OSTOMY CARE 101: Back to the Basics
Alicia Heim, RN, BSN, CWON
The University of Kansas Hospital
Wound/Ostomy Nurse Consult Service

Objectives
1. Review types of ostomies and reasons for diversion.
2. List steps of general ostomy care and discuss their importance in prevention of peristomal complications.
3. List factors that are related to appliance selection for patients with an ostomy.
4. Discuss possible treatments for peristomal complications.
5. Discuss role of medical professionals in promoting patient’s confidence in caring for his/her ostomy.

What is an ostomy?
Ostomy - Surgically created opening in the body for the elimination of bodily wastes.

Stoma - End of the small or large bowel that visibly protrudes through the abdominal wall.

https://www.youtube.com/watch?v=eBry_MsqcVs
Elijah Explains His New Ostomy

Types of Ostomies

• **Ileostomy** = Small intestine
  - Liquid or loose stool output
  - Requires more frequent emptying
  - Usually located on right abdomen

• **Colostomy** = Large intestine
  - Soft or formed stool
  - Higher bacteria count results in increased gas & odor
  - Usually located on left abdomen

• **Urostomy/Ileal Conduit** = Small intestine
  - Urine
  - Created from ileum
  - Usually located on right abdomen

https://www.youtube.com/watch?v=Ain8N9AjAf4
A quick explanation: Colostomy, ileostomy and urostomy – Ostomy Lifestyle
Why would my patient need an ostomy?

- Ulcerative Colitis – Disease of large intestine
- Crohn’s Disease – Disease of small intestine
- Cancer – Intestinal, bladder, reproductive
- Congenital abnormalities – Imperforate anus, Hirschsprung’s, etc
- Misc – Abdominal injury, bowel ischemia, complications of radiation, diversion for wound healing (perineal wounds), ease of daily activities (i.e. paralysis)

General Ostomy Care
• For a patient with an ostomy, life with an ostomy does not have to be any different than life without one.
• Patients can shower, swim, exercise, travel and even scuba dive with an ostomy.

**John Dermengian** – Completed the Hawaii Ironman Triathlon in October 2003 with an ileostomy. He swam 2.4 miles, rode 112 miles on his bicycle and finished up with a 26.2 mile run.

http://www.cymedostomy.com/john.html

**Daily care** . . .

• Daily care will involve emptying the pouch when it is no more than ½ full.
  - Ileostomy and Urostomy will require more frequent emptying due to their higher volume output.
• Empty/burp gas frequently
• Pouch changes are routine, typically 3-5 days and at least once a week or when a leak is identified.
Daily care...

- Colostomy irrigation
  - Enema to evacuate the bowel and assist with developing regular stooling schedule.
  - Not considered until minimum of 12 weeks after surgery to allow time for bowel to heal.
  - Requires special tubing/pouching system

Changing a pouch...

- Gently remove pouch from skin
  - "1-2-3 RIP" is NOT advised!
  - Instead, use one hand to brace skin while other hand slowly peals adhesive away from abdomen

- Clean skin with WATER and washcloth or soft paper towel.
  - DO NOT use soap, bath packs or wipes to clean skin around the stoma. These products leave a residue that interferes with pouch adhesion.

- Assess the stoma and surrounding skin. The stoma should be moist and pink or red and the skin around should be intact with no rash or signs of breakdown.

- Measure stoma with measuring guide to identify size that is approximately 1/8 – 1/4 inch larger than stoma.

- Trace pattern onto skin barrier (back of pouch) then cut pouch.

- If measuring guide is not available, start by cutting small then enlarge opening until appropriate size is identified.
• Make sure skin around the stoma is DRY
• Remove paper backing from pouch first
• Apply to skin and hold warm hand over pouch for 30 seconds to assist with adhesion to skin
• If using a drainable pouch, ensure pouch is closed by rolling up tail and securing velcro or plastic clamp closure or turning/closing spout
• Urostomy pouch may require adapter to connect spout to drainage bag for overnight collection.
• Pouch changes can vary. A pouch should not be worn longer than 1 week
• If it's leaking – CHANGE IT! Reinforcing a leaking pouch with tape will promote skin breakdown and decrease wear time while increasing discomfort and frustration.
• Additional accessories (paste, stoma powder, skin prep, etc) are used only when necessary . . . LESS IS MORE!
  • https://www.youtube.com/watch?v=JV8L5EOHX1U - Colostomy/Ileostomy Pouch Change

Ostomy Appliances

One piece pouch
- Pouch and skin barrier are melded together
- Simple. May be easier for patient to manage
- Once applied to abdomen, it cannot be repositioned.

