

OSTOMY VISITOR PROGRAM MANUAL



Ostomy
Canada
Society

Société
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Ostomy Canada Society | Société Canadienne des Personnes Stomisées

OSTOMY CANADA SOCIETY VISITOR PROGRAM MANUAL

MISSION STATEMENT

Ostomy Canada Society is a nonprofit volunteer organization dedicated to all people with an ostomy, and their families, helping them to live life to the fullest through support, education, collaboration and advocacy.

VISION

Canada's voice for people living with an ostomy

ACKNOWLEDGEMENTS

Much of this manual has been adapted from the past Ostomy Visitor Program Manual. Various people have dedicated their knowledge and time on this new manual over the past year.

Revised in 2019, this manual has two purposes: to provide a more user-friendly guide for visitors, visitor coordinators and training; and to promote the Ostomy Visitor Program to all ostomy groups and health professionals. This manual provides guidelines and requirements to be followed by visitors, visitor coordinators and trainers when they are involved in the Ostomy Canada Visitor Program.

We would like to acknowledge ROGER IVOL, past leader of the Ostomy Visitor Program. Roger has been leader of this program for many years and has put all his knowledge and efforts into the vision of Ostomy Canada Society and our primary program to assist persons living with ostomies. In the latter part of 2018 Roger turned his leadership over to a new committee, and the following have been forthcoming with the latest version of the Ostomy Visitor Program Manual. The following people have served on this committee:

- Ann Durkee-MacIsaac, Co-Administrator, Nova Scotia
- Deb Carpentier, Co-Administrator, Saskatchewan
- Alphonsine Saulnier, Nova Scotia
- Carol Wells, Newfoundland
- John Molnar, Ontario
- Jane Wilmot, NSWOC, Saskatchewan
- Wanda Dansereau, Saskatchewan
- Sally Martens, British Columbia

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VISITOR PROGRAM MANUAL

OVERVIEW

The OSTOMY CANADA SOCIETY (referred in this manual as OCS) and its ostomy group members and/or National Supporters are dedicated to the rehabilitation of people who have had ostomy surgery (colostomy, ileostomy, urostomy and internal pouch procedures) through its services of mutual aid, emotional support and dedication.

Where does this help begin? It begins with the visitor who is an experienced individual calling on someone who has had or will have ostomy surgery. Visitors are men and women of all ages and backgrounds whom all have the common bond of having had intestinal or urinary diversions OR they are part of the ostomy support network.

Despite assurances from doctors, nurses and others concerned with the person's complete recovery, there is for the individual no substitute for the visual proof provided by a well-adjusted individual.

The visitor comes prepared to share positive experiences and the combined knowledge of the volunteers of the organization. Because of personal experiences, the visitor is uniquely qualified to share nonmedical information and through supportive concern, assist in the psychological and social rehabilitation of the person.

In addition, the OCS welcomes family members, spouses, siblings, parents of children with an ostomy and significant others to become visitors to their counterparts in the person's family life. Mutual support to these individuals is important for meeting their emotional and educational needs, as well as to help the individual in a supporting role.

VISITOR PROGRAM OBJECTIVES

"The well-being of the person living with an ostomy is the ultimate goal of the partnership between the surgeon, NSWOC (formerly ET) and the ostomy visitor".

The **goal** of the OCS is to reduce the emotional burden of persons who have undergone or will undergo ostomy surgery, so they may return to their former physical, social and economic status.

The **purpose** of the OCS Visitor Program is to qualify volunteers of the Society as trained ostomy visitors. It is the ultimate objective of the program to have those visitors available to persons with an ostomy, and their support persons.

GUIDELINES TO MANAGING CONCERNS AFTER SURGERY

The reaction to intestinal or urinary diversion surgery varies from one individual to another. To some, it will be a problem, to others, a challenge. Where one person considers it lifesaving, another finds it a devastating experience. No matter what the reaction, most people need much support from the time of diagnosis, throughout the rehabilitation and recovery process.

Support is likely to be most effective when it is a team effort that includes medical professionals, the family, close friends, the OCS visitor and the individual themselves.

A visitor knows from personal experience, that there are many areas of concern before and after surgery. These are related to the person's prior history, current life situation, work situation, health, and reason for surgery (to name a few). They influence the person's psychological situation and must be clear to the visitor before becoming involved in the relationship. What worries one person may be of little interest to another, however there are three areas of concern which stand because they seem to be so universal:

1. Self-Image

This concern has to do with a person's feelings about loss of a body part and changes in body image. Fear of loss is normal, and facing any loss is difficult. What are persons giving up by having this operation? Is there any gain? How changed will they be? Such thoughts may lead to weeping or depression or denial.

What is the impact of the surgery on the person's change in self-image and how they perceive themselves? They may accept it as the lesser of two evils, or they may refuse to acknowledge its existence, or may hold on to the belief that it is a temporary situation.

2. Management and Self-Care

There are, of course, many people who approach self-care constructively and need little coaxing. But there are others who fear that they may or may not be able to learn to care for themselves, and therefore will never again be in control of their own lives. They may wish for others to assume physical care, and they may consider themselves unable to resume usual daily activities.

3. Relationships

Like many persons before, they may fear their social role may be changed, that others may not accept them as in the past. They may be worried about sexuality, and whether close relationships will be possible. Going to work may be a major source of worry. How to tell others about their surgery may be troublesome.

VISITING PROCESS

The visiting process starts by the Visitor Coordinator receiving referrals by phone, fax or email from NSWOC nurses, social workers, doctors, the individual and/or various agencies.

Once the referral is received, it is logged into the Visitor Record and a candidate for doing the visit is selected from the roster of trained visitors. Once the visitor has agreed to do a visit, they must advise the coordinator immediately. If for some reason they are unable to carry out the visit they let the coordinator know as soon as possible.

The visitor reports back to the coordinator in a timely fashion and lets them know the visit was completed.

TYPES OF VISITS

Over the years, how we visit people who have had ostomy surgery has changed. At one time, most visits were likely in the hospital, with a few at home. In this day and age we have many different types of visits. People do not always see a trained visitor prior to their surgery or in the hospital. The trained visitor will talk about these options in their training session. Here are some of the types of visits:

- preop visits
- at home visits
- in-hospital visits
- “temporary” ostomy visits
- the person with a disability
- the person who is terminally ill
- postop visits
- phone visits
- child visits and parents of children visits
- Spouses and Significant Others (SASO) visits
- online video chats

VISITING ETIQUETTE

The visitor must be aware of what’s appropriate and what’s not appropriate in a visit. There are several important things to remember including not criticizing medical staff, not attempting any sort of physical care when it comes to someone’s appliance, not showing one’s own surgical site or stoma and not dispensing medical advice.

OSTOMY VISITOR COORDINATOR GUIDELINES



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VISITOR COORDINATOR GUIDELINES

THE ROLE OF THE VISITOR COORDINATOR

The Visitor Coordinator will be a member of a local/regional Chapter or registered with Ostomy Canada Society as a National Supporter and has had Visitor Training. Their role is critical in facilitating the connection between the trained visitor and the person who has had ostomy surgery, working with other parties such as a Nurse Specializing in Wound Ostomy and Continence (NSWOC) and other medical and health care professionals. The position involves:

- coordination of the local program
- monitoring and ensuring follow-up with visitor and person with an ostomy
- planning and carrying out the visitor training program

Other responsibilities could include ensuring promotion and marketing of the Visitor Program as well as maintaining relationships with the medical professionals. Responsibilities can be shared with other members of the local group volunteers. Each of these functions is vital to the program's effectiveness. However, the coordinator retains ultimate responsibility for the activity that directly affects the Visitor Program.

OPERATIONAL RESPONSIBILITIES

1. Receiving Referrals
2. Selecting a Matched Visitor
3. Maintaining Information About Certified Visitors
4. Recording Visits and Keeping Statistics
5. Maintaining and Distributing Visitor Materials
6. Maintaining Quality Control

1. Receiving Referrals

Referrals for a visitor will be received from health care professionals or a person with an ostomy, either preoperative, postoperative or both. It's important to make the process of receiving and acting on a request for a visitor as direct and uncomplicated as possible. When a request comes in, we want to make the referral as quickly as possible so that the individual gets a visitor in a very timely manner. Maintaining a good reputation for Ostomy Canada and the local group is critical so that medical professionals know we are responsive and reliable and as a result, include us as part of the recovery team.

