

Caring for Your Child with an Ostomy



Attention to Detail. Attention to Life



Caring for a new baby or raising a young child is a wonderful, life-enhancing experience. It is also a challenge, even in the best of circumstances.

If your child needs ostomy surgery, your happiness will no doubt be mixed with concern over the special care that is needed. Besides learning to understand your child's medical condition, you will be called upon to learn new skills in managing the pouching system and figuring out how to balance those needs with your busy lifestyle.



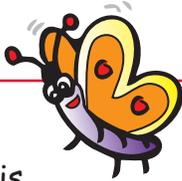
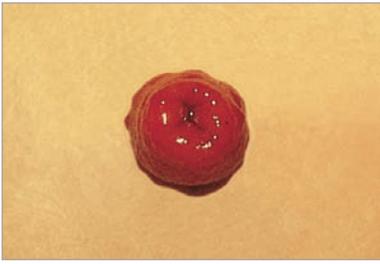
You do have sources for help. Besides your child's doctors, you can turn to specially trained WOC (Wound, Ostomy and Continence) nurses who specialize in ostomy care. The professional team at Hollister also has knowledge and experience with ostomies and is ready to help.

Hollister has created this book to support you. It is a source you can turn to anytime - as a ready reference and a supplement to the information you receive from your medical team.

Caring for Your Child with an Ostomy

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The Ostomy (Stoma)



Fact:

The stoma is normally red. However, sometimes when your child is crying you may notice that it changes color. The normal color should return when your child stops crying. A temporary color change is not usually a reason for concern.

"Ostomy" is a general term to describe a procedure where an opening is created in the body. The opening, called a "stoma," allows stool (bowel movement) or urine to drain out of the body.

An ostomy may be a new type of surgery for you, but it is not an unusual type of operation for infants and children, although it is more common in adults. There are many reasons why a newborn or child may need an ostomy. It is often a life-saving operation.

Stomas should be red like the inside of your mouth, and they should be moist and soft. Stomas might bleed a little when rubbed or touched. This is normal because stomas have a lot of blood vessels. They also don't hurt when touched because there are no nerve endings.

Your child's stoma may look different from pictures or from other children's stomas you may see. Here are some things that are the same for all stomas and some things that make them different from each other.

What is the same about stomas?

- Stomas are red. They look a lot like the inside of your cheek.
- Sometimes they may bleed a little. This is normal.
- They are usually moist and soft.
- They have no feeling and will not hurt if touched.

How do stomas differ from each other?

- They may be temporary or permanent.
- Some children have more than one stoma.
- They can be located on different parts of the body
- Stomas may be different shapes and sizes.
- They may stick out above or be slightly below the skin level.
- They are made for different reasons and the output is different.

Read more on page 3 about different types of ostomies.



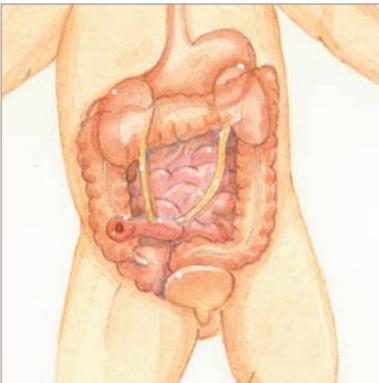
Types of Ostomies



A colostomy is an opening in the colon or large intestine.



An ileostomy opens into the ileum or small intestine.



A urostomy is an opening into the urinary system.

The type of ostomy your child has will be determined by the reason for the surgery. With a colostomy and ileostomy, the opening is made from a portion of the intestine. For a urostomy, the opening is made somewhere along the urinary tract.

A **colostomy** is the most common type of stoma for an infant or child. It is an opening into the colon or large intestine. When undigested food enters the colon, water is absorbed. The stool is stored in the colon until it is passed from the body.

Stool (bowel movement) comes out of the colostomy. It may be liquid or solid in consistency. Gas is common.

An **ileostomy** is an opening into the ileum which is part of the small intestine. The small intestine contains digestive enzymes which break down food to help with digestion and absorption of nutrients.

The output from an ileostomy is stool - similar to the colostomy. One major difference is that the output from the ileostomy also has the digestive enzymes. Although normally present in the small intestine, they can damage the skin. This will be discussed in more detail later in the booklet when we talk about pouching.

A **urostomy** is an opening into the urinary system. The urinary system is made up of the kidneys, ureters, bladder and urethra. The kidneys filter and produce urine. The urine travels from the kidneys down the ureters and into the bladder for storage before it is eliminated from the body.

Urine comes out of the urostomy stoma. The urine may also contain some mucus.



Tip:

As a parent, it is important to know the type of ostomy your child has. Each has its own qualities that you should know about for proper care. If you are not sure about your child's ostomy, ask your WOC nurse, pediatric nurse or doctor.

Getting Ready to Go Home



Taking your child home from the hospital after ostomy surgery is exciting and maybe a little bit scary. Here are a few things to review prior to discharge that can make your transition to home a little easier.

- Be sure you watch the procedure for changing a pouch, more than once if possible. You should also have a chance to change it yourself before your child goes home. Take the opportunity to empty your child's pouch when your nurse is around. You may not feel like an expert yet, but your confidence will build with practice!
- Be sure to have written step-by-step instructions on your pouch change procedure. Ask your nurse to enroll you in the **Secure Start** Discharge Program. As a participant in this program, a customized sample kit is sent to your home. You will receive help in finding a supplier that handles the products you need and accepts your insurance. The program also includes a toll-free number for your assistance.
- Once you are connected with a supplier, find out whether you need to contact them to reorder supplies or if they will contact you. When you visit your physician or WOC nurse, take the information with you. It will be helpful if a change in supplies is necessary since a new prescription may be needed.
- Make a list of all the key phone numbers. This list might include: WOC nurse, doctor, home care agency, company that provides your child's ostomy supplies, and social services contacts.
- Be sure to have information about scheduling follow-up visits, medications and other care your child needs such as incision care.

