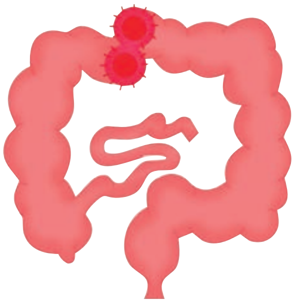
Colostomies can be temporary or permanent. When your child's stoma is temporary, the large bowel is eventually reconnected and the stoma is closed. When your child's stoma is permanent, the large bowel is not joined up.

With a colostomy, your child will not be able to control when the poo or wind comes out of the stoma. Therefore, your child will wear a stoma bag to collect the poo. When wind is passed, Coloplast has a built in deodorising filter system which will enable the wind to leave the bag.

Types of colostomies



End colostomy



Double barrel colostomy

The 2 ends of the bowel may not always be next to each other. This is called a split stoma.

Colostomy (cont.)

A colostomy usually begins to function about 3-4 days after surgery. The first output from the stoma will be mostly wind and liquid poo. Within the next few weeks, the poo may thicken to a soft-formed poo. The thickness of the poo will be affected by the location of the stoma in the bowel. The closer the stoma is to the end of the bowel; the more liquid is absorbed and the thicker the poo will be.

Poo from the colostomy can be irritating to the skin around the stoma. Your child's nurse specialist will teach you ways to protect the skin from becoming irritated. With a correctly fitted stoma bag and clean skin. Irritation can be prevented. If you have concerns about any irritation of the skin around the stoma contact your child's nurse specialist.

Even with a colostomy, your child may still have their bottom in place and they may feel the need to have a poo. This feeling occurs because the bowel continues to produce mucus, which may pass from the bottom.

It is important to know what type of stoma your child has. Ask your child's surgeon or nurse specialist if you are unsure.

After surgery - ileostomy / colostomy

After surgery, your child may be wearing a stoma bag. The bag may be transparent (clear) so the doctors and nurses can look at your child's new stoma. Sometimes, only a piece of gauze will cover the stoma until the stoma begins to work. After this happens, a bag will be applied to collect the poo and wind.

At first your child will only be given fluids to drink. Milk and food will slowly be added to their diet as bowel function returns. For babies on breast milk or formula, the poo may be light yellow and seedy-looking.

After surgery your child will be given medicine which will help them feel more comfortable. If your child experiences discomfort, be sure to bring this to the nurse's attention so medications can be given. Being comfortable allows your child to move around more freely.

Diet and nutrition - ileostomy / colostomy

Your child should be able to eat the same foods as other children, unless the doctor prescribes a special diet.

Wind and Odour

Be aware certain foods or drinks may cause wind or odour, for example:

- Beans
- Onion
- Cabbage
- Cauliflower
- Sweetcorn
- Cucumber
- Peas
- Milk products
- Melons
- Spicy foods
- Chewing gum
- Fizzy drinks

Food Blockage

Some foods are hard to digest and can cause a blockage just before the poo exits the stoma. Drinking plenty of fluids and encouraging your child to eat slowly and chew their food well can prevent this from happening.

Foods that can cause blockage include:

- Celery
- Citrus fruits
- Dried fruits (raisins)
- Popcorn
- Raw fruits and vegetables
- Nuts, seeds in fruits and vegetables
- Meats with skin (sausages)

Tips to Prevent Food Blockage:

- Make sure your child chews their food well. Cut food into small pieces for younger children.
- Make sure your child drinks plenty of fluids to flush food through the bowel.

Signs of Stoma Blockage:

- Cramping
- Tummy pain
- Swollen stoma and tummy
- Watery or NO poo

Contact your specialist nurse or doctor or go to the hospital if you feel your child has a blockage.

Trust your own judgment when deciding if your child needs medical attention. You know your child best.

Hydration is important! Not including other beverages (such as milk or orange juice), young children should consume at least one 250ml glass of water per day, for each year of age, unless they have to limit fluid intake due to a medical problem. Once children reach 8+ years old, this recommendation holds steady at 8+ glasses per day.* Be sure your child drinks extra fluids when exercising or sweating.