2. Selecting a Matched Visitor

In selecting the appropriate visitor to respond to a request for a visit, it is important to match the individual as closely as possible. Most important are the gender of the person, the type of ostomy and the age of the person. Every detail that can be matched beyond those basics will enhance the quality of the visit,

including employment, leisure activities and lifestyle. Sometimes this is not possible. Remember that an individual may be happy just to see a visitor carrying on everyday activities.

Gathering as much detail about the individual with the surgery will enable the Visitor Coordinator to make close matches. This depends very much on the relationship that has been developed with the referral source, i.e. NSWOC and other health care professionals. When that relationship includes trust as well as simple willingness to request visits, those making referrals are more likely to share details about the person and his or her concerns. The confidentiality of the person's private information is critical to establish trust.

It takes time and work for a Visitor Program to earn a reputation for reliability and responsiveness. When matching the basic characteristics is difficult, the Visitor Coordinator may send an alternate and inform the individual a matched visitor will be sent as soon as possible.

All visitors must be a member of a local ostomy group and/or registered with Ostomy Canada Society and adhere to the policies of the Ostomy Canada Society and the local group. They must be certified as a visitor and the age of majority in their province or territory. Visitors under the age of majority must be accompanied by another certified visitor.

3. Maintaining Information about Certified Visitors

Suggested Certified Visitor Information Form includes the following and will be kept secure both nationally and locally:

- identification name and contact information
- date of birth
- type of surgery
- reason for surgery
- personal background details (career, sports/hobbies)
- availability (time, geographic considerations, etc.)

Information about visitors should be updated regularly, and visitors should be encouraged to notify the Visitor Coordinator when they anticipate a change in their availability (work hours, periods of illness, vacations, etc.). This will facilitate the selection process by allowing the coordinator to know the range of choice at any given time. Visitor information is private and to be held in trust by the Coordinator.

4. Recording Visits and Keeping Statistics

Records are needed to provide accurate information about individual visits made, as statistics help in a review of the overall program. As referrals are received, they should be recorded and maintained by the Visitor Coordinator.

a. Maintaining Accurate Records will:

- facilitate reports on the number of visits and type of ostomy, which may be requested by hospitals, referral sources or agencies that are cooperating with the ostomy group
- show how the community is using the service
- help rotate visiting assignments to maximize the use of all trained visitors
- ensure all visitors have an opportunity to get the experience they need
- help identify new persons who are interested in becoming members of the local group or registered with OCS
- help develop accurate statistics, that can be used to publicize the program and increase referrals

b. Record of Visits Requested

The training provided to visitors should emphasize the responsibility to report the results of the visit, to facilitate completion of this record. The Visitor Coordinator must follow up with the visitor if reports are not received promptly.

c. Introduction for a Visit

The visitor should carry an Ostomy Canada “Certified Visitor Card” and should stop at the nurses’ station to confirm the visit. Keep the record of the visitor request.

5. Maintaining and Distributing Visitor Materials

Individuals under the care of an NSWOC or other medical professional may receive most of their educational material from these sources.

When on a visit, other materials could be of interest to the person. This could include the local newsletter and/or brochure, the Ostomy Canada magazine and website or other websites that have information related to people with ostomies. There may be brochures available through OCS or the local group as well.

6. Maintaining Quality Control

It is important to develop a system of collecting evaluative information concerning each visitor’s effectiveness. Following up with the visitor to determine how the visit went and determining if further follow up is required with medical professionals is invaluable. If more referral information is required, it may help to identify issues that may have arisen during a visit and ensures the integrity of the program. The Visitor Coordinator may also follow up with an individual if deemed valuable.

7. Insurance

Ostomy Canada Society carries insurance to cover certain circumstances. There is General Liability which covers 3rd party coverage for damage or injury by volunteers during Ostomy Canada volunteer activities. There is also Errors and Omissions coverage which covers Ostomy Canada Society visitors who might make an error in judgement (e.g. offers medical advice) and places themselves and Ostomy Canada Society in legal jeopardy.

OSTOMY VISITOR GUIDELINES

PARTICIPANT HANDOUT



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VISITOR GUIDELINES

VISITOR PROGRAM OBJECTIVES

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The **goal** of the Ostomy Canada Society (referred in this manual as OCS) is to reduce the emotional burden of persons who have undergone or will undergo ostomy surgery so that they may return to their former physical, social and economic status.

The **purpose** of the OCS Visitor Program is to qualify members of a group or registered with the Society as trained ostomy visitors. It is the ultimate objective of the program to have those visitors available to persons with an ostomy, and their support persons, to:

- help the person living with an ostomy renew self-confidence as an individual, with all the qualities of self-assurance that were present prior to surgery
- bolster their morale
- help the person and his/her family in their emotional and social rehabilitation
- offer reassurance, understanding, and practical information as appropriate

TRAINING SEMINAR OBJECTIVES

The objectives of the training seminar are to:

- clarify the purpose of the Visitor Program
- identify the role and responsibilities of a visitor
- review the basic policies and procedures of visiting
- review hospital and program administrative procedures
- learn the basic physiology and anatomy of various ostomy surgeries
- provide the visitor with the skills and knowledge to handle various situations and typical problems that may occur during the course of a visit

VISITOR CRITERIA AND RESPONSIBILITIES

- must be registered with Ostomy Canada Society, either through a local group or as a National Supporter. The Visitor Program is an OCS program.
- must be trained in an Ostomy Canada Visitor Training session and maintain their requirements for training, which includes a recertification process every 5 years
- provide a volunteer criminal record check, as required for local, region or facility
- must be aware of and follow the established basic policies and procedures of the OCS Visitor Program and Hospital Volunteer Program
- understand the role of the visitor
- make a visit as promised, within the timelines given
- practice appropriate hospital/visiting protocols
- report back to the Visitor Coordinator that the visit was made

- report necessary information to the Visitor Coordinator with regard to the visit
- maintain full confidentiality with regards to the individual
- keep the Visitor Coordinator updated on any personal information with regard to availability

GUIDELINES TO MANAGING THE CONCERNS OF THE PERSON WITH A NEW OSTOMY

The reaction to intestinal or urinary diversion surgery varies from one individual to another. To some, it will be a problem, to others, a challenge. Where one person considers it lifesaving, another finds it a devastating experience. No matter what the reaction, most people need much support from the time of diagnosis, throughout the rehabilitation process.

Support is likely to be most effective when it is a team effort that includes medical professionals, the family, close friends, the OCS visitor and the individual themselves.

A visitor knows from personal experience that there are many areas of concern before and after surgery. These are related to the person's prior history, current life situation, work situation, health, and reason for surgery (to name a few). They influence the person's psychological situation and must be clear to the visitor before becoming involved in the relationship. What worries one person may be of little interest to another however; there are three areas of concern which stand because they seem to be so universal:

1. Self-Image

This concern has to do with a person's feelings about loss of a body part and changes in body image. Fear of loss is normal, and facing any loss is difficult. What are people giving up by having this operation? Is there any gain? How changed will they be? Such thoughts may lead to weeping or depression or denial.

What is the impact of the surgery on the person's change in self-image and how they perceive themselves? They may accept it as the lesser of two evils, or they may refuse to acknowledge its existence, or may hold on to the belief that it is a temporary situation.

Visitor's Role

The visitor needs to allow the person the opportunity to express or deny their feelings about their surgery, the changes in their bodies or their self-image. Expression of negative feelings is a way to release tension and anxiety. Temporary denial is a useful mechanism which allows people to face reality gradually. Visitors should take the lead from the individual as to what and how much the visitor should say.

Visitors can help the person understand that others have felt as they do; that others have learned to deal with negative feelings, have overcome them, and that in time they will do so too. A visitor does not want the person to feel intimidated or pressured to accept their condition. A visitor wants him/her to feel comfortable to express their doubts. These feelings are normal for them.

2. Management and Self-Care

There are, of course, many persons who approach self-care constructively and need little coaxing. However, others fear that they may or may not be able to learn to care for themselves, and therefore will never again be in control of their own lives. They may wish for others to assume physical care, and they may consider themselves unable to resume usual daily activities.

