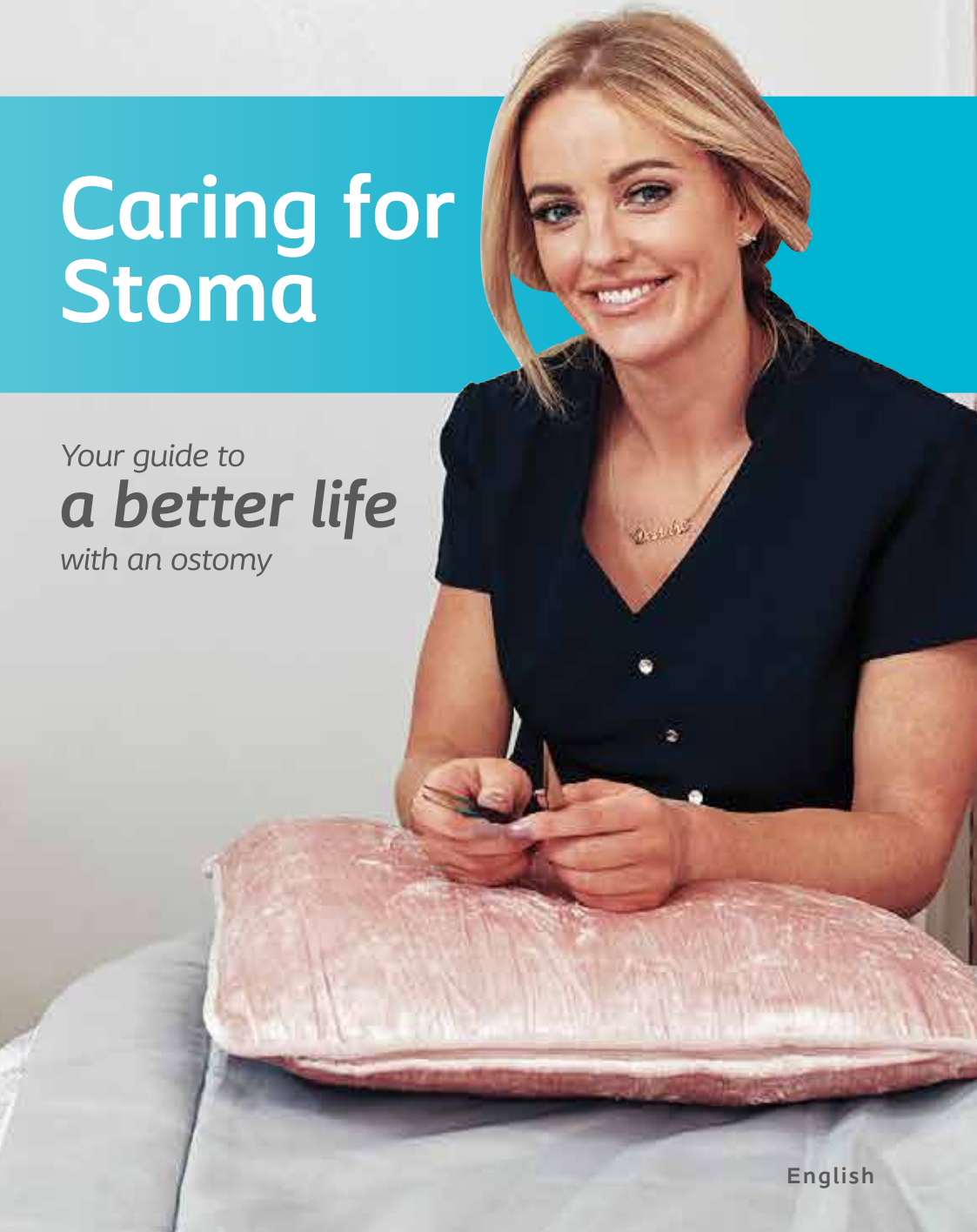


# Caring for Stoma

Your guide to  
**a better life**  
with an ostomy





# MyOstomy

*Renew confidence to live  
the life you want.*



## MyOstomy offers you

### Take control of ostomy with Ostomy Diary and Body Check

- Build and maintain a credible log of Ostomy Bag Change routine and avoid complications
- Identify your Body Profile with the Body Check tool and discover the best products that suit you

### Make progress everyday with Goal and Milestone tracking

- Set, track, and achieve personal goals on your stoma journey
- Find support with diet, nutrition, physical activity, intimacy, social life, and other activities

### Link guided bag change video

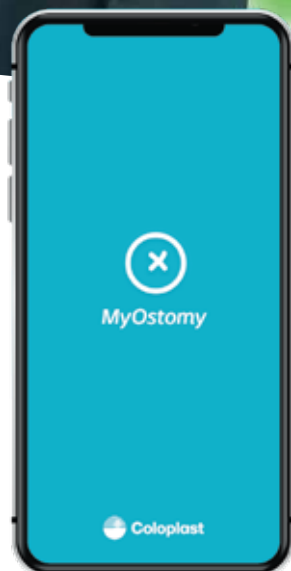
- Link a video of your bag change routine and access it at any time

