

Taking Care of Your Colostomy

About This Booklet

We made this booklet to help you take care of your new colostomy. We hope this will help you understand colostomy care so you can go back to your daily life and regular routines.

This booklet has general information. If your provider tells you something different from what is in this booklet, please follow your provider's instructions instead.



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What's in This Book

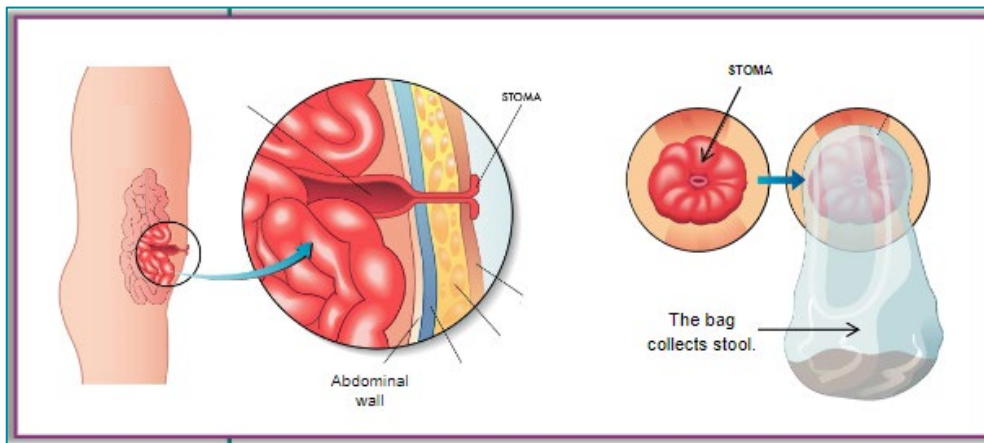
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What is a colostomy?

A colostomy is an opening in the large intestine (colon). This opening is made during surgery.

During surgery, the surgeon brings your large intestine out of your body and attaches it to the skin. The part of the large intestine that is attached to the skin is called the stoma.

The stoma allows stool (poop) to leave the body after the surgery.



What is different for me now?

There may be a few foods that you need to be careful about eating immediately after surgery. (See pg. 12.)

The way stool and gas leave your body is different.

Before Ostomy Surgery	Now
Stool left your body through your rectum (anus).	Stool leaves your body through your stoma. You may still feel the urge to go to the bathroom and have mucus come from the anus.
The muscles in your anus controlled when gas and stool left your body, so you could wait a little and go to the bathroom.	You have no control over when or how gas and stool leave your body. Your stoma does not have muscles to control gas or stool, so you will need to wear a bag (pouch) to collect the stool.

Caring for your stoma

Be gentle with your stoma. It may bleed easily when it gets bumped or rubbed. It does not have nerves, so you will not feel it when you touch it.

You do not need to wipe your stoma clean with each pouch change. This could cause bleeding. If you need to remove stool, gently pat your stoma or rinse with water.

Keep an eye on your stoma

- Your stoma should be pink or red and moist, similar to the inside of your cheek.
- You may have a piece of rubber or plastic that helps hold the ostomy above the skin for a brief period of time after surgery. This should be removed by the surgeons or ostomy specialist within 10-14 days after surgery.
- Your stoma will be swollen after surgery. It will get a little bit smaller over the next 6 to 8 weeks.
- Measure your stoma each time you change your pouch until the size stays the same.
- Measure your stoma if your belly changes shape. For example, you may lose or gain weight.
- It is perfectly normal for your stoma to bleed a small amount sometimes, like your gums do when you brush your teeth. As long as it stops quickly and there is no pain, this is not a problem. If it continues to bleed, apply cold pressure to the bleeding area for 5-10 minutes (this can be over the ostomy pouch).
- You will see very small movements in your stoma. This is normal. It is called peristalsis (involuntary contraction and relaxation of the intestine). Don't be surprised if you see it move or if it looks a little different from one day to the next.



How to care for the skin around your stoma

The stool that is coming out of your stoma can cause skin problems if it is allowed to touch the skin for long periods of time. If your pouch leaks, it is important to change the bag immediately. The skin around your stoma should look like the skin on the other side of your belly.