Visitor's Role

The fact that the visitor has mastered self-care is frequently persuasive evidence that the job can be done and helps to ease apprehension. People have to be reassured that they will be taught, and this must indeed happen as early as it is compatible with each individual's condition. If a person is already at home and has not learned self-care, a plan must be worked out how this can be accomplished (suggest contact with a Home Health Care Nurse or return visits to their NSWOC nurse).

3. Relationships

Like many people before, they may fear their social role may be changed, that others may not accept them as in the past. They may be worried about sexuality and whether close relationships will be possible. Going to work may be a major source of worry. How to tell others about their surgery may be troublesome.

Visitor's Role

The visitor should let the person know that these are matters that not only can be, but should be discussed, and that all members of the team (NSWOC nurse, Visitor Coordinator, doctor, social worker etc.) can help in resolving problems. The visitor is in an ideal position to lead the individual to see that their social selves need not be changed by their surgical procedure.

Visitors must always bear in mind that it takes time to live through feelings associated with crisis and that they cannot be glossed over. On the other hand, if an individual seems to cling to negative feelings and ideas, the help of a professional person may be indicated. This should be communicated to the Visitor Coordinator.

PHASES OF PSYCHOLOGICAL ADJUSTMENT

Most people go through four phases of recovery following an accident or illness that results in loss of function of an important part of the body. The person, along with the family unit, goes through these phases, varying only in the time required for each phase.

Knowledge of the four phases of recovery by the rehabilitation team is essential. There must be recognition of the specific phase the individual and family are experiencing at a given time.

1. **The Shock Phase** – the period of initial psychological impact

Probably you remember little of this phase after your surgical procedure. Nevertheless, it is a phase that requires lots of support.

2. **The Defensive Retreat Phase** – the period in which the individual defends him or herself against the implications of the crisis.

He/she may avoid reality. Characteristic of this period is wishful thinking or denial or repression of his/her actual condition. When the person is unreasonable in this phase, reassure him/her. Don't lie to them, but don't agree with their denial.

3. **The Phase of Acknowledgement** – in this period, the individual faces the realities of the crisis.

He/she gives up the existing old structure, and enters into a period, at least temporarily, of depression, or apathy, or agitation, or bitterness, and of high anxiety. He/she may cry a lot, feel pity, won't eat, can't sleep, or want to be left alone. In this phase, the person needs all the support you can muster.

4. **The Phase of Adaptation** – now the person actively copes with their situation in a constructive manner.

He/she adapts, during a shorter or longer period, to the adjustments that are necessary. They begin to establish new structures and develop a new sense of worth. The individual, with the aid of the medical professional team and the visitor, goes about rebuilding and altering his/her life.

Rehabilitation requires great patience on the part of the entire team including the person. Professional aid must be maintained through what may be a period of time, during hospitalization and self-care instructions, home care, and any possible change in work and life patterns. A successful rehabilitation program can be slow, but it can be very rewarding to all participants; especially to the individual who has undergone surgery and the family.

VISITING PROCESS

How a Visit is Set Up

The Visitor Coordinator receives referrals by phone, fax or email from NSWOC nurses, social workers, doctors, the individual and various agencies.

Once the referral is received, it is logged into the Visitor Record and a candidate for doing the visit is selected from the roster. That person is then called and given the person's information, location and estimated length of stay in the hospital or whether they are at home.

It is important that the Visitor Coordinator hear back from you within 24 hours. If you do not reply within that time, the coordinator will assume you are unavailable and move on to the next possible visitor.

Once you have agreed to do a visit, you are expected to carry it out. If for some reason you suddenly cannot complete the visit, please let the coordinator know as soon as possible.

Never attempt to visit people in hospital without a referral from the Visitor Coordinator!

Visit Structure

Call the person you are visiting, to make arrangements for a time and place. If it's a hospital visit, call the hospital before you leave to make sure your person hasn't been moved or discharged.

Visits typically last around a half hour but may go on much longer depending on how well the person is feeling, your schedule, and how much you and the individual have to talk about.

Report back to the coordinator in a timely fashion and let them know the visit was done. If there were any problems or concerns that resulted, report this to the Visitor Coordinator.

During the Visit

Always present yourself as an Ostomy Canada and local group visitor.

Present yourself in a professional manner. Respect "scent-free" policies. Remember, you are making an impression not just on the person you are visiting but also the people you encounter. You are a representative of Ostomy Canada Society and your local group while on such visits!

He/she may have an interest in seeing what an appliance/bag looks like. It is acceptable to bring a sample of your appliance if the person is interested in seeing it. If they ask for a recommendation on an appliance, you cannot give them a recommendation. Refer them to their NSWOC.

Bring some reading material for them, which could include any current materials from Ostomy Canada or your local group, which could include contacts, websites, newsletter or a copy of the Ostomy Canada magazine.

Ask them if they have any particular concerns or questions. People often do not have a lot of questions at this point because they have not had time to experience much ostomy management. Or, they may be worried about something you may not expect! Take such worries seriously even if they seem odd.

Unless asked, try not to get into too much detail about appliance management. They may have questions which you can answer, but too much information will overwhelm them.

While on a visit, be honest and factual. You're not expected to sugar-coat things but try not to overemphasize the negative aspects. Tell them how you have handled situations or problems and emphasize what you CAN do rather than what you can't.

If asked, respond factually to questions about sex after surgery. Males requiring facts about impotence and females needing information about pregnancy or difficulty with intimacy can learn from your experiences (where applicable). Let the person know that he/she should also get further information from their doctor or NSWOC nurse. Bringing up the subject of sex is a personal decision, depending on your assessment of the individual, their age, marital status, etc. In most cases, the person will be shy about this but want to know. You can make a mention of intimacy/sex to 'break the ice' and leave the door open for the person to ask further questions if they wish. If someone does not want to talk about sex, do not press the issue.

Leave them your contact information and encourage them to call or email you with any questions they have. If they are comfortable doing so, ask for their number or email, and you can contact them. You're not expected nor required to have further contact with them after the initial visit, but we do encourage you to check back in with them a couple of weeks after they get home.

Do not show your stoma. It would be extremely rare for a person to ask to see your body, but this should be avoided.

ACTIVE LISTENING

The techniques of active listening, if learned and practiced, will enable you to become an effective visitor. Active listening involves trying to understand the thoughts behind the words people use and their feelings and actions.

Listening in this way requires conscious effort on the part of the visitor.

Since a major purpose of active listening is to understand what a person is thinking and feeling, we must listen to the words that are spoken, to the way they are spoken, and noting the expression that accompanies them. We all have experienced situations in which what is said and how it comes across are not in harmony. When a person is under stress, such discrepancies are not uncommon. Be very attentive so that you will not miss what the individual is trying to communicate.

Another purpose of active listening is to help another person. In the process of explaining his thoughts and feelings to you, the person often comes to better understand the problem at hand. When we listen and respond actively, we are structuring an atmosphere that provides opportunities for the person to understand themselves better and to take responsibility for altering their situations.

TYPES OF VISITS

We may have visits at hospitals, long term care facilities, in-home or by telephone, email or via an on-line process like Skype or Facetime.

Preop Visits

Preop visits, if they occur, may take place in a clinic or hospital setting or by telephone. You can arrange to meet at a mutually convenient time and place before their surgery, or just speak with them on the phone. Preop visits are ideal because your person will be more alert and able to assimilate what you tell them. A preop visit gives you the chance to ease their anxiety and clear up misconceptions they may have. Offer to visit them in the hospital, home or other location and exchange numbers.

At Home Visits

It is required for home visits to have another qualified visitor accompany you. If the person lives near you and it's convenient to meet them in their home, allow yourself more time for the visit.

You are not required to perform any kind of home or personal care, nor are you allowed to perform ostomy care. If they ask about these services, refer them to an appropriate health care professional.

Hospital Visits and Situations

Call the hospital before you leave to make sure your person hasn't been moved or discharged. This does happen sometimes. Find out the person's unit and room number.

Try to avoid visiting during hospital mealtimes, if possible.

Stop at the nurses' station to introduce yourself and confirm visit and location if required in your region or local hospital.

Once you find the room, introduce yourself as an Ostomy Canada visitor and begin your visit.

If a crowd of friends and family is already in the room, introduce yourself and ask if this is a good time for a visit or if it would be better to reschedule.

If the individual is asleep, leave your calling card and call to reschedule another visit.