### Do what matters with a rich repository of articles

- Find hundreds of research-supported articles on living well with Ostomy
- Access the right information and resources to sustain a healthy lifestyle

### Share Ostomy Diary directly from the app

- Share PDF of your Ostomy Diary with health care professionals to discuss bag change routine



**Scan the QR code**  
or Search for "MyOstomy"  
on your smartphone app store  
and download for free.



# Ostomy Patient Education Booklet

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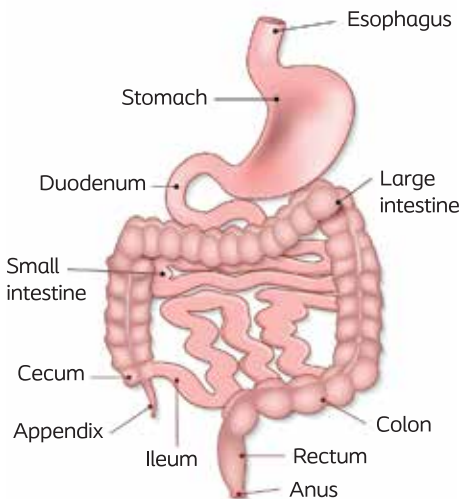
Stoma related glossary



## Digestive system

The human digestive system is a complex series of organs that process and digest food. The digestive process starts from mouth where the food is partly broken down, chewed and swallowed. The food then enters into the stomach via oesophagus. In stomach, the food is partially digested using gastric juices/acids. Then comes the intestines, a long, continuous tube running from the stomach to the anus. The acidic food then enters small intestine which has three parts starting from duodenum to jejunum and ileum (Duodenum → Jejunum → Ileum). This is followed by large intestine which consists of caecum, colon (ascending colon, transverse colon and descending colon) and rectum (Caecum → Colon → Rectum). The digested food is then excreted outside the body via anus.

**Figure 1. Human gastrointestinal tract**



## Function

- i) Ingestion: Introduction of solid and/or liquid food into the oral cavity
- ii) Digestion: Breakdown of large food particles into smaller one. It involves two steps.
  - Mechanical digestion: Mastication and mixing of food
  - Chemical digestion: Food digested using various digestive enzymes and gastric juices

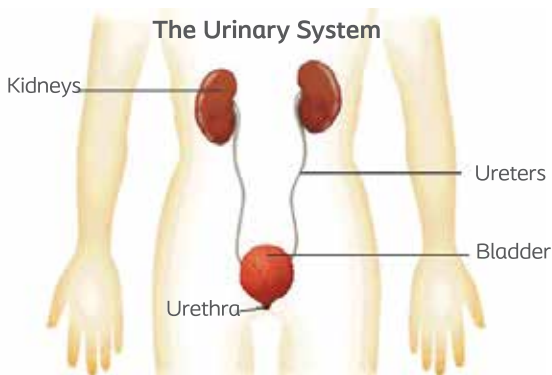
- iii) Absorption: Movement of nutrients/molecules from the gut into blood followed by distribution into organ or tissue. Most of the nutrients are absorbed in the small intestine, from what we eat and drink. The large intestine absorbs water from wastes, creating stool or faeces.
- iv) Elimination: As stool enters the rectum, nerves there create the urge to defecate.

The process by which the waste products (faecus or stool) are removed outside from the body.

## Urinary system

It consists of a group of organs involved in filtration of excess fluids and other components from the systemic circulation. It includes kidney, ureters, bladder, and urethra. The first step in urine formation is filtration of blood in the kidneys. This followed by reabsorption of important nutrients and secretion of ions and drugs. These contents are then collected and removed from the urinary bladder through urethra in the form of urine.

**Figure 2. Human urinary system**



## Function

Maintains fluid volume by regulating water content in the body and removing excess fluid in the form of urine. It regulates concentration of electrolytes in body.

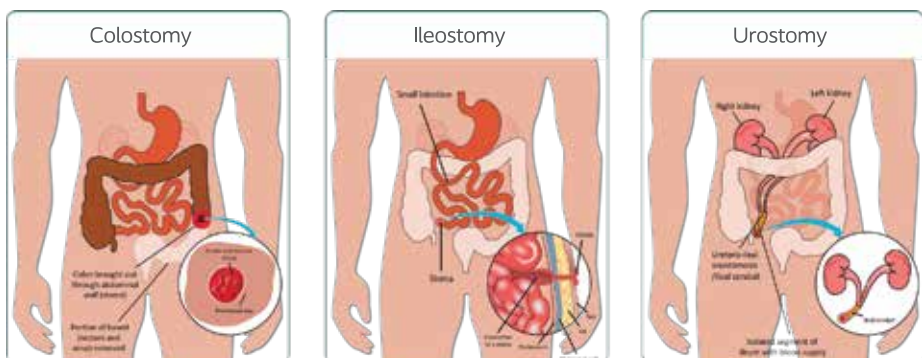
Collectively, digestive system and urinary system are responsible for digestion of food absorption of nutrients and excretion of waste. However, if there is any impairment of these systems, it may affect the normal functioning of the body. Critical conditions like, injury, infection, tumor or inflammation may cause obstruction or blockage of the digestive or urinary tubes. In these cases, doctor creates an alternate path for removing waste materials (stool and urine) from the body. This outside opening of digestive or urinary tubes is called stoma. So, a stoma is a surgically created opening in your abdominal wall that provides alternative path for removal of faecal material/urine outside from the body. The process is known as ostomy. An ostomy may be temporary or permanent, depending on the extent of disease or the patient's quality of life.