Dehydration

Dehydration can be caused by excessive loss of water. A child can quickly become dehydrated from diarrhoea, sweating or vomiting.

Symptoms of Dehydration:

- Dry lips
- Dry mouth
- Decreased urine or dry nappies
- Crying with no tears
- Increased sleepiness
- Dark urine
- Sunken eyes

If your child displays these symptoms, contact your specialist team immediately or go to the hospital.

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* Recommendation follows that of CHOC Children's Hospital, affiliated with UC Irvine, https://www.choc.org/programs-services/urology/how-much-water-should-my-child-drink/

Diarrhoea

Diarrhoea is the increase of loose, watery poo (more than usual). This can lead to dehydration very quickly. This can happen quicker if your child has an ileostomy. If your child has any symptoms of dehydration, contact your child's doctor.

Foods that thicken poo (B.R.A.T. Diet):

- Bananas
- Rice
- Apple sauce
- Toast

Please contact your doctor if you are concerned about dehydration, as children can become dehydrated very quickly. Typically medicine to stop diarrhoea is not recommended, unless recommended by your doctor.

Encourage plenty of fluids and foods that replace sodium and potassium, such as rehydration fluids. Be careful as highly sugared drinks can increase diarrhoea.

Constipation

Constipation is when the poo is hard or dry, there is a decrease in the amount of poo or your child has difficulty passing poo. Include fruit juices, soft fruits, vegetables and plenty of fluid to keep stool soft. Notify your specialist team if constipation continues.

Infant: Infants swallow air when sucking or crying. Wind may need to be released from the stoma bag more often than poo. Coloplast stoma bags have built-in filters to deodorise and expel wind.

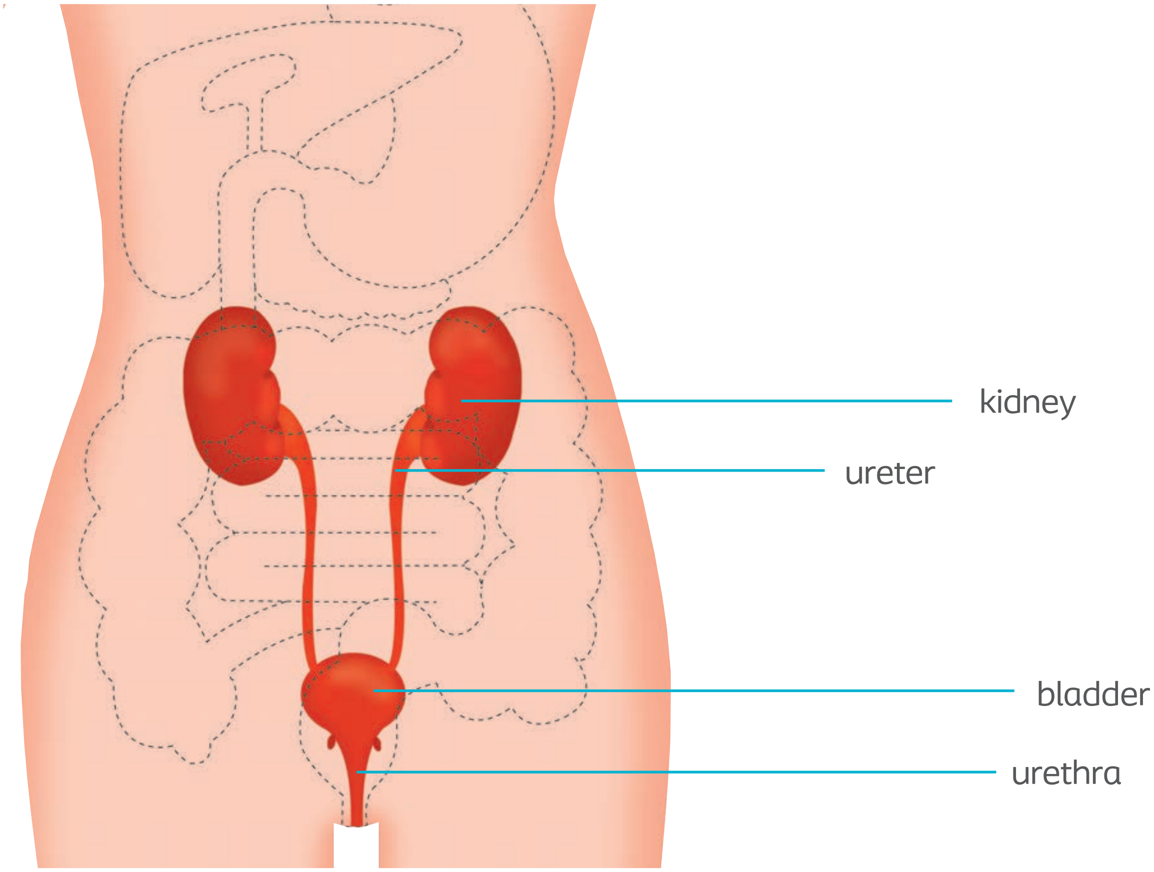
Pre-school and school-age: Air can be swallowed when your child drinks from a straw, drinks fizzy drinks, chews gum or eats quickly.