Confused person. If they are confused, excuse yourself and inform the nursing staff and then reschedule a visit when appropriate.

Anger can be part of the recovery process. They are angry at what happened to them, or at a nurse, or their doctor, or at someone whom they feel did not do their job well. Let them have their say. Sometimes people need to get things off their chest or simply be heard whether or not they are right. Acknowledge their feelings by being an active listener.

Weeping person. It's okay for someone to cry, and it's healthier than trying to bottle things up. Stay with them, tell them this is normal and to just let it out. Acknowledge their feelings by being an active listener.

Assure privacy. If they do not have a private room, ask if they would like to have the curtain drawn. Some people are surprisingly mobile and may prefer to visit with you in the guest lounge on their floor if their room is too noisy.

Hesitant to talk. You can get the ball rolling by telling them briefly about yourself, what surgery you had, and how long ago. This can often prompt them to ask questions and further the discussion. Keep personal information about yourself to a minimum, unless asked -- the visit is about them, not you! Ask them to tell you how they came to be in hospital. Even the shyest person can't resist this.

Tired or ill. Be alert to signs that they are getting fatigued. If they seem to be fading, it's time to wrap it up and let them rest. If they ask you to stay, by all means do so for as long as you both wish. If he/she suddenly feels nauseous or requires assistance, press a call bell or get a nurse to deal with this.

Telephone and Online Visits

The general principals of visiting, as discussed above, would also apply for a telephone visit or an on-line visit. A telephone or online visit can be as rewarding as any visit.

Child Visits and Parents of Children Visits

Occasionally we will receive a request to visit a child or an adolescent. Visitors under the age of majority must be accompanied by a certified visitor, who is the age of majority. When visiting a child, the parent or guardian must be present. We also may receive a request for a visitor for a parent of a child or a family member of someone who has just had ostomy surgery.

Spouses/Partners and Significant Others (SASO) Visits

After your spouse/partner or significant other has had ostomy surgery, you may have questions or concerns about diet, intimacy, activities and travel that you want to ask someone. We have people in our group who have lived the experience and are more than willing to talk with you.

Persons with a Temporary Ostomy

Requests for visits to people with temporary ostomies are common, and the same visiting procedures apply to someone with a temporary ostomy as to someone whose ostomy will be permanent.

Some people have temporary ostomies from three to six months or longer. Even though reversal surgery may be planned, the impact of the ostomy on people can be as difficult as with a permanent ostomy.

The Person with a Disability

The disabled person's needs are the same as those of other people with an ostomy or alternate procedures, but often these individuals have additional practical difficulties. Where possible, visitors with some knowledge of the disability in question will be matched.

The Person Who is Terminally Ill

Calls to visit the terminally ill are rare, and almost invariably due to cancer. The visitor should be selected carefully. Ideally, they should be a 'veteran' with several years of experience, and the coordinator will discuss the purpose of the visit with them beforehand. Visiting a terminally ill person can be a rewarding experience, or you may find the prospect troubling. Your comfort level is important to the program, so if you don't feel you can handle such a visit, let your coordinator know.

VISITING ETIQUETTE

YOU MUST . . .

- Never criticize any nurses or doctors. We are not allowed nor qualified to pass judgement on a person's diagnosis, surgery or care.
- Never attempt any sort of physical care. We are not allowed to adjust a person's appliance, nor provide any other sort of physical care. If an individual is in distress, call the nurse.
- Not display/show alarm at a person's appearance or status.
- Not criticize the siting or appearance of the person's stoma. Some will readily show their surgical area to you. If they do, don't display/show shock or squeamishness.
- Never discuss the person's name or identifying circumstances with anyone outside of the hospital or Visitor Program. Please respect their privacy and confidentiality.
- Not sit on the bed unless invited to do so. Find a chair to sit on beside the bed.
- Not speak loudly. Sometimes when we're trying to be cheerful, we raise our voices.
- Not dispense medical advice. You can offer your opinion if asked, but stress that this is your personal opinion based on your situation and experiences. They should always ask their doctor if they have questions regarding their medical care.
- Not do a visit if you have a cold or feel unwell. Let the coordinator know if you have suddenly come down with something that prevents you from doing a visit.
- Wash your hands before leaving home and then at the hand cleanser stations provided on each ward, before you enter the room and upon leaving the area. This is for both your protection and theirs. Wash your hands thoroughly again when you get home.
- Do not remove any clothing to show your stoma or your incision site. This should be avoided at all times.

AND LASTLY . . . Be sure to mention Ostomy Canada Society and your local or regional group. Invite the person and family to a group meeting. You're not expected to make a hard sell or try to get someone to join, just let them know what the organization does, and that they can join if they wish.

OSTOMY VISITOR TRAINING GUIDELINES



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

5800 Ambler Drive, Suite 210, Mississauga, ON L4W 4J4

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TRAINING GUIDELINES

VISITOR PROGRAM OBJECTIVES

“The well-being of the person living with an ostomy is the ultimate goal of the partnership between the surgeon, NSWOC (formerly ET) and the ostomy visitor.”

The **goal** of the Ostomy Canada Society (referred in this manual as OCS) is to reduce the emotional burden of persons who have undergone or will undergo ostomy surgery, so they may return to their former physical, social and economic status.

The **purpose** of the OCS Visitor Program is to qualify people who are registered with the local group or Society as trained ostomy visitors. It is the ultimate objective of the program to have those visitors available to persons with an ostomy, and their support persons, to:

- help the person living with an ostomy renew self-confidence as an individual, with all the qualities of self-assurance that were present prior to surgery
- bolster their morale
- help the person and his/her family in their emotional and social rehabilitation
- offer reassurance, understanding, and practical information as appropriate

TRAINING OBJECTIVES

The objectives of the training seminar are to:

- clarify the purpose of the Visitor Program
- identify the role and responsibilities of a visitor
- review the basic policies and procedures of visiting
- review hospital and program administrative procedures
- learn the basic physiology and anatomy of various ostomy surgeries
- provide the visitor with the skills and knowledge to handle various situations and typical problems that may occur during the course of a visit

SELECTION OF CANDIDATES

There must be the recognition that not every rehabilitated person will make a good visitor. Judgment must be exercised to ensure that those certified as visitors are capable of conducting effective visits. To ensure acceptance and use of the Visitor Program by the medical profession, care must be taken to select the best potential visitors.

Visitors will be selected by the Visitor Coordinator. The minimum requirements are:

- must be either a local group member or registered with OCS
- has lived at least one year with an ostomy, although the Visitor Coordinator may choose to waive this criterion in some situations if considered appropriate
- adjusted to the surgery, as demonstrated by the resumption of normal activities

- friendly, tactful, considerate and compassionate
- willing to take the visitor training course, observe the rules of the program and keep abreast of developments in the field
- willing to be recertified as per the guidelines of Ostomy Canada Society

TRAINING, CERTIFICATION AND RECERTIFICATION

The purpose of Visitor Training is to prepare and qualify people registered with OCS or a local group for certification as visitors. This is accomplished through training initiated by the Visitor Coordinator.

Training Guidelines

It is recommended that the training session be scheduled in one session and could range anywhere from a half-day or evening to a full day, depending on the needs of trainees. Having one session has the advantage of:

- enhancing the continuity of learning
- encourages completion of the program
- simplifies program planning and recruitment of instructors

Inclusion of Professionals as Instructors

Including local medical professionals in the training is invaluable. It recognizes that their expertise is vital and encourages medical professionals to understand and support our Visitor Program.

Certification of the Visitor

Certification is finalized by the Visitor Coordinator.

A list of the trained participants is to be forwarded to the Ostomy Canada office as soon as possible. The office will create and send correspondence confirming certification out to new visitors and the Visitor Coordinator.

Participants Inappropriate for Certification

The Visitor Coordinator may identify areas of concern in some individuals. They will make personal contact with the individual for a discussion.

Recertification

Recertification of each visitor within the Ostomy Canada Society is necessary to maintain a Visitor Program of high quality that is recognized and respected by stakeholders and the medical community.

