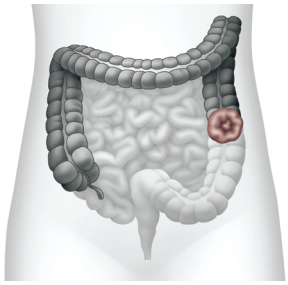
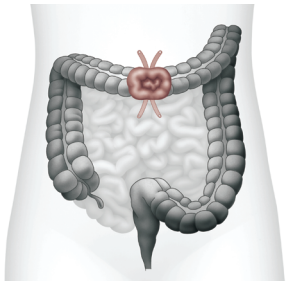
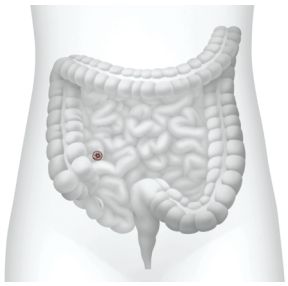
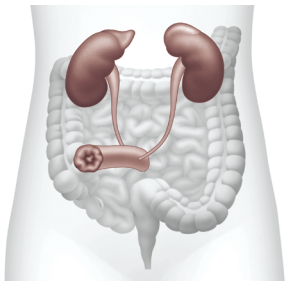
Types of Ostomies

OSTOMY TYPE AND USUAL LOCATION	POSSIBLE INDICATIONS	CHARACTERISTICS OF DRAINAGE	SUGGESTED PRODUCTS
Sigmoid colostomy **Descending colostomy**  *Left side of abdomen*	Rectal cancer with removal of rectum (permanent), perforation due to diverticulitis (temporary), or Crohn's disease. **Pediatrics:** Imperforate anus, Hirschsprung's Disease	Semisolid or formed stool and gas. Drainage will be odorous. Pouch usually needs to be emptied or changed once or twice a day when it is half to one-third full.	**After surgery:** Drainable two-piece or one-piece pouch with cut-to-fit skin barrier. Standard wear skin barrier or extended wear skin barrier.Use a lubricating deodorant in the pouch with each pouching system change and after emptying. If gas is a concern, select a pouch with a filter. **When stoma size is stable:** Consider closed-end pouches, filtered pouches, opaque pouches, and pre-sized pouching systems (when the stoma is no longer changing in shape and size). Discuss possibility of colostomy irrigation with surgeon and/or stoma care nurse.
Transverse colostomy  *Left or right side of abdomen*	Colon perforation or obstruction due to trauma, malignancy, or diverticulitis with perforation. Often temporary.	Mushy to semi-formed stool and gas. Pouch will need to be emptied several times per day when it is half to one-third full.	**After surgery:** Drainable two-piece or one-piece pouch with cut-to-fit skin barrier. Standard wear skin barrier or extended wear skin barrier. Use an odor eliminator in the pouch or when emptying the pouch. If gas is a concern, select a filtered pouch. **When stoma size is stable:** Consider closed-end pouches, filtered pouches, opaque pouches, and pre-sized pouching systems.
Ileostomy  *Right side of abdomen*	Chronic ulcerative colitis, familial adenomatous polyposis, or Crohn's disease. **Pediatrics:** Necrotizing enterocolitis. May be temporary or permanent.	Dark green liquid to mushy drainage with gas. Drainage is usually not odorous. Pouch will need to be emptied six or more times per day when it is half to one-third full. Drainage may change color in response to certain foods (e.g., red gelatin may cause red drainage).	**After surgery:** Drainable two-piece or one-piece pouch with cut-to-fit skin barrier. An extended wear skin barrier will provide the best resistance against the liquid, caustic discharge from an ileostomy. **When stoma size is stable:** Consider drainable pre-sized, opaque pouching system. Consider closed-end pouches for occasional use (e.g., active sports and intimate times).
Urostomy (Ileal Conduit)  *Right side of abdomen*	Bladder cancer, or neurogenic bladder. **Pediatrics:** Bladder exstrophy, myelomeningocele. Usually permanent.	Urine with mucus. May be pink with blood initially following surgery. Drains continuously.	**After surgery:** A two-piece urostomy pouching system is easiest to apply and change while stents are in place. Use an extended wear skin barrier. Connect to bedside drainage collector at night. **When stoma size is stable and stents are out:** Consider pre-sized, opaque urostomy pouch. May use one-piece or two-piece pouching system.

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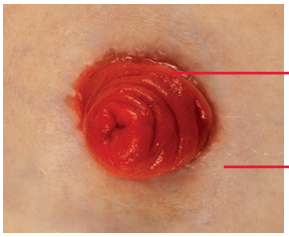
Normal stoma and peristomal skin



Stoma — red, warm, moist, and bleeds easily

Skin intact without rash or irritation

Notes:

Routine follow-up with your healthcare professional is recommended.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

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