



FOR HEALTHCARE PROFESSIONALS & PATIENTS

# All-In-One Support Guide for New Ostomates

A Practical Guide Nurses Can Share with Patients

*“Support • Confidence • Practical Tips”*

Trusted by more than  
**40,000+**  
Ostomates Worldwide



GUIDED CARE

DAILY COMFORT

ACTIVE LIVING

EMOTIONAL SUPPORT



United Ostomy Associations of America



Wound, Ostomy, and Continence Nurses Society

Wound, Ostomy & Continence Nurses Society



Cleveland Clinic

## OSTOMY BELT



PREMIUM QUALITY  
MADE IN EUROPE



SKIN-FRIENDLY



BREATHABLE  
& SECURE



ODORLESS



This guide is intended as a general information resource. Always follow your nurse's or doctor's specific instructions.

[www.siilostomy.com](http://www.siilostomy.com) | [hola@siilostomy.com](mailto:hola@siilostomy.com)

# 1 You Are Not Alone

If you or someone you care for has recently had ostomy surgery, we want you to know: **you are not alone**. Hundreds of thousands of people around the world live full, active, and joyful lives with an ostomy.

It is completely normal to feel anxious, overwhelmed, or uncertain right now. These feelings are part of the adjustment process, and they **do get better** with time, support, and the right information.

Your ostomy care nurse is your most valuable resource. This guide is designed to complement their expertise and give you a reference you can return to whenever you need reassurance or practical reminders.

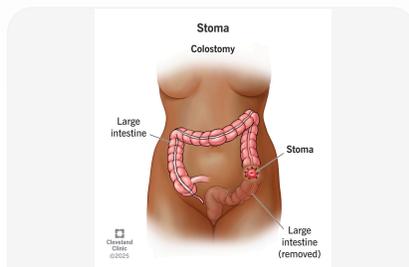
**NURSE TIP**

Share this guide during the first post-operative visit. Patients feel more confident when they have a tangible resource to review at home with family members.

# 2 What Is an Ostomy?

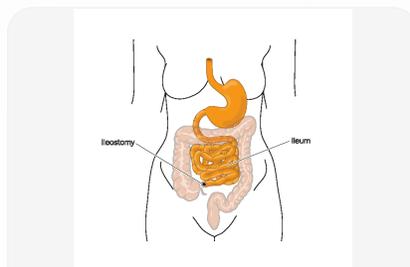
An ostomy is a surgically created opening in the abdomen called a **stoma**. It allows waste to leave the body when the normal route is no longer possible due to illness, injury, or surgery. Your stoma is a small, round, pinkish-red opening with no nerve endings — touching it is painless. Waste passes through the stoma into a collection pouch that sits flat against your body.

## Common Ostomy Types



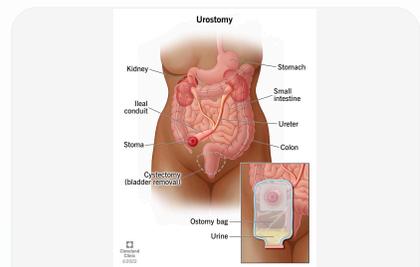
**Colostomy**

From the **large intestine** (colon).  
Semi-formed to formed stool.  
Common after colorectal cancer or diverticular disease.



**Ileostomy**

From the **small intestine** (ileum).  
Liquid to semi-liquid output. Common after Crohn's disease or ulcerative colitis.



**Urostomy**

Diverts urine when the bladder is removed. Uses ileal conduit from ureters to stoma. Common after bladder cancer.



