



WOCN[®] Wound, Ostomy, and
Continence Nurses Society[®]

COLOSTOMY AND ILLEOSTOMY PRODUCTS AND TIPS

BEST PRACTICE FOR CLINICIANS



Acknowledgments

Colostomy and Ileostomy Products and Tips: Best Practice for Clinicians

This document was developed by the
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Introduction

A colostomy or ileostomy is a surgically created opening (stoma) on the abdomen to allow the draining of feces/effluent. The ostomy drainage is typically managed by wearing a pouch over the stoma. The pouch is either changed or emptied into the toilet usually when it is 1/3 to 1/2 full.

This document is for nurses and other health care providers. This document provides an overview of the features of the different types of products, pouching systems and accessories used to manage a colostomy or ileostomy, along with advantages and disadvantages. It concludes with helpful tips for emptying drainable colostomy or ileostomy pouches.

Pouching Systems		
Description	Advantages	Disadvantages
Disposable Pouching System		
<ul style="list-style-type: none"> • System designed to be thrown away after removal. Typically made of light- weight plastic film, which is available in transparent or opaque material. Disposable pouches can be closed- end, or drainable, and part of either one-piece or two-piece pouching systems. May have plastic or fabric backing. 	<ul style="list-style-type: none"> • Odor resistant. • May be worn in bath, shower and swimming pool. • Cleaning usually not necessary. • Drainable pouches are typically changed every 3-7 days. Closed pouches are discarded and replaced when 1/3 to 1/2 full of feces/effluent. • Convenient, easy to carry and dis- pose. • Various sizes/capacity. 	<ul style="list-style-type: none"> • May be more expensive than reusable pouching systems over time. • May require removing stool and then cleaning the end “tail” of pouch for odor control.
Reusable Pouching System		
<ul style="list-style-type: none"> • Pouch which can be washed and reapplied multiple times. Typically made of vinyl or thick plastic film. Re- usable pouches can be closed- end (if used with a liner), or drainable. May be a one-piece or two-piece system comprised of a pouch, also referred to as a skin barrier or wafer. 	<ul style="list-style-type: none"> • Washable. • Able to reuse multiple times. • Some can be used without an adhesive. 	<ul style="list-style-type: none"> • Can retain odors. • Limited number of manufacturers. • Initial cost may be more expensive than disposable pouching system. • May require more time to clean. • Might require a belt and/or adhesive.
One-piece Pouching System		
<ul style="list-style-type: none"> • The skin barrier and pouch are attached together during manufacturing. Available in drainable and closed styles, with and without filters. 	<ul style="list-style-type: none"> • Many styles are flexible and conform to abdominal contours. • Low profile. • No chance for leakage between skin barrier and pouch as in two-piece systems. • May be less costly than a two-piece system. • May be easier to learn to use. • Often used when abdominal plane contours are uneven, as it can provide greater flexibility than a two-piece system. 	<ul style="list-style-type: none"> • Cannot reposition once applied. • Cannot burp for gas. • Cannot change the pouch without changing the entire system. • Some have less support for loose peristomal skin.

Pouching Systems (continued)

Description	Advantages	Disadvantages
Two-piece Pouching System		
<ul style="list-style-type: none"> • The skin barrier and pouch are made separately with rigid to semi-rigid rings or with an adhesive coupling system which allows the pouch to be attached to the skin barrier. 	<ul style="list-style-type: none"> • Can provide support to loose peristomal skin. • Can switch between drainable and closed-end pouches without removing the skin barrier. • Can change position of the pouch with patient's position changes (especially for bed-bound patients) to facilitate better drainage. 	<ul style="list-style-type: none"> • Need dexterity and strength to assure attachment of pouch to skin barrier. • Higher profile. • More costly than a one-piece pouch. • Less flexible than a one-piece pouching system and does not mold well to the body contours.
Pouching System With Adhesive Flange		
<ul style="list-style-type: none"> • The skin barrier and pouch are made separately and designed to stick together without a rigid flange. 	<ul style="list-style-type: none"> • Can change pouch for disposal, emptying or rinsing without removing the skin barrier. • Low profile. • Flexibility similar to a one-piece system. • May be easier to apply than pouching systems with a flange, for those with poor dexterity. • May be used when abdominal plane contours are uneven, such as with a peristomal hernia. 	<ul style="list-style-type: none"> • Less support for flabby peristomal skin. • Limited number of times pouch can be reattached (dependent on manufacturer). • Must have the coordination to apply properly on the skin barrier. • Cannot reuse pouch if adhesive area becomes soiled. • May be more difficult for visually impaired to use.