Medications



Before discharge from the hospital, make sure you understand any medications that your child needs to take. Know what they are for and how often they are needed. Only give medications to your child that have been prescribed by their physician.

When starting a medication, you may notice a change in the stoma output. When filling a new prescription, tell your pharmacist that your child has an ostomy. Be sure you tell them the specific type of ostomy - colostomy, ileostomy or urostomy. Sometimes they may recommend a liquid form of the medication to improve absorption.

Consult your child's physician before giving any over-the-counter medications or home remedies. If your child is taking many different medications, it is helpful to bring them with to the clinic or physician's office for follow-up appointments.



Pouching Systems

There are key parts to a pouching system you should know about.

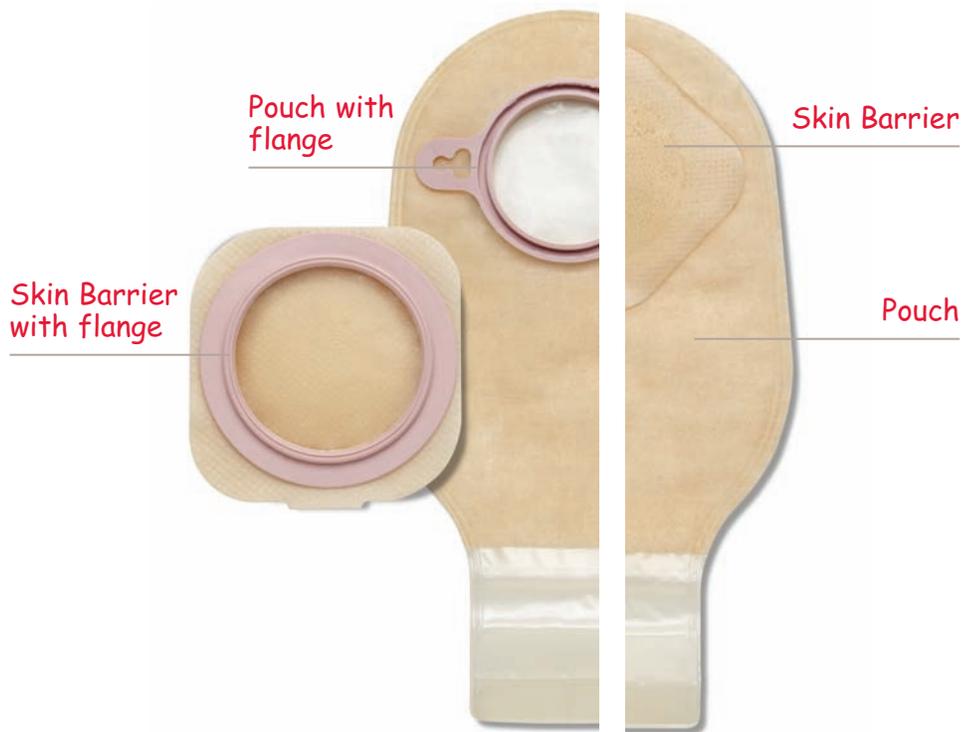
The **skin barrier** is the waxy part which sticks to the skin and fits right around the stoma. It protects the skin from contact with stool, urine or enzymes. It is not a tape, but, like tape, it holds the pouching system in place.

The **pouch** is the plastic bag that collects the stoma discharge. It is made of a material designed to contain the odor.

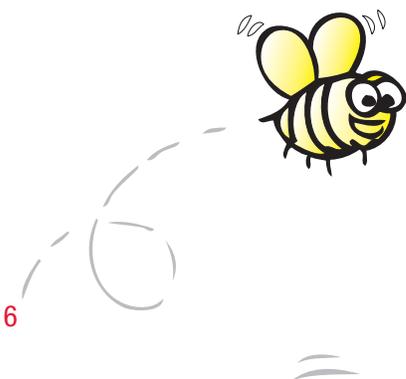
Accessories are optional items. Each of these serves a specific function and is used only when indicated. Examples of accessories include barrier rings, barrier paste, odor eliminators or ostomy belts. Use these products if directed by your WOC or pediatric nurse.

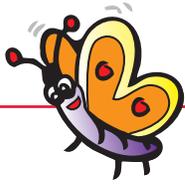


Two-Piece System One-Piece System



There are many options in pouching systems. Let's review the different types so you know what is right for your child. At the end of this book, specific pouching systems are illustrated and described.





Fact:

When you remove the skin barrier, you may notice a slight pink color on the skin where the adhesive was. This is temporary and will go away.



Drainable pouching systems can be used to empty stool and gas.



Urostomy pouching systems have a spout at the bottom to drain liquid or urine.

Skin Barrier

The opening in the skin barrier should be the same size as the stoma. A **cut-to-fit** skin barrier allows you to customize the opening so that the skin is covered and protected.

The skin barrier should also help the pouching system stick to the skin. It should hold the pouch on but not be too difficult to remove. Hollister Pouchkins pediatric products use the gentle **SoftFlex** skin barrier.

