

A woman with a dog on a hike at sunset. The woman is wearing a pink long-sleeved shirt, black leggings, and a backpack. She is holding a leash for a brown, curly-haired dog. They are standing on a rocky outcrop, looking out over a valley with a town and mountains in the distance. The sky is a mix of orange, yellow, and blue. Pine branches are visible in the foreground.

grand river **Health**

Ostomy User Guide

When undergoing a procedure that requires an ostomy, you will face a number of complex lifestyle challenges. Your concerns will be, among others, primarily focused around health and hygiene and of caring for yourself. However, you may also have emotional and psychological concerns. It is important to remember that these concerns are valid; and yet, with the proper assistance, can be overcome.

This Ostomy Home Skills Booklet is designed to support patients with educational materials to learn and practice the skills needed for optimal postoperative recovery. The supplies provided upon discharge from the hospital, as well as the training from our specialized Ostomy Nurses, will support you with quality comprehensive education and resources to assist you in this process.

An ostomy is a medical need that may be hard to adjust to at first, and although having an ostomy can be difficult to accept, it is important to work closely with your healthcare team throughout the process. Your healthcare providers are here to help inform you of the changes happening to your body and how the ostomy will change, and not change, your daily life. With the help of support groups, counselors, and your primary healthcare team, you can make the transition to living with an ostomy and get back to a full, active life.

We at Grand River Health are committed to helping you. Your well-being is our priority. Please reach out to your Grand River Health care team with any questions or concerns you may have.

OSTOMY 101

WHAT IS AN OSTOMY?



AN OSTOMY causes a change in the way urine or stool exits the body as a result of a surgical procedure. Bodily waste is rerouted from its usual path because of malfunctioning parts of the urinary or digestive system. They can be temporary or permanent.

A STOMA is the opening created by ostomy surgery. It is located on the abdomen and is dark pink in color. For most ostomies, a pouch is worn over the stoma to collect stool or urine. For some people it is possible to have a continent diversion, which is a procedure that avoids having to wear a pouch, as an alternative to a conventional ostomy.



OSTOMIES ARE PROSTHETICS



Persons living with an ostomy in the U.S.

DID YOU KNOW...?

You'd likely never know if you met a person with an ostomy.

Babies, kids and adults have ostomies.



Approximately **100,000** ostomy surgeries are performed annually in the United States.

People with ostomies live full & meaningful lives that include swimming, working, playing sports & having relationships.



OSTOMIES SAVE LIVES.

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WHY DOES A PERSON NEED OR CHOOSE AN OSTOMY?



COMMON REASONS FOR A COLOSTOMY:

- Diverticulitis causing rupture
- Inflammatory Bowel Disease
- Birth Defects
- Cancers
- Bowel obstruction
- Injury

COMMON REASONS FOR AN ILEOSTOMY:

- Inflammatory Bowel Disease
- Familial adenomatous polyposis
- Cancers
- Birth Defects
- Cancers

COMMON REASONS FOR A UROSTOMY:

- Cancer (particularly of the bladder)
- Bladder defects
- Bladder diseases or injuries

OSTOMY.ORG
Advocates for a Positive Change

WHAT ARE THE DIFFERENT TYPES?



A **colostomy** diverts stool from the colon.



An **ileostomy** diverts stool from the small intestines.



A **urostomy** diverts urine when the bladder has been removed or bypassed.

MYTHBUSTERS

Facts and Truth to Fight Ostomy Stigma

MYTH:

Everyone will know that a person is wearing an ostomy pouch.

FACT:

No one will ever know unless an ostomate chooses to tell someone. Clothing rarely reveals an ostomy.

MYTH:

Only older people have ostomies.

FACT:

People of **all ages** have this life-saving surgery, even infants.



MYTH:

Ostomates are disabled and can't work.

FACT:

People living with an ostomy work every type of job imaginable. They lead active lives, play sports, swim and socialize.

You have likely met a person with an ostomy and never knew it.

MYTH:

People with an ostomy can only eat certain foods.

FACT:

Ostomates are not on a restricted diet. But they should be aware of the effects that various foods will have on stool output such as gas, color or blockage.

MYTH:

People wearing an ostomy pouch smell.