Here are some ways to care for your stoma and protect your skin:

- ✓ Check your skin every time you change your pouch. Check for redness, irritation, or open skin.
- ✓ If your skin is breaking down or has open areas, see the Crusting Procedure on pg. 6.
 - Always clean stool that gets on your skin using water or in the shower (you may use a mild soap without moisturizers).
- ✗ Do not use soap or baby wipes with moisturizers in them. The wafer (sticky part) of the pouch will not stick to your skin if you use these products.
 - There are wipes specifically made to clean around an ostomy that you can purchase from your ostomy supply company.
- ✓ If you have hair on your belly, remove the hair regularly. This will make pouch removal less painful.
 - Always start with the clippers or razor close to your stoma and move away from your stoma and in the direction of the hair growth (if possible)
 - You may want to use electric clippers instead of a blade razor.
 - Do not use the same razor or electric clippers for your ostomy on any other body part.
 - You can use the stoma powder for a dry shave. It helps prevent skin irritation while you are shaving.

Crusting to protect your stoma

What is crusting?

If the skin around your stoma is breaking down or damaged, it's hard for your ostomy to stay in place. Crusting helps your pouch stick to skin that is moist, open, or damaged. If the skin around your stoma isn't damaged, you don't need to crust it.

Steps for crusting

Crusting makes a thin, dry crust that helps your pouch stick to your stoma.

1. Clean the skin around your stoma with water. Pat dry with a paper towel or a clean washcloth.
2. Apply a light layer of ostomy or stoma powder on the open skin around your stoma. Use a paper towel or clean washcloth to lightly brush off any extra powder. Powder that doesn't stick to the skin will brush off easily.
3. Blot or spray the irritated skin with a skin barrier, such as Cavilon No-Sting. This helps seal in the powder. Don't wipe the skin.
4. If your skin isn't dry after doing the above steps, you can repeat them up to three times. The goal is for the skin around your stoma to be dry. Once skin is dry, you don't need to repeat the steps again.



After crusting, your ostomy will have a small amount of stoma powder on the irritated skin.

When your skin heals, stop these steps. Healed skin doesn't need a crust.

Treating a fungal or yeast rash

If you have a fungal or yeast rash in the stoma area, your doctor will prescribe a powder for the rash. Follow the steps above, using the prescription powder in place of the ostomy powder. Repeat until the rash gets better, or until your prescription ends.

Soothing burning skin

If your skin is burning, you can put a thin layer of a liquid antacid such as Mylanta or Maalox (or a generic equivalent) on the skin. Don't do this if you're getting radiation in this area.

Let the antacid sit on the skin for a few minutes, then gently wipe off. Crust the area using the instructions above. Don't use the antacid for more than two weeks without talking to an Ostomy Specialist.

Free Resource to Help Evaluate Skin –

Peristomal Skin Assessment Guideline: Website <https://psag.wocn.org/>

Caring for your pouch

The main parts of your pouch

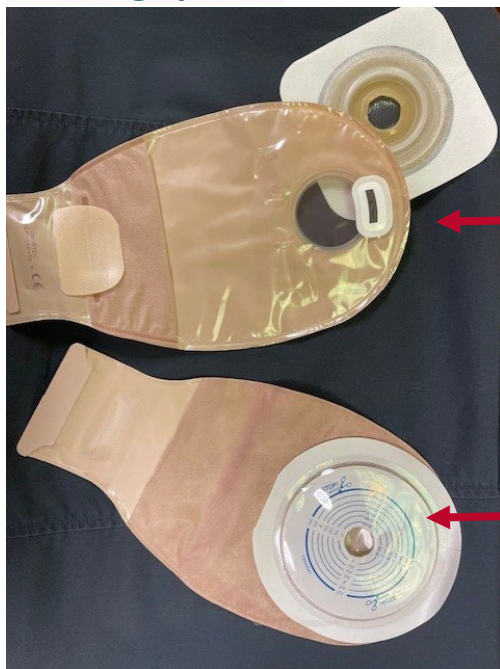
The Wafer (also called a skin barrier, flange or faceplate)

The wafer is sticky so it can attach to your skin. It has a hole in the middle for your stoma to fit through. The wafer protects your skin from what comes out of your stoma. It works as an anchor for the pouch.

The Pouch

The pouch is a bag that holds your output (stool) until you are ready to empty it.

Pouching Systems



In **two-piece** pouching systems, the wafer and the pouch are two separate pieces that connect together.

In **one-piece** pouching systems, the wafer and the pouch are a single unit, already connected together and cannot be separated.

Emptying your pouch

When the pouch is a 1/3 to a 1/2 full of liquid or stool, you should empty it.

- Open the bottom and empty it into a container or toilet.
- Clean the end of the pouch and close it.

When the pouch is a third to a half full of gas, you should also empty it. This is because gas takes up space. If there is too much gas, the pouch can get too full and leak.

