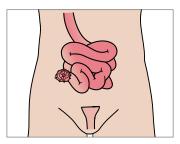


The digestive system	A M
Oesophagus	
Stomach	
Small bowel (ileum)	
Large bowel (colon)	
Rectum	
Anus	

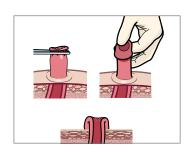
lleostomy

An ileostomy is the second most common type of stoma and is positioned in the small bowel. It is usually round or oval in shape and protrudes approximately 2.0-3.0 cm from skin level to form a spout. Output from an ileostomy is usually loose watery stools. Having an ileostomy means that you will need a bag to collect faeces as control of defecation is lost.



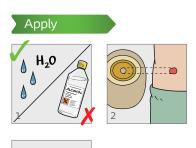
Formation of an end stoma

A stoma is a surgically created opening in the small bowel. An end stoma is made when just one end of bowel is brought through the abdominal wall, everted and stitched to the skin surface of the abdomen. An ileostomy may be permanent or temporary depending on the diagnosis and the type of surgery.



The right appliance-change routine can improve comfort and security

Before use, always consult the 'Instructions for Use' document delivered with the products.



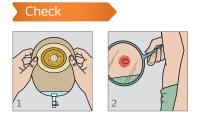


An effective appliance-change routine starts with making sure you apply your baseplate the right way. Before you apply your baseplate be sure that your skin is clean and completely dry.

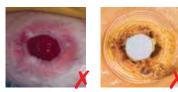
- 1. Clean and dry your stoma and skin gently. Water is sufficient for cleaning.
- 2. To protect the skin around your stoma from stoma output cut a hole in the baseplate that exactly matches the shape and size of the stoma.
- 3. For a snug fit around the stoma you might need to use accessories.

Remove





1. Irritation caused by leakage



2. Irritation caused by erosion



To protect the skin around your stoma, it's important to remove your appliance in an appropriate way.

- 1. Pull down the removal tab to loosen the adhesive from the skin. Gently remove the adhesive by rolling it step by step downwards. Apply light pressure on your skin with your other hand.
- 2. Regardless of your routine you must change your appliance if you feel itching or burning. This may be a sign of leakage under the baseplate.

A quick examination of both the adhesive and your skin will tell you if you have the right routine.

- 1. Check if the adhesive has eroded and/or there is stoma output on the backside. If so it's likely that the skin around your stoma is irritated.
- 2. A mirror can be helpful to properly examine your stoma. Compare it to the other side of your abdomen to see if the skin around your stoma looks healthy. See examples below of what to check for.

Healthy skin



The pictures to the left show (1) red irritated skin caused by leakage after four days wear and (2) red irritated skin caused by an eroded adhesive after two days wear.

When worn too long, the adhesive can absorb too much moisture from around the stoma and begin to disintegrate or erode. As a result, stoma output can come into contact with the skin and cause irritation. Irritated skin is not normal and it is best prevented by following the right routine. Both these cases indicate the individuals need to change more often to enable their skin to heal and to avoid further skin damage.

Life's more comfortable with the right appliance-change routine

Your appliance-change routine depends on many factors and it's important to remember that having a stoma need not affect your quality of life. The length of time between changes will vary for each individual. To keep the skin around your stoma healthy make sure you get in to the right routine: Apply – Remove – Check.

Ostomy Care / Continence Care / Wound & Skin Care / Urology Care