FACT:

Modern ostomy pouching application systems are **made to be odor-proof**. For added confidence some ostomates also use odor-control filters and deodorants.

MYTH:

People with an ostomy aren't physically intimate.

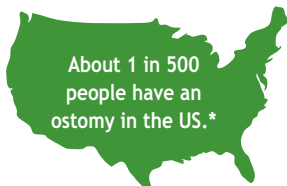
FACT:

People with ostomies live full and meaningful lives that include dating, having relationships and children/grandchildren.

MYTH: People with an ostomy are homebound because their pouch leaks.

A properly fitted pouching system with a secure seal will not leak. There are many types of pouches and accessories on the market. Specialty nurses such as Certified Wound Ostomy Continence nurses can evaluate stomas and find the proper pouching system to prevent leakage. It is possible on rare occasions an accident may occur.

FACT:



About 1 in 500 people have an ostomy in the US.*

MYTH: Ostomies are permanent for everyone.

For some they are, but **many ostomies are temporary** to help the digestive system heal after surgeries or conditions such as diverticulitis and then they are reversed.

FACT:

For more information or support, visit www.ostomy.org

* Statistic calculated from researched UOAA population estimates and census data

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EATING WITH AN OSTOMY; FOODS AND THEIR EFFECTS

Food Reference Chart for People with an Ostomy

Listed below are general guidelines for individuals who have a colostomy or ileostomy. It is important to know the effects that various foods will have on stool output. The effects may differ for each person depending on surgery type and length/ function of the remaining bowel. To determine individual tolerance to foods, try new foods in small quantities. Remember to always chew thoroughly.

Disclaimer: This document contains information developed by United Ostomy Associations of America. This information does not replace medical advice from your healthcare provider. You are a unique individual and your experiences may differ from that of other patients. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

GAS PRODUCING:

ALCOHOL (BEER)
BROCCOLI
BRUSSELS SPROUT
CABBAGE
CARBONATED BEVERAGES
CAULIFLOWER
CHEWING GUM
CUCUMBERS
DAIRY (e.g., MILK)
EGGS
LEGUMES (e.g., BAKED BEANS, LENTILS, PEAS)
MELONS
NUTS
ONION
PICKLES
RADISH
SOY PRODUCTS
SPICY FOODS

ODOR PRODUCING*:

ASPARAGUS
BROCCOLI
BRUSSELS SPROUT
CABBAGE
CAULIFLOWER
EGGS
FATTY FOODS
GARLIC
LEGUMES (e.g., BAKED BEANS, LENTILS, PEAS)
ONION
SMOKED FOODS
STRONG CHEESE

SOME MEDICATIONS
SOME VITAMINS

ODOR CONTROL*:

CONSUME PROBIOTICS (e.g., YOGURT, AIDS IN DIGESTION)
EAT SMALLER/ MORE FREQUENT MEALS, AIDS IN DIGESTION
FRUITS AND VEGETABLES; HELPS KEEP THE COLON CLEAN
STAY WELL HYDRATED AND AVOID CONSTIPATION
ODOR ELIMINATORS (DROPS, GELS, SPRAYS, TABLETS, SACHETS THAT CAN BE PLACED INTO AN OSTOMY POUCH)



Applies to people with a colostomy



Applies to people with an ileostomy

COLOR CHANGES:

ASPARAGUS
BEETS
FOOD COLORING (RED
DYES FROM KOOL AID
AND PUNCH)
IRON PILLS
LICORICE
RED JELL-O
TOMATO SAUCE



STOMA BLOCKAGE**:

BAMBOO SHOOTS
BOK CHOY
BROCCOLI (RAW)
CABBAGE (FRESH/RAW/
ALL TYPES)
CAULIFLOWER (RAW)
CELERY
COCONUT
COLESLAW
CORN (WHOLE KERNEL)
DRIED FRUITS
FRESH/RAW PINEAPPLE
MUSHROOMS (ALL TYPES)
NUTS, SEEDS
PITH FROM CITRUS (e.g.,
ORANGES)
POPCORN
SKIN OF FRESH FRUITS
(e.g., APPLE PEELS,
GRAPES)

