

Name: _____

Date: _____

Stoma Care

Y H O G Y H D D K H T N Q U W I W
M N U H M P W X K U W H K T B N T
B B T F U Z J B N C B G L D T G S
T D P I R C B A O I Z E E R V Y E
V S U B I Y E R H L L N A L A E S
H Y T R N J P R R E E X K I W W E
D N T E E B B I B A T H A V X R V
P C L A F Y Q E G L L Y G S R Y I
R T M L U Q T R A C M D E I E J S
O E G I D J Q M M O P R P B F V E
T T N Z W J H H T N N A Z B F Q H
E S X O F A G S C D W T R E L Z D
C A Y F E E O S E U K I X T U Q A
T P Y F N L C K N I D O I H E H T
A N U G O Q S H B T M N W F N L X
P B D C Z A X T H B S W Q M T Z E
K O P E E I L E O S T O M Y M R B

Ilealconduit

Hydration

Ileostomy

Colostomy

Adhesive

Effluent

Leakage

Protect

Barrier

Output

Paste

Fibre

Urine

Seal