Pouch

The type of pouch you use will depend on the type of stoma. If your child has a colostomy or ileostomy, you will use a **drainable pouch** that opens at the bottom so you can empty it. For urine or very liquid stool, you will use a **urostomy pouch** that has a spout at the end which can be opened to empty the pouch.

There are also **closed pouches** which do not drain at the bottom. These pouches work well when there is little discharge from the stoma (e.g. preterm infants) or with younger children for specific occasions (e.g. swimming).

Infants tend to suck on everything! When babies suck or cry, they swallow air that ends up in the pouch. Too much air in the pouch can break the seal. Some pouches include a **filter** which allows gas out of the pouch without causing odor. This is usually used with colostomies and some ileostomies - never with a urostomy.

There are different pouch designs. In a **one-piece pouching system**, the skin barrier is already attached to the pouch. It is very flexible and easy to use. Refer to Pouchkins One-Piece Pouching System Care Tips for specific instructions on how to use the pouching system.

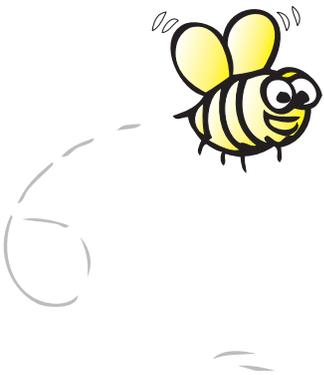
With a **two-piece pouching system**, the skin barrier is separate from the pouch. The pieces snap together with a flange (the piece that looks like a plastic ring) or attach with an adhesive. The Pouchkins Pouching System uses a **floating flange** so you can put your fingertips under the flange for support while you attach the pouch to the skin barrier. You can unsnap the pouch to change or empty it, or let the gas out. Refer to Pouchkins Two-Piece Pouching System Care Tips for specific instruction on how to use.



Tip:

As your child changes or becomes more active, the pouching system that works best may change. As children grow, they may need a larger pouch or the addition of accessories. The WOC or pediatric nurse can help you decide when to make these changes and what changes to make.

Emptying the Pouch



One of the first skills you will learn is how to empty the pouch. This is not much different from changing a diaper. You do not need to wear gloves although you may see the nurses in the hospital do this.

- Empty the pouch when it is 1/3 to 1/2 full of gas, stool or urine. If it gets too full, it will leak or not last as long. It is always a good idea to empty the pouch before naptime and bedtime or trips in the car. After emptying, wipe the bottom of the pouch before closing. A tissue or baby wipe works well for cleaning the bottom of the pouch.
- If you use disposable diapers, you can simply empty the pouch contents into the diaper when you are changing your baby's diaper. Occasionally your child's healthcare provider may ask you to measure the output.
- If you are using a two-piece pouching system, you may find it easier to snap off the pouch to empty it. Take off the full pouch and snap on an empty one.
- If your child is an infant, it might be easier to empty the pouch if you angle the pouch to the side when you apply it. If your child is older and walking, angling it straight up and down is better for pouch filling.
- If you have a toddler or young preschooler, they may be ready to sit on the toilet when you empty their pouch. A potty seat will help so they are comfortable. Placing some toilet tissue in the water of the toilet bowl prevents splashing as the contents are emptied.
- You do not have to clean out the inside of the pouch when the child is wearing it. Putting water into the pouch and rinsing it out may actually weaken the skin barrier seal and reduce wear time. If the stool is difficult to get out of the pouch, you may consider using **Adapt** Lubricating Deodorant. This product makes the inside of the pouch slippery so that the contents empty more easily. It also has the benefit of eliminating odor. Do not substitute other products such as cooking oil, baby oil or soap as they can weaken the pouch seal.



Be sure to wash your hands after emptying or changing the pouch.



Tip:

If your child's stool is liquid, placing a couple cotton balls inside a *drainable* pouch can help absorb some of the fluid.

Changing the Pouch and Skin Barrier



Tip:

If you are routinely changing your child's pouch more than once a day, tell your WOC or pediatric nurse.



Store ostomy supplies in a cool, dry place. Do not leave them where they will be exposed to a wide variation in temperature - such as in the sun or in your car on a hot day.

How often you change the pouching system depends on how long the skin barrier stays in contact with your child's skin. If the pouching system leaks or comes loose it is time for a change. The pouch should also be replaced if your child tells you their skin burns, itches or if they are pulling on their pouch or seem unhappy when there is no other explanation.

- The typical wear time of a pouch on an infant can vary from one to two days. Sometimes small children may get up to three days wear time. Ideally, you will find a predictable wear time, but you will also need to be flexible! Wear time is influenced by how much is coming out of the stoma, your child's level of activity and other factors.
- When removing the skin barrier, gently push the skin away from the back of the adhesive with your finger, a moist cloth, paper towel or cotton ball. Have a tissue or soft paper towel ready to handle any discharge that may happen after the pouch is off.
- Always apply the skin barrier to clean, dry skin. The adhesive will not hold well on wet skin. After you apply the skin barrier and pouch, hold your hand against the barrier and gently press against the skin until the entire barrier adheres. The warmth and gentle pressure will help create the initial adhesion to the skin.
- At first, pouch changes may seem uncomfortable for your baby or child. You may also feel clumsy as you learn what works best. Be assured, this process gets easier with time and practice.

Pouch Application

Step-by-step instructions are found in the Pouchkins Pouching System Care Tips (see resources page 22). Additionally, you should carefully review the instructions for use accompanying the product. They help you understand the basics of pouching. You can also get help from your WOC or pediatric nurse. Specific instructions are included with your products or check www.hollister.com or call our Customer Service Department at **1.800.323.4060**.