- i) Temporary stoma: Such stomas are created when the intestinal tract is blocked due to infection or a complete bowel rest is needed by the patient. It may be reversed without affecting normal intestinal function. E.g., Ileostomy.
- ii) Permanent stoma: Such stomas are created when infection or disease impairs the normal function of intestine especially in case of severe low rectal cancer or Crohn's disease. E.g., colostomy, urostomy.

## Types of stoma surgeries/ostomy

Basically, there are three types of ostomies based on the digestive or excretory organ involved.

**Figure 3. Types of ostomy**



- i) **Ileostomy:** The small intestine is brought to the surface of the abdomen in the right iliac fossa to allow its contents (faeces/stool) to drain into an appliance or bag.
- ii) **Colostomy:** The colon/large intestine is brought to the surface of the abdomen to allow its contents (faeces/stool) to be collected in an appliance or bag. The location of stoma varies depending on the affected region of the colon (ascending colostomy, transverse colostomy, descending colostomy, sigmoid colostomy)
- iii) **Urostomy:** A segment of small intestine is used to form a conduit between the ureters and abdominal wall to allow urine to drain into an appliance or bag.

## Stoma shape, size and texture

A stoma may be round or oval in shape. It is red and moist in appearance with a texture similar to the inner part of mouth. Initially, stoma has swollen structure for the first few weeks after surgery. But it shrinks to a permanent size as the tissues starts healing with time. The permanent stoma has protrusion above the skin level and its size varies from patient to patient. There are various factors or conditions that affect shape and size of stoma including peristaltic movement of intestine, weight gain/loss, flush/retracted stoma, prolapsed stoma, hernia, pregnancy, etc.

## Different types of surgically created stoma

There are 3 types of stoma based on size, shape, location and construction/surgical techniques:

**Figure 4. Types of surgically created stoma**



- i) **End stoma:** Such stomas are created by making a cut on the bowel and attaching the proximal end of the bowel through the abdomen to the skin surface. An end stoma is usually a permanent stoma and has only one opening.
- ii) **Double Barrel Stoma:** Such stomas are created by severing the bowel and bring out both the proximal and distal part out of the abdominal wall to the skin surface that result in creation of two distinct stomas. Such stomas are not frequently done, however it is done as a palliative surgery in severe diseased conditions.
- iii) **Loop stoma:** Such stomas are created by making a cut to the anterior wall of the loop of bowel and sutured it to the abdomen. Loop stoma is usually a temporary stoma and has two openings. The proximal opening drains waste from the intestine whereas the distal opening drains mucus from the part of bowel that leads to the anus. The loop is temporarily supported by an external device like a plastic bridge or rod till the intestinal tissues adheres to the abdominal wall.

## Stoma Complications: Peristomal skin





Peristomal skin is the area where pouching system is placed. More than 70% of patients experience problems in skin around the stoma (peristomal skin). Hence, it is very important to keep skin around stoma healthy and free of any irritation or infection..




Factors/conditions that usually leads to skin problems:

- Defective or improper fitting pouching system
- Incorrectly removing or applying the pouching system
- Long wear time of pouching system
- Non-usage of skin care accessories

The peristomal skin complications has been classified based on the cause of injury or infection like, Chemical injury (e.g. irritant dermatitis), Mechanical destruction / trauma e.g. (caused by stripping, tear or pressure), Infectious conditions (e.g. bacterial or fungal infection), Immunological reactions (e.g. allergic contact dermatitis), Disease-related conditions (e.g. pyoderma gangrenosum or psoriasis).

