



The Association of Coloproctology of Great Britain and Ireland (ACPGBI) is a group of 1000+ surgeons, nurses, and allied health professionals who advance the knowledge and treatment of bowel diseases in Britain and Ireland.

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**Having a stoma**

**Patient information**

A stoma is a term used to describe an external opening of the bowel onto the abdominal (tummy) wall. Faeces (stool) will then leave the body through the stoma into collecting pouch (stoma bag).

### **How is it created?**

The operation is performed by your surgeon. The bowel is brought up to the surface of your abdomen through a small tunnel. The bowel is then opened to expose the inside lining and held in place with absorbable (dissolvable) stitches. Occasionally a small rod or bar may be temporarily placed under the stoma to hold it in place whilst the wound heals. This is usually removed before you go home.

### **Where is it sited and are there different types of stoma?**

Commonly, a stoma will be sited on either side of the abdomen depending upon the type of stoma required and which part of the bowel is used.

There are several different types of stoma. The place and type will depend on the reason for your operation. A stoma created from small bowel is called an ileostomy whilst a stoma created from large bowel is called a colostomy.

Some stomas are temporary whilst others may be permanent, the exact type of stoma you have will be explained to you by your surgeon and a stoma care nurse. A temporary stoma may be sited, at the time of surgery when part of the bowel is removed, so as to rest the bowel anastomosis (join) allowing it to heal more securely. In this case you will have a special x-ray study about 2 months after your operation

to confirm that the anastomosis has healed and it is safe for your stoma to be closed. Your surgeon will advise you about this also.

### **What does it look and feel like?**

The stoma is usually round in shape and will be pink and moist rather like the lining of your mouth. It has no nerve supply so it will not be painful. After surgery your stoma may be a little swollen though it will settle quite quickly. Colostomies are flat whilst ileostomies usually protrude 2-4cm from the skin. Both are covered by a bag which will collect any faeces.

### **Who will teach me to use my bag?**

Your stoma care nurse is trained to help and teach you to look after your stoma. Usually, before your operation, you will be shown a stoma bag and the stoma care nurse will mark on your abdomen where it will be placed. After the operation the stoma care nurse will visit you on the ward and help you to learn to look after the stoma and how to change the bag. Before you go home your stoma care nurse will advise you as to what type of bag you need as well as inform you as to how to order new supplies. These will be prescribed by your GP. You may receive home visits, after discharge from hospital, by the stoma care and community nurses.

### **How do I clean my stoma?**

The stoma can be cleaned with warm water and then the surrounding skin should be dried well. Once you have done this the new bag is applied. You will not need to use soaps or creams as this may cause skin irritation and the bag may not stick. Sometimes it will bleed a little, but this is the sign of a healthy stoma and you should not be alarmed.

### **Are there different types of stoma bags?**

There are many types of stoma bags though it is best to gain confidence by getting used to one type to start with. Your stoma care nurse will be able to advise you as to the best type of bag for you.

### **Can I go in the shower or bath or swimming after the operation?**

Once the wound has healed you should be able to bath and shower and carry out your other normal activities. Stoma bags are waterproof so you may have your bag on or off when you bath or shower. Remember when you clean your stoma to make sure you dry the surrounding skin well before applying your new bag. If you go swimming or on holiday your stoma care nurse can advise you on the best bag to use as there are smaller bags available.

### **Will I need to have a special diet?**

No, not especially. You may be advised to have a restricted diet for the first couple of months but then you should be able to return to your familiar diet of varied foods. However, there are foods that may cause excessive wind and blockages of the bowel and it is best that they are avoided.

### **What if my stoma bag leaks?**

A leak should be a very rare occurrence. If you are having problems like this and are finding that regular leaks are reducing your lack of confidence in being able to go out and about then you should visit your stoma care nurse for a review of the system of bag you are wearing.

### **What about intimacy/sex?**

Patients are often concerned about how their stoma may affect sexual relationships. Having a stoma does not prohibit intimate relations. Open conversations and sharing of your worries with your partner will help overcome most of this hesitance. However, if you have difficulties they can be discussed with your stoma care nurse or doctor.

### **Can I have children?**

Many women with stomas do conceive and have successful pregnancies but it is always advisable to discuss your plans with a stoma care nurse and doctor beforehand. For men, there may be initially problems with erection or ejaculation but these are usually temporary. If these symptoms persist seems, then you may need to talk to your doctor.

### **How soon should I go back to work?**

This normally depends upon you, your general health, the type of surgery you had and the type of work you do. Discuss this with your stoma care nurse for their guidance. It is best to avoid heavy lifting or strenuous exercise until you have built up your strength gently after surgery.