MAY CAUSE LOOSE STOOLS; DIARRHEA:

ALCOHOLIC BEVERAGES
APPLE AND PRUNE JUICES
BAKED BEANS
CHOCOLATE
FRESH/RAW FRUIT
FRESH/RAW VEGETABLES
FRIED OR SPICY FOODS
HIGH SUGARED BEVER-
AGES
LEAFY GREEN VEGETA-
BLES
MILK/CHEESE (LACTOSE
INTOLERANCE)

THICKENS STOOL

for Diarrhea and High Output

APPLESAUCE
BANANAS
BOILED WHITE RICE OR
NOODLES
CREAMY PEANUT BUTTER
HOT CEREALS (OATMEAL,
CREAM OF WHEAT, RICE)
MARSHMALLOWS
PEELED POTATOES
TAPIOCA PUDDING
UNSEASONED CRACKERS
WHITE BREAD, TOAST
YOGURT



CONSTIPATION PREVENTION/ RELIEF***:

BRAN PRODUCTS
FRUIT JUICES
FRUIT (FRESH/RAW OR
COOKED)
OATMEAL
PRUNES
RAISINS
VEGETABLES (FRESH/RAW
OR COOKED)
WATER (STAY HYDRATED)
WARM BEVERAGES
WARM SOUPS
WHOLE GRAINS

*Odor from diet will differ for each person. If you have concerns, discuss with your doctor. Odor eliminators may be purchased from distributors of ostomy products.

**People with an ileostomy are at greater risk for stoma blockage/ obstruction. These food types should be eaten with caution and not introduced into the diet until 4-6 weeks after surgery. Introduce them slowly, one at a time, and chew well.

***Increasing the amount of fiber in your diet will help you avoid becoming constipated. Discuss options with your MD.

MANUFACTURERS ASSISTANCE PROGRAMS

UOAA recognizes that you may have a need for emergency supplies. Below are resources that may be of assistance to you on a temporary basis. UOAA does not have ostomy supplies in the national office.

Please call directly to ask for information and to apply for these programs.

ConvaTec: 800-422-8811

Hollister: 800-323-4060

Coloplast: Coloplast Patient Assistance (C.P.A.): 877-781-2656

ALTERNATIVE LOCAL RESOURCES

Contact the following agencies in your area, and ask if they maintain a "Donation Closet."

- Local hospitals
- Local Visiting Nurse associations
- Local clinics
- Local Goodwill Industries

Call your state's 2-1-1 number. Just dial 211 as you would 911.

UOAA (www.ostomy.org/support-group-finder/) has Affiliated Support Groups who sometimes operate donation or supply closets.

Kinders Closet can provide a short term supply of ostomy supplies. To reach them email kinderscloset@gmail.com.

Kindred Box (www.kindredbox.org) is a 501(c)(3) charitable organization that distributes donated ostomy supplies to the uninsured and under-insured ostomates in America.

SUPPLIES AVAILABLE WITH S + H

Osto Group (877-678-6690) Offers supplies for the cost of shipping and handling. They have a small, all-volunteer staff but if you call and leave a message they will respond. Please be patient in awaiting a response.

Ostomy 211 (ostomysupplies.ostomy211.org) Emergency supply pantry. A donation is requested to help cover expenses.

LOWER COST SUPPLY OPTIONS

The distributors listed below often sell supplies at lower prices, in some cases by not accepting insurance.

Best Buy Ostomy Supplies: 866-940-4555

Gilgal Medical Supplies, Inc.: 407-891-2120

lifeline Medical Supply: lifelinemedicalsupply.com

Mercy Supply Collaborative: 888-637-2912

Ostomy4less: 877-678-6694; contact Patti or Tom at patti@ostomymcp.com

Parthenon Ostomy Supplies: 800-453-8898

Personally Delivered: 1-855-445-8609

Stomabags: 855-828-1444

UNITED OSTOMY ADVOCATES TO THE RESCUE!

These advocate heroes have an invisible medical condition; plus these 10 hidden SUPERPOWERS!

Heroes who can...

