

**FECAL &  
URINARY  
DIVERSIONS:  
ESSENTIAL  
CARE**

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# INTRODUCTION

There are three types of ostomies: ileostomy, colostomy, ileal conduit.

When assessing a stoma, attention should be focused on the color, moisture of the mucosa, shape, mucocutaneous junction, and peristomal skin.

The main components of all pouch changes involve assembling and preparing supplies, removing the pouch, cleansing the skin, applying a new pouch, and warming it to the skin.

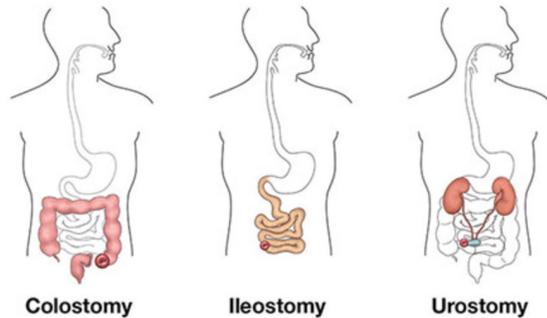
Alterations may need to be made to activities of daily living, but the individual should be able to resume a routine similar to their pre-operative life, including bathing, dressing, sleeping, physical activity, and diet.

Dehydration is a common condition in patients with an ileostomy, but there are steps to prevent it from occurring through diet, fluid intake, and medications.

Irritant dermatitis and pseudoverrucous lesions are peristomal conditions from exposure to moisture or a chemical irritant.

# TYPES OF OSTOMIES

**The 3 Types of Ostomies**



<https://www.hollister.com/en/OstomyCare/OstomyLearningCenter/UnderstandingAnOstomy/The3TypesOfOstomies>

Ileostomy	Colostomy	Ileal Conduit
Fecal diversion	Fecal diversion	Urinary diversion
Liquid to mushy consistency	Liquid to pasty consistency	Urine
Typically in RLQ	Typically in RUQ, LUQ, or LLQ	Typically in RLQ
If high-output, can lead to dehydration	Stronger odor and more gas	Will contain mucous, as made from resected ileum

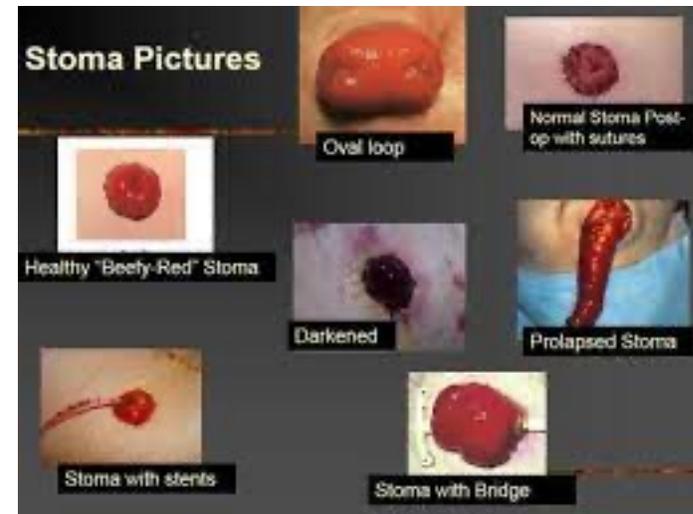
# STOMA ASSESSMENT

## ■ Mucosa & Structure

- Immediately post-op, will be red, moist, shiny and taut from edema
- Weeks later, should have folds visible
- Fecal stomas should be red, while ileal conduits may be a pale pink
- Should not be maroon, purple, or black
- Round or oval
- Should protrude above skin level about 2 cm

## ■ Peristomal Skin

- Ideally, intact and free from wounds, rashes, and other alterations
- Assess skin in lying, sitting and standing position to observe folds or creases that may form



# STEPS OF A POUCHING CHANGE

- Assemble all equipment
- Prepare equipment if needed
- Remove pouch using the "push-pull" method
- Inspect the back of the pouch
- Clean the skin with warm water
- Measure the stoma and cut the barrier, if needed
- Apply additional products, if needed
- Apply pouch to abdomen and warm to skin