Recertification assumes that the visitor:

- is in good health, physically and psychologically
- has demonstrated a positive approach and skills
- is willing to participate in the recertification process
- receives current information
- adheres to hospital policies
- has maintained chapter membership or registration with OCS

Every five years the visitor needs:

- to register, reconfirm their interest in visiting and ensure that the information Ostomy Canada and the Visitor Coordinator have is up to date and current.
- to recertify their Visitor status.
- a refamiliarization with the Ostomy Canada Visitor guidelines and hospital requirements

Recertification can be accomplished in various ways:

- attend a Visitor Training Workshop at your local or regional level
- review the official Visitor Guidelines and training materials available through Ostomy Canada Society, either hard copy or on-line.
- certify in writing that Visitor Guidelines and training materials were reviewed and return form to Visiting Coordinator (form included in Correspondence and Forms section).

PREPARING FOR THE TRAINING SESSION

Date and Time

To provide the flexibility required to meet the varying local needs, the visitor training can take place at a time that is most suitable for that group. It's recommended that it be presented in one session and can be a partial or full day, depending on the plans of the Visitor Coordinator.

Location

The location should be well known and easily accessible, preferably with a parking lot that, if sessions are held at night, is well lit. Some options might include:

- conference room of a hospital, hotel, educational facility or like charity, i.e. Cancer Society, United Way or other community options
- regular monthly local group meeting locations

Invitations and notifications

Invitations could be sent to potential visitors in advance with notices placed in the newsletter and at the regular local group meetings. Notifications should contain date(s), time, location, address, directions to location and description of parking facilities, as well as lunch arrangements if appropriate, i.e. cafeteria accessibility or brown bag, etc. As a courtesy, appropriate medical professionals should be advised.

Instructors and Presenters

It's important when planning a training session that you engage with local professionals to assist you. Select your instructors for their knowledge of the subject and their effectiveness as trainers. Involve as many volunteers as possible from the medical, counselling, and health-related organizations to acquaint the trainees with the OCS Visitor Program and the local group services. This will lend credibility to the training program and increase the likelihood of referrals to our Visitor Program.

Although hospital visitations are not as common or regular as they were in the past, it's critical to include someone from the Hospital Volunteer Services Department to be sure that people become knowledgeable with hospital procedures, processes and protocols.

Requests to instructors/presenters should be made two months in advance.

Follow-up letters should contain tentative meeting agendas, location time information, and request for any audiovisual equipment needed.

Reminder telephone call - two weeks prior to training session.

Logistics

- arrange for refreshments if possible
- inform trainees of plans and cost, if any, that they may be responsible for.
- seating should be arranged so everyone is visible, example, circle formation
- audiovisual equipment should be available and checked out prior to presentation
- depending on location a microphone should be used by all presenters
- introduction of everyone in attendance is important; this can be seen as an icebreaker
- “first” name, name tags should be visible

Training Materials

Trainee Packets

- agenda
- Visitor Guidelines
- paper and pencil

Training Equipment and Materials

- audiovisual equipment, sound equipment, screens, laptop, speakers, microphone
- name tags
- flip charts (if required) and markers
- sample brochures, magazine, etc.
- refreshments

Insurance

Ostomy Canada Society carries insurance to cover certain circumstances. There is General Liability insurance which covers 3rd party coverage for damage or injury by volunteers during Ostomy Canada volunteer activities. There is also Errors and Omissions coverage which covers Ostomy Canada Society certified visitors who might make an error in judgement (e.g. offers medical advice) and that places themselves and Ostomy Canada Society in legal jeopardy.

SAMPLE AGENDA

INTRODUCTIONS (15 minutes)

Visitor Coordinator

- General welcome/housekeeping
- Introduce Training/Visitor Coordinator
- Introduce Guest Speakers
- Introduce Participants

DISTRIBUTE A COPY OF THE VISITOR TRAINING GUIDELINES AND VISITOR GUIDELINES

FUNDAMENTALS (1 hour)

- Purpose and Objectives
Visitor Coordinator
- Visitor Training Criteria
Visitor Coordinator
- Hospital/Home/Health Team
Hospital Volunteer person
- Doctor/Patient Relationship
Physician/Surgeon/NSWOC
- NSWOC Nurse/Patient Relationship
NSWOC Nurse
- Professionalism
Visitor Coordinator
- Patients' Concerns about Surgery
NSWOC Nurse/Physician
- Patients' Concerns about going home
Visitor Coordinator

OSTOMY AND CONTINENT PROCEDURES (1 hour)

- Diagnosis/Ostomy/Continent surgery
NSWOC Nurse
- Phases of Psychological adjustments
- Anatomy and Common Ostomy Terms

ART OF VISITING

Visitor Coordinator

- Basic Visiting Policies
- Visiting Techniques
- Types of Visits
- Hints for a Good Visit
- Active Listening
- Visiting Do's and Don'ts
- Most Frequently Asked Questions

BUSINESS OF VISITING

Visitor Coordinator

- Patient and Visitor Information
- Authorization for the Visiting Card
- References and Resources
- Patient Packet

QUESTIONS & ANSWERS

NSWOC/Visitor Coordinator

CERTIFICATION

OTHER AGENDA SUGGESTIONS:

You can incorporate other factors into your training as you believe appropriate. They could include these and other ideas:

- small group exercises
- brainstorming
- roleplaying

AGENDA SUPPORT

- in advance prepare flip charts, PowerPoint presentations and other materials for use as a guide
- ensure you have the necessary visual aid equipment
- follow your agenda and try to stick to your timeframe
- the objective is to provide an informative and comfortable session, resulting in certification

TRAINER: USE THE MATERIAL FROM THE “TRAINING GUIDELINES” FOR THE TRAINING CONTENT.

OSTOMY VISITOR COMMON OSTOMY TERMS ANATOMY/PHYSIOLOGY



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ANATOMY AND PHYSIOLOGY

Appliance – another word for pouching system, collection device, or ostomy bag

Bowel – large or small intestine

Colectomy – removal of all or part of the colon

Colostomy – a surgically created opening in the abdomen through which a small portion of the colon (large bowel or intestine) is brought up to the surface of the skin creating a stoma which allows waste to pass directly out of the body

Continent Ileostomy – a surgical procedure, whereby an internal pouch is created, using part of the small bowel, for storage of stool. This allows the person to control when waste products will be expelled.

Colon – large bowel; large intestine

Digestive System or Gastrointestinal System – includes the mouth, esophagus, stomach, small bowel, large bowel, rectum and anus

Ileal Conduit – another term for urostomy; a type of urinary diversion surgery

Ileostomy – a surgically created opening in the abdomen through which the end or loop of ileum (small bowel or intestine) is brought out to the surface of the skin creating a stoma which allows waste to pass directly out of the body

Ileum – last section of the small bowel that connects to the large bowel

Obstruction – blockage (often of the intestine)

Ostomy – is a surgically created opening made into the bowel or urinary tracts for the purpose of eliminating waste materials (feces/urine) from the body.

Peristalsis – involuntary wave-like forward movement of food or waste through the digestive system

Peristomal – around the stoma; stoma skin

Stoma – means an opening or mouth; following ostomy surgery, it refers to the small piece of bowel which is brought to the skin surface of the abdomen.

Urinary System – includes the kidneys, ureters, bladder and urethra

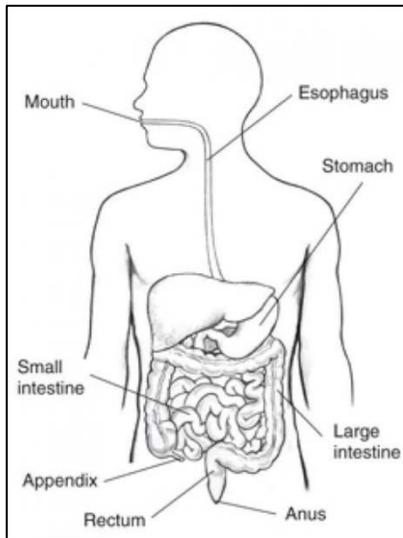
Urostomy or urinary diversion – a general term applied when a diseased or defective bladder is removed or the normal urinary structures are being bypassed. There are several surgical procedures to divert urine including ileal conduit, ureterostomy, and continent urostomy (internal pouch).

INTRODUCTION

The visitation of a person living with an ostomy is usually matched by the type of surgical procedure between the trained certified visitor and the patient. It is important for all visitors to understand the various types of surgical procedures.

The following illustrates the anatomy and physiology of the digestive system (gastrointestinal) and urinary system (genitourinary). It describes the different types of surgical procedures, indications and expected characteristics of drainage.