Normal urinary function

Looking at how urine is made and passed from the body will help you understand what is involved in your child's operation.

Urine is made by the kidneys and travels through two tubes (ureters) to the bladder. The urine is stored here before passing out of the body through the urethra.

If a problem occurs within the bladder or urinary tract, this process may be changed, leading to the bladder being removed and having to find a new system for urine to be passed from the body.



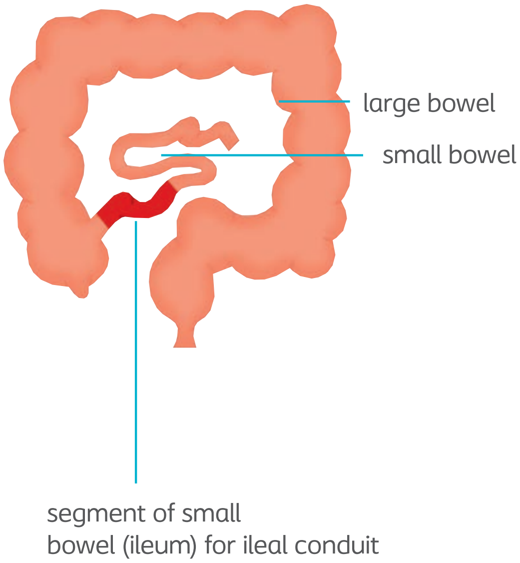
Urostomy

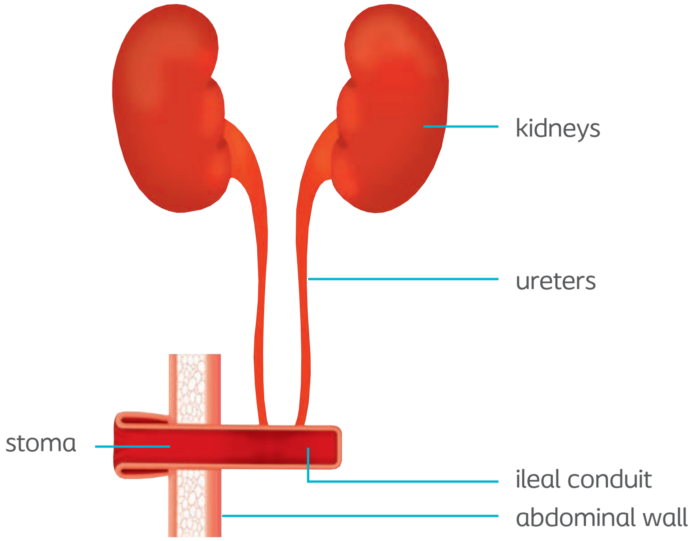
What is a urostomy?

During the most commonly performed urostomy surgery, called an ileal conduit, the surgeon removes a small piece of your child's small intestine (ileum) and makes it into a conduit (or pipeline) for urine. The remainder of the small intestine is reconnected, so your child's bowel will function as it did before surgery. The ureters (tiny tubes that carry urine from each kidney to the bladder) are detached from the bladder and joined instead to the piece of ileum.