# ACTIVITIES OF DAILY LIVING

## Bathing & Dressing

- Options include showering or bathing with the pouch on or off
- No soaps with oils or moisturizers around the stoma
- Prolonged exposure to water will decrease wear time
- Fully dry the textured backing or tape border
- Cover filter with a piece of tape or a shower cover
- Pant line should sit above or below stoma
- Filtered pouch will allow pouch to lie flatter against body



<https://www.empoweryourchange.net/products/ostomy-shower-guard>

## Sleeping & Intimacy

- Do not lie with full weight on the pouching system—back or side lying is best
- Bed pads and liners
- Able to resume intimate activities when cleared by the surgeon
- Clothing and pouch covers to conceal pouch
- May experience sexual dysfunction after surgery
- Provide patient with opportunity to express their concerns regarding intimacy

# ACTIVITIES OF DAILY LIVING

## Dietary Considerations

- Chew food well to prevent blockage
- Avoid foods that may cause blockage
- Patients should be aware of foods that cause gas, constipation relief, diarrhea control, and odor
- Monitor for whole pills in output and notify provider if seen

## Dietary Advice for Ostomates

Coloplast Recommendations

TO THICKEN FLOW TRY EATING MORE:			TO SOFTEN FLOW TRY EATING MORE:		
Banana	Marshmallows	Potato	Beans	Leafy veg	Spicy foods
Boiled milk	Noodles	Semolina	Beer	Liquorice	Stoned fruits
Boiled rice	Pasta	Bread	Cabbage	Prune juice	Melon
Cheese	Jelly Babies		Caffeine		
					

TO REDUCE ODOUR TRY EATING MORE:			FOODS THAT MAY CAUSE WIND:		
Apples	Green leafy veg	Live yoghurt	Beer	Cucumber	Peas
Buttermilk	Parsley		Broccoli	Beans	Soft drinks
Charcoal tablets			Cabbage	Melons	Spicy foods
			Cauliflower	Milk products	
			Chewing gum	Onion	
			Corn		
					

FOODS THAT MAY CAUSE BLOCKAGE:			FOODS THAT MAY INCREASE ODOUR:		
Beansprouts	Citrus fruit	Tomatoes	Asparagus	Coffee	Stuffing
Sweetcorn	Nuts	Stir fry veg	Beans	Eggs	Garlic
Fruit with seeds	Pineapple	Whole grains	Beer	Fish	
Dried fruit	Popcorn	Courgette skin	Cabbage	Onions	
Mushrooms	Potato skins		Cheese	Brussel sprouts	
	Apple skins				
					

\*For ileostomates only - it is important to chew well!

## Physical Activity

- May resume exercising when cleared by the surgeon
- For 2-6 weeks, should not lift anything heavier than 10 lbs.
- When swimming, bathing suit covers or support belts can be used
- Carry items for a pouch change and spare set of clothing

# DEHYDRATION

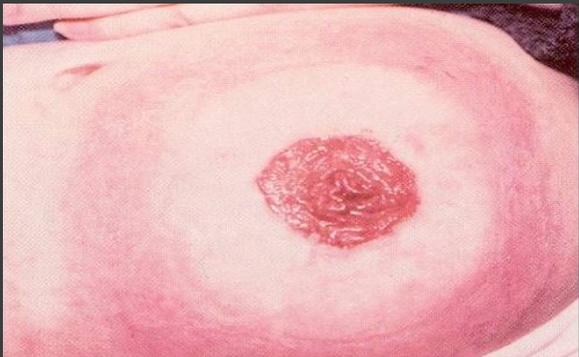
- Dehydration is the most common reason for readmission for post-op ostomy patients
- Signs and symptoms include feeling thirsty, dry mouth, decreased urine output, dark urine, dizziness with standing, muscle and abdominal cramping, and lethargy
- Home management involves increasing sodium and potassium intake via rehydration fluids or foods
- Also includes reducing fluid intake while eating, avoiding caffeinated drinks, alcohol and high-sugar drinks
- Inpatient rehydration involves IV hydration, loperamide, and restricting oral fluid intake
- Dehydration can be prevented by increasing fluid intake while playing sports and during warmer times of the year, monitoring their output, and initiating rehydration steps when output exceeds 1500 ml per day



