Basics of Bowel Ostomies

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Sunday, August 11, 2013
Definitions

- **Colostomy**: a surgically created opening in the colon.
  - Stools are more formed particularly if the stoma is closer to the rectum

- **Ileostomy**: a surgically created opening in the ileum (small intestine).
  - Stools are more liquid and irritating if they touch the skin

- **Pouch**: the bag that contains the stool that drains from the stoma

- **Stoma/ostomy**: a surgically created opening
Ileostomy

- **High Output**
- **Drainable Pouch**
- Output very caustic to skin. Requires higher intake of fluids/water.
- Help thicken output with BRAT diet
- Food Blockage: fiber, nuts, seeds, tough meat, raw fruits/veggies

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Colostomy

- Location depends on which part of the colon is removed (any quadrant).
- Stool is firmer as the colostomy is closer to the rectum. Not as caustic to the skin (less enzymes).
- The firmer the stool is the less often the pouch needs to be changed.
Stoma Facts

- Bowel stomas should be red like the inside of your mouth, and they should be moist and soft.
- Stomases might bleed a little when rubbed or touched - this is normal.
- They don't hurt when touched because there are no nerve endings.
- Bowel stomas will shrink during the first 6 weeks post-op.
Stoma Characteristics

- Viability: Red color, moist
- Size and shape:
  - Round, oval, irregular shaped, slit
- Height:
  - Budded, flush, or retracted (less than flush) with skin
Pouching Systems

Goals:
- Contain drainage and odor
- Protect peristomal area (skin around the stoma)
- Patient independence

Types:
- One piece
- Two Piece
- Accessories (paste, powder, etc)
The One Piece

Skin barrier

Pouch

All in one
The Two Piece

1. Skin Barrier Wafer

2. Separate pouch

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Accessories

- **Skin Barrier Paste** (caulking)
- **Skin Barrier Powder** (absorbs moisture; heals non-intact skin)
- **Liquid Skin barriers/sealants** (protects skin)
- **Moldable barriers** (builds convexity, evens skin surface)
- **Deodorizers**
- **Closures**
- **Belts and binders**

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Applying the Pouching System

☐ Gather supplies:

- New pouch and wafer (if two piece)
- Pattern, pen and scissors
- Washcloth, gauze or paper towel
- Towel
- Paste (if using)
- Accessory products as indicated
Applying the Pouching System

☐ Prepare new pouch and set aside:
  ■ Draw and cut pattern out of barrier
  ■ Apply paste to barrier around cut edge (optional)

☐ Remove old pouch using push and pull method

☐ Wash skin w/ warm water (no soap)

☐ Pat skin dry

☐ Do NOT apply any ointments or creams

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Applying the Pouching System

- If there is skin irritation:
  - Dust pectin/barrier powder* on irritation, dust off excess
  - Seal with skin prep, allow to dry
  - If really irritated, may need a second application/layer (termed crusting) to obtain a dry surface
- Apply new barrier centering it over the stoma
- Press on and place palm of hand over barrier to warm adhesive (approximately 60 seconds), molding it to the skin

* Barrier powder should not extend to where the adhesive border will be placed or the pouch/wafer won't adhere.
Care of the Pouching System

- Emptying the pouch:
  - Empty when \( \frac{1}{3} - \frac{1}{2} \) full of stool/gas
  - Empty into the toilet or into a container then into the toilet
  - Cuff the bottom of the pouch to keep lower edge clean
  - Place a piece of TP in the toilet first to reduce splashing

- Monitor output: (Very Important)
  - High output - can lead to dehydration
  - No output - possible obstruction

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Managing Pouching Problems

- Pouch not sticking?
  - Make sure the skin surface is dry
  - Powder to absorb moisture if skin is irritated
  - Powder should not extend into any area where adhesive is placed. Take a wet washcloth to wipe powder off of that area if necessary.