- ✓ **TRANSFORM** lives by raising awareness for this life-saving and life-restoring surgery!
- ✓ **UNLEASH** the **power** of their **sonic** voices by speaking up to make things better for all ostomates and telling their stories!
- ✓ **JOIN** forces with other advocates across America!
- ✓ **TAKE BRAVE ACTION** when duty calls thru UOAA's Advocacy Network alert signal!
- ✓ **FIGHT** injustices and discrimination to make a difference in the world!
- ✓ **DEFEND** ostomates and stand up for ostomy and continent diversion patient rights!
- ✓ **UTILIZE** their **power of persuasion** when they self-advocate and educate their employer, insurer or other powers-that-be who resist making improvements!
- ✓ **EASE THE PAIN** of people suffering from the fear of undergoing surgery by offering the **super healing factor** they possess and support they can provide!
- ✓ **TAKE CONTROL** of their healthcare for the greater good of their lives!
- ✓ **SHARE THEIR ABILITY** to bounce back from their **organ rearrangement** with their **positivity and resilience!**

You **ARE** a Superhero!
What's Under Your Cape?



With such superpowers comes great responsibility!
Make UOAA's Advocacy Network Strong! **Join TODAY!**

Go to ostomy.org to get involved.



HOME HEALTH CARE

Home health care can include a broad range of medical services performed by medical professionals. This includes: skilled nursing care, physical therapy, occupational therapy and speech therapy. Here is what you should understand and expect when receiving medical care in your home, if you use ostomy or urological supplies.

Your Home Health Care Provider Should:

- Make sure that your supplies fit you properly so you have no leaks and a good wear time.
- Teach you how to care for your ostomy and/or catheter including demonstration of emptying and changing your pouch or how to use a catheter.
- Re-evaluate your care and supplies needs given any change in medical status (e.g., stroke, arthritis etc.)
- Explain that the Home Health Agency is responsible for obtaining your supplies under traditional Medicare while under their care. Your home health provider should make sure they provide you with supplies that fit your needs.
- Help you locate Durable Medical Equipment (DME) suppliers that are in-network and part of your medical insurance, if you are a new supplies user.
- Help set you up with a DME supplier for future orders prior to discharge.
- Provide you with enough supplies on-hand (at least 4-5 changes) until you receive your post-discharge supplies.
- Provide information on the availability of many different product choices and share manufacturer consumer assistance services including samples, if needed.
- Help you locate specialists such as a Wound Ostomy Continence nurse, physiatrist, and/or urologist, as needed in the community once you are discharged from services.

TRADITIONAL MEDICARE BENEFICIARIES

If you currently use Urology and/or Ostomy Supplies, here is important information you need to know when a medical professional or provider visits you at home!

1. NOTIFY:

Notify your Durable Medical Equipment (DME) supplier immediately!

- Your DME/medical supplier is unable to ship and/or bill for your medical supplies while you are under the care of a Home Health Agency.

2. YOUR MEDICAL SUPPLIES:

- The Home Health Agency is responsible for providing you with all your necessary Medicare-covered urology and/or ostomy medical supplies while under their care, even if your Home Health Agency is there for an unrelated reason.
- You should ONLY use your urology/ostomy supplies from your DME/medical supplier, if the home health agency has agreed to reimburse your medical supplier for those products.
- If you continue to use your medical supplies from your DME/medical supplier while under the care of a Home Health Agency, they may not be covered by Medicare.

3. YOUR RIGHTS:

Request that the Home Health Agency provide you the same urology and/or ostomy supplies you are currently using.

- Your Home Health Agency is required to provide you with the same or similar Medicare-covered supplies.

For questions about Medicare's home health services, call 1-800-Medicare or visit <https://www.medicare.gov/coverage/home-health-services>

HOW TO TREAT ILEOSTOMY BLOCKAGE

What You May Experience (Symptoms)

- Thin, clear liquid output with foul odor; can progress to no output.
- Cramping pain in the abdomen (belly); may be near the stoma or the entire abdomen.
- Decrease in urine output; urine may be dark in color. This may happen from dehydration due to not wanting to drink fluids because you don't feel well.
- Swelling of the abdomen and stoma.

If you suspect a blockage that may be due to food particles collecting inside your stoma (stoma blockage), follow step one.