- Go to the bathroom, open the bottom of the pouch, and gently release the gas.
- Then close the pouch.

What is the best way to clean my pouch after I empty it?

The best way to clean the pouch is to use a squirt bottle with lukewarm water.

- ✗ **Be careful not to get the charcoal filter wet.**
- ✗ **Do not let the water sit for long around your stoma.** This can loosen the seal and make your pouch leak.
- ✗ **Never wash your pouch with hot water.** Hot water could cause a burn and will breakdown the pouch material so it will not work right.



How often will I have to empty the pouch?

In the beginning, you will have to empty the pouch more often. As you get back to your normal activity and eating patterns after the bowel recovers from surgery, you will empty the pouch less often. A colostomy pouch usually needs to be emptied 1-4 times a day.

How often should I change the pouch?

We recommend you change your colostomy pouch and wafer every 3-5 days. You should also change your pouch if it is leaking or you feel burning or itching. This helps prevent leaks and skin problems.

If you need to change your pouch more often than every 2 days because of leaking, you should talk to your healthcare provider.

How to change your pouch

The best time to change your pouch is when your stoma is not as active, like when you wake up in the morning.

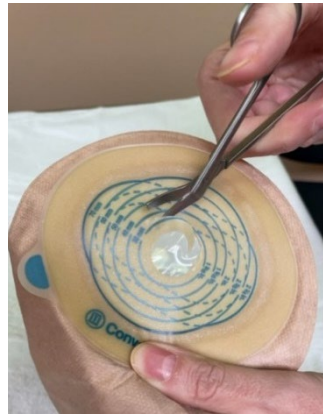
1. Empty your pouch as you usually do and then wash your hands with warm water and soap.
2. Use the adhesive releaser spray or wipes (in the purple and white can or package) to help remove pouch. Gently pull up on the wafer and press down on the skin as you use the adhesive remover.
3. If you still have a plastic or rubber support for your stoma, be careful not to pull it.

4. Put the old pouch, wafer, and other waste into a plastic bag to throw it away. We recommend using sealable sandwich bags, baby diaper disposal bags, or doggie poop bags.
5. **Only clean your skin and stoma with warm water and a washcloth.** Do **not** use scented or moisturizing soaps, or baby wipes.
6. Pat your skin dry. **Please note**—if your skin is irritated do the Crusting Procedure before Step 7. (See page 6.)
7. Use your measuring guide to see how big your stoma is. Leave only 1/8 to 1/16 inch between the measuring guide and the stoma.
8. Make the hole in the wafer fit just around your stoma.

Cut-to-fit wafer



Trace the exact size onto the back of the wafer.



Cut out the hole that you just traced from the wafer.

The wafer has a starter hole in the middle of the circle to make it easy to cut. Make sure not to cut into the pouch if it is attached.

Moldable wafer



Use your thumbs to fold up and out and press the wafer into the size and shape to fit just around your stoma.

You can mold the opening up or down.

If your stoma is not tall, or sunken into your belly, try molding down. You will need to remove the clear plastic cover or the center sticky part of the wafer.

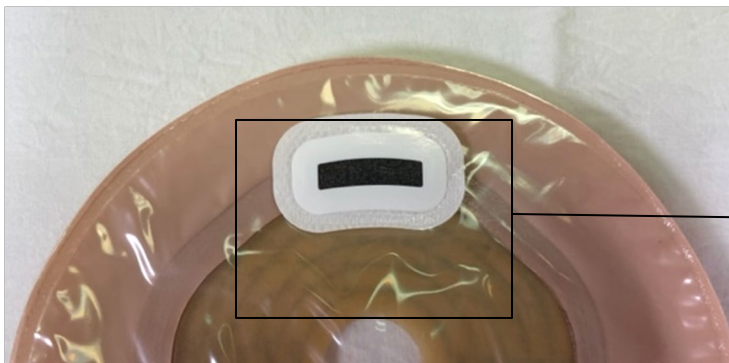
9. Remove the paper or plastic backing from the wafer. If there are extra paper strips on the tape border, **do not** remove them yet.
10. Put the wafer over your stoma (and the support if it is still there). Make sure your stoma is in the center of the hole. Press firmly and smooth out any wrinkles.
11. Now, if you have it, remove the paper backing from the tape border around the edge of the wafer and press down to skin.
12. Press and rub gently on the wafer for a minute to make a good seal. A little warmth can also improve the seal.
13. If the pouch is separate from the wafer, attach them together now. Make sure the two pieces really get sealed all the way around the connection.
14. Close the bottom of the pouch.
15. Wash your hands again with warm water and soap.

