# Ostomy Problem Guide for Nurses

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal: Consult the WOC nurse/monitor patient</th>
<th>Red Flags: Consult the MD</th>
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</table>
| STOMA  | • Red and moist  
        • Different shapes: round or oval  
        • Varying heights: budded, flush or retracted  
        • Bleeds when touched  
        • Shrinks over 6-8 weeks post-op | • Prolapse (protruding) **without** bleeding or color change  
        • Retracted (sunken or flush with skin) causing problems with pouching  
        • Parastomal hernia (bulging out) causing problems with pouching  
        • Shallow cut with minimal bleeding  
        • Mucocutaneous separation - separation of the stoma from the skin | • Change in stoma color: black, dusky, purple, pale, gray, brown  
        • Prolapsed stoma with bleeding/color change  
        • Narrowing of the stoma opening causing low or no stool output  
        • Severe injury or cut to the stoma  
        • Continuous bleeding from the stoma or where stoma meets the skin  
        • Complete mucocutaneous separation that extends below the fascia

| OUTPUT | • Liquid stool  
        • Thickens up over time  
        • Ileostomy output is more liquid in consistency  
        • Colostomy output is thicker & firmer esp. the more distally it is located | • Increased/decreased output –  
        • Consult WOC nurse for increased output that is causing problems and may require a different pouch  
        • Monitor and notify MD if output changes worsens (see red flags) | • Increased watery output for 5-6 hours with s/s of dehydration  
        • Decreased or no output:  
          • 4-6 hours: ileostomy & colostomy that typically passes liquid stool; other S/S of blockage  
          • 48 hours: no output or passing hard stools for a colostomy that typically passes solid stool  
        • Continuous bleeding in the pouch

| PERI-STOMAL SKIN | • Looks like the skin everywhere else: dry and intact without irritation | • Redness, rawness  
        • Rash, bumps, scales  
        • Non-intact skin; ulcers or lesions | • Signs of infection (see below) |

| ABD | • Midline incision with skin intact  
        • 3-5 sites if Laparoscopy procedure  
        • Postoperative pain | | • Signs of infection especially during the first 2 weeks post-op: moderate to severe redness, swelling and/or pain around the stoma or incision especially if worsening  
        • Abdominal distension w/ rigidity and pain  
        • Severe cramps lasting more than 2 hours |

| POUCH | • Intact without leaking  
        • Wear time ~ 3-7 days, this varies depending on type of stoma and other factors i.e. sweating | • Decreased wear time  
        • Not getting a good seal between the wafer/barrier and the skin  
        • Leakage of pouch contents onto the skin | * **Pouching problems are not a medical emergency** |

| OTHER | | | • Continuous N/V  
        • Signs/symptoms of dehydration  
        • Any worsening symptom |

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1. A sheet of fibrous connective tissue covering muscles, organs, and other soft structures of the body.  
2. Ileostomy output is higher the first few weeks post-op while the remaining bowel adapts, the important thing is to watch closely for signs and symptoms of dehydration and replace fluids and electrolytes.  
3. The ostomy usually has blood and mucus output the first 48 hrs. post-op.  
4. Certain foods like beets and food coloring can cause the stool to change colors.