Types of Pouches		
Description	Advantages	Disadvantages
Transparent Pouch		
<ul style="list-style-type: none"> • Pouch made of clear film 	<ul style="list-style-type: none"> • Can see stoma for easy application of pouching system. • Able to monitor stoma and effluent appearance, especially in the early postoperative period. 	<ul style="list-style-type: none"> • Appearance of feces/effluent in the pouch may be unpleasant for the patient and/or the significant other.
Opaque Pouch		
<ul style="list-style-type: none"> • Pouch made of colored film (typically white or beige). 	<ul style="list-style-type: none"> • Cosmetically appealing, unable to see stoma or stool. • More discreet under light-colored clothing. 	<ul style="list-style-type: none"> • May be more difficult to apply when part of a one-piece pouching system.
Drainable Pouch		
<ul style="list-style-type: none"> • Pouch with an opening at the bottom. A clamp or integrated closure is used to keep the pouch closed until it is time to empty. 	<ul style="list-style-type: none"> • Able to empty frequently. • Cost effective. • Long and shorter lengths are available. • Available with and without filter for gas release. 	<ul style="list-style-type: none"> • Risk of spillage. Can require some skill to drain successfully without spillage of stool. • Need dexterity and strength to manage various closures. • Some versions may be too long for comfort or body size. • Rinsing/cleaning of the pouch may be needed or preferred by some patients.
Closed End Pouch		
<ul style="list-style-type: none"> • Also called a closed or non-drainable pouch. A pouch without an opening or clamp. It must be removed/discarded when 1/3 to 1/2 full. 	<ul style="list-style-type: none"> • Low profile. • More discreet for intimate situations. • Generally shorter than drainable pouches. • May be easier to use than drainable for some people. • See section on disposable liners. • Available with and without filters for gas release. 	<ul style="list-style-type: none"> • Smaller pouch capacity. • Not practical if having frequent stools or large amounts of fecal/effluent output.
High Output Pouch		
<ul style="list-style-type: none"> • A drainable pouch which accommodates larger amounts of output. Has a drainage spout at the end of the pouch. 	<ul style="list-style-type: none"> • Used for frequent or high-volume fecal output. • Does not need to be emptied as often. • If stool is liquid, it can be attached to a bedside drainage bag/container. 	<ul style="list-style-type: none"> • More expensive than smaller drainable pouches, but insurance reimbursement is available. • Larger size may make it difficult to conceal. • When connected to bedside drainage bag, tubing and/or pouch can potentially twist and kink, so the tubing should be anchored well and monitored to ensure adequate drainage.

