



# Patient education: How to care for an ostomy (The Basics)

Written by the doctors and editors at UpToDate

Please read the [Disclaimer](#) at the end of this page.

---

## What is an ostomy?

This is an opening in the belly made by a doctor as a way for bowel movements to leave the body not through the anus.

The hole in the skin is sometimes called a "stoma." This is the medical term for "opening." Bowel movements come out through the stoma into a bag that is attached to the skin.

There are different types of ostomies that let bowel movements leave the body, including ( [figure 1](#)):

- Colostomy – This is when the opening connects to the large intestine (colon).
- Ileostomy – This is when the opening connects to the small intestine.

Some people have an ostomy for a short time while their body heals. Others have an ostomy for the rest of their life. With an ostomy, bowel movements, or "stool," empty directly into a small plastic bag or pouch that is worn outside of the body. The bag protects from odor and wetness.

---

## How do I care for myself at home?

Ask the doctor or nurse what you should do when you go home. Make sure you understand exactly how to care for the ostomy. Ask questions if there is anything you do not understand.

Before you go home, your doctor or nurse will talk to you about the ostomy and how to care for it. This includes how to:

- Empty the ostomy bag
- Change the ostomy bag
- Take care of your skin

The staff will also make sure you have the supplies you need. Having an ostomy increases the risk of skin breakdown. This is why it's so important to take care of it.

You might need a family member or friend to help you care for the ostomy. Some people have a home health nurse come to their home to help with this.

---

## What should I know about the ostomy supplies?

There are many types of ostomy supplies or "systems" ( [figure 2](#)). Each one has a "skin barrier" or "wafer" to protect the skin, and a "bag" or "pouch" to collect the bowel movements.

An ostomy system can be:

- 1-piece, where the skin barrier and the bag are a single unit, **or** 2-piece, where the skin barrier and the bag connect together
- Single-use, where you throw the bags out after using them, **or** reusable, where you empty, clean, and reuse the bags
- Closed with a separate clip, **or** have a closure system as a part of the bag

If you are having problems or want to try a different ostomy system, talk to your doctor or nurse. You can also talk with a nurse who specializes in ostomy care.

---

## How do I empty the ostomy bag?

Empty the ostomy bag when it is about a third full to help prevent leaks. You might need to empty it 4 to 5 times a day, depending on the amount of bowel movement through the ostomy. You will figure out a pattern to empty the ostomy at the times that work best for you.

When it is time to empty the bag:

- Gather the supplies, and place them near where you will empty the ostomy bag. Some people empty the ostomy bag into the toilet. (This might be easier if the person sits facing the back of the toilet.) Others empty it into a bedpan or measuring container. You might also want something to use to clean the end of the bag, like a paper towel or baby wipe. Some people wear gloves when they empty the bag.
- Wash your hands.
- Tilt the bottom end of the bag upward. Remove the clip, or open the end of the bag.

- If possible, fold the bottom end of the bag back, like a cuff, before you empty it. This helps keep the end clean.
  - Let the contents of the ostomy bag drain into the toilet, bedpan, or measuring device. You might need to gently press or squeeze the bag downward to get the bowel movement out.
  - Clean the end of the bag with a moist paper towel or baby wipe. You can also rinse the bag with water and then drain the water.
  - Close the end of the bag by replacing the clip or using the attached closure device.
  - Measure the bowel movements from the ostomy bag if you were told to. Then, flush it down the toilet.
  - Wash the supplies and your hands.
- 

## **How do I prevent an odor from the ostomy bag?**

Some people worry others will smell the bowel movements inside the bag. When closed, the bag should not have an odor. But it is normal for there to be an odor when you empty or change the bag.

Some tips to help control odors when you empty or change the bag:

- Use a room spray or pouch deodorant when opening the bag.
  - Keep the end of the bag (where it empties from) clean. Some bags can be folded back at the end, like a cuff, when you empty them.
  - Change the bag 1 to 2 times each week and any time it leaks.
  - Limit foods that can cause stronger odors. Examples include fish, eggs, beans, onions, cabbage, and broccoli.
  - Ask your doctor if there are medicines or supplements that can reduce odor in the bowel movements.
- 

## **How do I change the ostomy bag?**

How often you need to change the bag depends on the system. Some need to be changed more often than others. In general, change the bag 1 to 2 times each week.