UOAA



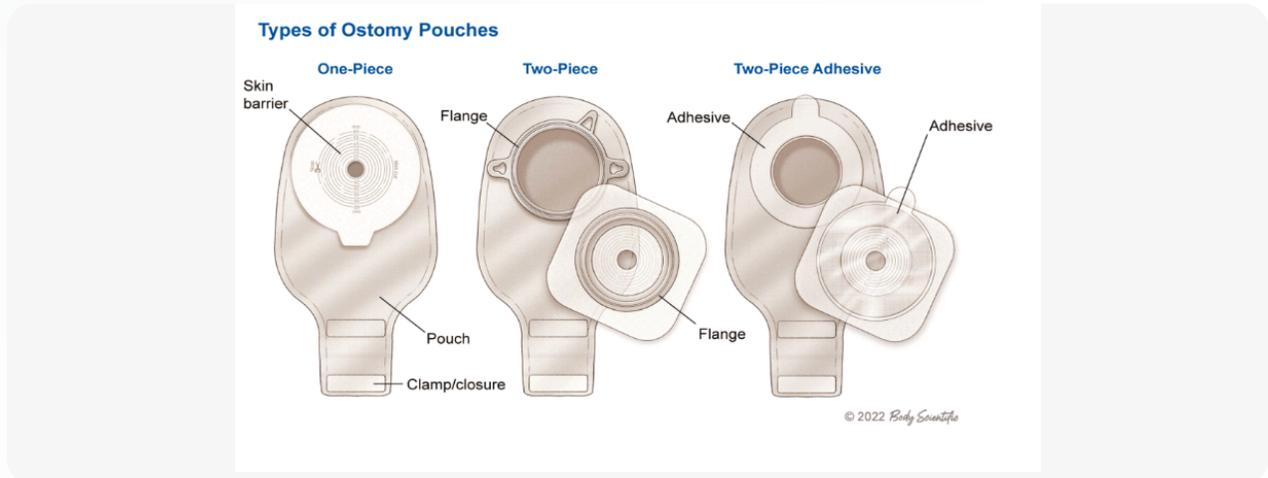
WOCN Society



Cleveland Clinic

# ① One-Piece vs. Two-Piece Pouching Systems

Understanding the difference between pouching systems helps you and your nurse choose the best option for your lifestyle and stoma type. Both systems are available as drainable or closed-end pouches, and come in a variety of sizes.



## One-Piece System

The skin barrier (wafer) and collection pouch are fused together as a single unit. When you change the pouch, you change the entire system.

### ✓ Pros

- ✓ Thinner and more flexible — lies flatter on the body
- ✓ Easier and quicker to apply (fewer steps)
- ✓ More discreet under clothing due to lower profile
- ✓ Better for those with limited dexterity or vision

### ✗ Cons

- ✓ Entire unit must be removed to change the pouch
- ✓ More frequent skin barrier removal may irritate skin
- ✓ Cannot inspect stoma without removing the system

## Two-Piece System

The skin barrier (flange) is separate from the pouch. The barrier stays in place for several days while the pouch can be changed independently via a snap-ring or adhesive coupling.

### ✓ Pros

- ✓ Change pouch without removing the skin barrier
- ✓ Less skin irritation — barrier stays in place 3-4 days
- ✓ Easy to inspect stoma without full removal
- ✓ Can switch between pouch sizes for different activities

### ✗ Cons

- ✓ Slightly bulkier due to the flange coupling ring
- ✓ Takes practice to snap or click pouch onto flange
- ✓ Generally costs more than one-piece systems

### NURSE TIP

Most new ostomates start with a two-piece system so nurses can inspect the stoma easily during early recovery. As confidence grows, some patients prefer a one-piece for simplicity. Encourage patients to try both types — many manufacturers offer free samples. *(Source: UOAA & WOCN best practices)*

### 3 Practical Tips for New Ostomates

- **Empty your pouch regularly** — do not wait until it is full. Aim to empty when about one-third full to prevent leaks, discomfort, and odor.
- **Prepare a travel kit** — include extra pouches, wipes, disposal bags, a small mirror, and a change of clothes. Keep one at home, at work, and in the car.
- **Clothing and fit** — most regular clothes work well. High-waisted trousers, stretchy fabrics, and loose tops help. Support garments create a smooth, discreet silhouette.
- **Skin care routine** — clean peristomal skin gently with water during each pouch change. Use barrier wipes or cream only as directed. Watch for redness or irritation.
- **Stay hydrated** — especially important for ileostomy patients who lose more fluids. Drink water regularly and include electrolytes if recommended.
- **Diet and nutrition** — introduce new foods slowly, one at a time. Chew thoroughly. Your nurse or dietitian can help create a plan for your specific ostomy type.

**NURSE TIP**

Encourage patients to practice pouch changes at home while relaxed — not just during clinic visits. Confidence grows with repetition in a comfortable environment.

### 4 Emotional Support and Resources

Adjusting to life with an ostomy involves emotional as well as physical recovery. It is okay to feel frustrated, sad, or self-conscious — and it is important to talk about those feelings. You do not have to navigate this alone.

**Support Groups**

Local and hospital-based ostomy support groups offer a safe space to share experiences and learn from others on the same journey.

**Online Communities**

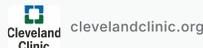
Forums, social media groups, and organizations like the UOAA provide peer support and resources from the comfort of home.

