

# What Is an Ostomy?

For Ostomy Awareness Day, surgical oncologist Steven Ahrendt, MD, explains what ostomies are and how they work.

October 13, 2025 By University of Colorado Cancer Center and Greg Glasgow

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An ostomy — a surgery to create a new opening in the body for liquid and solid waste to exit — is a necessary and life-saving component of surgeries for many [bladder](#) and [colorectal cancers](#).

In an ostomy surgery, a small opening, called a stoma, is created in the stomach for waste — urine and stool — to be excreted. The waste collects in a pouch called an ostomy bag that is connected to the stoma. Users typically change their pouch every three or four days. Depending on the surgery, an ostomy may be permanent or temporary.

In recognition of Ostomy Awareness Day on October 4, we spoke with [University of Colorado Cancer Center](#) member [Steven Ahrendt](#), MD, professor of [surgical oncology](#), about how ostomies work and why they are needed.

How do ostomies work?

Essentially, an ostomy is bringing the intestine, either the small intestine or the large intestine, out to the skin for waste to exit the body. In most ostomies, the biggest difference, functionally, is that the user doesn't have control of what's coming out. There's no valve. There's no neurologic input where you can hold it and release when you want to release. So it can be a little bit unpredictable.

What colorectal cancers require an ostomy?

If somebody has cancer at the end of the GI tract, in the lower rectum or the anal canal, it can be very painful and hard to treat. Those patients sometimes will get a temporary ostomy, because passing stools can be very painful if somebody has a cancer there. Most anal cancers will respond to chemotherapy and radiation therapy without needing surgery, so once the cancer is eradicated and things have healed up, then the ostomy can be reversed.

If the cancer is above the anal canal and the lower rectum, those, at least until recently, didn't respond to medical therapy all that well. If the cancer involves the sphincter apparatus, then you have to take out the sphincter, which is the control mechanism. If that's done, then there's no real way to restore the flow of stool through there. So the ostomy is a necessity in that setting.

How does an ostomy affect your lifestyle?

A good functioning ostomy is compatible with an active lifestyle. Early out of my training, there was an NFL kicker who had an ostomy. You can swim with it on; you can have an active life and do a lot of things with an ostomy.

How do people learn how to handle and change out their ostomy bag?

We have a preoperative teaching that is available to help patients. There's a wound care team that comes around, and they do two or three sessions with the patients and their families. Most patients end up being in the hospital for seven to 10 days, so there's time to get the information. It's amazing how quickly patients will learn and become an expert taking care of their own ostomy. Usually by the time I see them back a week or so after they've gone home, most of them have the hang of it.

How complicated is the emptying process?

Most people have a two-piece system where there's a piece called a wafer that stays in place on the skin that has a way to attach to the ostomy. If it's liquid waste, the pouch can be just emptied out and hooked up again. If the waste is more solid, the outer part with the stool can be removed and discarded and a new one put on.

I'm sure it's a big adjustment to live with an ostomy. Do some patients refuse the surgery?

There's a percentage of people who refuse to have an ostomy. Unfortunately, we see patients who refuse treatment or try alternative treatments, and they ultimately get to the point where they're incurable, their cancer progresses, and they lose the opportunity to have potentially curative surgery because they refuse to live with an ostomy.

What's the most important thing patients and their families should know about ostomies?

It seems overwhelming at first, but there's not much you can't do with an ostomy that you could before. It takes some acceptance, and many people are quick to move on and learn how to live with it, if it's necessary.

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