Always change the ostomy system if there is a leak or if the skin around the bag is itching or burning. You also need to change it if it stops sticking to the skin. This can be caused by:

- Having moist or oily skin
- Being active or sweating
- Hot weather or body heat

Some people like to change the bag first thing in the morning, before eating or drinking. Set a regular schedule for changing the bag.

When you are ready to change the bag:

- Gather the supplies. You need a new or clean bag, skin barrier (if not part of the bag), ostomy measuring device or template, marking pen, scissors, and a soft cloth to wash and dry your skin around the stoma. Some people also use pastes, powders, wipes, or other materials to prepare the skin and help the bag stick to it better. Some people wear gloves when they change the bag.
- Empty the bag. Gently take off the old bag and any protective barriers.
- Wash your hands.
- Look at the stoma. It should be red and moist-looking. Look at the skin around the stoma. The skin under the skin barrier should look like the other skin around it. Note if there is more redness or the skin is sore. If needed, clip the hair around the stoma to help the skin barrier stick to the skin.
- Gently clean the skin around the stoma with a soft cloth and warm water. Remove any residue on the skin. Pat the skin dry around the stoma. The new skin barrier will not stick if the skin is moist. You do not need to clean the stoma.
- Use the ostomy measuring device to measure the shape and size of the stoma. Measure the size to just where the skin and stoma meet. This will be used to mark the opening on the skin barrier ( [figure 3](#)).
- Trace the correct-size opening on the skin barrier. Use scissors to cut an opening in the skin barrier. If the bag is attached to the skin barrier, take extra care not to cut the bag.
- Check the fit of the skin barrier. Center the opening of the skin barrier over the stoma. Make sure it fits well on all edges. The goal is to minimize the amount of exposed skin. Trim the barrier if needed.

- Prepare the skin. The doctor or nurse might have you use a skin prep pad, skin barrier powder, or stoma paste.
  - Remove the protective backing from the skin barrier. Place the barrier on the skin around the stoma. Press down for at least 30 to 60 seconds, or up to a few minutes, with your hand or a warm, dry towel. Holding the skin barrier in place for a few minutes can help it stick to the skin better.
  - If you use a 2-piece system, you can attach the bag to the skin barrier before or after putting the barrier on the skin.
  - You might want to save the protective backing as a template for the next time you change the bag.
  - Close the bottom of the drainage bag, or attach the clip.
- 

## **How do I take care of the skin around the ostomy?**

The skin can get irritated and sore if bowel movements touch it. Taking off an old skin barrier can also cause the skin to get red or sore. Some tips to help keep the skin around the stoma healthy:

- Wash your hands before and after touching the stoma.
  - Each time you change the bag or skin barrier, gently clean the skin with warm water. Do not use products with oil or perfume to clean the stoma.
  - If the skin around the stoma becomes sore or if there are leaks, the doctor or nurse might suggest a skin prep wipe, stoma powder, or stoma paste or using a different type of ostomy system.
  - Only use powders or other products that are designed for use around the stoma.
- 

## **How do I take care of the stoma?**

You don't need to do anything special to care for the stoma. It should be deep pink or red in color. It is normal for a stoma to bleed a little since it contains many tiny blood vessels.

If there is bowel movement on the stoma, clean it gently with a soft cloth or piece of toilet paper.

---

## What else should I know?

- Know how to get your ostomy supplies. There are many different ostomy systems. Ask your doctor or nurse for a list of supplies you need, along with the manufacturer and product number of the items you need to order. You can get the system and other supplies:
  - By mail order
  - Through a medical supply or home care company
  - From a local pharmacy
  - Online (search for "ostomy supplies")
- Make sure you always have a new system available so you can change the current one. You might want to keep a few at home and take extras with you when you travel. But it is best not to order too many, in case you need to change the type of system you use.
- Wearing an ostomy belt can help keep the bag in place. You can also use tape to hold down the edges of the barrier.
- Talk to the doctor or nurse about how to protect the stoma during sex or other activities.