## Common peristomal skin complications

| S. No. | Complications  | Signs                                       | Causes  | Prevention  |
|--------|--|---|---|---|
| 1      | Dermal irritation/<br>Faecal dermatitis<br> | Edema, erosion, maceration and painful skin | Pouching system leakage, skin contact with faeces, urine or mucus | Clean and dry peristomal skin, revise pouching system to prevent any leakage, use ostomy skin barrier cream and paste |
| 2      | Dermal irritation<br>                       | Denuded skin, lesions, skin ulcer           | Dry or fragile skin, improper use of appliances                   | Use of skin barriers, proper pouching technique   |
| 3      | Peristomal Pyoderma Gangrenosum<br>        | Painful peristomal ulcers                   | Unknown   | Use topical steroids. If not responding use systemic steroids   |
| 4      | Contact dermatitis<br>                    | Eroded skin, bleeding, erythema             | Immunological reactions   | Use patch test to identify allergen   |
| 5      | Infection (fungal/bacterial)   | Itching, burning sensation, bumpy red skin  | Moist area around appliance, systemic antibiotic                  | Antifungal powders<br><br>Antibiotic therapy  |

|   |  |   |   |   |
|---|--|---|---|---|
|   |                     |   | therapy, immunosuppressive medications                    |   |
| 6 | Folliculitis<br>    | Red, pinpoint, pustules at the base of hair follicles | Inflammation of hair follicle, traumatic hair removal     | Use antibiotics, Proper hair removal, use non-occlusive adhesives |
| 7 | Pressure ulcers<br> | Painful ulcers due to excessive pressure              | Excessive pressure exerted by appliances like ostomy belt | Identify the cause and get rid of it                              |

## Selection of Ostomy Appliance

In general, colostomy appliances are available as one-piece system or two-piece system with an attachment of clear or opaque pouch/bag. In one-piece appliances the pouch comes with an in-built adhesive section while the two piece system consists of a separate pouch and a discrete adhesive base plate.

### One-piece Ostomy Appliances



### Two-piece Ostomy Appliances



Select and use either Coloplast One Piece Ostomy Bag or Two-piece Ostomy appliance

## Stoma Measurement

Measure stoma-size with the help of Coloplast Stoma Measuring Guide, cut out stoma hole and select appropriate size of base plate + bag as given below:

### Two-piece System

40mm base plate for stoma < 35mm

50mm base plate for stoma 35 to 45mm

60mm base plate for stoma 45 to 55mm

70mm or 100mm base plate for large stoma

### One-piece System

Use a bag with maximum Cut Size to accommodate stoma.



## Cutting

Cut the Base Plate or one piece Ostomy bag's plate similar to the size & shape of stoma by using a curved scissor. Either make template by using a permanent marker and transparent sheet or measure with Stoma Measuring Guide and draw on base plate/ one piece bag's plate.





## Cleaning stoma and surrounding healthy skin

Do not use alcohol or any other harsh chemicals/baby wipes/towelettes to clean skin or stoma. These may irritate the skin. Gently clean the skin around stoma with Comfeel Cleanser. The skin should be free of any oily residue. Always dry the skin well before putting new pouching system. Aggressive cleaning can cause bleeding. If removing stoma adhesive paste from skin, use a dry cloth first. Wash your hands after cleaning stoma.



## Skin Preparation

Use appropriate method for different skin conditions

### a) Coloplast Barrier Cream

Barrier creams will protect delicate peristomal skin from degradation. So to prevent skin irritation and maceration use Coloplast Barrier Cream. Spread the cream on peristomal skin & massage gently. Wait for 5-10 minutes & then wipe away excess cream with dry cotton.



### b) Coloplast Ostomy Powder

Use Coloplast Ostomy Powder to dry out wet, denuded skin. This will help in healing of the damaged and excoriated skin. Sprinkle Coloplast Ostomy Powder & allow it to stay for 2 minutes. Only a light dusting of ostomy skin barrier powder should be done. Swipe away the excess quantity with dry cotton. Coloplast Ostomy Powder helps in reducing pain and heals the skin.



## Skin Sealing & Filling

Use Brava Mouldable Ring for sealing & filling of uneven skin surface. The ring fills the gaps and creases and helps to make a better seal with the pouching system. This prevents leakage into peristomal skin .



## Application of Base Plate

While applying the base plate, keep belt- ear rings of base plate in horizontal direct ion to the vertical axis of body so that belt can be applied. The belt is particularly useful if you have a soft stomach or if stoma is below the level of the skin surface



## Application of the Bag

Coloplast two piece appliances are provided with special type of locking mechanism, which rotates freely at 360° for convenient positioning. The bag can be positioned to any side by simply rotating without detaching from the base plate. It makes life more comfortable for ostomates than an ordinary locking system. A click sound signals locking of the bag to the base plate and to unlock the bag, gently press the small tab with the finger tip.



## Locking of the Bag

Hold down bag on base plate & then press top with index finger. A click sound signals locking of the bag to the base plate. But before applying the bag, ensure the lock ring is open & freely rotating.



## Odour management in Ostomy Bag

Pour 6-8 drops of Brava Lubricating Deodorant into the bag after fitting on the base plate. It will neutralize most of the smell from stoma output. The lubricating effect of deodorant helps in keeping the contents at the bottom of the pouch. It also facilitates easier emptying of the pouch.



## Closure of the Bag

Close the outlet of the drainable bag with integrated Velcro® closure



(hide-away outlet) by making three folds in the same direction or with the help of Coloplast Clamp and urostomy bag with screw stopper. Use connector for connecting urostomy bag to night drainage system.