How do I deal with gas?

When your pouch has gas in it, go to the bathroom and empty the gas by lifting the end of the pouch, unrolling it, and slowly pressing out the gas.

Some pouches have charcoal filters that let the gas seep out with no smell. Make sure to request a pouch with charcoal filters when you get your pouch prescription.

When you hear gas releasing from your stoma, you can quiet the noise by putting your arm or an object, like a bag, sweater, or jacket over the stoma and gently pressing down to muffle the noise.



This is the charcoal filter
on a pouch

Ways to reduce gas

Check with your provider to see if an over-the-counter gas medicine is right for you. Examples of gas medicines are Beano or Gas-X. If you take them, follow the instructions on the package.

You can avoid eating foods that make you more gassy.

- Alcohol
- Beans
- Cabbage
- Cauliflower
- Drinking through a straw
- Dairy
- Onions
- Radishes
- Broccoli
- Cucumbers
- Chewing gum
- Sugar free candy
- Bubbly drinks

Other causes of extra gas

There are things other than diet or medicines that can make more gas—

- **Eating or drinking too fast, or talking while you chew.** This may cause you to swallow air. This increases the amount of gas in your stomach. It may make your symptoms worse. Chew each mouthful completely before you swallow. Take your time.
- **Drinking from a straw or drinking carbonated beverages.** This causes you to swallow extra air.
- **Chewing on gum, smoking or sucking on hard candy.** These activities cause you to swallow more often. Some of what you are swallowing is air. This leads to more gas in your stomach.
- **Overeating.** This may make you feel bloated and cause more gas.
- **Being constipated (having trouble pooping).** This can increase the amount of normal gas by delaying movement through the intestines. This allows the poop to create more gas.
- **Wearing loose-fitting dentures.** This causes you to swallow extra air when you are eating.
- **Snoring.** This cause you to swallow air when you are sleeping.
- **Going long periods of time without eating.** This decreases forward motion in the gut allowing things inside the intestines to create more gas.
- **Small bowel bacterial overgrowth.** You may need to talk to a doctor about this condition.

How Do I Deal with Smells?

- Keep the drainage end of the pouch clean.
- Make sure the pouch is not leaking. If it is leaking, change your pouch. It should not smell if it is not leaking.
- Get a smell-reducing spray to use ahead of time in your bathroom anytime you open your pouch.
- There are odor neutralizing drops that you can either buy over the counter or from the Ostomy Supply company with a prescription.
- There is also a lubricating deodorant available from the ostomy supply company. You can use this if the stool is not moving to the bottom of the pouch easily. Baby oil or cooking oils can also help with lubricating the pouch.
- You can also try putting breath mints or alcohol-free mouthwash in the bottom of your pouch.

Eating and Drinking

What Can I Eat?

Right after surgery, eat small, frequent meals (5-6 per day).

Foods with a lot of fiber that doesn't break down (like uncooked vegetables and fruit peels) can be a little difficult to digest in the first couple of weeks after surgery, so you may want to keep these out of your diet to begin with. Then you can get back to a regular diet.

Try to get something from all the food groups each meal. The foods should be tender and well cooked. Food is tender if it can be cut easily with the side of a fork.

Please make sure you still follow any other dietary restrictions you may have.

For example you may be on a diet for diabetes.

As you recover, you can start to go back to your regular diet. There are no long-term dietary changes for a colostomy.

See Eating with an Ostomy for more information: https://www.ostomy.org/wp-content/uploads/2021/07/Eating_with_an_Ostomy_2021-07.pdf

Good foods to eat during the first 6-8 weeks		
Breads, pasta, rice, or wraps	Crackers	Vegetable juice (like V8)
Cooked fruit (except pineapple)	Apple sauce	Bananas/ plantains
Mashed, boiled, or pureed vegetables	Tomato sauce (make sure it has no skins or seeds)	Potatoes without skins
Soups and broths	Hummus	Smooth nut or seed butter
Dairy or non-dairy milk, yogurt, cheese, butter	Tofu	Ice cream, pudding, popsicles, clear jelly, or sorbet
Eggs	Cold or cooked cereal	Chicken
Fish	Lean meat	

You can still get constipated (have trouble pooping) with a colostomy. Here are some signs that you might be constipated.

- You feel like your abdomen is full of stool.
- Small, hard pieces of stool are in your bag.
- You need to take a laxative to poop.

Here are some things you can do to reduce constipation.