# IRRITANT DERMATITIS



[https://www.convatec.com/media/1568/allergiccontactdermatitis\\_la\\_350x232.jpg?mode=max&height=300&rnd=131030634030000000](https://www.convatec.com/media/1568/allergiccontactdermatitis_la_350x232.jpg?mode=max&height=300&rnd=131030634030000000)



<http://www.shieldhealthcare.com/community/wp-content/uploads/2016/06/allergic-contact-derm.jpg>

- Defined as the body's inflammatory response to exposure to a chemical material
- Typically presents as erythema and blisters that mirror the area in contact with the irritant
- Question the patient about any products that come in contact with the area, like tapes and skin barriers, skin wipes, adhesive removers, soaps and lotions, dyes, and perfumes
- Management involves finding and removing the antagonist, as in changing the skin barrier type and changing accessory products underneath the barrier

Defined as a type of irritant dermatitis where benign papules grow around a stoma when stool or urine irritates the skin for a prolonged period of time

Presents as elevated and thickened skin forms next to the stoma, can appear wart-like, and may differ in color from the surrounding tissue

Question patient regarding the pouching system, leakage, wear time, and sizing of the barrier

Management should focus on preventing moisture to the lesions via changing the size of opening of the barrier, changing the pouching system more frequently, or using a barrier ring with a spout to divert effluent or urine

## PSEUDOVERRUCOUS LESIONS



<https://escholarship.org/content/qt2p59p1xx/1.jpg>

# SUMMARY

The three types of ostomies each have their own characteristics and potential concerns.

When assessing a stoma, attention should be focused on the color, moisture of the mucosa, shape, mucocutaneous junction, and peristomal skin. Deviations from the norm should be reported to the surgical team.

The main components of all pouch changes involve assembling and preparing supplies, removing the pouch, cleansing the skin, applying a new pouch, and warming it to the skin.

Alterations may need to be made to activities of daily living, but the individual should be able to resume a routine similar to their pre-operative life, including bathing, dressing, sleeping, physical activity, and diet.

Dehydration is a common condition in patients with an ileostomy, but there are steps to prevent it from occurring through diet, fluid intake, and medications.

Irritant dermatitis and pseudoverrucous lesions are peristomal conditions from exposure to moisture or a chemical irritant. Management involves removing the antagonist and making the necessary changes to the pouching system.

# REFERENCES

- American College of Surgeons. (2019). Adult Colostomy/Ileostomy. In *Ostomy Home Skills Kit: Surgical Patient Education Program*. American College of Surgeons, Division of Education.
- Carmel, J. & Goldberg, M.T. (2022). Postoperative education for the patient with a fecal or urinary diversion. In J. Carmel, J. Colwell, & M.T. Goldberg (Eds.), *Wound, Ostomy, and Continence Society™ Core Curriculum: Ostomy Management*, (2nd ed., pp. 189-200). Wolters Kluwer.
- Carmel, J. & Scardillo, J. (2022). Adaptations, rehabilitation, and long-term care management issue. In J. Carmel, J. Colwell, & M.T. Goldberg (Eds.), *Wound, Ostomy, and Continence Society™ Core Curriculum: Ostomy Management*, (2nd ed., pp. 201-222). Wolters Kluwer.
- Colwell, J. & Hudson, K. (2022). Postoperative nursing assessment and management. In J. Carmel, J. Colwell, & M.T. Goldberg (Eds.), *Wound, Ostomy, and Continence Society™ Core Curriculum: Ostomy Management*, (2nd ed., pp. 162-171). Wolters Kluwer.
- Salvadalena, G. D. & Hanchett, V. (2022). Peristomal skin complications. In J. Carmel, J. Colwell, & M.T. Goldberg (Eds.), *Wound, Ostomy, and Continence Society™ Core Curriculum: Ostomy Management*, (2nd ed., pp. 250-269). Wolters Kluwer.
- Stricker, L. J., Hocevar, B., & Shawki, S. (2022). Fecal and urinary stoma construction. In J. Carmel, J. Colwell, & M.T. Goldberg (Eds.), *Wound, Ostomy, and Continence Society™ Core Curriculum: Ostomy Management*, (2nd ed., pp. 131-142). Wolters Kluwer.