- Convex system for flush/retracted stoma—can use moldable rings to build convexity
  - Moldable barriers like Eakins rings to fill in uneven surfaces, mold it around abnormal shaped stomas
  - Do NOT rush through pouch changing process
## Ostomy Problems

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<td>□ Candidiasis</td>
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<td>□ Stenosis (narrowing)</td>
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| Irritant Dermatitis    | • Contact with irritating fluids or substances: stool, topical products, etc | • Remove/correct cause if possible  
• Keep skin clean & dry  
• Protect skin with barrier products- powder and spray for the pouched patient |
| Allergic Dermatitis    | • Allergic reaction from product         | • Remove product  
• Replace with a different products  
• Steroid to irritated area |
| Fungal Infection (Candida albicans) | • Moisture  
• Immunosuppression                  | • Keep skin clean & dry  
• Use antifungal powder |
| Mechanical             | • Friction  
• Stripping the skin with adhesive removal | • Reduce/remove source of friction  
• Remove adhesive products gently with push/pull method  
• Protect skin with barrier spray |
Peristomal Abnormalities:

- Allergic contact dermatitis
- Foliculitis
- Candida albicans
- Irritant contact dermatitis

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<th>Definition</th>
<th>Treatment</th>
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<tr>
<td>Hernia</td>
<td>The muscles in the abdomen tear and protrude through the intestinal wall causing a bulge and the stoma may protrude out further.</td>
<td>• This can only be repaired surgically though often not necessary • The patient may require a new pouching system, sometimes with addition of a supportive belt</td>
<td>• Hernias can make pouching difficult since the bulge will change in size and shape with standing/sitting/laying down.</td>
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<td>Prolapse</td>
<td>The bowel protrudes through the stoma opening.</td>
<td>A prolapsed stoma may not need treatment if there are no problems such as significant bleeding or color changes to the bowel. Sometimes pouring sugar on the prolapsed stoma will help reduce the size of the prolapse.</td>
<td>• Can make maintaining the ostomy and pouching increasingly more difficult. Patient will need a pouch large enough to accommodate prolapse. • Monitor bleeding/color and transport to the hospital if worsens.</td>
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<tr>
<td>Retraction</td>
<td>The stoma is flush or below skin level. This is most often due to weight gain.</td>
<td>May need to add convexity with a convex pouching system or add a moldable ring to the wafer to build convexity.</td>
<td>can cause problems with leaking with regular pouch because an adequate seal cannot be maintained.</td>
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<tr>
<td>Stenosis</td>
<td>A narrowing of the stoma opening.</td>
<td>Nothing needs to be done unless the stenosis causes problems with stool passage (see bowel obstruction)</td>
<td>• May need different pouch/wafer opening size to accommodate strictured stoma.</td>
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<td>Ulcer</td>
<td>An open sore. This often occurs from trauma/friction from a tight appliance</td>
<td>• Remove source of trauma/friction • Apply antacid and/or barrier powder to ulcer with pouch changes</td>
<td>• Monitor progress and consult the patient’s surgeon if it does not improve or if it worsens.</td>
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| Blockage                 | • some foods can cause a blockage. These include stringy and high fiber foods  
• stenosis of the stoma | • abdominal cramping, bloating or distended abdomen, nausea and vomiting, watery diarrhea or no stool output  
• swelling of the stoma may also occur | It is suggested to try a warm bath and drinking warm fluids to relax the muscles and allow the blockage to pass through.  
**Ileostomy Blockage and Emergency Card:** [http://www.ostomy.org/ostomy_info/pubs/blockage_card.pdf](http://www.ostomy.org/ostomy_info/pubs/blockage_card.pdf)  
Transport to the ER if the blockage is not passed within 24 hours. | • Chew food well and avoid foods known to cause blockages. Refer to Food reference chart: [http://www.ostomy.org/ostomy_info/pubs/food_ref_card.pdf](http://www.ostomy.org/ostomy_info/pubs/food_ref_card.pdf)  
• Teach patients to recognize signs of blockage |
| Fluid & Electrolyte Imbalance | Diarrhea, excessive perspiration and vomiting can increase this risk.  
Greater risk with ileostomy as well, | thirst, dry mouth, weakness, light-headedness, and concentrated urine | • replace fluid, & electrolytes especially potassium and sodium  
• Monitor patient  
• See helpful hints section | • Drink 8-10 glasses of fluids per day  
• Increase the amount if stool output and/or perspiration increases  
• Eat/drink foods/beverages high in potassium and sodium  
• Teach patients to recognize signs of dehydration |
| Increased Stool Output   | • some medications i.e. antibiotics  
• some foods i.e. raw fruits & vegetables, milk, fruit juice  
• illnesses such as an intestinal flu  
• Stress | • Ileostomy stool output > than 800-1000cc/day or > the camper’s normal output  
• intestinal flu is usually accompanied by cramps and fever  
• can sometimes be temporary | • Replace fluids and monitor condition so that the patient doesn’t become dehydrated  
• If possible treat the cause  
• Reduce foods that increase the stool  
• Eat stool thickening foods such as bananas & rice  
• See helpful hints section | • Avoid foods that increase stool. See Food reference chart: [http://www.ostomy.org/ostomy_info/pubs/food_ref_card.pdf](http://www.ostomy.org/ostomy_info/pubs/food_ref_card.pdf) |
**Diet for Ileostomy Patients**