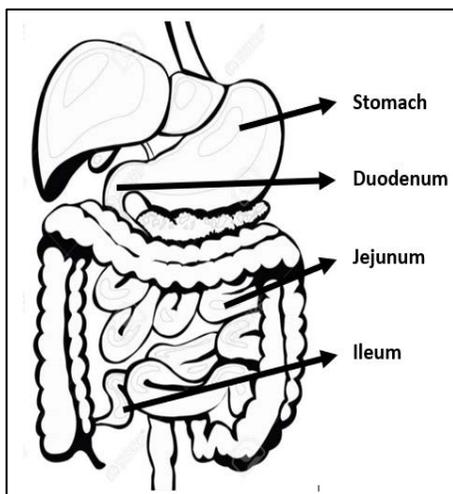
Anatomy of the Digestive System



The digestive system is responsible for digestion and absorption of nutrients, as well as the storage and elimination of fecal waste. Digestion begins in the mouth and continues as food passes through the esophagus to the stomach, into the small intestine, the large intestine and ends at the anus.

Small Intestine

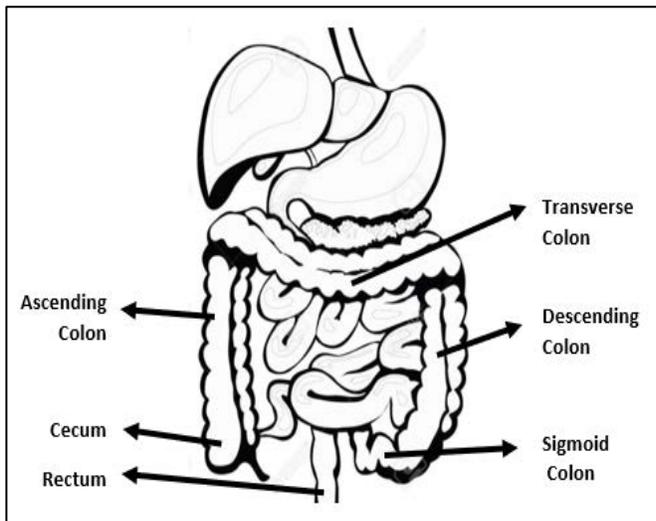
Consists of three sections of approximately 6 meters (20 feet) long:



1. **Duodenum:** Approximately 25-38 cm (10-15 inches) long beginning at the outlet of the stomach.
Function: Digestive enzymes from the pancreas are secreted here along with liver bile which works to break down fats.
2. **Jejunum:** Approximately 2.5 meters (5-10 feet) long.
Function: Primary site of nutrient absorption.
3. **Ileum:** Approximately 3.5 meters (11.5 feet) long which connects to the large intestine.
Function: Nutrient and vitamin absorption.

Large Intestine

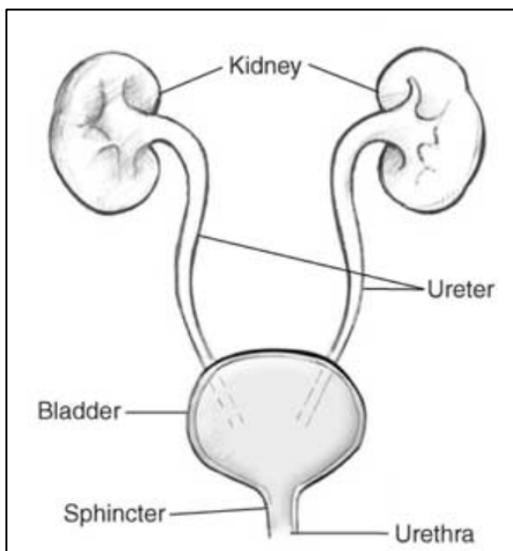
Consists of six sections, approximately 1.5 meters (5 feet) long:



1. Cecum
2. Ascending Colon
3. Transverse Colon
4. Descending Colon
5. Sigmoid Colon
6. Rectum

Function: Absorbs water, salt and nutrients from liquid waste.

Anatomy of the Urinary System

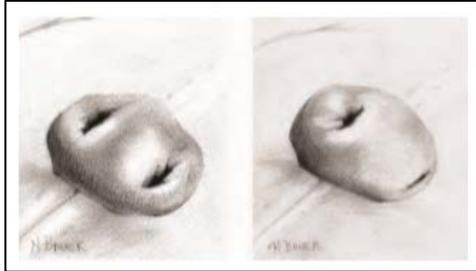


1. **Kidneys:** Two bean shaped organs located behind the stomach; against the back abdominal wall.
Function: Filters waste products and excess fluid from the bloodstream which is excreted in the form of urine.
2. **Ureters:** Approximately 25-30 cm (10-12 inches).
Function: Tube like structure that transports the urine from the kidneys to the bladder.
3. **Bladder:** Sac like organ
Function: Acts as a urine reservoir
4. **Urethra:** Approximately 25-30 cm (10-12 inches) long.
Function: Tube like structure that transports urine from the bladder to outside opening in the body.

What is an Ostomy?

An ostomy is a surgically created opening made into the bowel or urinary tract for the purpose of eliminating waste materials (feces/urine) from the body.

What is a Stoma?



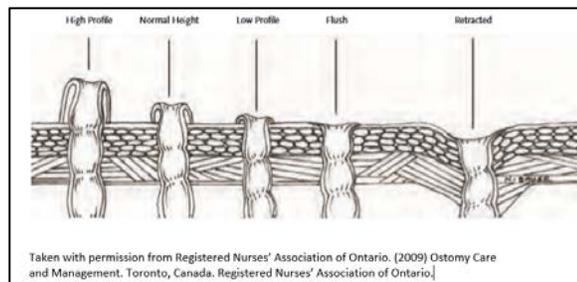
Reproduced with permission from Registered Nurses' Association of Ontario. (2009) Ostomy Care and Management. Toronto, Canada. Registered Nurses' Association of Ontario.

Stoma means “mouth, opening”. Following ostomy surgery, it refers to the small piece of bowel which has been brought to the skin surface of the abdomen. To form a stoma, the surgeon folds back the piece of bowel brought to the abdomen like a cuff on a turtle neck.

Left: Loop Right: End type

Characteristics of a Stoma

- Size – varies with each person and type of surgery. Initially after surgery, the stoma is swollen. It will shrink in size as it heals for up to 2 months after surgery.
- Shape – round, oval, or irregular; raised, flush or retracted stoma on abdomen.



Taken with permission from Registered Nurses' Association of Ontario. (2009) Ostomy Care and Management. Toronto, Canada. Registered Nurses' Association of Ontario.

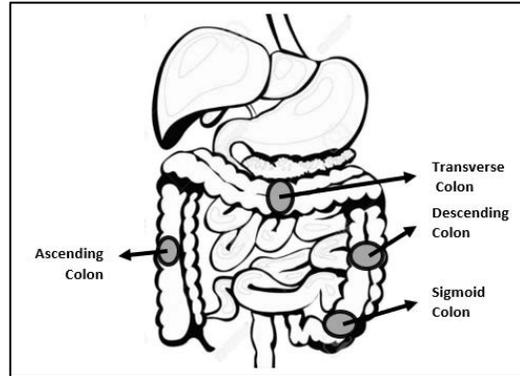
- Colour – pink to red. The blood supply is very close to the surface of the stoma. It is normal to see traces of blood when the stoma is cleaned or rubbed.
- Texture – moist and smooth like the tissue inside your mouth.
- Sensation – no feeling in the stoma because there are no nerve endings. If skin around the stoma is irritated or broken, there may be tenderness or pain.
- Location – depends where in the bowel the stoma is created and the anatomy of the patient.
- Discharge – depending on the type of ostomy, there will be movement of stool, gas, or urine. It will be involuntary – there is no control.
- Stitches – may or may not be seen around the base of the stoma. They usually breakdown and dissolve in 7 to 10 days.
- Peristalsis – slight movement of the stoma tissue may be seen as waste passes through the bowel and stoma.
- Rod or bridge – the surgeon may use a plastic rod or tube to support a loop type stoma during the first 1 to 2 weeks.

Types of Ostomies

- Colostomy
- Ileostomy
- Urostomy
- Continent ostomy (internal)

Colostomy

A colostomy is a surgically created opening in the abdomen through which a small portion of the colon (large bowel or intestine) is brought up to the surface of the skin creating a stoma. This allows wastes to pass directly out of the body.