Care of the Skin



The skin around the stoma is called the peristomal skin and it is just the same as other skin on your child's body. It is not more or less sensitive. Although the stoma has no feeling, the skin does.

One of your most important goals is to keep the skin healthy. If the skin does not stay healthy, problems with pouch leaking may occur. To clean the skin around the ostomy, use just water. Or you can use a mild soap that does not leave a film or residue on the skin, then rinse with plain water. Always rinse off any soap. Soap or water will not hurt the stoma.

Do not use any baby wipes, oils, powders, ointments, lotions on the skin around the stoma. These products contain ingredients that can prevent the pouching system from sticking.

If you have a preterm infant, the baby's skin has not yet had the chance to develop and mature. For that reason, you will want to take extra care with all products used on the newborn's skin. Gentle products, such as SoftFlex skin barriers from Hollister, are designed to prevent tearing. Because substances can be absorbed through immature skin, use only products that have been recommended by your child's healthcare provider.

The skin should not be irritated as this can be uncomfortable for your child. Open areas, a persistent redness or red bumps on the skin are not normal. It is essential to determine the cause and treat it appropriately. Be sure to seek the advice of your WOC nurse or other knowledgeable healthcare provider.



Plan Ahead



Children tend to keep their own schedules but you can be ready by planning ahead. There are many ways to make a pouch change stress-free. Being prepared can make all the difference ... especially for those unscheduled changes!

- If possible, change the pouch when the stoma is less active. This will depend on when your child has eaten. First thing in the morning or at least two hours after eating is a good time.
- Knowing your child's routine is helpful. If there is a time during the day when the child is normally quiet, that is the best time to change the pouch. For example, in the morning or after the evening bath might be good times in your household.
- If the pouch needs to be changed and your baby is very upset and crying, just wait! Hold your baby until he or she is calmer. You will both feel better and the whole process will go more smoothly!
- A toy or mobile can help to distract a wiggly child and keep them occupied during the pouch change.

Before you start, make sure you have all your supplies ready to use.

- At first, it might be easier to change the pouch when someone else is near by to lend an extra pair of hands. Perhaps you can plan a time when your spouse or another family member is around.
- Older siblings can help by entertaining and distracting your child during the pouch change. An older child can also help with getting supplies ready or holding and handing them to you.
- Have equipment in several places besides home - at day care, in the diaper bag, and at a grandparent's house.

Our Travel Checklist

- Skin Barrier
- Pouch
- Cotton Balls
- Pouch Closure
- Scissors
- Disposal Bag
- Other Supplies

Activity



As a parent, you know that babies and young children are busy and on the go most of the time! Infants, toddlers and young children are meant to be active and generally their ostomy will not prevent them from moving around. Here are a few helpful points.

Bathing

You can bathe your child with the pouch on or off. Water will not go into or harm the stoma. If your child has a urinary stoma, check with your child's physician before allowing the water to cover the stoma. If you decide to leave the pouch off while bathing, don't be surprised if the stoma functions when in the tub. Avoid using oily soaps or lotions around the stoma because they can interfere with the barrier adhering to the skin. If your child wears a pouch when bathing, dry it off afterwards and check the seal for security.



Swimming

As you might guess from what you just read above, it is absolutely fine to swim with an ostomy. You are advised to use a pouch when swimming in a pool or lake. Larger swimsuits or a T-shirt can help cover up the pouch. Sometimes an ostomy belt or waterproof tape around the edge of the skin barrier can help make the pouching system more secure. The waterproof tape should be removed after swimming as it can irritate the skin.



Sleeping

It is a good idea to empty the pouch prior to naptime or bedtime. Sleeping on their tummy will not hurt the stoma, although it is recommended that infants should sleep on their backs for other medical reasons.

Travel

When traveling on a plane with your child, be sure to pack your supplies in your carry-on luggage. In a car, your child should always be in a car seat. Avoid placing the seat belt over the stoma.

Activity in an older child, even sports, need not be limited just because of the stoma. Consult your child's doctor about any weight limits for lifting or activity in the early time after surgery.

Crawling/Walking

The rate and timing of physical and development growth can vary greatly from child to child - even when they don't have a stoma. When your child is ready, the stoma will not prevent him or her from normal movement. However, once they become more active, there will be more stress on the pouching system. You may need to make some adjustments in products, but the child's natural curiosity and activity should not be discouraged.



Tip:

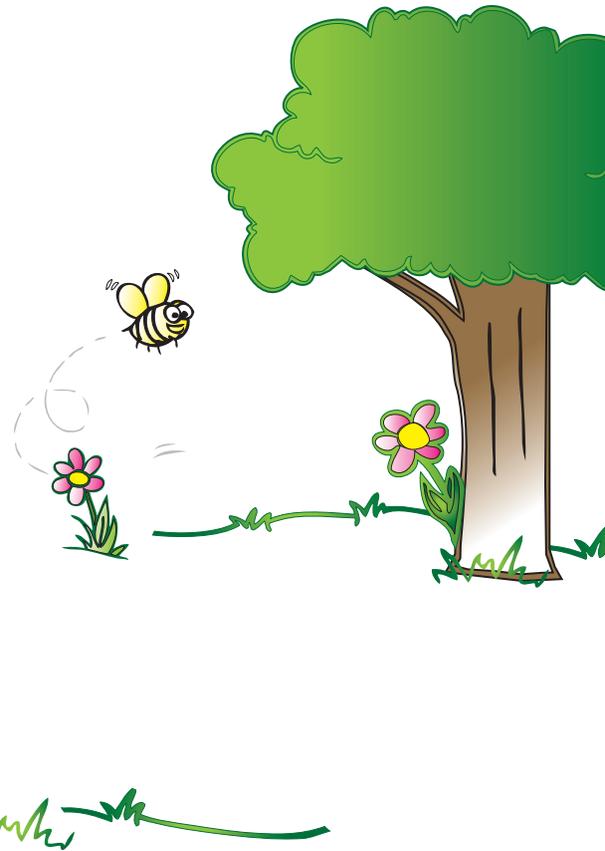
When traveling, carry moist paper towels in a zip lock bag for easy clean up away from home. Remember, do not use commercially available baby wipes on the skin as they may leave a film on the skin and prevent a good seal.

