

Expectations for Ostomy Patients Discharged to a SNF

Following your surgery and hospital stay you will enter a Skilled Nursing Facility (SNF) to continue your recovery. This material has 3 parts:

1. Precautions you must follow during your stay at the SNF.
2. Your surgeon's instructions to the SNF staff regarding your therapy and care.
3. Instructions for caring for yourself after discharge from the Skilled Nursing Facility

It is very important that you **give this material to your care providers at the SNF**. The goal is to minimize your Length of Stay (LOS) in the facility and make sure you will be safe at the time of discharge from SNF.

Your goal is to be able to care for your own ostomy before you return home.

1. What ostomy precautions do I need follow during my stay at the SNF?

Patients "Dos":

- **Do** - Change your pouch on a regular schedule, at least twice a week.
- **Do** - Change your pouch immediately if it leaks.
- **Do** - Measure your stoma each time you apply a new pouch. Your stoma will shrink over the next 6 weeks. Cut the opening of your appliance to "hug" the stoma.
- **Do** - Empty your pouch when it is 1/3 to 1/2 full from the tail closure
- **Do** - Use a light dusting of stoma powder and dab with skin prep if the skin around your stoma gets red, irritated, blistered, or open.
- **Do** - Try to be independent with your ostomy care. If you need assistance, please ask staff.

Patients “Don’ts”:

- **Don’t** add tape to your pouch border.
- **Don’t** take off the pouch to empty it.
- **Don’t** rinse your pouch. You only need to clean the pouch tail after emptying. The pouch is odor-proof for one-week.
- **Don’t** take stool softeners **if you have an ileostomy**.

2. What are my surgeon’s instructions for SNF care providers?

Medications:

- Minimize narcotic pain medications with the use of other agents.
- Do not prescribe antibiotics unless you discuss it with the surgeon or clinic.
- Prophylaxis against venous thromboembolism is recommended for most patients, with either low molecular weight heparins or unfractionated heparin 3 times per day.
- Ileostomy patients may have received prescriptions for antidiarrheal medications, such as Imodium AD® or thickening agents, like Metamucil® or Benefiber®. Please have patients take them as directed.

Ostomy Output:

- For patients with an ileostomy, dehydration due to excess output is the most common reason for readmission to the hospital. Please give patient 1-2 tablets of Imodium AD® one to four times daily to treat high ileostomy output, with a goal of no more than:
 - 500cc in 8 hours
 - 1500cc in 24 hours
- Preventing Dehydration after Ileostomy
<http://www.med.umich.edu/1libr/WoundAndOstomy/DehydrationPreventionAfterIleostomy.pdf>

3. How will I care for myself after discharge from the Skilled Nursing Facility?

Blood clot prevention:

- It is very important to take the prescribed medication to prevent blood clots as directed by your surgeon.

Incision care:

- Staples will typically be removed 2-3 weeks after surgery and may be removed at the SNF.

Showering/bathing:

- You may shower. Gently wash incisions and pat dry. Leave open to the air and let dry.
- Do not use powders or creams.
- No tub baths, hot tubs, or swimming until the incisions are completely healed (no scabs).
- You may shower with pouching system on. After the shower, dry the skin barrier and the back of the pouch.

Driving and other activities:

- Follow the recommendations of the physical therapist to help regain your strength and mobility.
- You may return to driving once you are no longer taking narcotic pain medications.
- Light activities, such as climbing stairs, walking, and light housework, are fine if those activities do not cause any pain.
- Strenuous activity may be resumed in 6-8 weeks after surgery, if you are recovering well.

Diet/nutrition:

- Eat a balanced diet.
- Eat slowly and chew foods well.

- Drink plenty of water, juice, or other fluids to prevent dehydration.
- Add different food to your diet gradually to see how your body tolerates them.

Which foods should I avoid?

- If you have an ileostomy, you should avoid high fiber foods to prevent loose stools or food blockage. These include, but are not limited to:
 - Raw vegetables
 - Corn
 - Nuts
 - Dried fruit
 - Popcorn
 - Foods with skin

If you have any questions about foods you should and should not eat, please contact the dietitian on staff.

When to contact the surgeon?

Call the surgeon if the patient exhibits any of the following symptoms:

- Fever over 101.5 degrees
- Drainage from the incision site
- Development of new sores under the ostomy appliance
- Increased redness at incision site
- Incision site is “hot” to the touch
- Increased pain
- Sudden onset of shortness of breath (SOB)
- Nausea, vomiting, or can’t keep liquids down
- Ostomy output greater than 1.5 liters in 24 hours
- Can’t keep ostomy appliance on for at least 24 hours

What is the contact information for the surgeon?

- If you have questions or concerns, please call 734-936-5738.
(8:00am - 4:30pm Monday-Friday)

- If it is after hours, a holiday, or a weekend, you may call the paging operator at 734-936-6267 and ask for Colorectal Resident on-call.

Where can I learn more?

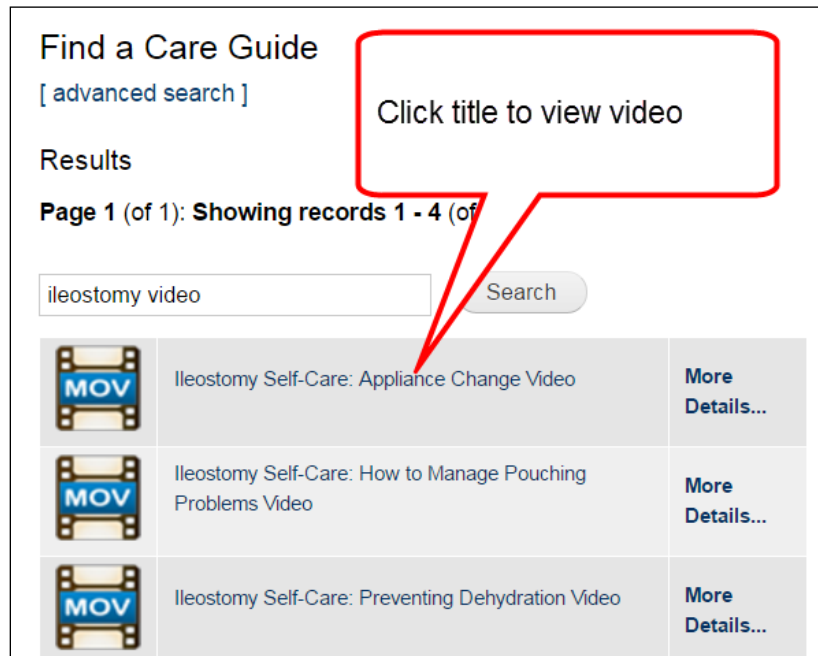
Our team created the following videos to help you learn ostomy care.

- Ileostomy Self-Care: Appliance Change
- Ileostomy Self-Care: How to Manage Pouching Problems
- Preventing Dehydration after Ileostomy

To view the videos visit: <http://careguides.med.umich.edu>

In the search box type “ileostomy video”

Click on the title to view the video.



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