---

## When should I call the doctor?

Call for advice if:

- The stoma is swollen or larger than usual, or the inside of the stoma sticks out through the opening more than usual.
- There is a bulge under the stoma or next to it.
- The stoma is smaller than usual.
- The stoma leaks more than usual.
- You notice a rash or sores around the stoma.
- There is sudden belly pain, cramps, or nausea.
- There is more diarrhea coming out of the stoma than normal. This can cause a person to lose too much fluid, which can lead to problems. Symptoms of fluid loss include not making as much urine or having dark yellow urine, or feeling thirsty, tired, dizzy, or confused.

- There has been no gas or bowel movements through the stoma for 4 to 6 hours (during the day). This could mean the stoma is blocked.
- The stoma starts turning purple or black instead of pink.

---

## More on this topic

[Patient education: Living with a colostomy \(The Basics\)](#)

[Patient education: Living with an ileostomy \(The Basics\)](#)

[Patient education: Ileostomy diet \(The Basics\)](#)

[Patient education: Colostomy or ileostomy reversal \(The Basics\)](#)

[Patient education: Colectomy \(The Basics\)](#)

[Patient education: Colon and rectal cancer \(The Basics\)](#)

[Patient education: Crohn disease in adults \(The Basics\)](#)

[Patient education: Ulcerative colitis in adults \(The Basics\)](#)

[Patient education: Gas and bloating \(The Basics\)](#)

[Patient education: High-fiber diet \(The Basics\)](#)

[Patient education: Constipation in adults \(The Basics\)](#)

[Patient education: Colon and rectal cancer \(Beyond the Basics\)](#)

[Patient education: Ulcerative colitis \(Beyond the Basics\)](#)

[Patient education: Crohn disease \(Beyond the Basics\)](#)

[Patient education: High-fiber diet \(Beyond the Basics\)](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

**This topic retrieved from UpToDate on:** Dec 28, 2025.

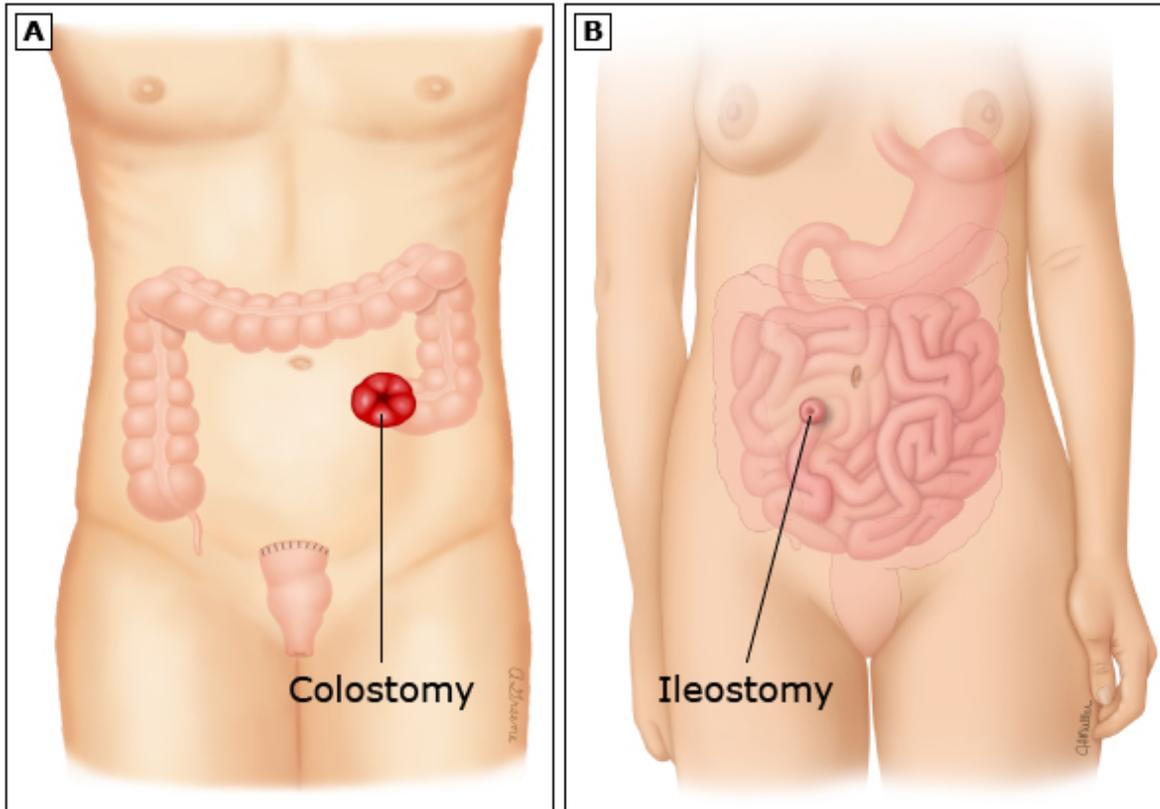
Disclaimer: This generalized information is a limited summary of diagnosis, treatment, and/or medication information. It is not meant to be comprehensive and should be used as a tool to help the user understand and/or assess potential diagnostic and treatment options. It does NOT include all information about conditions, treatments, medications, side effects, or risks that may apply to a specific patient. It is not intended to be medical advice or a substitute for the medical advice, diagnosis, or treatment of a health care provider based on the health care provider's examination and assessment of a patient's specific and unique circumstances. Patients must speak with a health care provider for complete information about their health, medical questions, and treatment options, including any risks or benefits regarding use of medications. This information does not endorse any treatments or medications as safe, effective, or approved for treating a specific patient. UpToDate, Inc. and its affiliates disclaim any warranty or liability relating to this information or the use thereof. The use of this