Clothing



Your child won't need special clothes because of a stoma, but there are ways to select clothing that will make life easier for both of you.

- When selecting outfits, avoid clothes where the waistband rubs against the stoma or is so snug that it prevents the pouch from filling. One-piece outfits generally work better. Some two-piece outfits could slide down and pull the pouch off before you're ready. On the other hand, a two piece outfit can make it easier to empty the pouch.
- When diapering, you may have to try different options. Some parents find it better to put the pouch on the outside of the diaper and others find it easier to put it inside the diaper. Try different methods to see what works best.
- When your child becomes more active, they might pull their pouch off and their activity may put some additional strain on the pouch seal. One-piece t-shirts that snap in the crotch hold the pouch more securely near the body and can discourage their curious fingers.



What to Watch For

Be sure to ask your WOC or pediatric nurse and your child's physician what they want you to inform them of after discharge from the hospital. You can make a note of these items in your journal or on this page of this booklet. As a parent, you know your child, and if you suspect there is something not right, even if you are not sure what it is, you should seek medical attention.

Because your child has an ostomy, there may be some situations that you need to be aware of. Report them to your healthcare provider if they occur.

Skin irritation

The skin around the stoma can become irritated. Some of these skin breakdowns are minor and improve quickly. If the skin becomes open and moist, it can interfere with a good seal. If there are frequent unscheduled pouch changes (twice daily or more often), it will lead to further skin irritation. Contact your child's WOC or pediatric nurse for assistance.

Prolapsed stoma

This occurs when the stoma changes and becomes longer or larger than it had been. If this happens, it can be of concern. It is important to report this to your child's physician and/or WOC nurse.

Retracted stoma

This happens when the stoma sinks below skin level. It may occur when the stoma swelling goes down or your child gains weight. Both are normal. If the stoma retracts, it may decrease wear time on your child's pouching system. Your WOC nurse may have suggestions on how to help.

Dehydration

Any child can develop diarrhea which may also be accompanied by vomiting. This can cause dehydration. Dehydration occurs when they lose too much fluid and are not able to replace it by drinking. Signs of dehydration include listlessness, less urine output and/or dark urine, dry mouth, sunken eyes, no tears. Babies and children with ileostomies can become dehydrated very quickly. You should become familiar with what is normal stoma output for your child - be able to recognize the usual consistency and how often you normally empty the pouch. Do not use over-the-counter medications to treat diarrhea or vomiting without talking to your child's doctor. If the output from the stoma increases and you note signs of dehydration, call your child's doctor immediately. If you cannot reach them, go to the emergency room.

Bleeding

The stoma may bleed and this is normal. However, if the bleeding does not stop, contact your doctor immediately.

Notes



Frequently Asked Questions



Can my baby take a bath?

Yes. You can bathe your baby with the pouch on or off. Water will not go into the stoma. If your child has a urinary stoma, check with your child's physician before allowing the water to cover the stoma.

If you decide to leave the pouch off while bathing, don't be surprised if the stoma functions when your baby is in the tub. After the bath, do not use any oily soaps or lotions around the stoma that may interfere with the barrier adhering to the skin.

What should I use to clean the skin and stoma?

Gently clean the skin using something soft like a cotton ball, washcloth or paper towel moistened with water. It does not need to be sterile. If you use soap, be sure to rinse completely. Most baby wipes add moisture to the skin which interferes with the barrier sticking well, so they are not recommended.

Can I take my child swimming?

Yes. You are advised to use a pouch when swimming in a pool or lake. Larger swimsuits or a T-shirt will cover the pouch.

Can my child sleep on their tummy?

If that is the way they prefer to sleep and it is okay with your child's pediatrician, it will not hurt the stoma. Empty your baby's pouch before a nap or bedtime.

Do I have to feed my baby a special diet?

A special diet may be required by other medical conditions, but not because of the stoma.

New foods can be added to your baby's diet as recommended by their physician. When a new food is added, it may change the color or consistency of your baby's stool or result in more gas. This is normal. Watch how they react to any new food. If it causes a problem with their output, consult your child's physician.

Can I breastfeed my baby?

Yes. Breastfeeding offers many advantages for both baby and mom. It is your choice.

Do I have to get certain clothes for my baby?

You don't need special clothes, but make sure waistbands don't rub against the stoma. Some two-piece outfits may slide down and pull the pouch off, but they do make it easier to empty the pouch.

What if I smell an odor?

There should not be an odor when the pouch is on securely. If there is an odor, it usually means there is a leak in the pouching system or the spout of the pouch is not clean. Odor eliminators, like Adapt Lubricating Deodorant from Hollister, can help when the pouch is emptied or changed.

Can my baby take medications?

Only give medications to your baby that have been prescribed by their physician. When starting a new medication, you may notice a change in his or her output. When filling a new prescription, tell your pharmacist that your child has an ostomy.