Two Piece pouch
- Pouch and skin barrier are separate from one another
- Connect via adhesive or clickable ring
- Can reposition pouch without removing adhesive from skin
- May not be as flexible as one piece pouches
- Securing pieces together may present challenge for those with poor dexterity

Flat skin barrier
- Appropriate for protruding stomas
- Typically more flexible and able to fit into creases

Convex skin barrier
- Appropriate for flush or retracted stomas
- Applies pressure to skin around stoma and assists with making stoma protrude from surface
- Effectiveness can be increased with addition of an ostomy belt
Additional Ostomy Supplies

- Tube Paste
- Paste Strips & Rings
- Colostomy deodorant
- Alcohol-free skin prep
- Stoma powder
- Ostomy belt
- Waterproof barrier strips and tape

Peristomal Complications and Treatment

- Irritant Contact Dermatitis
- Candidiasis
- Allergic Contact Dermatitis
- Trauma
- Varices
- Folliculitis
- Mucoosal Transplantation
- Pyoderma Gangrenosum
- Suture Granulomas
How do they happen?

- Ill-fitting pouch
- Poor peristomal skin care
- Abdominal landscape
- Ostomy construction
- Lack of education
- Complications of disease process

1. What are they cleaning with?
   - NO soap, baby/bath wipes, alcohol, lotions

2. How large are they cutting the pouch?
   - Pouch must fit 1/8-1/4 inch larger than stoma

3. How often are they changing their pouch?
   - Daily or more than once a day results in skin stripping from frequent adhesive removal
   - Reinforcing a leaking pouch rather than changing it results in essentially a “diaper rash” around the stoma

4. Does their stoma protrude or is it flush with their abdomen?
   - Flush stomas allow stool/urine to sit on adhesive surface and break down pouch quicker

5. What is the landscape around their stoma?
   - Minor or deep creases can interfere with good seal

6. What kind of pouch are they using?
   - Depending on landscape, convexity or flexibility may be warranted

Common Complications . . .

Irritant Contact Dermatitis & Peristomal Candidiasis – Result of skin contact with stool or urine
Treatment

- Assess for contributing factors leading to skin breakdown and make appropriate adjustments to patient’s ostomy care routine.

**TOPICAL INTERVENTION:**
- Sprinkle stoma powder to irritated skin and sweep away excess powder
- Blot/dab/moisten powder with alcohol-free skin barrier
- Powder will seem to “disappear” but will dry into a matte crust
- Protective “crust” absorbs moisture from weeping skin while providing a pouchable surface.

**This technique is only necessary until skin irritation has resolved at which time it can be discontinued.**

---

Allergic Contact Dermatitis – Results from skin hypersensitivity to chemical elements resulting in inflammatory response.

---

Treatment

- Find alternative pouching system. “Spot check” by applying pouch and assessing for early signs of skin irritation (i.e. itching and/or burning under skin barrier, redness along border of skin barrier)

**TOPICAL INTERVENTION:**
- If skin is intact and only reddened, use alcohol-free skin prep prior to applying pouch to skin
- If peristomal skin is broken, perform “crusting” technique until skin has healed.

---
Parastomal Hernia –
Results when defect in fascia allows loops of bowel to slip/protrude into the area of weakness

Treatment
• Assess pouching system and adjust for changes in landscape related to herniation. Stoma presentation may change with size of hernia.
• Consider surgical evaluation for hernia repair or re-siting of stoma.
• Provide patient education regarding physical presentation of stoma including color changes, pain at ostomy site or decreased output from stoma. These are all concerns that would need to be addressed with surgeon.
• Measure patient for hernia belt. These are custom ordered and provide support to the area of herniation while allowing pouch accessibility.

TOPICAL INTERVENTION:
Given possible changes in stoma presentation, patient may experience peristomal skin breakdown...
• If skin is intact and only reddened, use alcohol-free skin prep prior to applying pouch to skin
• If peristomal skin is broken, perform “crusting” technique until skin has healed.

Impact of Medical Professionals in Promoting Patient Confidence
• Unfortunately and undeservedly so, society has created a stigma surrounding patients who have an ostomy.

• As medical professionals, we have a responsibility to create an encouraging and accepting environment for our patients as they adjust to their new life with an ostomy.

• Interactions, both positive and negative, may set a new ostomy patient’s mindset about what life with their ostomy may entail.

“Where’s Your Ostomy?” - [https://www.youtube.com/watch?v=jqsguzwEh2E](https://www.youtube.com/watch?v=jqsguzwEh2E)

Main Psychological Concerns of Ostomy Patients:
• Feeling “incomplete”
• Stoma will rule lifestyle
• Lack of control of body
• Whether others will smell or hear stoma
• Influence sexual relationships
• Being able to handle stoma care

How we can help . . .
• Preoperative education and ostomy site marking by a CWON
• Continue or implement education as soon as possible after surgery
• Verbalize steps of care as they are performed
• Involve patient in their own care
• Awareness of own responses (body language & conversation)
• Address leaks immediately
• Provide care with confidence
Patient and Medical Professional Resources:

- United Ostomy Associations of America, Inc. – https://www.ostomy.org
- American Cancer Society - https://www.cancer.org
- Uncover Ostomy - https://www.uncoverostomy.org
- Ostomy Secrets – http://www.ostomysecrets.com

Questions???


13