Types of Pouches (continued)		
Description	Advantages	Disadvantages
Colostomy Irrigation Pouch		
<ul style="list-style-type: none"> • Long, sleeve-type pouch used during colostomy irrigation. Allows containment of the stool and allows irrigation fluid to flow through the sleeve into the toilet. Some have flanges to use with two-piece system. Some have self adhesive. Pouch size varies by manufacturer. 	<ul style="list-style-type: none"> • Use of colostomy irrigation allows a person with a colostomy to control when they have a bowel movement. May be used to administer an ostomy bowel prep. May eliminate the need for a drainable pouching system between irrigations. • Extra long drain directs effluent into the toilet. • Top opening pouch accommodates a stoma cone. • May be rinsed with cool water for reuse. • May be used as high capacity pouch for short periods of time. 	<ul style="list-style-type: none"> • Irrigation process requires time and appropriate toileting facility. • Pouch is not odor proof.
Stoma Cap		
<ul style="list-style-type: none"> • A small closed pouch, usually less than 4 inches in diameter, with an absorbent pad inside the pouch. Covers stoma when periods of inactivity can be anticipated, such as after a stoma irrigation. Some are available with a vent or filter for gas release. 	<ul style="list-style-type: none"> • More discreet for intimate situations or under clothes. • Easier to apply than a dressing or bandage-type cover. 	<ul style="list-style-type: none"> • No capacity to contain stool. • Only indicated for use between colostomy irrigations in persons with descending or sigmoid colostomy.
Pouch with Integrated Closure		
<ul style="list-style-type: none"> • A drainable pouch that has an attached closure at the bottom of the pouch. The closure is part of the drainable pouch, attached during the manufacturing process. 	<ul style="list-style-type: none"> • No clamp/clip to lose. • May be more comfortable. • May be easier to manipulate for those with limited hand dexterity. 	<ul style="list-style-type: none"> • Individuals who have used clips for a long time need instruction and reassurance. • May be harder to remove feces/effluent in order to keep clean and odor free.
Filter		
<ul style="list-style-type: none"> • A feature available on some pouches which allows gas (but not odor) to escape from the pouch. Filters may be integrated in the pouch during manufacturing or purchased separately and added to a pouch. 	<ul style="list-style-type: none"> • Venting of gas is passive (requires no action on the part of the user). • Low risk of accidental spillage. 	<ul style="list-style-type: none"> • Ineffective if it becomes wet. Newer versions have a barrier film to prevent wetness from entering from either inside or outside the pouch. • May be an added expense. • Add-on filters can become dislodged. • If stool is liquid, may leak through filter and render charcoal ineffective.
Belt Loops		
<ul style="list-style-type: none"> • A feature on a pouch or skin barrier that allows for use of an elastic belt with one-piece or two-piece pouching system. 	<ul style="list-style-type: none"> • Belt loops on the skin barrier allow the pouch to be applied and removed without disturbing the belt. • Belt loops on the pouch can add security to the connection between pouch and skin barrier flange. 	<ul style="list-style-type: none"> • Presence of belt loops may make the skin barrier more rigid. • The belt loops may be uncomfortable against body, and wearing a belt too tightly may lead to a pressure ulcer.

Skin Barriers

*The skin barrier is the part of a pouching system that is applied directly to the skin.
Adhesive skin barriers are typically made from pectin, karaya gum, and/or synthetic materials.
A non-adhesive skin barrier is made from silicone or rubber.*

Description	Advantages	Disadvantages
Flat Skin Barrier		
<ul style="list-style-type: none"> • A skin barrier that has a level or flat appearance. • May be part of a one-piece or two-piece pouching system. 	<ul style="list-style-type: none"> • Used when the peristomal skin surface is flat and the stoma is well budded (protruding at least 1/2 inch above the abdominal wall surface). 	<ul style="list-style-type: none"> • If the peristomal skin surface is not flat and/or the stoma is not well protruded, accessories such as paste or barrier rings may be needed to achieve a better seal around the base of the stoma. • Requires a scissor and dexterity to create a cut-to-fit opening.
Convex Skin Barrier		
<ul style="list-style-type: none"> • A skin barrier that has a rounded “inverted bowl shape” surface on the side that adheres to the skin used when the stoma is at skin level/ flushed or retracted/below skin level. • May be part of a one-piece or two-piece pouching system. 	<ul style="list-style-type: none"> • Used for peristomal skin surface that is concave. • Used for soft peristomal skin surface with a flush or short stoma. • Convexity can be rigid/firm or somewhat flexible and can be useful for stomas that have different depths/ degrees of stoma retraction. 	<ul style="list-style-type: none"> • May need to add an ostomy belt to provide added security/support by keeping wafer/barrier in place. • May lift from the skin with body movement and position changes or cause pressure damage if the convexity is too stiff/rigid. • Neither an ostomy belt nor a firm convex barrier should be used in the immediate post-operative period to avoid tension on the suture line of the stoma and to prevent mucocutaneous separation.
Moldable, Shapeable, or Stretchable Skin Barrier		
<ul style="list-style-type: none"> • A skin barrier that allows the opening for the stoma to be shaped with fingers rather than using scissors. 	<ul style="list-style-type: none"> • Available flat or convex. • Moldable skin barrier has “shape memory” which provides a constant, self-adjusting fit around the base of the stoma. • No scissors needed. • Useful for those with poor hand dexterity or poor eyesight which would make cutting barrier to size difficult. 	<ul style="list-style-type: none"> • May not work consistently with flush, partially flush stomas, or retracted stomas. • May need some dexterity to shape. • Can move over stoma opening over time, leading to leakage. • Option currently only available with a two-piece pouching system.
Skin Barrier with Floating Flange		
<ul style="list-style-type: none"> • A skin barrier with a flange that is not adhered to the base of the barrier. 	<ul style="list-style-type: none"> • A skin barrier used in a two-piece pouching system. A floating flange allows the pouch to be snapped onto the skin barrier while minimizing the pressure to the patient’s abdomen. • Available flat or convex. 	<ul style="list-style-type: none"> • Higher profile than non-floating flange.