One end of the piece of ileum that was removed is sewn closed and the other end is brought through the abdominal wall. This part of ileum is then folded over like a sock and stitched in place to create an opening on your child's tummy called a stoma. The stoma opening may stick out from the abdomen about 1 inch above skin level, but the opening may be flush with your child's skin or slightly below skin level. This is where urine will now drain from your child's body into a disposable pouching system that sticks to your child's skin.

A healthy stoma is moist and red or pink in colour. The stoma has no nerve endings, so it will not hurt when touched. It is normal for the stoma to be large and swollen after surgery, however, it will shrink to a smaller size within a few weeks. You may see the stoma move slightly. This is a normal





What is a urostomy? (cont.)

process that had helped push poo through your child's small bowel and now helps drain urine out and into the stoma bag on your child's tummy.

Just like your gums can bleed when brushing your teeth, the stoma may also bleed slightly. However, if your child's urine is cloudy, foul-smelling, bloody or your child experiences constant bleeding, contact your specialist team immediately.

Urine flow will no longer be controlled since the stoma does not contain muscles. Urine will generally drain constantly since the conduit (or pipeline) does not replace the bladders function of storing urine. A stoma bag must be worn at all times to collect urine.

Urostomy surgery is performed to cure or alleviate symptoms of a disease. Your child's surgeon or nurse specialist will explain the type of surgery your child has.

After surgery - urostomy

When your child wakes up from surgery, he/she will be wearing his/her first stoma bag. The bag will be transparent (clear) so the doctors and nurses can check on the new stoma.

There may be small tubes (stents) placed into your child's stoma during surgery to help keep the ureters open to drain urine. These stents may be removed while your child is in the hospital or may remain in place for a few weeks after surgery. Your child's nurse specialist should show you how to handle applying a bag around the stents if they are still in place when your child is ready to go home.

In the beginning, your child's urine may be a little red or pink, however it should return to its normal (clear, yellow) colour. The piece of small intestine used to create the stoma may still produce some mucus - so it is also perfectly normal to find mucus in the urine.

Diet and nutrition - urostomy

Diet

Eating a well-balanced diet that can include your child's favourite foods is important to their health. Be aware that some foods cause an odour in urine including:

- asparagus
- fish
- onions
- garlic

These foods can still be eaten. However, you may become aware of an unusual smell.

Hydration is important! Not including other beverages (such as milk or orange juice), young children should drink at least one 250ml glass of water, per day, for each year of age unless they have to limit fluid intake due to a medical problem. Once children reach 8+ years old, this recommendation holds steady at 8+ glasses per day.* Be sure your child drinks extra fluids when exercising or sweating.

Urinary Tract Infections (UTIs)

UTIs can occur with a urostomy. Signs and symptoms of a urinary tract infection include:

- increased amount of mucus in the urine
- cloudy and strong-smelling urine
- fever
- confusion
- loss of appetite
- back pain
- nausea and vomiting
- blood in urine

If your child experiences any of these symptoms, contact your specialist team.

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* Recommendation follows that of CHOC Children's Hospital, affiliated with UC Irvine, https://www.choc.org/programs-services/urology/how-much-water-should-my-child-drink/

Types of stoma products

Stoma bags are available in many different styles and sizes. Your child's nurse specialist can help choose the product that suits your child best at different stages in your child's life. There are one-piece and two-piece stoma bags.