## Application of Brava Elastic Tape

Brava Elastic Tape is skin friendly and enables to follow natural body movements while keeping the base plate in place. Two pieces of Brava Elastic Tape are required for one bag. Peel the outer cover and apply on the edges of the base plate.



## Use of Brava Belt

Use Brava Belt for extra support and security. It will prevent any pop-off of the appliance during vigorous physical activities.



## Emptying of the bag

Allow the contents to drain out when the bag is filled one-third. It will increase the wear time of the appliance. While draining, control the emptying of the bag with fingers to prevent any spillage of stoma output and if you notice any leakage in bag, discard & apply new bag.



## Removal of the base plate/pouch

The ostomy pouch can be replaced as often as required. Ideally, the pouching system should be changed twice per week to maintain healthy

peristomal skin. For one-piece system, the entire pouch is replaced. While with a two-piece system, the pouch is replaced as per requirement and usually the baseplate is replaced once or twice a week. The adhesive should be removed gently from top to bottom direction.

## Brava Adhesive Remover

The Brava adhesive remover spray has a soft and gentle spray and can be used to ease the removal of the base plate. This spray is silicone based and it does not contain any alcohol and therefore, completely sting free. It tracks rapidly between the skin and the adhesive base plate allowing gentle release of the base plate, evaporate completely in seconds and leave no oily residue.

Just spray 3-4 times on the edges on the base plate and wait for few seconds, adhesive will come out very easily without any pain.

## General Instructions

### A) Trouble shooting for Short wears time

| Possible Cause                      | Management Option  |
|-------------------------------------|--|
| Excessive weight                    | Empty frequently (usually when 1/3 is filled).   |
| Wrong method of locking & unlocking | Lock & unlock carefully. Follow manufacturers guidelines .   |
| Physical activity                   | Use belt during physical activity.   |
| Climatic conditions                 | The adhesive strength may reduce at temperature above 40°C or below 10°C and also during high humidity & perspiration. |
| Leakage                             | Select right size of the appliance and avoid finger contact with adhesive surface before application .                 |
| Incorrect application               | Follow correct methods of application.   |



## **B) Back to living a normal life**

### **i) Clothing**

You can use the same clothes as before the surgery.

### **ii) Bathing**

With an ostomy, you can shower or take bath, just as you did before. If you are taking the bath along with the appliance, we suggest the use of bathing apron over the appliance. You may also swim with a use of special mini cap but, empty your pouch beforehand and remember to eat lightly.

### **iii) Sexual relationships**

People tend to believe that a colostomy will be a barrier to a normal sex life, but you should be aware not to create a false problem. You can enjoy just as natural sex life as before the surgery. Before sexual intercourse you may change to a smaller size of bag or use a special mini cap to cover stoma.

**The following advices/tips may improve sexual relationships.**

- Practice safe sex always (use contraceptives like condoms, foams, etc.)
- Ensure the emptiness of the pouch before engaging in any intimate activities
- Pouch edges must be reinforce using paper tape to make it more secure
- Always wear clean ostomy pouch belt
- Use smaller, disposable pouches (passion pouches) during sexual activity
- Prefer “side-lying” position as the pouch will not interfere or come between during sexual activity.
- Individuals with colostomy must irrigate before having sex, this allows the person to wear security pouch.

### **Hints for Women:**

- Use lubricants, creams or suppositories for vaginal dryness.
- Wear crotch-less undergarments
- Sexual positions should not affect the stoma or its coverings.

## Hints for Men:

- In “man on top” position, prefer wearing a cummerbund around the abdomen to prevent flapping of the pouch.
- In case of any sexual problems, take advice from health care professionals.

## iv) Travel

An ostomy needs not prevent you from travelling. But to be on safe side, you should carry extra bags and accessories for emergencies.

- While travelling by air, person with stoma must carry pre-cut pouches in hand luggage.
- Travelling by sea is relatively more comfortable than air as ships are highly spacious with more accessible facilities like medical room or on-board doctors.

## v) Diet

Patients with ostomies can enjoy a normal diet using some useful tips:

- Take small regular meals, preferably a balance diet.
- Chew your food well and thoroughly with mouth closed. Chewing well will help avoid a blockage.
- Eat slowly and moderately for better digestion
- Take plenty of fluid daily to avoid dehydration.
- Avoid chewing gum or drinking through a straw to prevent formation of gas

## Diet for Colostomy patient

- The dietary advice for a colostomy patient is simply to have a balanced and mixed diet.
- Patients should be advised to take adequate oral fluids (like, water, juices, and squashes) to prevent constipation and dehydration.
- Adequate fiber is required to prevent constipation, and it is important to have ‘5 servings-a-day’ of fruits and vegetables
- Well-cooked vegetables might be better tolerated and, initially, cooked rather than raw fruit is advisable.
- If constipation is a problem, certain food types can be useful to resolve the problem, such as high fibre foods (prunes) and brown foods (rice), rather than white.