Skin Barriers (continued)		
Description	Advantages	Disadvantages
Skin Barrier with Locking Flange		
<ul style="list-style-type: none"> • A skin barrier with a system to lock the pouch to the flange. • A skin barrier used in a two-piece pouching system. 	<ul style="list-style-type: none"> • Available flat or convex. • May require less dexterity to attach pouch to flange. • Designed for individuals with limited eye-hand coordination. • Allows the pouch to be snapped onto the skin barrier without adding pressure to the abdomen. 	<ul style="list-style-type: none"> • Higher profile than non-locking flange. • May require more dexterity to attach pouch to flange or coupling mechanism.
Skin Barrier with Smooth Flange		
<ul style="list-style-type: none"> • A skin barrier with a docking area for the pouch to adhere. • A skin barrier used in a two-piece pouching system. 	<ul style="list-style-type: none"> • The pouch adheres to the skin barrier plate with an adhesive ring. • Available flat or convex. • Can be detached and re-applied. • More flexible than the locking or floating flange. 	<ul style="list-style-type: none"> • Adhesive surface must be dry for good adherence.
Tape Border		
<ul style="list-style-type: none"> • A skin barrier with adhesive tape attached to the edges of the barrier. 	<ul style="list-style-type: none"> • Some skin barriers have a tape border around the outside of the barrier which makes the skin barrier more flexible and lower profile. • Patients may feel more secure with a tape border. 	<ul style="list-style-type: none"> • Patients may have sensitivity to adhesives leading to allergic/contact dermatitis.