Baby stoma bags

A small stoma bag designed to gently adhere to a baby's delicate skin.
(Pictured: SenSura® Mio Baby 2-piece bag and baseplate)

Toddler / pre-school stoma bags

2-piece drainable system

A 2-piece stoma bag enables you or your child to change the bag more frequently (if desired) than the baseplate.
(Pictured: SenSura® Mio Kids Flex 2-piece drainable bag and baseplate)

1-piece drainable system

A 1-piece stoma bag has both bag and baseplate as a single unit.
(Pictured: SenSura® Mio Kids 1-piece drainable bag)

Tap outlet

Available in 1-piece and 2-piece options, this is a drainable bag designed for urostomies. The bag can be connected to a drainage bag overnight to manage large amounts of urine, e.g. while your child sleeps.
(Pictured: SenSura® Mio Kids 1-piece urostomy bag and SenSura® Mio Kids Flex 2-piece urostomy bag and baseplate)

School-age to adult stoma bags

Older children have access to the full adult range, which includes a number of new options including:

Convexity

A stoma that doesn't stick out from the tummy, or which has lots of creases and folds around it, may need extra support to reduce leakage. In these cases, a rounded shape – "convexity" – may be suggested – either created with supporting products or built-in to the product.
(Pictured: SenSura® Mio Convex 1-piece drainable bag)

Closed system

A "closed" or "closed-end" system refers to a system where the bag is removed and thrown away instead of being emptied. It is available in 1- or 2-piece options.
(Pictured: SenSura® Mio 1-piece and SenSura® Mio Click 2-piece closed bag and baseplate)

It is important that the stoma bag fits your child's stoma size, body size, body profile and the amount of output coming from the stoma. Remember to measure the stoma frequently for the best fit. Just as children can outgrow their clothing, they can also outgrow their stoma bag.

Emptying a drainable bag

You or your child should empty the bag when it is 1/3 full of urine or poo, or whenever you change your child's nappy. A full bag is more difficult to empty and can become heavy and pull loose from the skin.

For colostomies and ileostomies: In between emptying the bag, it may inflate with wind. If this happens, you may press gently on the bag to accelerate airflow through the filter.

Steps to empty the bag:

1. Empty the drainable bag when it is a third full of poo or urine.

2. Hold the end of the bag up before opening the closure.

   For a drainable bag: unfasten the VELCRO® Brand tabs and unroll the closure. Fold the very end backwards and lower the outlet toward the toilet and smooth the contents toward the outlet to empty.

   For a urostomy bag: pinch the end (like you would the nozzle on a beach ball), unplug the outlet, then direct the outlet toward the toilet. Unpinch to drain.

3. After emptying, wipe the end of the bag with toilet tissue or a baby wipe.

4. Close the bag.

   Colostomy / ileostomy: by rolling up the drainable outlet and refastening the VELCRO® Brand tabs.

   Urostomy: by pinching the outlet closed and replacing the plug.

5. If using a 2-piece bag, you can replace the soiled bag with a new one without replacing the baseplate every time.

6. Wash your hands and your child's hands if they were involved in changing the bag.

Having your child help with emptying the bag will promote self-confidence.

Please refer to product labelling for complete product instructions for use, contraindications, warnings, precautions and adverse events. Please contact your child's nurse specialist if you have any questions.

Hints and tips when emptying the bag

When emptying your infant's bag, try putting it in to a spare nappy, then throw it away.

For your toddler or school age child, encourage them to sit on the toilet and place the end of the bag between their legs. Place toilet tissue on top of the water in the toilet bowl to prevent splashing.

Having your child help with emptying the bag will promote self-confidence.

Never flush a bag or baby wipes down the toilet. It will clog your plumbing system.

NOTE: *Empty the bag before your child naps to avoid leakage. Your child can sleep in any position that is comfortable.*

Changing the bag

Plan a regular time to change the stoma bag. Do not wait for it to leak. If your child feels burning, itching or is picking at the baseplate, there may be a leak. Always check the skin around the stoma for skin irritation (similar to nappy rash). **If skin irritation occurs, contact your nurse specialist - but in the meantime, DO NOT apply creams or ointments to your child's skin** (unless your nurse specialist directs otherwise) as this will stop the stoma bag from sticking to the tummy. The best time to change the bag is before your child eats or drinks as the stoma will be less active.

Steps:

1. Gather all supplies:
    - Bag (if using a 2-piece, be sure you have both the bag and baseplate)
    - Soft cloth (dry wipe or wash cloth) and warm water
    - Stoma measuring guide, pen and scissors
    - Disposal bag for rubbish
    - Supporting products, if required (i.e. adhesive remover, protective seal, powder)

    Your nurse specialist will help you decide if additional items are needed.