- Drink lots of water.
- Watch your pain medicines. Constipation is a side effect of most pain medicines.
- Exercise, like walking, helps with keeping your intestines working better
- Soluble fiber (fiber that dissolves, like Metamucil/psyllium husks) can help prevent constipation as long as you drink plenty of water with the fiber.
- Eat less foods that can cause constipation, like these.
 - White bread
 - White rice
 - White pasta
 - Potatoes without the peels

What should I drink?

The first 6-8 weeks after surgery, your output might be mostly liquid. This can drastically increase your risk for dehydration, so you need to drink 8-10 glasses of fluid a day. Drink both water and liquids with electrolytes (sodium and potassium). After you have completely recovered from surgery, you may resume your regular fluid intake.

Everyday activities

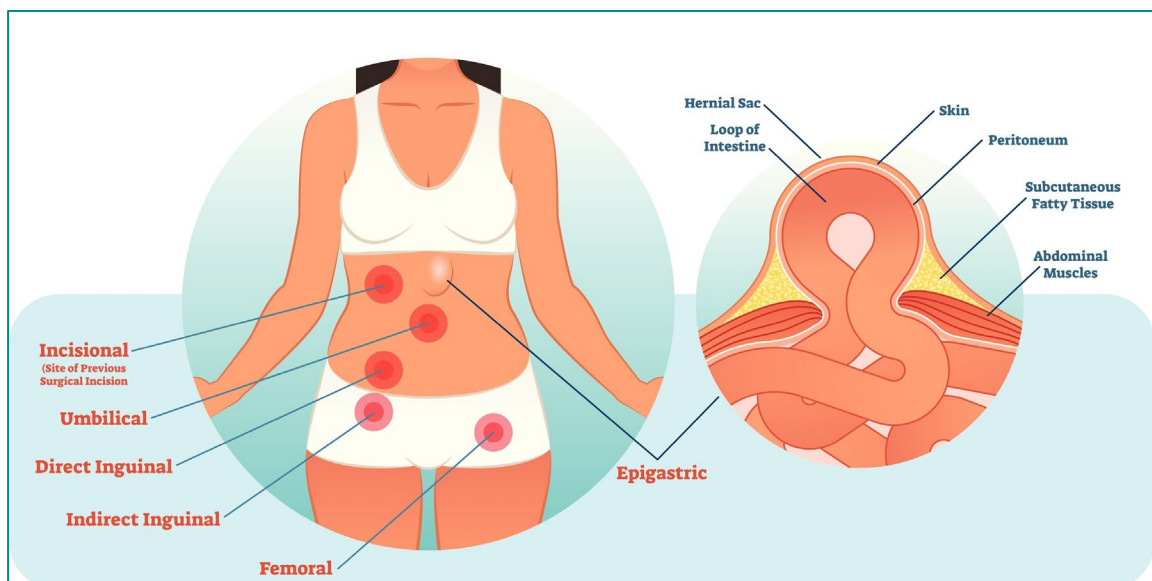
What kind of activities can I do with an ostomy?

In the first 3 months after surgery, your body needs to heal. During this time, it is very important to limit how you use your abdominal muscles. Certain activities can really increase your risk of getting a hernia. A hernia is a loop of intestine coming out through a weak point in the abdominal wall muscles, but not through the skin. Any time you think you might have a hernia (a new bulge on your abdomen) you should contact your surgeon.

Preventing hernias after surgery

During the first 6 to 8 weeks after surgery, avoid —

- ✗ Lifting more than 10 pounds
(a gallon of milk weighs 8 pounds)
- ✗ Exercises like crunches or sit-ups that use stomach (abdominal) muscles
- ✗ Pushing heavy things around
- ✗ Holding your breath and straining hard to do something



Ways to Prevent Hernias

It's good for you to **begin doing some exercises** because using your muscles improves blood flow and helps healing. Being afraid to move causes you to move less which gets in the way of general wellness.

You **do** have to be careful about the exercises you do.

It is important to try to build up the muscle in your abdominal wall with core exercises to prevent hernias. **Do not do anything that causes pain.**

Activities to do Right Away

- Keep good posture when sitting and standing
- Walk
- Do light cycling
- Swim (Please clear this with your doctor first to make sure wounds or incisions have fully healed and won't become infected.)
- Breathe out slowly any time you are straining your stomach muscles.