They told us the stoma would be red. Sometimes it changes color.

Does that mean something is wrong?

Occasionally, the color of the stoma will change. Sometimes, when a baby cries, the stoma becomes almost white. If the color change is temporary – less than a few minutes – it is usually nothing to be concerned about.



My child has gotten older, and has now started pulling their pouch off What can I do?

Children are naturally curious about their bodies and things around them. The pouch is no exception! It helps to dress your child in a one-piece outfit – even for naps. This can deter their exploration. A few toys in their crib can also help satisfy their curiosity.

My baby's pouch used to stay on longer. Is there anything I can do?

As your baby becomes more active, there will be additional stresses placed on the pouch seal. This is frustrating, but normal. When they start to scoot, crawl, pull themselves up on furniture and walk, the pouch may come off more often. You don't want to limit this healthy activity. Your child's WOC nurse may have some tips to help improve the seal.

The skin barrier we are using doesn't seem to be working as well. Is there something I can do?

There are a number of things that can affect the skin barrier. In warmer weather, the skin barrier may not last as long. Changes in diet or a new medication may impact its effectiveness. Often, as babies start teething, parents notice a change in the stool. This can cause the skin barrier to wash away and not last as long as before.

Most of these are temporary situations. If the problem persists, check with your child's WOC nurse. They may be able to recommend a skin barrier that is more durable.

Can we travel?

Yes. Planning ahead is important for any trip, but it takes on new meaning with a baby! Be sure you have plenty of supplies. If you are flying, take your baby's ostomy supplies in your carry-on luggage. Changes in environment or routine may reduce the wear time of the pouch seal, so be sure to pack more than you think you will need. When in a car, your infant should always be in a car seat.

What about day care?

If you are planning to return to work, talk with your day care provider about your baby's ostomy and make sure they have plenty of supplies. You should teach several people how and when to empty the pouch. Plan how a pouch leak will be handled when you are not there.

Preparing for these situations in advance can alleviate anxiety and ensure that your child gets the best possible care when you are not around.

Where do I buy ostomy supplies?

Ostomy supplies are available from many sources, but they are a specialty item. You can't just pick them up at any drug store. If there is not a retailer in your area, you can get your products by mail. Contact your child's WOC nurse or Hollister Incorporated for suggested locations to purchase your child's supplies.

Will my insurance pay for the ostomy pouches?

That depends upon your type of insurance coverage. Talk to your child's WOC nurse, insurance provider or physician. Even though these products do not require a prescription, an order from your doctor may assist with reimbursement.



Glossary



Accessories	Optional ostomy supplies that may be recommended by your nurse. Examples include barrier rings, odor eliminators or ostomy belts.
Anus	The opening of the colon located on your baby's bottom.
Bladder	A hollow organ where urine is stored before it is passed from the body.
Colon	Another term for the large intestine or last portion of the gastrointestinal tract.
Colostomy	An opening in the large intestine or colon. Stool from a colostomy can vary from liquid to formed. Gas is also passed through a colostomy.
Discharge	What comes out of the stoma. Also called output, it may be urine, stool and/or gas.
Ileostomy	An opening into the end of the small intestine called the ileum. Stool from an ileostomy is usually liquid or mushy and contains digestive enzymes. If the enzymes come in contact with the skin it can cause irritation.
Intestine	A tube-like structure that begins at the mouth and ends at the anus. As food goes through the intestine, nutrients are taken in by the body and waste is passed out of the body as a bowel movement.
One-Piece Pouching System	Pouching system which has the skin barrier attached to the pouch.
Ostomy	A general term to describe an operation where an opening is made in the body for elimination of waste (stool or urine). It is red and moist and has no feeling. It is also called a stoma.
Output	What comes out of the stoma. It is also called discharge and may be urine, stool and/or gas.
Peristomal Skin	The area around the stoma and usually covered by the skin barrier and/or tape.
Pouch	The bag that collects the discharge or output from the stoma. <ul style="list-style-type: none">■ Drainable pouch: A pouch that opens at the bottom so you can empty it. Uses some type of fastener at the bottom to close it. Used for ileostomies and colostomies.■ Closed pouch: A pouch that does not open at the bottom. To empty, it must be removed. Usually used for stomas with little output.■ Urostomy pouch: A pouch with a spout at the bottom. Used for urine or very liquid stool.



Skin Barrier

An important part of any ostomy pouching system. It protects the skin and helps to hold the pouch to the body.

Stool

Waste material from the bowel (small or large intestine). Stool is also known as feces or bowel movement.

Stoma

A general term to describe a surgical opening made in the body for elimination of waste (stool or urine). It is red and moist and has no feeling. It is also called an ostomy.

Two-Piece Pouching System

Pouching system which has the skin barrier separate from the pouch. Both pieces are needed to make a complete pouching system.

Urethra

The opening from the bladder.

Urostomy

An opening into the urinary system that will drain urine. It is sometimes called a urinary diversion.

WOC Nurse

A nurse who specializes in the care of children and adults with ostomies.

Notes



A series of horizontal lines for taking notes, starting from the level of the 'Notes' header and extending down the page.