Indications:

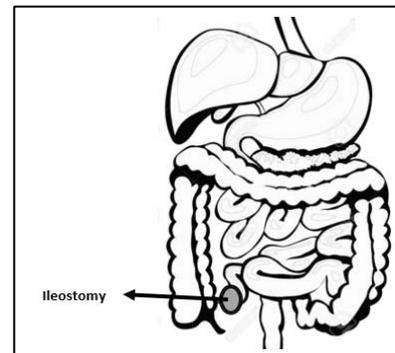
- cancer
- trauma
- obstruction
- Inflammatory Bowel Disease (IBD)
- congenital malformations
- abscess, fistulas, perforations

Discharge:

- Varies depending on location of the stoma.
- Consistency of waste will vary from loose to formed stool. Expect to pass flatus (gas).

Ileostomy

Surgically created opening in the abdomen through which the end of the ileum (small bowel or intestine) is brought up to the surface of the skin creating a stoma which allows waste to pass directly out of the body.



Indications:

- congenital malformation
- cancer
- trauma
- familial polyposis
- Inflammatory Bowel Disease (Ulcerative Colitis, Crohn's disease)

Discharge:

- Liquid or paste consistency with gas.
- Drainage may change colour in response to certain foods.
- The waste (stool) contains residual digestive enzymes so it may be irritating to the skin.

Urostomy

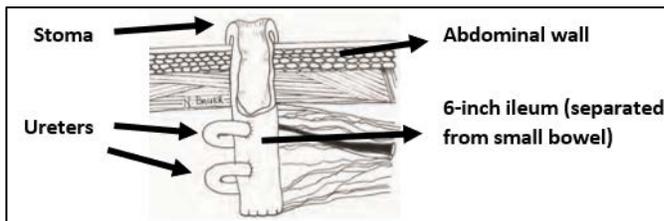
Urinary diversion is a general term applied when the bladder is removed or the normal urinary structures are being bypassed. A surgical opening that creates a stoma is made in the urinary system to move urine flow away from the bladder. There are several surgical procedures to divert urine including the ileal conduit, ureterostomy (stoma created using a ureter), and continent urostomy (internal pouch).

Indications:

- cancer
- congenital malformation
- paralysis
- ureteral stricture
- chronic urinary tract
- infectious spina bifida
- trauma
- neurogenic bladder

Ileal Conduit

This is the most common type of surgical urinary diversion. A 6” segment of the ileum (small bowel) is separated from the small bowel with the blood supply intact. One end of the segment is sutured closed, and the other end of the segment is brought out of the abdomen and a stoma is created. The ureters are implanted into this ileal segment. This serves as a passageway (conduit) for the urine. The bladder is removed.



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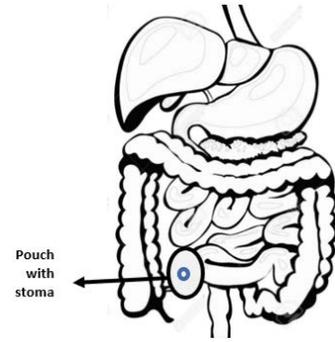
Discharge:

- urine, which may be pink with blood initially
- continuous drainage following surgery
- some mucous shreds in the urine

Continent Ostomies

Continent Ileostomy

Is created when an internal pouch is constructed using the small bowel. A valve is surgically created where the pouch attaches to the abdominal wall. The valve prevents waste from being excreted out until the person drains the pouch using a catheter. Referred to as a “Kock Pouch” after the surgeon who created it. This surgery became less popular with surgical advances to create an ileal pouch anal anastomosis (IPAA) where the waste is passed out of the body through the anus.



Indications:

- ulcerative colitis
- familial polyposis

Discharge:

- Using a special catheter inserted into the stoma, the pouch is drained of waste four or five times a day. Stool will be a liquid or paste consistency.

Ileoanal Reservoir

With this type of surgery, the diseased colon (large bowel) and the inside layer of the anus (mucosa) are removed. Then, an internal pouch is constructed from a segment of the small bowel (ileum). This pouch and lower segment are surgically connected to the remaining rectal segment of bowel. This procedure allows for the use of the anal sphincter muscles to be maintained so the patient can have control to release stool as before. A temporary ileostomy is often created giving the reservoir (internal pouch) healing time.

Depending on the specific type of surgery, it may be called pelvic pouch procedure, J-pouch, S-pouch, ileoanal anastomosis, ileal pouch anal anastomosis (IPAA).

Indications:

- ulcerative colitis
- familial polyposis

Discharge:

- liquid to semi-formed stool



Continent Urostomy

With this procedure, an internal pouch (reconstructed bladder) is constructed using the end of the ileum (small bowel) the cecum and ascending colon (first two segments of the large bowel).

The two ureters (tubes from the kidneys) are implanted into the pouch. The ileum is brought to the skin surface as a stoma. Urine does not leak out of the stoma as the valve between the large and small bowel (ileocecal valve) is used during the construction of the pouch.

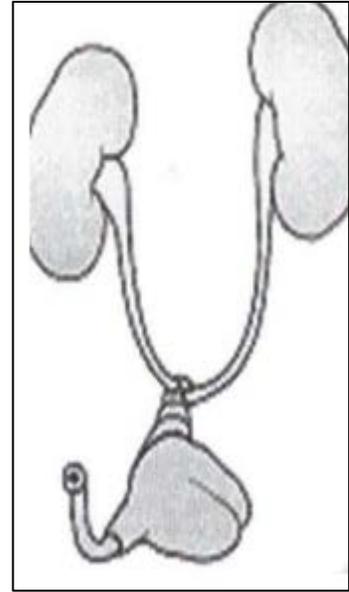
This type of urostomy is sometimes called an “Indiana” or “Miami” pouch.

Indications:

- as above for urostomy

Discharge:

- The internal pouch is drained regularly by inserting a catheter through the external stoma. Urine with some mucous is expected.



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OSTOMY VISITOR CORRESPONDENCE/FORMS



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CORRESPONDANCE AND FORMS

The following are samples of the Visitor Program's correspondence and forms that we would like you to copy and use.

The first three are letters that will be generated by our National Office when the training is completed by the Visitor Coordinator, the Visitor and for recertification.

The other forms are to be used in connection with the training workshop and the Visitor Coordinator. This program is Ostomy Canada Society's primary program to assist persons living with an ostomy. We would recommend that by using these forms we will be uniform in our record keeping across Canada. Both registration forms must be sent to our National Office following the training or re-certification to update our national data.

- Congratulatory letter to Visitor Coordinator (National Office to complete)
- Congratulatory letter to the Certified Trained Visitor (National Office to complete)
- Congratulatory letter to the Recertified Trained Visitor (National Office to complete)
- Visitor Training Workshop Invite
- Visitor Training Workshop Evaluation Form
- Certified Visitor Registration Form
- Visitor Coordinator Registration Form
- Visitor Information Sheet
- Patient Visit Information Sheet
- Visitor Recertification
- Letterhead template



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

SAMPLE - CONGRATULATORY LETTER TO VISITOR COORDINATOR

(date)

(name)

(address)

Dear _____:

Your local chapter has forwarded your name to the National Office to register you as a Visitor Coordinator.

Congratulations on your appointment. On behalf of Ostomy Canada Society, I commend you for committing yourself to be the Visitor Coordinator for your chapter. It is only with the participation of our volunteers that our local and national organizations continue to prosper.

Please understand that to be a Visitor Coordinator you must also be a certified visitor who has completed the training program. You must also be a paid-up member of your chapter or registered with Ostomy Canada Society to fulfill your duties as a Visitor Coordinator.

Please remember that your Chapter President and Regional Administrator are always available to help and advise.

Once again, congratulations and welcome to our national team of certified visitors, playing a major role in the implementation of our Visitor Program.

Sincerely,

President
Ostomy Canada Society

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5800 Ambler Drive, Suite 210, Mississauga, ON L4W 4J4

Telephone: 1.905.212.7111 Toll Free: 1.888.969.9698 Fax: 1.905.212.9002 E-mail: info1@ostomycanada.ca

www.ostomycanada.ca



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

SAMPLE - CONGRATULATORY LETTER TO VISITOR

(date)

(name)

(address)

Dear _____:

Your local Visitor Coordinator has forwarded your name to the National Office to register you as a certified trained visitor.