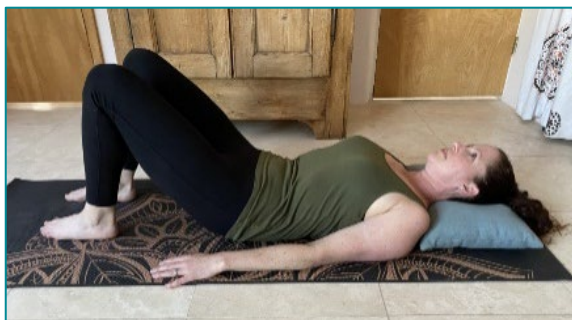
Core Exercises You Can Start 2 to 3 Days after Surgery

Please check with your surgeon before you start any of the following exercises.

Start all exercises slowly and stop if any new pain starts to happen.

All of the exercises below start in this position. Bend your knees only as far as comfortable. You can lie on the floor or on your bed.

1. Belly Tightening and Breathing



- Lie on your back with a pillow under your head.
- Take a deep breath in through your nose and slowly breathe out through your mouth. While you are breathing out, gently tighten the deep muscles in your lower belly.
- This should feel like you are pulling your belly button toward your spine. Your muscles gently tighten like band all the way around your waist. You can put your hands on your belly so you can check and feel the muscles becoming taut (like a drum) and sinking downward and inward.

- Hold this tightened position for 3-5 seconds, and then let go. Make sure that your abdominal muscles are not bunching or pushing up (away from your spine).
- ✗ Do not hold your breath! Do not try to lift your bottom or press your back into the bed or floor.
- Relax and breathe normally for a few breaths. Then repeat 3-5 times.

As you get stronger, you can start doing the exercise on the floor without a pillow to feel a deeper tightening. Be sure your engaged stomach muscles are moving downward and inward and not bunching or pushing outward. You can work up to tighten for a count of 10 to 15 and breathe deeply in and out 2 or 3 times. You can also work up from 2 to 3 repeats to 5 repeats in each session.

2. Pelvic Tilt



- Lie on your back with a pillow under your head. Very gently tilt your hips back (shifting weight from your tailbone to the top edge of your pelvis) and flatten your back into the bed or floor. You should feel your belly and bottom muscles tighten gently.
- ✗ Do not hold your breath!
- Tilt back to your starting position and repeat. Keep breathing deeply in through your nose and out through your mouth.
- At the beginning, start with just 3 to 5 gentle repeats. As you get stronger, allow the motion to get bigger, so that your pelvis feels like a bucket that you are tipping toward the floor and away from the floor.
- Try to build up to 20 repeats if the movement feels smooth and you can do it without holding your breath.

Core Exercises You Can Start 7-10 days After Surgery

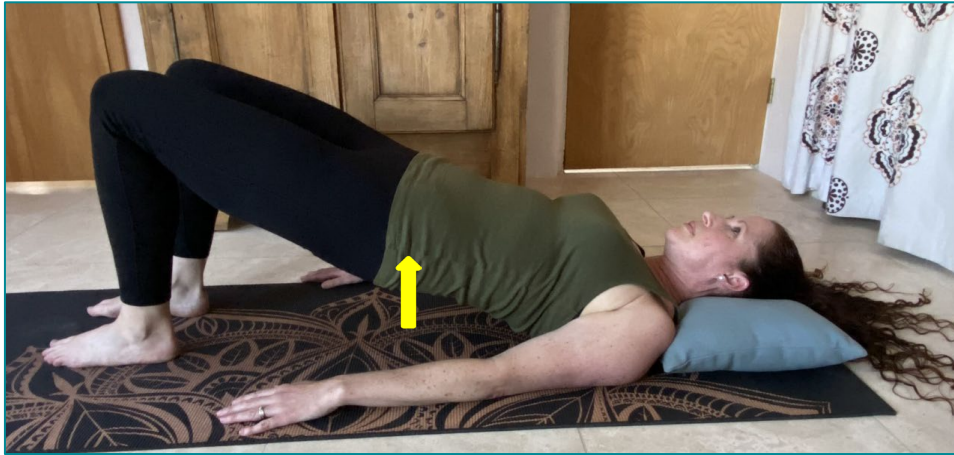
Try to do them 2-3 times a day

1. Leg Slides



- Lie on your back with a pillow under your head.
- Slowly extend one leg, gently pushing your heel away from your body along the bed or floor while flexing your toes up toward your body.
- Try to keep your ribs and shoulders down and your head relaxed, looking up with your eyes.
- Try to keep your hips and pelvis stable and even. Don't let your hips shift up or down or side-to-side.
- Then slowly draw your leg back to its starting position, with a bended knee. You can put your hands on your hips to make sure they are still as your leg slides in and out.
- You should feel your deep abdominal muscles stretching tight from your ribs to your pubic bone and across your hips as your belly button pulls down toward your spine.
- Aim for 5 slides in and out with each leg. Keep breathing deeply—in through your nose and out through your mouth. As time goes on, you can build up to 20 repetitions with each leg.

