Colostomy, Ileostomy, Urostomy and Vesicostomy

This information sheet is an introduction to having an ostomy, and should be used as a brief guide to having a stoma, or ostomy.

“Stoma” simply means opening. A stoma allows access to the bowel or bladder via an opening on to the abdomen. The contents of the bladder (wee) or bowel (poo) then empty into a special bag that sticks on to the abdomen (tummy), and fits around the stoma. This is emptied or changed regularly as necessary. A stoma is one way of managing continence, but usually other methods would be tried first. Stomas may be temporary or permanent.

Colostomy

A colostomy is where a small part of the colon, or large bowel has been surgically diverted onto the surface of the abdomen. The waste passed is usually fairly solid. This is the usual type of bowel stoma seen in neuropathic conditions such as spina bifida. A neuropathic bowel is one where the messages sent from the brain to the anal sphincter are not received because the network of nerves (the spinal cord) is damaged. This can be a very good method for people to manage their bowels independently. Particularly if care issues pose a challenge.

Ileostomy

An ileostomy is where a small part of the ileum, or small bowel has been diverted on to the surface of the abdomen. An ileostomy will work more regularly and the waste will be more fluid. This type of stoma is less common in neuropathic conditions such as spina bifida.
Urostomy

A urostomy is where the ureters, the two small tubes that drain urine from the kidneys to the bladder, are diverted onto the surface of the abdomen. These tubes are so tiny that they have to be transplanted into a small piece of bowel which forms the stoma. The urine drains continuously into a special bag (appliance) which is then emptied regularly.

Vesicostomy

A vesicostomy is where the bladder is diverted through a small opening directly onto the surface of the abdomen. This operation is only carried out in babies where the kidneys are under pressure and at risk of damage. A bag is not necessary because the urine drains straight into the nappy. This is always a temporary stoma.

Preparation for surgery

People undergoing surgery to form a stoma will need some preparation before the operation. This will depend on the type of surgery and the consultant carrying out the operation.

You should expect to be able to discuss the surgery fully beforehand and ask any questions you may have. You should be introduced to your specialist stoma nurse who will be supporting you and will explain what will happen during the hospital stay. This nurse will teach you how to look after your stoma before you go home, and will make sure you know who to contact if you need help or advice after you go home.

After surgery

Some food and drinks may cause excess wind or looser motions. You may need to experiment and find out what affects you. It is best to eat a normal diet if possible.

If you have an ileostomy, some foods can cause a blockage if you don’t chew them well. You may need to avoid pulses, dried fruit, nuts, coconut, and popcorn. Some foods like tomato skins and pips may pass into the bag unaltered. You can ask your stoma nurse for a diet advice sheet.
If you had a urostomy, you must make sure that you drink enough liquid. Drinking cranberry juice is helpful in preventing infections. However, it is not recommended if you take blood thinning medications such as warfarin or coumadin. Some foods like beetroot may colour your urine, but won’t cause any harm.

**Looking after the stoma**

Whilst you are in hospital, the nurses will teach you to look after your stoma. They will teach you how to empty and change the stoma bag and how to care for the skin around the stoma. There are many different stoma bags, and your stoma nurse will help you to find the one that is best for you. Your nurse will also explain how to store your stoma bags at home, and how to dispose of them.

You will be given some bags to take home, and after that, further supplies are available on prescription. You can then get the products from your local chemist; or you can use a home delivery service if you find it more convenient. This service won’t cost you anything.

You won’t have to pay prescription charges for stoma products, but if you are over 16 years old, or under 60 years old, you will need to apply for a Prescription Exemption Certificate. You can get a form to apply for this from your doctor or chemist.

If you have a stoma or are considering surgery, you may find a local group of other patients a useful source of information, advice, and support.

Details of local groups can be obtained from the national organizations who are also able to give information and support.

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