**Family Conversations**

Open communication with family and close friends builds understanding and creates a stronger support system during recovery.

**Professional Help**

If sadness, anxiety, or isolation persist, speak with your care team about counseling or mental health support options.



## 5 Intimacy and Sex with an Ostomy

One of the most common concerns after ostomy surgery is whether you can still have an intimate, fulfilling relationship. The answer is **yes**. Millions of ostomates enjoy healthy, active intimate lives. It takes time, patience, and open communication — but intimacy after ostomy surgery is absolutely possible.

### Physical Considerations

- ✓ **Wait for clearance** — typically 6–8 weeks post-surgery, or when wounds have healed. Always follow your surgeon's specific timeline.
- ✓ **Your stoma is safe** — it has no nerve endings and is not harmed by intimacy. Slight redness during arousal is completely normal.
- ✓ **Positioning** — side-lying or partner-on-top positions avoid pressure on the stoma or pouch. Experiment to find what works for you.
- ✓ **Nerve changes** — rectal or bladder surgery may affect sexual function. Treatments and therapies are available — talk to your surgeon.

### Practical Tips

- ✓ **Empty your pouch beforehand** — reduces leak risk and boosts confidence. Some people change to a fresh pouch.
- ✓ **Use a smaller pouch** — compact pouches designed for intimacy are more discreet and comfortable.
- ✓ **Secure with a belt or wrap** — SIIL belts and wraps keep the pouch flat and secure during activity.
- ✓ **Pouch covers** — fabric covers make the pouch less noticeable for both partners.
- ✓ **Avoid gas-producing foods** — for several hours before to minimize ballooning and odor.

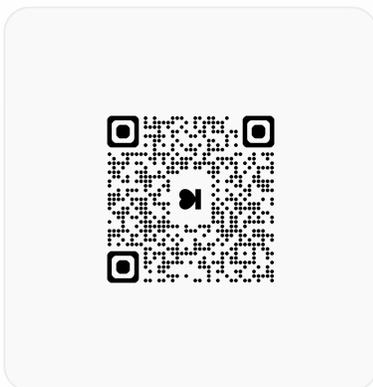
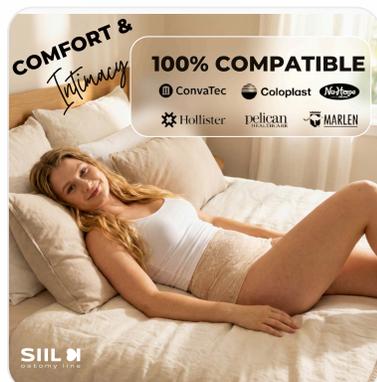
### Emotional & Communication

- ✓ **Talk openly** — most partners' primary concern is your wellbeing, not the ostomy. Honest conversation strengthens trust and closeness.
- ✓ **Body image takes time** — confidence grows significantly within the first year. Be patient and kind to yourself throughout the process.
- ✓ **Seek support** — counselors specializing in sexual health or chronic illness can help. UOAA has dedicated sexuality resources.
- ✓ **New relationships** — when to share is personal. Most ostomates find partners are far more accepting and supportive than expected.

#### NURSE TIP

Proactively raise intimacy with patients — most will not ask but many are deeply concerned. Normalize the conversation early and provide the UOAA sexuality resource guide.

### Adaptive Intimacy Garments — SIIL Mia Wrap



#### Designed for intimate moments

The SIIL Mia Wrap holds your pouch securely and discreetly against your body. Soft, breathable antibacterial fabric with an elegant lace design. Feel confident, comfortable, and beautiful.

[Shop at siilostomy.com](https://www.siilostomy.com) →



[ostomy.org/sexuality](https://ostomy.org/sexuality)



WOCN<sup>®</sup> World, Ostomy, and Confidence Nurses Society<sup>™</sup> WOCN Society

## 6 Ostomy Reversal (Takedown Surgery)

Some ostomies are created as **temporary** measures to allow the bowel to heal after surgery, trauma, or illness. When healing is confirmed, your surgeon may recommend a **reversal** (also called a takedown) to reconnect the bowel and restore normal function through the natural route.

### Who Is Eligible?

- ✓ **Temporary ostomies** — most commonly ileostomies or colostomies created to protect a surgical join (anastomosis) while it heals.
- ✓ **Condition resolved** — the original disease, injury, or infection must be adequately treated or in remission.
- ✓ **Adequate bowel** — there must be enough healthy intestine remaining to reconnect and maintain function.
- ✓ **Healthy rectal function** — the rectum and anal sphincter must be functional, as assessed by your surgeon.
- ✓ **Overall fitness** — patient must be well enough for general anesthesia and additional surgery.