2. Hip Lift



- Lie on your back with a pillow under your head.
- Gently tilt the top edge of your pelvis down toward the bed or floor.
- Lift your bottom and lower back off the bed or floor slowly and smoothly, moving one spinal segment at a time
- Keep breathing deeply in through your nose and out through your mouth.
- Lift your bottom as high as you comfortably can. Hold this for a few seconds, then slowly lower your bottom back down.
- Repeat 3-5 times initially. Progress to 10-15 repetitions each time and lifting higher as you feel more comfortable.

If you are going to do heavy lifting, you may want to wear a hernia belt, which you can order online. Your doctor can also give you a prescription.

If you suspect a hernia (a new bulge on your stomach) you should contact your surgeon.

Can I travel?

Yes. Once you have recovered from surgery, your ostomy should not keep you from traveling as you normally would. Always travel with an extra set of supplies (pouch, scissors, etc.). Do not leave these supplies in your car during hot weather. The heat can damage your supplies. When you are flying, check these websites for up-to-date tips and recommendations.

- TSA (Transportation Security Administration): www.tsa.gov
- United Ostomy Association of America: www.ostomy.org

What should I do when I'm away from home (far or near)?

Before you leave, make an emergency kit. In the kit, carry a spare pouch and whatever things you need to change your pouch in an emergency. There is always a chance that you could have a leakage when you are away from home.

Examples of things you can put in your kit (you might not use everything):

- ✓ An electrolyte powder mix in case you get dehydrated (see pg. 15-16)
- ✓ 1 or 2 extra pouches (and wafers if you are in a 2-piece system)
- ✓ Adhesive remover
- ✓ Scissors (if you use them. Scissors might not be allowed on a plane so you can pre-cut the wafer if the stoma has stopped changing sizes)
- ✓ Paste or ostomy rings
- ✓ Ostomy powder
- ✓ Skin barrier wipes or spray
- ✓ Paper towels to moisten and wipe around your stoma
- ✓ Something to clean your hands after you change the pouch
- ✓ A bag to put your old ostomy pouch in to throw it away
- ✓ Anything else you need to change your pouch (wafer extenders, pouch liners, pouch deodorant) etc.



Can I take showers and baths?

Yes. You can shower or take a bath with your pouch on or off. The water will not harm your stoma.

The pouches are made so you can shower, take a bath, or even swim with them on. If there is a charcoal filter on the pouch, just cover the filter with tape.

There are stoma shower covers you can purchase if you prefer not to get your stoma or pouch wet

Taking Medicines

This is generally not a problem when you have a colostomy. The medications are usually dissolved by the time they get to the large intestine, so they should not come out into the ostomy pouch. If you do notice any, you may need to speak to your doctor about a different form of the medication.

Support Groups

Ostomy Association of Albuquerque (505) 830-2135 This is a voicemail, so please leave a message with your contact information. https://www.ostomyalbuquerque.com/ email oa.albuquerque@gmail.com	
Ostomy Support Group for NM 505 797-4388 Please leave a voicemail. email: ostosupgp4nm@gmail.com	
United Ostomy Associates of America www.ostomy.org 1-800-826-0826	The Phoenix Magazine www.phoenixuoaa.org
Ostomy Connection www.ostomyconnection.com	Girls with Guts/IBD Girls www.girlswithguts.org
American Cancer Society cancer.org 1-800 277-2345	Ostomy Canada Society www.ostomycanada.ca
Crohn's and Colitis Foundation of America, Inc. ccfa.org 213 935-4673	Gay + Lesbian Ostomates- UOAA glo-uoaa.org
Ostomy Support Group of Southern NM Meets in Las Cruces, NM Voicemail: 575-532-4399 or 575-649-8249	VA Ostomy Support Group: for Military Veterans Meets at VA Hospital, Albuquerque Voicemail: 505-265-1711, Ext. 5171

Getting Ostomy Supplies

How do I get my ostomy supplies?

You have a prescription for ostomy supplies. Your prescription was sent to this durable medical equipment (DME) company: _____.

The phone number for this company is: _____.

Call the durable medical equipment company when you've got about 10 days' worth of supplies left. Don't wait until you've almost run out to call for more supplies.

