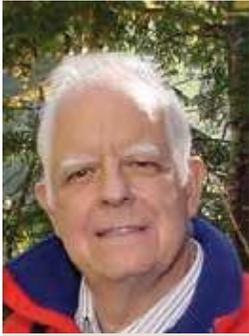


Living with a Continent Ileostomy



Bill Van Clief served as controller and vice president of finance for three large hospitals. He was also a manager for a large public utility and is a practicing CPA. After being diagnosed with familial adenomatous polyposis at age 36, he became one of the earliest patients to get a j-pouch also known as an ileoanal anastomosis. Complications made it necessary to have the pouch removed and it was replaced with a continent ileostomy. Bill is an active member of the Quality Life Association.

stomas, adhesions, bowel preparation, sphincter saving surgery for cancer, laparoscopic surgery, and postoperative pain management.

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Educating Providers

“Is that it?” exclaimed the admitting nurse in the Emergency Room when I showed her the stoma for my continent ileostomy (CI). She would likely have not noticed it if it had not been covered by a small absorbent dressing in place to catch the small amount of clear mucus typically produced by the stoma. The stoma itself is flush with the skin and button-hole in size and can sometimes be concealed by a fold in your skin.

I knew that many medical people are unaware of continent ileostomies and they should be advised that you have one before they proceed with treatment of the condition that you were being seen for. After displaying my stoma, I withdrew a small plastic catheter from a small camera case and explained how I used it to empty my pouch several times a day. The nurse was so amazed that emptying a continent pouch could be so easy and not require extra supplies.

A person with a continent ileostomy should be prepared to “educate” medical personnel about their unique procedure, given that not many people have one. Conventional ileostomies, using an external appliance, are so much more common and many more medical people are familiar with them and how to deal with them.

In the event that you are unable to provide information about your CI (are unconscious from an accident, for example), a medical alert bracelet can advise that you have a continent ileostomy. Some people have gone as far as to have their medical information put on a flash drive that they carry with them. The information can then be displayed on a computer or laptop screen in the medical facility. There are also a number of web sites that contain information

about continent ileostomies that can be accessed by medical personnel in the ER and in inpatient care units.

If an abdominal scan is to be taken as part of the diagnostic workup, the radiology technician should be informed that



you have a CI. The pouch can easily be misinterpreted as an intestinal blockage by a radiologist who has never seen one on film before. A k-pouch can typically be shaped like a baseball and a BCIR (Barnett Continent Intestinal Reservoir) shaped like a football.

Getting Admitted

In the event you are admitted to the hospital as an inpatient, you should bring your catheter along with you to your room and place it somewhere that is easily accessible. The type of catheters used to empty a CI are very often not carried by hospitals and medical clinics. However, Foley catheters are commonly carried by these facilities.

Since Foleys are urinary catheters used to empty the bladder, you may get a strange look when you ask your nurse to get one for you. These catheters come in various diameters, but you should ask for a 30fr catheter or one close to that size. Absorbent dressings, tape and lubrication (like KY Jelly or equivalent) are standard supplies carried by hospitals and will be

She Has An Ileostomy But Doesn't Wear An Appliance



needed to care for your CI while you are in the hospital.

Unless you are bed ridden, you can use the bathroom in your room just like you do at home. Bed ridden patients can empty their pouch in a male urinal furnished by the hospital. You may find it easier to empty if you turn on your side or raise the head of your bed. A nurse or nursing assistant can assist you with this procedure and can rinse your catheter in the bathroom sink afterwards.

It is customary that the hospital dietary department will allow you to select your meal items from a menu. You should have no problems with foods that you typically eat on the "outside" but may want to limit ones that cause your catheter to become clogged or the output to be especially thick.

Pouch Treatment

If you are admitted with symptoms that could indicate pouch involvement, your admitting doctor or the ER doctor should be given your CI surgeon's phone number in the event that a consultation becomes necessary. Many hospitals are equipped to transmit medical record information, laboratory test results and the scans themselves over the internet. In the event that follow-up care by the CI surgeon is necessary, the local hospital providing initial care should be able to stabilize the patient sufficiently in preparation for travel.

Although CI's are not common, that fact alone should not be a deterrent to those considering this option. It is not unusual to travel a long distance from home to get this surgery and its low complication rate makes it very workable anywhere you are. 🌍

If You Are Facing Ileostomy Surgery
Or Have An Ileostomy, You Should Know That
You Have Options

BCIR LA

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The Continent Ostomy Center of Los Angeles



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