- Flatus can be reduced by avoiding diets that can cause wind, such as green vegetables, onions and beans.
- Carbonated drinks and the use of drinking straws can lead to flatus. It is beneficial when eating not to talk and chew, and also not to gulp down air.

### Diet for Ileostomy patient

- Should chew all foods well, and gradually introduce fibre into the diet.
- Should take adequate oral fluids to maintain texture of stool and also to prevent dehydration. In addition, slightly increase in salt intake is also advisable.
- Fruits that contain soluble fibres like banana, stewed apples should be added to diet as these cause fewer problems, including a food bolus blockage. Fruits like coconut, pineapple and raisins should be avoided as they can block the stoma.
- If loose stool is a problem then use foods that can thicken the faeces, such as bread, rice, potatoes, pasta, biscuits, sponge cake and crackers.
- Foods that result in a food bolus blockage should be avoided, such as nuts, fibrous foods, such as fruit skins, sweetcorn, dried fruit, salad, or foods that have not been adequately chewed (hard foods).
- Spicy foods or alcohol could lead to a looser faecal output than usual.

### Diet for Urostomy patient

- Patients with urostomy are at a higher risk of urinary infection due to shorter urinary tract, and hence, should take adequate oral fluids.
- It can also be useful to drink a glass of cranberry juice regularly, which regulate the acidity of the urine and reduces the risk of a urine infection

| <div> <div></div> <div>Ileostomy</div> </div>   | <div> <div></div> <div>Colostomy</div> </div>              | <div> <div></div> <div>Urostomy</div> </div>   |
|---|--|--|
| <div> <p>Prefer: Banana, apple, soft-cooked green beans, carrots, squash and stewed tomatoes, mashed, boiled or pureed vegetables, white bread, rolls, crackers, low fiber cereal,</p> </div> | <div> <p>Follow diet chart similar to ileostomy</p> </div> | <div> <p><b>Prefer:</b> Take plenty of water to maintain the acidic state of urine.</p> </div> |

|   |  |  |
|---|--|--|
| white rice., drink plenty of water  |  |  |
| <b>Avoid:</b> Milk and milk products (to prevent lactose intolerance), wheat, bran, corn, nuts, raw celery, mushrooms, peppers, cabbage, peas, corn, foods with kernel, coconut, pineapple and raisins. |  | <b>Avoid:</b> Food producing alkaline urine like, milk banana, bean, beet, spinach, citrus fruits. |

## Food reference chart for ostomates

For individuals with ostomy surgery, it is important to know the effects of various foods on faecal output:

- **Foods producing Gas**

Alcoholic Beverages, carbonated beverages, onions and radishes, beans, cabbage, cauliflower, soy, cucumbers, dairy products, chewing gum, nuts.

- **Odour producing**

Asparagus, baked beans, garlic, onions, broccoli, cabbage, cod liver oil, fish, eggs, peanut butter, alcohol.

- **Increased stools**

Alcoholic beverages, cooked cabbage, whole grains, bran cereals, fresh fruits, green leafy vegetables, raw vegetables, spices milk, raisins and prunes.

- **Stoma obstructive**

Apple peels, cabbage, raw celery, Chinese vegetables, corn, whole kernel, coconuts, dried fruits, mushrooms, nuts, oranges, pineapple, popcorn and seeds.

- **Colour changes**

Asparagus, beets, food colours, iron pills, liquorice, strawberries and tomato sauces.

- **Odour control**

Buttermilk, cranberry juice, orange juice, parsley, tomato juice and yogurt.

- **Constipation Relief**

Coffee, cooked fruits, cooked vegetables, fresh fruits, fruit juices, water and warm or hot beverages.

- **Diarrhoea Control**

Apple sauce, peanut butter, pectin supplement, bananas, boiled rice and toast.

## **vi) Physical Exercises**

### **Walking**

- The easiest and most effective form of exercise is through walking.
- Walking improves mental alertness and helps lift your spirits. It generally increases your physical well-being.
- Walking can be started soon after surgery and gradually increased to a brisk pace, adding minutes and distance over time.
- A walk in the fresh air can be beneficial for both physical as well as mental health.

### **Biking**

- Bike riding is also an excellent form of exercise as it does not put much strain in abdomen.
- Like walking, biking can be added gradually to daily routine and then moved to higher levels with time.
- Biking may cause discomfort to people having perineal wound. In such condition, prefer walking till the wound has fully healed.

## **Swimming, an easy and gentle way to exercise**

Swimming is one of the most popular and beneficial form of exercise. People with ostomy are recommended to take up swimming as a healthy exercise.

### **Other activities**

- Include aerobic activities like, jogging, skating, or golfing in daily life.
- Training with light weights may be beneficial as well. In case, any exercise causes discomfort or pain, its wiser to try some other activities.