Premie Pouch



- 3777 (CUT-TO-FIT)** Box of 15
- Use as a Premie Closed or Drainable Pouch
 - SoftFlex (standard wear) Skin Barrier - Flat
 - Without Tape Border
 - Without Starter Hole
 - Without Integrated Filter
 - Odor-Barrier Film
 - Soft Wire Closure
 - Without ComfortWear Panels

HCPCS: A5052, A4362

Ultra-Clear Stock No	Barrier Opening
3777	up to 5/8" (15mm)

Newborn Pouch



- 3778 (CUT-TO-FIT)** Box of 15
- Newborn Pouch; Use With or Without the Drain Valve
 - SoftFlex (standard wear) Skin Barrier - Flat
 - Without Tape Border
 - Without Integrated Filter
 - Odor-Barrier Film
 - Without ComfortWear Panels

HCPCS: A5062, A4362

Ultra-Clear Stock No	Barrier Opening
3778	up to 1-3/8" x 7/8" (35mm x 22mm)

One-Piece Pouches



- 3796 (CUT-TO-FIT)** Box of 10
- One-Piece Drainable Pouch
 - SoftFlex (standard wear) Skin Barrier - Flat
 - Without Starter Hole
 - Without Tape Border
 - Without Integrated Filter
 - Lock 'n Roll Closure
 - Odor-Barrier Rustle-Free Film
 - With ComfortWear Panels - Body Side Only

HCPCS: A5061

Transparent Stock No	Barrier Opening	Pouch Length
3796	up to 1-1/2" (38mm)	6-1/2" (16cm)



- 3795 (CUT-TO-FIT)** Box of 10
- One-Piece Drainable Pouch
 - SoftFlex (standard wear) Skin Barrier - Flat
 - Without Starter Hole
 - Without Tape Border
 - With Integrated Filter
 - Lock 'n Roll Closure
 - Odor-Barrier Rustle-Free Film
 - With ComfortWear Panels - Body Side Only

HCPCS: A5061

Ultra-Clear Stock No	Barrier Opening	Pouch Length
3795	up to 2" (50mm)	7" (18cm)

One-Piece Pouches (continued)



- 3797** Box of 10
- One-Piece Urostomy Pouch
 - SoftFlex (standard wear) Skin Barrier - Flat
 - Without Starter Hole
 - Without Tape Border
 - Odor-Barrier Rustle-Free Film
 - With ComfortWear Panels - Body Side Only

HCPCS: A5071

Transparent Stock No	Barrier Opening	Pouch Length
3797	up to 1-1/2"	(38mm) 8-3/4" (22cm)

Two Piece Skin Barrier



- 3761** Box of 5
- SoftFlex (standard wear) Skin Barrier - Flat
 - Without Starter Hole
 - Without Tape Border

HCPCS: A4414

Transparent Stock No	Color Match	Flange Size	Barrier Opening
3761	•	1-3/4" (44mm)	up to 1-1/4" (32mm)

Two-Piece Pouches



- 3799** Box of 10
- Drainable Pouch
 - Without Integrated Filter
 - Lock 'n Roll Closure
 - Odor-Barrier Rustle-Free Film
 - With Belt Tabs
 - With ComfortWear Panels - Body Side Only

HCPCS: A5063

Ultra-Clear Stock No	Color Match	Flange Size	Pouch Length
3799	•	1-3/4" (44mm)	6-1/2" (16cm)



- 18282/18292** Box of 20
- Drainable Pouch
 - With Integrated Filter
 - Lock 'n Roll Closure
 - Odor-Barrier Rustle-Free Film
 - With Belt Tabs
 - With ComfortWear Panel- Body Side Only

HCPCS: A4425

Stock No	Color Match	Flange Size	Pouch Length
Transparent			
18282	•	1-3/4" (44mm)	7" (18cm)
Beige			
18292	•	1-3/4" (44mm)	7" (18cm)

Two-Piece Pouches (continued)



18382/18392

Box of 60

- Closed Mini-Pouch
- With Integrated Filter
- Odor-Barrier Rustle-Free Film
- With Belt Tabs
- With ComfortWear Panels
 - Transparent - Body Side Only
 - Beige - Both Sides

HCPCS: A4419

Stock No	Color Match	Flange Size	Pouch Length
Transparent			
18382	•	1-3/4" (44mm)	7" (18cm)
Beige			
18392	•	1-3/4" (44mm)	7" (18cm)



18402/18412

Box of 10

- Urostomy Pouch
- Odor-Barrier Rustle-Free Film
- With Belt Tabs
- With ComfortWear Panel on Body Side

HCPCS: A4432

Stock No	Color Match	Flange Size	Pouch Length
Transparent			
18402	•	1-3/4" (44mm)	9" (23cm)
Beige			
18412	•	1-3/4" (44mm)	9" (23cm)



Accessories (Use if recommended by your healthcare professional)



3774

Single Unit

- Pediatric Ostomy Belt

HCPCS: A4367

Stock No	Pouch Length
3774	10" - 17" (25-43cm)



3779

Single Unit

- Drain Tube
- For use with Newborn Ostomy Pouch #3778

HCPCS: A4331

Ultra-Clear Stock No	Length
3779	60" - 62" (152-157cm)



780x

Box of 10

- Adapt Barrier Rings (Flat)

HCPCS: A4385

Stock No	Outer Diameter
7805	2" (48mm)



79300/79301

- Adapt Paste

HCPCS: A4406

Stock No	Description	Quantity
79300	2 oz. (57gm) tube	Box of 1
79301	0.5 oz (14gm) tube	Box of 20



7906

Box of 1

- Adapt Stoma Powder

HCPCS: A4371

Stock No	Description
7906	1 oz. (28.3g) puff bottle



7917

12 Cartons of

- Skin Gel Protective Dressing Wipes

50 Wipes Each

HCPCS: A5120

Stock No	Description
7917	



78500/78501

- Adapt Lubricating Deodorant

HCPCS: A4394

Stock No	Description	Quantity
78500	8 oz. (236mL) bottle	Box of 1
78501	0.27 oz (8mL) packet	50 Packets/Box

Resources

If you have questions about your child's care, be sure to ask! You are not alone. Here are just a few resources available to help you with information and support.