### Who May Not Be Eligible?

- ✓ **Permanent ostomies** — when the rectum or anus has been removed (abdominoperineal resection), reversal is not possible.
- ✓ **Urostomies** — almost always permanent, as they typically involve removal of the bladder (cystectomy).
- ✓ **Active disease** — ongoing Crohn's disease, radiation damage, or unresolved infection may prevent safe reversal.
- ✓ **Sphincter damage** — if anal sphincter muscles are not functional, continence cannot be maintained.
- ✓ **Patient choice** — some well-adapted patients choose not to undergo additional surgery.

### What to Expect

- ✓ **Timing** — reversal typically occurs 3–12 months after original surgery. Readiness is confirmed with imaging and examination.
- ✓ **Procedure** — the stoma is closed, bowel ends are reconnected, and the abdominal wall is repaired. Usually 1–3 hours under general anesthesia.
- ✓ **Recovery** — hospital stay of 3–7 days. Full recovery takes 6–8 weeks. Bowel function normalizes gradually over weeks to months.
- ✓ **Adjustment period** — expect irregular bowel movements initially. Frequency, urgency, and consistency may vary as your body readjusts. This improves with diet management and pelvic floor exercises.
- ✓ **Possible risks** — as with any surgery, risks include infection, anastomotic leak, hernia, bowel obstruction, or the need for further surgery. Discuss your personal risk profile with your surgeon.

### Living Well — Whether Temporary or Permanent

Whether your ostomy is reversed or becomes permanent, quality of life is the goal. Many people with permanent ostomies live full, active, and fulfilling lives with the right support and products. The decision to pursue reversal — or not — is deeply personal and should be made together with your surgical team based on your medical situation, lifestyle, and preferences. There is no wrong choice.

#### NURSE TIP

Discuss the possibility of reversal honestly and early. Patients with temporary ostomies benefit from understanding the timeline and realistic expectations. For those with permanent ostomies, emphasize that a rich, full life is absolutely achievable — and that long-term ostomy support is always available through organizations like UOAA and your WOC nursing team.



[ostomy.org/temporary-ostomy](http://ostomy.org/temporary-ostomy)



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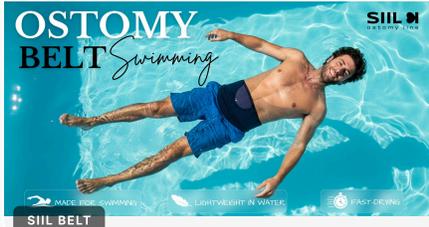


## 8 Daily Support Garments

The right garments make a real difference in comfort, confidence, and daily activity. All SIIL products are compatible with Coloplast, Hollister, Convatec and all major pouch systems.

 FSA / HSA Eligible

 Medicare Approved



### SIIL Ostomy Belt

Organic medical-grade spandex with inner pocket. Breathable, hypoallergenic, quick-drying. Men and Women.

- ✓ Keeps pouch flat and secure against the body
- ✓ Gentle compression helps prevent parastomal hernias
- ✓ Ideal for daily wear, exercise, swimming and sleep
- ✓ Zipper access for easy pouch emptying without removal



### SIIL Ostomy Panties

High-waist with built-in pouch pocket. Antibacterial.

- ✓ Internal pocket for discreet support
- ✓ Bottom openings for easy emptying
- ✓ Smooth silhouette under clothing



### SIIL Ostomy Wraps

Elastic wrap with antibacterial fabric and inner pocket.

- ✓ Holds pouch stable, reduces leaks
- ✓ Hernia prevention support
- ✓ Perfect for intimate moments



### SIIL Ostomy Swimwear

High-waisted bikinis and tankinis with inner pocket.

- ✓ Quick-dry, chlorine and salt-water safe
- ✓ Looks like regular swimwear
- ✓ Pool, beach, spa and water therapy



### SIIL Ostomy Lingerie

Elegant lace bodies combining style with secure support.

- ✓ Feel confident and beautiful
- ✓ Secure inner pocket design
- ✓ Premium soft fabrics



### SIIL Stoma Protector

Ultralight invisible dome that shields your stoma from impacts, seat belts, pets, and sports.

- ✓ Invisible under clothing, ultralight design
- ✓ Protection from impacts, seat belts and pets
- ✓ Perfect for sports, exercise and active lifestyles

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