If you are vomiting, or have abdominal pain, or have additional concerns, call your doctor or go to the ER before trying these steps.

STEP 1 *Call your health care provider's office to let them know about any change in function lasting more than 2-4 hours even if there is no pain or vomiting.*


- If your stoma starts to swell, replace your pouching system. Cut the opening of your wafer a little larger than normal to accommodate the swelling.
- If there is no output from your stoma, and you are not nauseated or vomiting, stop eating solid food and only consume liquids such as juices, warm broth or tea.
- Take a warm bath or shower to relax the abdominal muscles.
- A heating pad placed on a low setting may be helpful to relax the abdominal muscles.
- If possible, take a short walk or just walk slowly around your house, as long as it's not too painful.
- Try several different body positions, such as a knee-chest position, or lie on the side of your stoma with knees bent, as it might help move the blockage forward.
- Massage the abdominal area and the area around your stoma. Most food blockages occur just below the stoma and this may help dislodge the blockage.

If you do not have any output for several hours, have abdominal pain and/or you are vomiting, your abdomen is distended (swollen), and the symptoms continue, or your stoma is edematous (swollen) or the color of the stoma has significantly darkened; follow step two.

STEP 2

- Stop eating and drinking.
- Call your doctor.

- If you are unable to reach your doctor, go to the emergency room (ER) immediately.
- Take your pouching supplies with you to the ER as they may not have your particular products.
- Take this card to the ER with you and give it to the admission nurse or medical professional caring for you.



Note: After abdominal surgery, a blockage of the small bowel can happen for many reasons including from scar tissue (adhesions). If stool is not coming out of your stoma, it is best to call your doctor or go to the emergency room (ER) immediately to determine if you have a stoma blockage related to food, or a small bowel obstruction.

Instructions for Medical Personnel



Do not give laxatives or bowel prep - these can cause severe fluid and electrolyte imbalance and dehydration.

- Check for local blockage (food particles, peristomal hernia or stomal stenosis) via digital manipulation of the stoma lumen. This can be done by lubricating the index finger and gently passing it into the ileostomy opening/lumen. You should gently pass the finger to below the level of the abdominal wall fascia. You should feel the tight edge of the fascia as you pass your finger through the lumen. If you cannot easily pass your finger, you should abandon the effort. The patient may experience cramping and discomfort during this maneuver which is normal.
- An abdominal X-ray or CT scan may be indicated to determine causes of obstruction and remove the volvulus portion.
- Begin IV hydration, check electrolytes, and provide pain management measures.

If an ileostomy lavage is ordered for a determined food blockage, it should preferably be performed by a surgeon or certified ostomy nurse using the following guidelines:

- Gently insert a lubricated, gloved finger into the lumen of the stoma. If a blockage from food particles is palpated, attempt to gently break it up with your finger.

- Remove the patient's entire pouching system and administer lavage through stoma.
- Insert a lubricated soft catheter #14-#16 into the lumen of the stoma until the blockage is reached. Do not force the catheter.

Note: If unable to easily insert the catheter, notify surgery.

- If food blockage is seen/felt - proceed with lavage. Slowly instill 30-50cc NS into the catheter using a bulb syringe. Remove the catheter and allow for returns.
- Repeat this procedure instilling 30-50ccs at a time until the blockage is resolved. This can take 1-2 hours.

If these measures are unsuccessful, order a surgical consultation.

This document contains information developed by United Ostomy Associations of America. The document is provided for informational purposes only and cannot be considered medical advice. Referring to this document does not create a doctor/patient relationship. The information is solely for the purposes of assisting you in being informed when speaking to your doctor. This information does not replace medical advice from your healthcare provider. You should always speak to your healthcare provider to obtain advice about your medical condition. You are a unique individual and your experiences may differ from that of other patients. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

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Reference: Jane Carmel, J. C. (2015). Wound, Ostomy and Continence Nurses Society® Core Curriculum: Ostomy Management. Philadelphia: Lippincott, Williams & Wilkins.