Congratulations on your certification. On behalf of Ostomy Canada Society, I commend you for committing yourself to become a Certified Trained Visitor and supporting people living with an ostomy through our National Ostomy Visitor Program. It is only with the participation of our volunteers that our local and national organizations continue to prosper.

Please use the enclosed certification card in all your ostomy visiting opportunities. This certification has an expiry date of _____, at which time you will have to be recertified. Always remember that to maintain your status as a certified visitor you must be a member of a chapter or registered with Ostomy Canada Society as a national supporter.

Please remember that your Chapter President, Visitor Coordinator and Regional Administrator are always available to help and advise.

Once again, congratulations and welcome to our national team of certified visitors.

Sincerely,

President
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SAMPLE - CONGRATULATORY LETTER TO RECERTIFIED VISITOR

(date)

(name)

(address)

Dear _____:

Your local Visitor Coordinator has forwarded your name to the National Office to register you as a certified trained visitor.

Congratulations on your recertification. On behalf of Ostomy Canada Society, I commend you for committing yourself to become a Certified Trained Visitor and supporting people living with an ostomy through our National Ostomy Visitor Program. It is only with the participation of our volunteers that our local and national organizations continue to prosper.

Please use the enclosed certification card in all your ostomy visiting opportunities. This certification has an expiry date of _____, at which time you will have to be recertified. Always remember that to maintain your status as a certified visitor you must be a member of a chapter or registered with Ostomy Canada Society as a national supporter.

Please remember that your Chapter President, Visitor Coordinator and Regional Administrator are always available to help and advise.

Once again, congratulations and welcome to our national team of certified visitors.

Sincerely,

President
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VISITOR TRAINING WORKSHOP INVITE

(DATE)

Dear Participant:

Thank you for your interest in the Visitor Training Seminar sponsored by the (chapter)

If this is your first time taking the course, or if this is a refresher course, or if your Visitor Card has expired, our hope is that you will further develop your visiting skills and knowledge so that you will be able to offer help to people living with an ostomy and their families who need reassurance and practical information.

Complete the Visitor Information Sheet and hand it in upon arrival. This is required so that your Visitor Card can be sent to you upon completion of the course.

Please make sure that your membership is paid to your chapter or that you are a current National Supporter prior to taking this course.

The training course will be held at:

The course will start promptly at _____ a.m. and should conclude by _____ p.m.

Light snacks, coffee, tea and water will be provided during the morning break; however, lunch is your responsibility. Lunch will be for the duration of 1 hour. We ask that you return promptly.

For more information please call your Visitor Coordinator at _____
or _____ email at _____.

We do hope you enjoy the day and have fun.

Best regards,

Visitor Coordinator
(group's name)

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**VISITOR TRAINING WORKSHOP
EVALUATION FORM**

Please complete this form and hand to your Visitor Coordinator at the end of the session.

Your feedback is valuable to us. We are committed to continual improvement and suggestions will be considered.

| Criteria | Strongly Agree | | Strongly Disagree | | |
|---|-----------------------|---|--------------------------|---|---|
| Training was relevant to my needs | 1 | 2 | 3 | 4 | 5 |
| Materials provided were helpful | 1 | 2 | 3 | 4 | 5 |
| Length of workshop was sufficient | 1 | 2 | 3 | 4 | 5 |
| Content was well organized | 1 | 2 | 3 | 4 | 5 |
| Instructions were clear and understandable | 1 | 2 | 3 | 4 | 5 |
| Training met my expectations | 1 | 2 | 3 | 4 | 5 |
| The presenter and/or presentation was effective | 1 | 2 | 3 | 4 | 5 |
| The presenters were knowledgeable | 1 | 2 | 3 | 4 | 5 |
| Role Play was helpful | 1 | 2 | 3 | 4 | 5 |

Suggestions for future trainings:



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CERTIFIED VISITOR REGISTRATION FORM

Date _____

Ostomy Canada Society thanks you for completing this form to register one of your volunteers who have recently completed the certified training program. Ostomy Canada Society protects the confidentiality of the private information collected within this document.

Certified Trained Visitor's name _____

Name of local Ostomy Group _____

Location of Ostomy Group _____

Date trained _____

Expected expiry date _____

Trainer's name _____

Visitor's Contact information

Address _____

City/Town _____

Province _____

Postal Code _____

Email _____

Phone _____

Year of birth _____

Has an ostomy: Yes No Type: Colostomy Ileostomy Urostomy SASO

Is group membership current or are you registered as a National Supporter?

Yes No (must be paid to be a visitor)

Other Information: _____

Signed by: _____, Visitor Coordinator

Please return to Ostomy Canada Society. This information is a priority to our national data for Visitors.



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VISITOR COORDINATOR REGISTRATION FORM

Date _____

Ostomy Canada Society thanks you for completing this form to register your group's Visitor Coordinator. Ostomy Canada Society protects the confidentiality of the information collected within this document.

Certified Trained Visitor Coordinator's name _____

Name of local Ostomy Group _____

Location of Ostomy Group _____

Date trained _____

Expected expiry date _____

Trainer's name _____

Is group membership current or are you registered as a National Supporter?

Yes _____ No _____ (must be paid to be a coordinator)

Visitor Coordinator's Contact information

Address _____

City/Town _____

Province _____ Postal Code _____

Email _____

Phone _____

Year of birth _____

Type of ostomy: Colostomy _____ Ileostomy _____ Urostomy _____ None _____ SASO _____

Signed by _____, Group's President or Facilitator

Please return to Ostomy Canada Society. This information is a priority for our national data for Visitor Coordinators.



VISITOR INFORMATION SHEET

Date _____

As a Visitor Coordinator it is expected that you maintain complete and current records for each of your local certified visitors. The Visitor Coordinator will protect the confidentiality of the private information collected within this document.

Certified Trained Visitor's name _____

Name of local Ostomy Group _____

Location of Ostomy Group _____

Date initially trained _____

Date recertified _____

Expected expiry date _____

Trainer's name _____

Date information sent to National _____

Is group membership current or registered as a National Supporter?

Yes _____ No _____ (must be paid to be a visitor)

Visitor's contact Information:

Address _____

City/Town _____

Province _____

Postal Code _____

Email _____

Phone _____

Male _____ Female _____

Year of birth _____ Married _____ Single _____ # of children _____

Type of ostomy: Colostomy _____ Ileostomy _____ Urostomy _____ None _____ SASO _____

Date of surgery _____

Details concerning surgery

Is comfortable going to visit a patient in the hospital _____ home _____

Is comfortable visiting a patient alone? Yes _____ No _____ (in-home visit requires two people attend)

Would rather go with another visitor? Yes _____ No _____

Agrees to report back to the Visitor Coordinator following a visit Yes _____

Is fluent in the following languages _____

Interest and hobbies

Signed by Certified Visitor _____

Signed by Visitor Coordinator _____

Record of visitations made by the above visitor:



PATIENT VISIT INFORMATION SHEET

As a Visitor Coordinator it is expected that you maintain complete and current records on each visit to a patient. These visits must be made only by a certified visitor who has completed the training program and become certified. They must be a paid-up member of your chapter or registered as a National Supporter with OCS to fulfill their duties as a visitor. All visitors must report back to you, the Visitor Coordinator, following a visit. The following information should be on file and kept CONFIDENTIAL.

Date of Visit _____

Patient's Name _____

Patient's Phone Number _____

Patient's E-mail _____

Patient's Ostomy Type _____

Patient's Date of Surgery _____

Reason for Visit _____

Referred by _____

Type of Visit _____

Name of Certified Visitor _____

Outcome _____

Additional Information _____

Visitor Coordinator Signature _____



VISITOR RECERTIFICATION

I, _____, certify that I have reviewed the training documents, Visitor Guidelines and Anatomy and Physiology and other materials deemed necessary, and that I am knowledgeable about the requirements and guidelines set out by Ostomy Canada Society for being a qualified and certified visitor. Upon completion I contacted the Visitor Coordinator in my area to confirm that I have reviewed the materials.

Date of review and confirmation: _____

I certify that I am a paid up member of a group or Ostomy Canada Society Ostomy Supporter.

Signature

Date: _____

Location

Signature, Visitor Coordinator

Date: _____

Location

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