## **vii) Psychosocial counselling:**

Join stoma patient groups and help yourself and others in regaining normal lifestyle. Involve yourself in activities like:

- Explore and clarify others feelings
- Encourage people to share their story or experiences with others
- Try to break the stigma/taboo around stoma
- Make everybody learn the self-care

## **Guidelines for Disposal of Ostomy Appliance**

For an ideal disposal of used ostomy appliance at home, one should follow the following steps:

1. Throw the content of bag or empty your pouch into the toilet first.
2. Wash the appliance with water.
3. Cut the appliance (Bag & Base Plate) in between with the help of scissors.
4. Wrap it in the plastic carry bag and discard it in common garbage.
5. The soiled appliance, wipes etc. should be placed in the disposal bags. This can then be disposed of in the dustbin or in areas where clinical waste is collected separately by the local authority.

## **Coloplast Care**

- Coloplast Care is a dedicated service for the end users with a stoma.
- The Coloplast Care Specialist Team can make life easier for the end-users.
- The team offers one-on-one assistance. The Care team is able to communicate with the end users in 9 different regional languages as per the geography and convenience of end-users. The languages are Hindi, English, Tamil, Kannada, Malayalam, Telugu, Marathi, Gujarati, Bengali
- The Care team assist patients with intimate healthcare needs. The services of Care team are available from Monday to Friday from 9 a.m. to 5.30 p.m. (IST).

## **Understanding**

After a patient has enrolled in the program, a Coloplast Care Specialist will contact him/her to set up regular and personalised support and offer

solution and answers to practical problems to ostomates living with a stoma.

## **Helping**

Coloplast Care Team is specifically trained to assist persons who have undergone stoma surgery. With our toll free number, ostomates are able to ask us their questions regarding problems faced by them, such as skin excoriation, leakage, application of the products etc.

## **Answering**

Listing and responding are part of our mission. Our objective is to improve the quality of life of patients with stoma, offering them support and answers to all their questions and in this way make their life with an ostomy as comfortable as possible.



## **Educating**

We provide multilingual books, product application videos, curved scissors for cutting the base plate, & stoma measuring guides to ostomates. The multilingual book, available in 14 different regional languages, contains necessary information regarding complete step by step application of the products, product range, diet plan etc. The book educates ostomates on how to best manage their stoma after ostomy surgery.


## **Find the Right Product Solution**

After a patient returns home post ostomy surgery, Coloplast Care Specialist can help him locate a medical supplies dealer in local area to ensure that the patient has access to the correct products.


## Ostomy Appliances

| Appliances   | Description   | Function   |
|--|---|--|
| <p>1-piece drainable pouch</p>  | <p>-Advance Adhesive for optimum Security with attached non woven pouch</p> <p>-Adhesive is permanently fixed to the pouch and to change the pouch whole appliance is removed and replaced.</p> | <p>-Provides secure adherence to skin.</p> <p>-Moisture absorbing property makes skin free from irritation.</p>  |
| <p>2-piece drainable pouch</p>  | <p>-Pouch is fixed securely to the baseplate by a mechanical coupling system with secure locking.</p> <p>-Available with a standard wear and extended wear baseplate.</p>                       | <p>-Provides secure adherence to skin and offers protection against aggressive stomal output.</p> <p>-Audible Click sound confirms secure locking of pouch to base plate</p> |



## Ostomy Accessories

| Accessories  | Description  | Function   |
|--|--|--|
| <p>Brava® Mouldable Ring</p>  | <p>-Creates a snug fit around the stoma</p> <p>-Prevents leakage into peristomal skin</p> <p>-It is quick and simple to apply around the stoma</p> | <p>-Sting free</p> <p>-Does not need time to dry</p> |



| Accessories  | Description  | Function   |
|--|--|--|
| <p>Brava® Adhesive Remover</p>  | <p>-Available in two forms:</p> <p>Spray (for removal of barrier) &amp; Wipe (for removal of adhesives)</p>  | <p>-Sting-free spray and hence skin friendly.</p> <p>-Used to remove the barrier and adhesives from skin in easy and gentle way.</p>   |
| <p>Brava® Elastic Tape</p>      | <p>-Made up of hydro-colloids which enables it to follow natural body movement</p> <p>- Extra Security</p> <p>-Designed to prevent the edges of the baseplate from lifting</p> | <p>- Provides extra security to appliances by ensuring proper positioning of bag/ baseplate.</p> <p>- Absorbs moisture and hence, prevents irritation.</p> <p>- Useful for persons with uneven or rounded abdomen.</p> |
| <p>Brava® Belt</p>            | <p>-Provides the user extra security and longer wear time of the ostomy appliance</p> <p>-It is soft, comfortable and discreet</p>   | <p>-Easy adjustable length</p> <p>-Compatible with Coloplast's SenSura Mio, Alterna and SenSura two-pc systems</p>   |