Accessories		
Description	Advantages	Disadvantages
Pouch Lubricant		
<ul style="list-style-type: none"> • A lubricant added to the pouch to facilitate the ease of emptying stool from the pouch. 	<ul style="list-style-type: none"> • Pouch sides less likely to stick together. • Stool less likely to stick to sides of pouch. • May also contain an odor eliminator. • Unlike household products, such as mineral oil, non-stick cooking spray, and liquid soap, commercial lubricant will not damage the film of the pouch. 	<ul style="list-style-type: none"> • Extra step and expense.
Gas Vent/Filter		
<ul style="list-style-type: none"> • Vent added to a pouch to allow wearer to have control over when they release gas. 	<ul style="list-style-type: none"> • Decreases risk of spillage compared to burping or releasing gas from the tail end. • Control when gas is vented. • Accessory filter may also be used. 	<ul style="list-style-type: none"> • Will not deodorize gas without a charcoal filter. • Extra steps are required to apply separate gas vent/filter if it was not integrated into pouch by the manufacturing process. It must be applied 24 hours in advance of using. • Requires dexterity. • Added cost. • May leak liquid effluent from the filter or around connection on pouch. • Gas venting not automatic. Gas vent needs to be manually opened to release gas.
Pouch Liners		
<ul style="list-style-type: none"> • Placed inside a two-piece pouch and held in place when the pouch is snapped to the flange of the skin barrier. After bowel movement, used liner is removed and flushed and a new liner is placed inside the same pouch. 	<ul style="list-style-type: none"> • Keeps pouch clean--same pouch can be used multiple times. • Wearthime of pouch can be extended with use of disposable liners. • May be more discreet for the user because they can be flushed rather than disposed in trash. • Compatible with pouches with or without gas filter. 	<ul style="list-style-type: none"> • Not covered by insurance. • Not compatible with septic systems. • Not compatible with two-piece systems using the Adhesive Coupling Technique. • May adversely affect the security of the pouch adhering to the barrier. • Learning to remove the liner from the pouch without spillage can take time, dexterity, and practice.
Clamp		
<ul style="list-style-type: none"> • The removable plastic clip used on a drainable pouch. 	<ul style="list-style-type: none"> • Can be cleaned. • Reusable. • Available with curved shape to fit thigh for lower profile. • Several options are available: individuals can often find one that they can handle with their limitations. 	<ul style="list-style-type: none"> • The clamp can break. • Can be dropped or lost when emptying the pouch. • Higher profile (more visible) than integrated pouch closures. • Some styles are difficult for people with limited dexterity. • Added cost if needed to be replaced.
Skin Adhesive		
<ul style="list-style-type: none"> • Adhesive made of silicone or latex. 	<ul style="list-style-type: none"> • Used to increase adhesion of an adhesive pouching system or to provide adhesion for a reusable (non- adhesive) system. 	<ul style="list-style-type: none"> • Need to teach patient to allow adhesive to dry to prevent chemical irritation. • May be flammable.

Accessories (continued)		
Description	Advantages	Disadvantages
Pouch Cover		
<ul style="list-style-type: none"> • Cloth envelope-like sleeve to place over ostomy pouch while it is on the body. 	<ul style="list-style-type: none"> • Cosmetically appealing, cannot see stoma or stool. • Can reduce sweating, skin irritation, and provide a more comfortable surface against the skin. • May help reduce noise from vinyl or plastic pouch. • May be integrated within available disposable pouches. 	<ul style="list-style-type: none"> • Added expense with fabric material already covering some pouches.
Skin Sealant		
<ul style="list-style-type: none"> • Plasticizing agent such as copolymer; some may contain isopropyl alcohol. Available as wipe, spray, gel, liquid, and roll-on. 	<ul style="list-style-type: none"> • Provides a thin protective film to the skin surface. Helps to prevent strip- ping of the epidermis during adhesive removal and also acts as a moisture barrier. • If applying stoma powder to skin irritation, skin sealant may be added to provide a surface for skin barrier adherence. 	<ul style="list-style-type: none"> • Sealants may not be recommended under some skin barriers because the protective film may reduce the adherence of the barrier. • Skin sealants which contain alcohol can cause pain when applied to irritated skin.
Adhesive Remover		
<ul style="list-style-type: none"> • Solvent available as gel, wipe, or liquid. 	<ul style="list-style-type: none"> • Aids in the removal of tape, skin adhesives and residue. May be helpful to the patient with sensitive skin to reduce trauma from removal of pouching system. 	<ul style="list-style-type: none"> • Rinsing is typically required to remove residue before pouch application to prevent chemical dermatitis or non-adherence of next pouch.
Paste		
<ul style="list-style-type: none"> • Pectin based product used to help prevent leakage of stoma drainage under the skin barrier. 	<ul style="list-style-type: none"> • Can use to fill in uneven areas and/or as a caulking around the inner edge of the skin barrier to prevent leakage under the skin barrier. • Used to increase the seal of skin barrier to contours of the abdominal surface. • Fills in small creases and depressions and evens out skin contours under a skin barrier. • Used appropriately, will offer a quick seal for the pouching system until the skin barrier adhesive is pressed into place. 	<ul style="list-style-type: none"> • Patients often think this is adhesive paste and use it inappropriately. • Patients often use too much. • Requires dexterity for application to either peristomal skin or skin barrier. May sting when applied to irritated peristomal skin. • May help with improving the fit of barrier. • Is not substantial enough to fill in large creases. Does not hold up well when exposed to urinary or ileal effluent.