2. Gently remove the bag from the skin using the push-pull technique.
    Never rip the bag off as this can injure your child's skin.

3. Place all rubbish in the disposal bag.

4. Clean the stoma and surrounding skin with a soft cloth and warm water only. There are no nerve endings in the stoma, so it will not hurt your child when it is touched. Do not be alarmed if you see slight bleeding from the stoma – this is normal.

    Dry the skin around the stoma with a dry wipe. Ensure the skin is completely dry to the touch.

5. Check the skin for any redness or irritation.
    If the skin looks sore, or looks different from normal, contact your nurse specialist.

6. Check the stoma size using your child's stoma template.

    After surgery the stoma should become smaller within the first five to six weeks. The stoma will grow with your child.

7. Trace the template onto the back of the baseplate.

8. Cut the opening to match the template.
    Check to make sure the hole you cut fits the stoma exactly. This will help prevent output from the stoma from touching your child's skin and causing irritation.

9. If the stoma becomes active, wait for the stoma to take a break and then proceed. Re-clean the skin if it becomes wet or soiled.

10. Remove the backing from the baseplate.

11. Apply the new baseplate by centring the hole over the stoma. Gently press the bag in place, starting around the stoma and working outwards. Hold the baseplate in place with your hands for a minute or two.

12. Close the outlet on the bag, if using a drainable bag.

Do not use baby wipes or soaps with moisturisers to clean around the stoma; they could prevent the baseplate from sticking to the skin.

13. Wash and dry your hands.

Naming the stoma is not uncommon and can help your child adapt to living with a stoma. Some children have a stuffed bunny or other toy that has a stoma. It is also common to have your child put a stoma bag on their stuffed toy.

Coloplast offers a free stuffed bunny with a stoma as a furry friend for babies and kids with a stoma (or their siblings!) Ask your nurse specialist how to get a SenSura® Mio Bunny.

Hints and tips when changing the bag

For your infant, distract them when changing the bag. Using a toy with music or a dummy to soothe can be helpful.

When your child is crying, the stoma may discolour temporarily. Once your child stops crying, the colour will return to normal.

For your toddler or child at pre-school age. As your child grows, teach him/her simple tasks such as gathering supplies. This will encourage acceptance and increase comfort and security with their stoma.

Going home

Taking your child home from the hospital can be an exciting, as well as an apprehensive time. You may have questions concerning supplies, diet and nutrition, medications, activities, bathing, clothing and travel. We will try to answer some of these questions to facilitate a smooth transition home.

Supplies

Before leaving the hospital, your nurse specialist will provide you with information on how to obtain stoma supplies, along with written documentation from your doctor.

Parent's Supply Checklist:

☐ Bags / baseplates
☐ Stoma template
☐ Pen / marker
☐ Scissors
☐ Dry wipes
☐ Disposal bags
☐ Adhesive remover wipe or spray

Re-order stoma products when you have at least two weeks of supplies left if using a cutting service. Re-measure the stoma before ordering to make sure your child's bag is still an accurate fit.

Store your extra supplies in a cool, dark place as excessive heat can damage the stoma bags.

Hints and tips for going home

For your infant, keep all supplies needed for a complete bag change with you at all times. Pack a nappy bag including stoma supplies.

For your toddler and school age child, keep extra supplies, clothes and written instructions at the nursery, school, grandparent's home and any other places you visit frequently.

At home

Medications

Your child's medicine may need to be in liquid or chewable form, so it can be absorbed. If you notice pills in your child's poo or stoma bag, notify your child's doctor or pharmacist. Only give medications prescribed by your doctor, including vitamins. Carry a list of your child's medication with you when visiting your doctor or hospital.

Activity

Your child should be able to take part in all of his/her activities as long as the stoma is protected from injury. Follow your nurse specialist's advice for your child.

Toilet Training

Toilet training should not be delayed just because your child has a stoma. Common phrases like 'let's go potty' can be used when it is time to empty or change the bag.