information is governed by the Terms of Use, available at <https://www.wolterskluwer.com/en/know/clinical-effectiveness-terms>. 2025© UpToDate, Inc. and its affiliates and/or licensors. All rights reserved.

Topic 142389 Version 5.0

## GRAPHICS

Figure 1: Colostomy and ileostomy

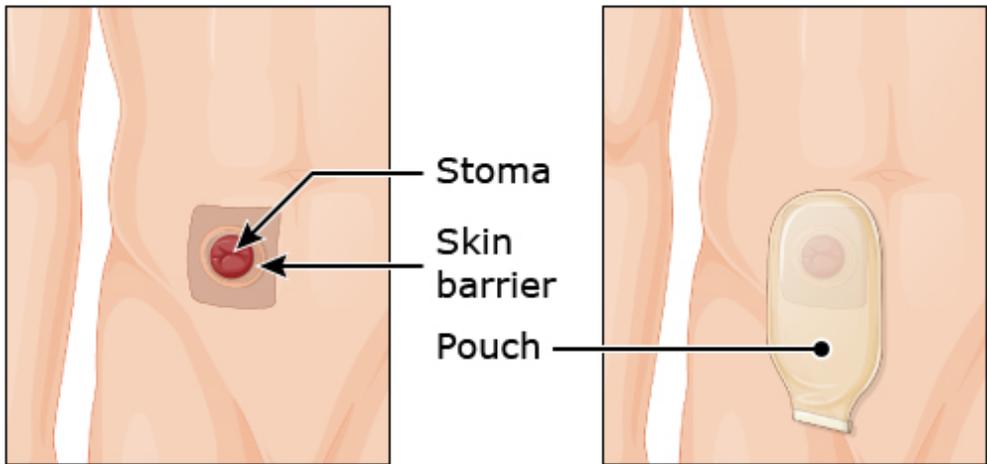


(A) A colostomy, in which the opening or "stoma" connects your large intestine (bowel) to the skin.

(B) An ileostomy, in which the opening or "stoma" connects your small intestine to the skin.

Bowel movements exit the body through the stoma. They go into a bag that is attached to the skin.