WOC Nurse

These nurses specialize in the care of children and adults with ostomies and other related conditions. You can call us at Hollister Incorporated and we will be happy to help you find one in your area. You can also check out the WOCN web site at www.wocn.org.

Your Physician(s)

Depending on your child's situation, they may have many different doctors. Each plays an important role in your child's care. Be sure you have their phone number and medical specialty written down.

United Ostomy Associations of America, Inc. (UOAA)

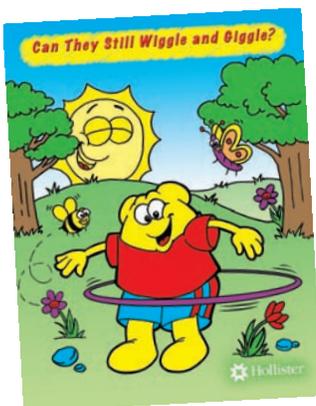
If your child is going to have their ostomy for some time, you may find it helpful to check out the UOAA. In addition to offering support relative to ostomies, they have links to many other useful organizations such as the Pull-thru Network, Spina Bifida Association of America and About Kids GI Health. You can visit their web site at www.uoaa.org.

Hollister Incorporated

Our mission is based on service and a commitment to make a difference. Nowhere is our dedication to world-class performance better demonstrated than by our reputation for consistently producing the finest quality ostomy products. Hollister's knowledgeable Customer Service representatives and clinicians can assist you. Call us at **1.800.323.4060** and check out our web site at www.hollister.com.

Pouchkins Pouching System Care Tips

These full-color care tip sheets use step-by-step photographs to help you understand exactly how pouching systems are used. They are available for one-piece, two-piece and premie/neonatal pouching systems.



Can They Still Wiggle and Giggle?

This coloring book answers questions real kids want to know about living with an ostomy. It is helpful for the young child with an ostomy or for a sibling who might have questions.

Ostomy Shadow Buddy

These special buddies are for children who have had or will have ostomy surgery. A mom, whose son needed a stoma, designed Shadow Buddies. Marty and Miles Postlethwait have shared their story and helped children all over the world. The huggable muslin dolls have heart shaped eyes for love and a smile that never fails no matter what the situation. For each child, the Ostomy Buddy becomes a friend "just like me." Hollister Incorporated and Shadow Buddies have teamed up to provide these "special buddies for special children". You can learn more about Shadow Buddies by visiting www.shadowbuddies.com.



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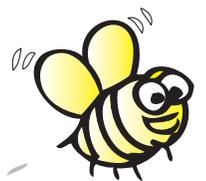
Your Own Story



Most likely, you did not expect your child to need ostomy surgery. No doubt, you have experienced a range of emotions such as surprise, worry, frustration. Knowledge and the correct products can help you remember this time for the right reasons - your child and not the stoma. Keep in mind that the stoma does not delay your child's physical or cognitive development.

This is truly a special time in your life and in the life of your child. You want to capture these moments - the joys and the challenges - to share with your child when they are old enough to ask questions. Write your questions, instructions, thoughts, feelings and specific anecdotes in a journal or in this booklet. You can also preserve memories by taking pictures, saving a pouch, their Shadow Buddy or the coloring book to show your child when he or she is older.

This is a story about a special child ... yours!



Hollister Support Network

Visit www.hollister.com for online education, product information and support.

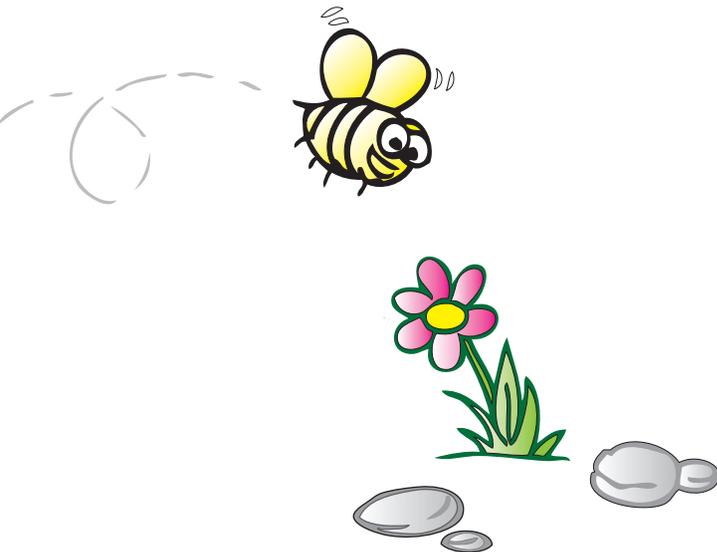
Want to Talk to an Expert?

Our Customer Service Center has an experienced team of representatives to assist you with your product selections and clinical concerns. Whether you need advice or samples, we can help! Call **1.800.323.4060**.

Secure Start Program

Our comprehensive **Secure Start** Program supports patient care through the various phases of pre-op, post-op recovery, discharge and community living. We can help you and your child address immediate issues as well as provide for their entire continuum of care. We provide services, educational materials, product samples, a quarterly newsletter and much more that will help you care for your child with an ostomy.

If you have questions about the Secure Start Program contact us at www.securestartdischarge@hollister.com, or call the Secure Start Team at **1.888.808.7456**.



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