

My ostomy pouching system change diary



Life is more comfortable with the right change routine

Having a routine for when to change your barrier may help keep the skin around your stoma healthy, which increases your comfort and security. This diary is designed to help you keep a record of barrier changes by using the Apply-Remove-Check routine.

Apply

Applying to clean and dry skin keeps your ostomy pouching system securely in place to protect your stoma from leakage and skin irritation. The barrier should fit snugly around your stoma. Accessories, such as rings or a paste, can help you achieve a snug fit. Do not use soap containing lotion or moisturizers to clean the skin around your ostomy and do not apply lotions or creams under your barrier.

Remove

The barrier needs to be removed gently to protect the skin around the stoma. Pull down the removal tab to loosen the barrier from the skin. Gently remove the barrier by rolling it step by step downwards. Apply light pressure to your skin with your other hand. You should always change your pouching system if you feel any itching or burning.

Check

Check your barrier right away, but wait a few minutes before examining the skin. If necessary, use a mirror to check your skin. If you experience one or more of the following signs, it may be you need to consult your Wound Ostomy Continence (WOC) nurse:

- Erosion of the barrier
- Leakage on the barrier or your skin
- Irritated or discolored skin around your stoma that doesn't go away in a few minutes



Make an entry in the diary every time you change your pouching system



Change	Apply		Remove		Worn for	Check			Conclusions / comments	
	Pouch applied		Pouch removed			Observations	Routine		Comments / Changes in routine	
1	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
2	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
3	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
4	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
5	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
6	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
7	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
8	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
9	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
10	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____
11	____ day	____ month	____ day	____ month	____ day(s)	My skin is: <input type="checkbox"/> Healthy <input type="checkbox"/> Irritated	The adhesive is: <input type="checkbox"/> Intact <input type="checkbox"/> Eroded / broken	<input type="checkbox"/> Visible feces / urine	My change frequency is <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	_____

If you are looking for guidance, contact Coloplast Care at 1-877-858-2656

Preventing common issues

Leakage and ballooning are common issues that can often be avoided by following the advice below.

How can I prevent leakage?

- Make sure that you are following a pouching system-change routine; [Apply – Remove – Check](#).
- Ensure full contact between the barrier and the skin.
- Change the barrier before it erodes.
- Consider choosing a more erosion-resistant barrier (SenSura® Xpro) if you have an ileostomy or a urostomy.
- Consider using another type of pouching system if your current pouching system does not fit securely, e.g. a convex barrier if you have a retracted or skin level stoma. Visit bodycheck.coloplast.us if you need help finding a pouching system that fits your body.
- If you use a 2-piece pouching system, a stoma belt may help keep your pouching system in place.
- Avoid hair under the barrier by gently shaving the area around the stoma. Use a clean sharp razor. Always shave away from the stoma.

If you are unable to identify the cause of your leakage problem, please consult your healthcare professional.

How can I prevent ballooning?

Ballooning is caused by a build-up of gas in the pouch. Charcoal filters can help by deodorizing and releasing gas, but they become less effective if moist or blocked.

- To minimize the amount of gas produced, chew food thoroughly and avoid certain foods, like nuts, beans or fizzy drinks.
- Use the SenSura® Mio filter sticker to prevent moisture from entering the filter. Consider changing to a pouch with a filter, if yours is not integrated.

SenSura® Mio

SenSura® Mio fits to individual body contours and maintains a secure seal over uneven abdomens caused by scarring, skin folds and hernias.

Based on BodyFit Technology®, SenSura Mio incorporates a soft elastic hydrocolloid adhesive barrier. The barrier is designed to stick securely to real body contours, while absorbing sweat and oil from the skin and protecting the skin from stoma output.

The fit is the difference



Coloplast® Care

Your guide to a better life with an ostomy
Online resources: ostomy.coloplastcare.us
Contact an Advisor: 1.877.858.2656