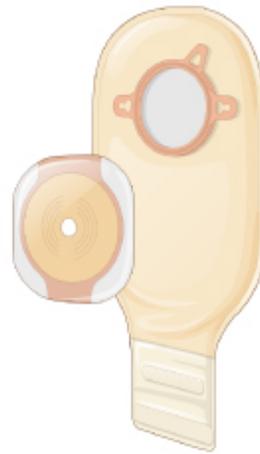
Figure 2: Ostomy bag system



1-piece system

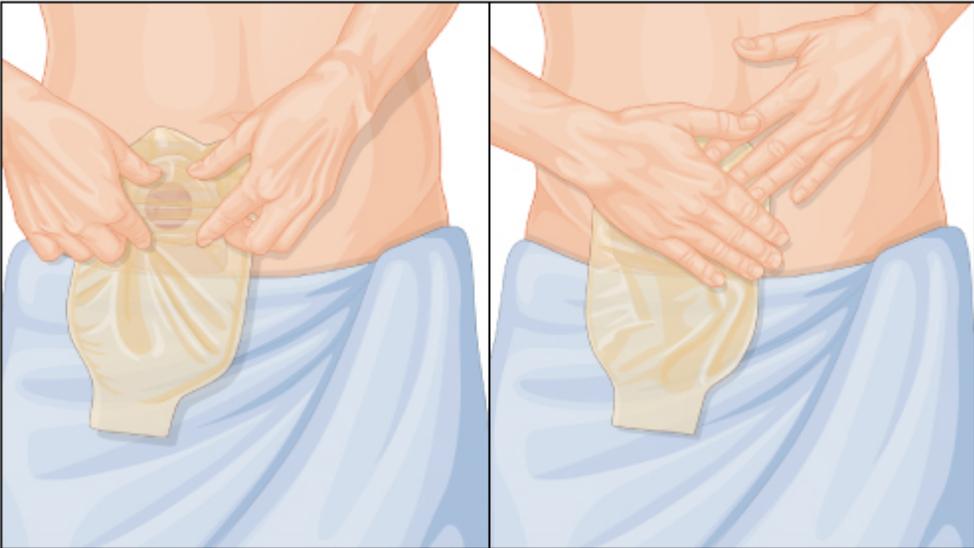
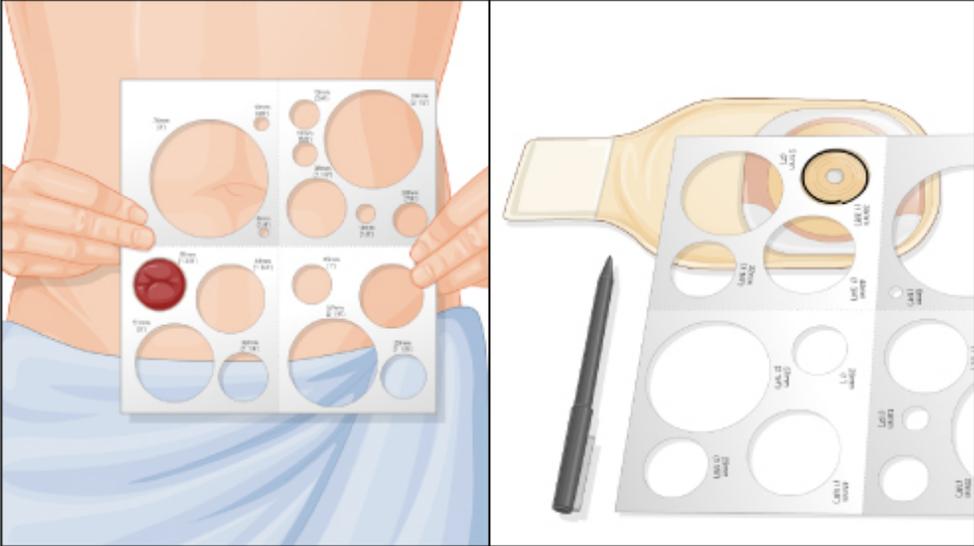


2-piece system



Each ostomy bag system has a "skin barrier" or "wafer" to protect the skin and a "bag" or "pouch" to collect bowel movements or urine. An ostomy system can be 1-piece, where the skin barrier and the bag are a single unit, or 2-piece, where the skin barrier and the bag join together. They can close with a separate clip or have a closure system as a part of the bag.

Figure 3: Fitting the ostomy bag



Measure the size of the ostomy, and use the template to cut the correct-size hole in the skin barrier. Center the opening of the skin barrier over the stoma. Make sure that it fits well on all edges. The goal is to minimize the amount of skin that is exposed. Trim the barrier if needed.

→