Accessories (continued)		
Description	Advantages	Disadvantages
Skin Barrier Rings		
	<ul style="list-style-type: none"> • Used to increase the seal of skin barrier to contours of the abdominal surface. Can be used to enhance the pouching system seal. • Alternative to paste. To help with fitting over contours. • Can be stretched and molded to create custom shapes. • Can be used straight from the package or molded into desired shape to fill in areas that need to be leveled out. • Can be cut, bent, and stacked together to improve the fit of the skin barrier. • For individuals with sensitive skin or limited dexterity. • May prolong skin barrier wear time. • Convex barrier rings can be used to adjust skin barrier thickness for deeper convexity or used to create oval-shaped convexity. 	
Stoma Powder		
<ul style="list-style-type: none"> • Pectin or karaya based powder used to protect peristomal skin and mucocutaneous separation from exposure to stoma discharge 	<ul style="list-style-type: none"> • Aids healing and protection. • Helps protect open, weeping skin against stoma discharge. Absorbs moisture or exudate from skin prior to placing a skin barrier on peristomal skin for added protection. • May be sealed to the skin by applying a layer of skin sealant before the pouching system is applied. 	<ul style="list-style-type: none"> • If applied improperly, may prevent adhesion of skin barrier.
Strip Paste		
<ul style="list-style-type: none"> • Pectin based product used to help prevent leakage of stoma drainage under the skin barrier. 	<ul style="list-style-type: none"> • Used to increase the seal of skin barrier to contours of the abdominal surface. Can be used to enhance the pouching system seal. • Can be cut, bent, and stacked together to improve the fit of the skin barrier. • Conforms to irregular skin folds/creases. • Soft and moldable. 	<ul style="list-style-type: none"> • Requires dexterity for application to either peristomal skin or skin barrier. • Added cost. • Added step.
Odor Control Products		
<ul style="list-style-type: none"> • Air sprays, pouch deodorants, oral deodorants, charcoal filters. • Some sprays have a fragrance which covers up the odor. • Some sprays act by eliminating the odor. 	<ul style="list-style-type: none"> • May decrease odor when emptying pouch. 	<ul style="list-style-type: none"> • Extra step and expense. • May not be effective. • May trigger chemical sensitivities on the stoma or skin. • Oral deodorizers may have side effects. • Diet changes can also be helpful.

Tips For Emptying Drainable Pouches		
Description	Advantages	Disadvantages
Prevention of Splashing		
<ul style="list-style-type: none"> Place a layer of toilet paper on the water in the toilet before emptying a drainable pouch. 	<ul style="list-style-type: none"> Can muffle the sound of stool hitting the water. Can prevent being splashed with toilet water. 	<ul style="list-style-type: none"> May not work depending on the amount and consistency of stool.
Cuff the End of the Drainable Pouch		
<ul style="list-style-type: none"> This technique can be used to empty a drainable pouch without integrated- closure. Hold tail end of pouch up so that stool will not spill out. Roll tail end of pouch up forming a cuff. Direct the end of the pouch down and empty. Clean edge of rolled cuff with toilet paper or moistened paper towel. Unroll pouch and re-clamp. 	<ul style="list-style-type: none"> Intended to keep end of pouch and clamp clean, which prevents odor accumulation and soiling of clothing and/or skin. Enables patient to empty with less risk of soiling hands. Can reduce time involved in emptying because the inside of the end of the pouch isn't soiled and doesn't need to be cleaned. 	<ul style="list-style-type: none"> Requires some dexterity. Difficult when pouch is fairly full or stool is liquid. Not recommended with pouches that have integrated closure mechanisms.

Acknowledgment about Content Validation

This document was reviewed in the consensus-building process of the Wound, Ostomy and Continence Nurses Society known as Content Validation, which is managed by the Center for Clinical Investigation.