| Accessories   | Description   | Function   |
|---|---|--|
| <p>Brava® Lubricating Deodorant</p>  | <p>-Designed to be used in ostomy pouch</p> <p>-Available in an 240 ml bottle/ single-use sachet and convenient to use during traveling</p> | <p>-Neutralizes odour of stomal output</p> <p>-Lubricating effects ensure that pouch contents stay at the bottom of the pouch.</p> <p>-Also makes pouch easier to empty.</p> |
| <p>Brava Paste</p>                   | <p>Brava Paste fills difficult skin contours maintaining a tight fit between the stoma and the appliance</p>                                | <p>-Sting Free</p> <p>-Does not contain alcohol so there is no stinging sensation when it is applied</p>   |
| <p>Comfeel® Cleanser</p>            | <p>-Cleans skin exposed to intestinal secretions</p> <p>-Promotes healing of damaged skin</p>   | <p>-Natural Coconut oil and Iso-Propyl Alcohol for sting free cleaning</p>   |
| <p>Comfeel® Barrier Cream</p>      | <p>-Barrier cream is highly liquid repellent and contains a pH buffer.</p> <p>- Moisturizes the skin and maintain skin pH value(5.5)</p>    | <p>-Regulates pH of skin and prevents the risk of infection.</p> <p>-Best treatment for dry or irritated skin, caused by wound output.</p>                                   |

| Accessories   | Description   | Function   |
|---|---|--|
| <p>Ostomy Powder</p>     | <p>-Use around the stoma or under the adhesive.</p>   | <p>-Absorbs moisture and hence prevents skin irritation.</p> <p>-Extends skin barrier wear time.</p> |
| <p>Protective Sheet</p>  | <p>-Developed for use on skin surface where there is a risk of skin damage due to secretions or already damaged</p> | <p>-Prevents skin damage</p>   |

## Stoma related glossary

**Abdomen:** Area of the body between the chest and the hips in the front part of the body that contains the digestive organs.

**Adhesive removers/releasers:** Available in wipes or spray, minimize discomfort while helping to remove adhesives from the skin.

**Barrier wipes/sprays:** Provide protective film to skin. These are used prior to applying a skin barrier/wafer.

**Bowel:** Part of the digestive tract. The small bowel is also called the small intestine and the large bowel is called the large intestine.

**Bowel obstruction/Blockage:** A clogging of the intestine. This can be caused by food, retained stool or disease.

**Colon:** The last part of the digestive system, also known as the large bowel or large intestine.

**Closed-end pouch:** A pouch that has no opening at the bottom and is removed and discarded after each use.

**Colorectal cancer:** Also known as bowel cancer and colon cancer. Symptoms may include blood in stool, changed bowel movements, weight loss, and feeling tired.

**Colostomy:** A surgically created opening between the large intestine (colon) and the abdominal surface.

**Convexity:** A skin barrier/wafer with a curved, cup-like surface that bows inward towards the stoma.

**Crohn's disease:** It is a type of chronic inflammatory bowel disease of the digestive tract. Symptoms include abdominal pain and diarrhea, sometimes bloody, and weight loss.

**Dehydration:** A lack of water in the body. This can be a serious concern for people with an ostomy and should be monitored closely.

**Drainable pouch:** Has an opening at the bottom, which allows stool or urine to be drained and re-closed with a tail clip or tap.

**Base plate:** Ring that is attached to skin barrier and pouch on some two-piece systems. Base plate are designed to snap securely together to join the barrier to the pouch.

**Ileostomy:** A surgically created opening between the small intestine (ileum) and the abdominal surface.

**Ileum:** The last section of the small intestine.

**Irritation:** Soreness, redness or inflammation of the skin.

**One-piece ostomy pouching system:** The skin barrier/wafer and pouch are made as one unit.

**Ostomy:** A surgically created opening (called a stoma) in the gastrointestinal system to allow the passage of stool or in the urinary system to pass urine.

**Peristomal skin:** The skin surrounding a stoma.

**Pouch:** The bag portion of an ostomy appliance that collects and contains urine or stool.

**Base Plate:** The adhesive portion of an ostomy appliance that attaches to the skin. These are applied to the skin around the stoma (called peristomal skin). Helps protect the skin from stool or urine, which can be very irritating.

**Stoma:** A surgically-created opening on the abdomen surface, constructed of intestinal tissue to divert the passage of stool or urine. Also commonly called an ostomy.

**Two-piece ostomy pouching system:** Base Plate and pouch are separate and attached together with a round, plastic ring (base plate). Pouch can be easily removed without having to remove the Base Plate.

**Ulcerative colitis:** It is an inflammatory bowel disease that causes inflammation and sores/ulcers in the lining of the large intestine (colon).

**Urostomy:** A surgically created opening that allows urine to pass. Also called an ileal conduit.





The Coloplast story began back in 1954. Our company reflects the passion, ambition and commitment of the people who made it happen. Elise Sørensen, a nurse, invented the first disposable, self-adhesive ostomy pouch, because she was determined to help her sister out of isolation. Aage Louis-Hansen added his engineering ability and entrepreneurial drive, and through strong commitment and resilience he founded Coloplast.

Still today, people with intimate healthcare needs often live in isolation.

We are fighting to change that.