PHYSICIAN VISIT CHECKLIST

Doctor Name: _____ Office Number: _____

Appointment Date/Time: _____ Ostomy Prescription last filled: _____

Reason for Visit: _____

Bring to visit:

Current Ostomy Supply List Changes in Medical Conditions:

New Ostomy Supply Needs:

Before leaving visit: Confirm the above is documented in medical record

(If applicable) Get referral to a certified ostomy nurse

Questions/Concerns for this visit:

List ostomy/stoma complications for letter of medical necessity (If applicable due to going over maximum allowable limit):

Confirm Prescription Order includes the following:

- | | |
|---|--|
| <input type="checkbox"/> Type of ostomy | <input type="checkbox"/> All item numbers for pouching system and accessories with brand |
| <input type="checkbox"/> Diagnosis/ICD code (reason for ostomy) | <input type="checkbox"/> Quantity for all items |
| <input type="checkbox"/> Estimated length of need | <input type="checkbox"/> Physician Signature/Date (stamps are not acceptable) |
| <input type="checkbox"/> Current insurance information | <input type="checkbox"/> Letter of medical necessity |
| <input type="checkbox"/> Pouching System | |
| ____ 30-day supply | |
| ____ 90-day supply | |

KNOW YOUR OSTOMY CHECKLIST

Surgeon: _____ Surgery Date: _____

Ostomy Type: I have a(n) ____ Colostomy ____ Ileostomy ____ Urostomy ____

Other (_____) ____ Temporary ____ Permanent

Stoma Shape:

- Round Oval Irregular Smaller at the top, larger at the bottom
- Larger at the top, smaller at the bottom Has one opening Has two openings

Stoma Color:

- Red Pink Brown (not normal) Black (not normal) Maroon (not normal)
- Blue/Purple (not normal) Other (A healthy stoma should look red, moist, and shiny.)

Stoma Position and Level:

- Below skin level (in a skin fold or sunken)
- Flush to skin level/at skin level
- Above skin level

Stoma Location:

- Right side of the body above the belly button
- Right side of the body below the belly button
- Left side of the body above the belly button
- Left side of the body below the belly button
- In or near a skin crease In or near a skin fold On a flat skin surface

Stoma Size: ____ X ____ Round Oval Irregular

KNOW YOUR OSTOMY SUPPLIES CHECKLIST

Supplier Contact Information: _____

Allergy Alert: _____ Supplier Order #: _____

NO SUPPLY SUBSTITUTIONS

Pouching System:

One-Piece Two-Piece

Stoma Information:

Size: _____

Ostomy Type:

Colostomy Ileostomy Urostomy

Other: _____

Brand Manufacturer:

Coloplast

Convatec

Cymed/ Microskin

Hollister

Marlen

Nu-Hope

Safe n Simple

Other: _____

Order Frequency:

Per month Per 3 months

Pouch: _____

Product # _____

Size: _____

Quantity: _____

Pouch Features:

Color: Transparent Opaque

Opaque with viewing window

Closure/Outlet: Drainable (velcro or clip)

Closed-end Tap Bottom

Gas Management:

Integrated Filter No Filter

Wafer/Barrier/Flange:

Product # _____

Quantity: _____

Pre-cut Size: _____

Cut-to-fit Size: _____

Moldable Size: _____

Flat Convex:

____ Soft/Flexible

____ Light

____ Deep

Two-Piece:

Adhesive Coupling

Mechanical Coupling

Accessory Products:

Skin Barrier Seals/Rings

Adhesive Remover Wipes or Spray

Barrier Wipes or Spray

Barrier Strips

Deodorizer

Paste (Tube or Strip)

Tape/Tape Extenders

Powder

Hernia Support Belt

Overnight Drainage Bag/Jug

Overnight High Output Pouch

Irrigation Supplies

Other: _____

YOU MATTER!

Know what to expect and know your rights.

Ostomy and Continent Diversion Patient Bill of Rights

SIDE ONE

THE OSTOMY AND CONTINENT DIVERSION PATIENT BILL OF RIGHTS (PBOR)

The PBOB is a tool produced by United Ostomy Associations of America for patients to advocate for their care and outlines evidence based, best in practice guidelines for health care professionals. A person needing ostomy or continent diversion surgery must have access to high-quality care in all health care settings and should receive appropriate education and support by a health care professional certified in ostomy care to promote optimal adaptation to surgery and achieve a desirable quality of life.