Your ostomy supplies will be mailed to you. Every time you need more supplies, you'll need to speak to someone from this company. You'll need to give the company a mailing address that accepts packages.



How many supplies will I get each month?

Medicare and most other insurance companies will pay for a certain amount of supplies each month. The amount of supplies on your prescription will follow Medicare's rules. On average, a patient will receive 20 pouches per month along with the other ostomy supplies that come with the pouches.

Most prescriptions have 11 refills, which lasts for a year. If your ostomy is permanent (you'll have it forever), your provider can write a prescription for 99 refills. In pharmacy terms, "99 refills" means a life-time supply.

If you need more supplies because of a medical reason, like pouching or skin irritation, talk to your doctor or ostomy specialist. They can try to help you get extra supplies by filling out a form called a certificate of medical necessity. The insurance company decides whether or not it will be approved.

If you have insurance—

Many insurances will pay for the full cost of supplies.

Medicare Part B insurance pays for 80% of the cost of supplies. If you don't have any other insurance, you'll need to pay the remaining 20%.

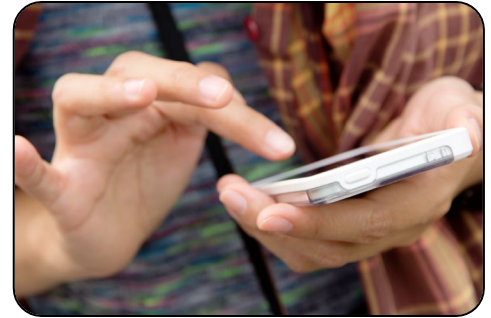
If you don't have insurance—

Talk to your ostomy specialist about ways to get free or discounted ostomy supplies. Even with free or discounted ostomy supplies, you may need to pay for shipping.

Resources for free or discounted ostomy supplies

Ostogroup

- Ostogroup offers ostomy supplies to all uninsured people. You must pay shipping and handling.
- Website: www.ostogroup.org
- Call: 1-877-678-6690



Ostomy 211

- Ostomy 211 offers ostomy supplies and requires a \$30 donation.
- Website: www.ostomysupplies.ostomy211.org

Kindred Box

- Kindred Box gives donated supplies to people who aren't covered by insurance.
- Kindred Box on Facebook: www.facebook.com/kindredboxorg
- Website: www.kindredbox.org

Two Local Ostomy Support Groups Have Supply Closet

- The Ostomy Support Group is a source for **short-term** supplies. Supplies are donated. Choices and availability depend on donations.
- Website: www.ostomyalbuquerque.com
- Email: Oa.Albuquerque@gmail.com or ostosupgp4nm@gmail.com
- Phone: 505-830-2135 or 505 797-4388

UNM Care

- A UNMH program. If you qualify, they will help you with the cost of supplies. You'll pick up your supplies on the 2nd floor of the main UNM Hospital at Central Distributing Unit behind the cafeteria. The Hospital's address is 2211 Lomas Blvd NE, Albuquerque, 87106.
- Call to see if you qualify: 505-272-2521

Major ostomy companies also offer patient assistance programs. You might try applying for this assistance.

Other Resources

Websites Recommended by the Ostomy Association of Albuquerque

Ostomy 101

www.ostomy.101.com

Colorectal Cancer Alliance:

www.ccalliance.org

Crohn's and Colitis Foundation:

www.crohnscolitisfoundation.org

Inspire:

www.inspire.com

United Ostomy Association of America:

www.ostomy.org

New Ostomy Patient Guide- English and Spanish options available

<https://www.ostomy.org/new-ostomy-patient-guide/>

You can also find resources on social media sites like Facebook, YouTube, Instagram and on Podcasts. Just remember that these are usually just people with ostomies like you, not professionals.

Questions? Call us!

Call the Ostomy Clinic: M-F 8:00 am – 4:00 pm to make an appointment **505 272-2336**

For off hours, the Inpatient UNM Wound Nurses can help at **505 272-9098**. Leave a message with your phone number Tell us what time we should call you back, and we will call you back. Our wound care office hours are 7:00am – 5:00pm, every day.

When to See a Doctor or Nurse

If you have any of these problems, please call your ostomy nurse or go to the hospital.

- your stoma looks unusual or it is an unusual size.
- the skin **around** your stoma is bleeding and the bleeding doesn't stop.
- you have bleeding **from** your stoma and the bleeding doesn't stop.
- you have a lot of leaking or skin problems that don't go away.
- you have redness or soreness around the stoma.
- your stoma is separating from your skin.



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