Bathing

Most stoma bags are completely waterproof and will stay in place when in water.

Your child can have a bath with the bag on or off. If your child does choose to bathe with the bag off your child may poo in the bath.

Choose a soap that is oil-and residue-free. Soaps containing moisturisers, oils and deodorants, most bubble baths, as well as some brands of baby wipes containing lanolin, will leave a film on the skin that interferes with baseplate adherence.

Clothing

Your child should not have to wear special clothes because of their stoma. Stoma bags are lightweight and may not be seen under clothing. Most children tuck the bag into their underwear/trousers. Empty the bag when it is 1/3 full. (An emptier bag is less noticeable.)

Baby grows, vests or 'onesies' can prevent your child from pulling the bag off. There is also supportive clothing available to help secure the bag, you can discuss this with your specialist nurse.

Hints and tips when home

Your infant may be very active and curious. Your child's stoma will not slow them down. As your baby's curiosity and activity increases, he/she may attempt to pull off the bag.

Toddlers are also very curious and enjoy exploring their body. They may also attempt to pull off their bag.

Continuing care

After surgery, it is important that your child begins to return to normal activities as quickly as possible. Your child's nurse specialist will be available to help you with any problems or questions. Support Organisations are also in place to provide information and support for you and your child. Ask your child's nurse specialist for information.

To be completed by your nurse specialist

Nurse: ____________________ Phone: ____________________

Surgeon: ____________________

Patient Name: ____________________ Type of Stoma: ____________________

Date of Surgery: ____________________

Stoma products given upon discharge:

Product Code	Description

This information should be used when obtaining products from your home delivery company; you will need a prescription:

Home delivery company: ____________________

Phone: ____________________

Address: ____________________

More than just delivery...

Coloplast Charter is here to make like easier for people living with intimate healthcare needs. We will provide you with the support and advice you need to help your child with their new routine, as well as deliver their products free to your home, so that you can help give them the best start.

Our qualified, experienced specialists will be able to answer any questions you may have about your child's routine, everyday life with a stoma and activities. We are always here if you need us.

We also offer the below complimentary services:

- We can cut stoma bags exactly to size
- We can supply free wet wipes, dry wipes and disposal bags if you need them
- We can collect prescriptions directly from GPs to save you time

☎ England and Wales: 0800 132 787
Scotland: 0808 168 3850
Northern Ireland: 0800 581 220

www.coloplastcharter.co.uk
help@coloplastcharter.co.uk

Coloplast® Charter

Frequently asked questions

Caring for a child after any surgery is a learning process, but when children are recovering from surgery and getting used to a stoma, it can be more challenging for parents and caregivers.

It often takes adults with a stoma many months to feel fully comfortable with the change to their body. Depending on age, personality and ability to adapt, the same may be true for your child—and for you as well. In some cases both you and your child may need to be adapting to the changes and practising patience, until living with a stoma becomes a perfectly natural part of the daily routine.

What should I know about the skin near the stoma?

Skin that's healthy is much less likely to become irritated. The stoma bag will stick better to healthy skin.

How do I keep my child's skin around the stoma healthy?

There are things you can do to prevent poo or urine from coming into contact with skin around the stoma. Even if the skin does become irritated, proper care should return your child's skin to good health.

- When cleaning the skin near the stoma, use water. If there is any sticky residue on the skin after cleansing, leave it alone.
- Avoid using bath oils or soaps with moisturisers and perfumes, since they can make it harder for the baseplate to stick to the skin.
- Before applying the baseplate, make sure the skin is clean and completely dry.
- Adjust the hole in the baseplate so that it fits exactly to the size of the stoma. Do not leave any skin exposed.
- Periodically check the size of the stoma. If there are any changes in stoma size, be sure to adjust the hole size of the baseplate.
- Ensure tight contact between the skin and the baseplate by using your hand or your child's to put light pressure over the baseplate for two or three minutes.
- Change the baseplate as soon as you can if you notice that your child is in any discomfort, itching or leaking.
- Your child can bathe with or without the stoma bag. Just be sure to use a mild soap and rinse the skin around the stoma thoroughly with water.
- Be aware that as your child grows, the type of bag may need to be changed.