**NO:**
- NO popcorn, nuts, seeds, raw fruits/vegetables, mushrooms or tough meat

**YES:**
- BRAT diet thickens stool, marshmallows
- Increase oral fluids

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Helpful hints re: Meals

- If you eat red beets, cherry gelatin, or cherry soft-drink mixes like Kool-Aid, the discharge from your stoma may be red. This is normal. These foods do not lose their color during digestion.

- Foods like fish, onions, garlic, broccoli, asparagus, and cabbage produce odor. Although your pouch is odor-proof, if you eat these foods, you may notice a stronger odor when emptying your pouch. If this is a concern, you may want to limit these foods in your diet.

- Eating parsley with meals may lessen the odor of the stoma discharge. Yogurt and buttermilk are also good natural food deodorizers.

- Do not try to reduce discharge from your stoma by skipping meals. Your ileostomy will keep working whether you eat or not. An empty stomach can cause nausea and produce gas.

For more info go to:  http://www.hollister.com/us/files/pdfs/907531_Spread.pdf
Dehydration

- Dehydration is the loss of too much fluid from the body (more output of fluid than intake).
- It can occur with sweating, vomiting and diarrhea.
- When the colon has been removed, less water and electrolytes will be absorbed and more will pass through the body.

**Signs of dehydration:**
- Feeling thirsty
- Dry skin and/or dry mouth
- Decreased urination and dark-colored urine
- Feeling lightheaded when sitting or standing

It is important to carefully balance fluid intake.
Dehydration - treatment

- If you are dehydrated, you need to drink extra fluids and replace lost electrolytes, sodium and potassium.

- Electrolyte drinks, broth and bananas are good sources for replenishment.

  - Electrolyte drinks (like Gatorade) can be frozen on sticks for a refreshing treat.

- To prevent dehydration, drink more fluids when you exercise and in hot weather. Also eat foods rich in sodium and potassium.
Helpful hints: Cramps & Altered Stool Output

- Try drinking tea when you have an upset stomach, increased liquid, or cramps. Tea helps reduce spasms and soothes an upset stomach. It also contains potassium, which is often lost in increased liquid output.

- If you have cramps and think your ileostomy may be blocked, take a warm shower. Let the warm water run on your back for about 15 minutes. If the cramps continue, call your doctor.

- Pretzels can help to decrease high liquid output and can replace lost sodium. Other foods that may help thicken the stool are peanut butter, baked potatoes, baked apples, applesauce, pudding, marshmallows, bread, rice, and tapioca.
Other Ostomy Helpful Hints

- If you feel sick to your stomach, take a few sips of tea or water, then eat a soda cracker or saltine cracker immediately.

- Enteric-coated medication will enter your pouch undigested. Ask your doctor or pharmacist for medication that is not enteric-coated. Liquid medication is best.
Resources

Go to the Ostomy Tips & Resources for further information.