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SIDE TWO

Those needing ostomy/continent diversion surgery shall be involved in all phases of the surgical experience except in preoperative emergent situations and shall receive:

During the preoperative phase:

- Stoma site marking
- Discussion of care and impact on activities of daily living
- Emotional support

During the operative phase:

- A stoma that is well-positioned and can be fit with a reliable pouching system

During the postoperative phase:

- Instruction and educational materials on self-care of specific ostomy (i.e., emptying/changing pouch, care of skin, troubleshooting, dietary/fluid guidelines)

- Resources for obtaining supplies and support

During the lifespan:

- Health care professionals with knowledge specific to the care of ostomy/continent diversion in all health care settings including telemedicine
- Reevaluation of ostomy management and supplies following changes in medical condition, and aging
- Specific ostomy supplies to maintain a reliable fitting pouching system

Full details: www.ostomy.org

TRAVEL COMMUNICATION CARD

COMPLIMENTS OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

This is provided to travelers in order to simplify communication with federal Transportation Security personnel and airline flight attendants, at those times when you wish or need to communicate in a non-verbal way, as is your legal right.

This is not a certificate and it is not a pass to help you avoid screening. Please print out on any weight of paper you wish, trim to wallet-size and laminate if desired. The blue color is important, as it is a "flash-card" developed by the TSA so their own officers will recognize it and be guided to treat the traveler with discretion and sensitivity.

JUST PRINT IN COLOR, CUT OUT, FOLD, AND PUT WITH TRAVEL DOCUMENTS

FOLD LINE

TSA NOTIFICATION CARD: INDIVIDUALS WITH DISABILITIES AND MEDICAL CONDITIONS

I have the following health condition, disability or medical device that may affect my screening:

I understand that alternate procedures providing an equivalent level of security screening are available and can be done in private. I also understand that presenting this card does not exempt me from screening.

Information • Assistance Requests • Compliments • Complaints

TSA Cares

1-855-787-2227 (Federal Relay 711)

Weekdays: 8 a.m. to 11 p.m. ET

TSA-ContactCenter@tsa.dhs.gov

Weekends/Holidays: 9 a.m. to 8 p.m. ET

Hablamos Español

Automated information offered in 12 languages

Call 72 hours prior to traveling to request the assistance of a Passenger Support Specialist (PSS) at the checkpoint. If a PSS is not available, you may ask for a Supervisory TSA Officer at the checkpoint.

SHOW THIS SIDE - for use during screening before boarding.

Intended for the passenger to inform the TSO at the beginning of personal screening - before being patted-down or entering a full-body scanner.

NOTES: You may always have a travel companion with you during a private screening.

- TSA officers should NOT ask you to show your pouch—you may be asked to rub over your pouch outside your clothing so they can test your hand to rule out explosive residue.
- To file a complaint, go to <https://www.tsa.gov/contact-center/form/complaints>
Please copy UOAA in your correspondence with the TSA at info@ostomy.org.




RESTROOM COMMUNICATION CARD

This card is designed to show in the event you need urgent access to a restroom when no public restroom is available such as restrooms only available for employees. It provides a simple means of communication especially if you wish or need to communicate discreetly in a non-verbal way.

Please print out on any weight of paper you wish, trim to wallet-size and laminate if desired.

JUST PRINT IN COLOR, CUT OUT, FOLD, AND KEEP IN YOUR WALLET.

Disclaimer: Unless your state has a restroom access law, there is no legal requirement. This card does not guarantee access. It is ultimately the place of business' discretion whether bathroom access is granted.

<p>RESTROOM ACCESS NEEDED NOW</p> <p>The cardholder needs urgent restroom access to empty or change their ostomy pouch and/or catheter.</p> 	<p> RESTROOM COMMUNICATION CARD</p> <p>The cardholder is wearing an ostomy pouch which contains bodily waste and is carrying pouches and related supplies to manage personal hygiene. Access to the restroom is critical for the cardholder's wellbeing and for public sanitation. Thank you for your help and understanding.</p> <p>Provided by </p> <p>www.ostomy.org 1-800-826-0826</p>
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