If you notice skin irritation or if the bag or baseplate doesn't stay attached, it is important to know the cause. Your nurse specialist can help you find the underlying problem. They can also help you decide if you need to make changes to the bag changing routine or if a different product would be better.

What do I do if the bag fills with wind?

It's normal for wind to pass into the bag and it eventually passes out of the bag with the aid of a filter near the top. Coloplast bags have charcoal filters that neutralise odour as wind exits. If the filter becomes clogged with liquid poo, the bag can be changed.

Is odour from the bag noticeable?

Odour while emptying the bag is of course normal. When closed the bag is odour-proof, so make sure that the outlet is clean and closed. If odour persists, inspect the seal around the stoma to see if it has leaked.

Another option is to try a stoma bag deodorant. Adding a few drops of deodoriser when changing the bag or after emptying it, will reduce odours.

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What do I do if my child tries to pull the bag off?

Try to determine why your child is pulling at the bag, as it may be a sign of discomfort. Make sure that the skin around the stoma is healthy (not irritated) and that the bag fits appropriately. Depending on your child's age, one-piece outfits, baby vests, baby grows, jumpers or onesies may prevent your child from having access to the bag.

Is it okay for my child to play sports?

In most cases it's fine for children with a stoma to play sports. Always check with your child's nurse specialist. However, if the sport involves physical contact, the stoma should be protected from injury.

What travel tips are there for our family holidays?

Plan ahead to have the needed supplies before you go. It's a good idea to bring extra supplies in case you have unexpected delays or leaks. If you're flying, always take your child's stoma supplies, medications and an extra change of clothes in a carry-on bag in case you become separated from your checked luggage. Some airlines may require a letter of support or travel certificate. It is a good idea to take a copy of your childs prescription as well.

Further holiday hints:

- Store all stoma bags in a cool place.
- If you are advised to drink bottled water: use bottled water to clean around the stoma.
- If using sun screen, apply after the bag has been fitted as it may affect the adhesive.
- Seal and empty used bags and dispose of with the normal rubbish.

What do I do if people ask questions about my child's stoma?

Family and friends can offer wonderful support for you before and after your child's surgery. However you have the right to selectively choose whom you want to tell and when. Allow your child to do the same as she/he gets older.

If family and friends know about the surgery, they may be concerned and want to know how your child is progressing during recovery. If you feel uncomfortable talking about it soon after the surgery, give yourself time. However, let those close to you know when you want their support.

What if my other children have questions?

Answer them simply and honestly. Sometimes too much detail can be confusing, especially for younger children. Over time, continue encouraging them to ask questions. Your nurse specialist may be able to offer tools to support this.

Your children will mirror your actions towards them. If you are accepting of the stoma, it's more than likely your other children will accept this physical change too. There are also educational tools to introduce siblings or friends to stoma surgery.

What education tools are available?

There are many tools available, please discuss this with your nurse specialist.

Some final comments

Be patient with your child as she/he gets used to this physical change. Generally, children adapt quicker to changes and over time, living with the stoma will become second nature to you, your child and other family members.

Coloplast does not practise medicine. The recommendations and information in this material are not medical advice.

Contact your healthcare professional for personal medical advice or diagnosis. IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 999.

Problems that may occur

Bleeding?

It is normal for the stoma to bleed when cleaning or touched. This should stop quite quickly. However, if the bleeding does not stop contact your doctor immediately.

Prolapse stoma

Sometimes, the stoma can get longer, like a telescope and this is called a prolapse. As long as your child is well and the stoma is pink and working, please do not panic.

Encourage your child to relax as this may help the stoma return to it's normal size. If the stoma becomes dark in colour or stops working, contact your specialist team.

Retraction

This is where the stoma goes below the level of the skin. This may happen if your child's tummy changes shape.

If this happens encourage your child to cough or stand up. If this continues, contact your specialist team.

Notes

Notes

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare.

Our business includes ostomy care, urology and continence care and wound and skin care. We operate globally and employ more than 12,000 people.

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