

Basic Ostomy Care Education

Tips and Hints

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Purpose

- Create an educational presentation / resource for basic ostomy care
- Answer questions frequently asked by patients and their caregivers



What is a Colostomy?



- Surgically created opening in abdomen where portion of colon is brought through opening to allow for stool evacuation.(Berti-Hearn & Elliott, 2019).
- May be temporary or permanent
- Typically done for cancer, inflammatory bowel disease, diverticulitis with perforation, or trauma
- May have an end stoma, loop stoma, or a double barrel stoma

What is an Ileostomy?

- An Ileostomy is a surgically created opening in the abdomen where the end or a loop of small intestine (ileum) is pulled through abdomen to evacuate stool. (Berti-Hearn & Elliott, 2019).
- Performed due to FAP (familial adenomatous polyposis, severe inflammatory bowel disease, or colorectal cancer).
- Important for patient to monitor output to prevent dehydration and electrolyte imbalances.
- High risk for skin breakdown.



What is an Ileal Conduit?



- An Ileal Conduit is the most common permanent urinary diversion.
- Ileal conduit is created by taking a segment of the ileum and implanted the ureters into the proximal segment of bowel that is isolated to create a conduit.(Berti-Hearn & Elliott, 2019).
- Distal end of the conduit is brought through the abdomen to form a stoma.
- Patient may have stents in place for 7-10 days post operatively.

Healthy Stoma Assessment



- Stoma should be “budded” meaning that it protrudes 1-3 cm above the skin
- Color should be dark pink to red in color
- Surrounding skin should be free of wounds/ skin breakdown
- May be edematous first few days after surgery



Steps for a basic ostomy pouch change

- 1. Gather all supplies first and wash hands. Apply gloves
- 2. Empty pouch contents
- 3. Gently remove pouch using a push / pull method
- 4. Cleanse surrounding skin
- 5. Measure stoma using stoma guide
- 6 Trace appropriately sized circle or oval on back of skin barrier
- 7. Cut circular or oval opening in skin barrier
- 8. Remove backing from skin barrier (wafer) and apply ring or barrier paste
- 9. Center barrier over stoma, adhesive side down and press gently
- 10. Gently press pouch onto ring of wafer (barrier) until it snaps in place
- 11. Ensure opening at bottom of pouch is closed or secured
- 12. Discard appropriately and wash hands

Steps to empty an ostomy pouch

- 1. Gather all equipment, wash hands, and apply gloves
- Have patient sit on toilet if able and open clamp or spout of ostomy appliance
- Empty contents into toilet or container
- Clean end of appliance by wiping with toilet paper or wipe
- Roll up end and close clamp
- Remove gloves and wash hands



Actively living with an ostomy

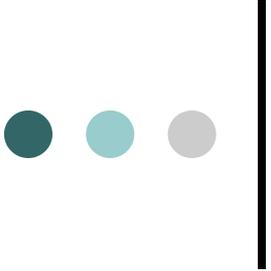
- Okay to shower once cleared by surgeon with or without pouch
- Clothing, recreational, and swimming activities are not limited
- Ideal time to change pouch early AM
- Sexual activity once cleared from surgeon
- Dietary concerns chew food thoroughly, ensure adequate fluid intake, limit foods that may be constipating
- Offer websites for products to patient



Ileostomy management and dehydration

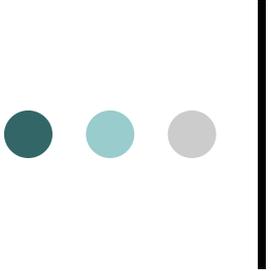
- Signs of dehydration: excessive thirst, dark concentrated urine, weakness, lethargy, and greater than 1000 ml in 24 hr. from ostomy (Kirkland-Kyhn et al., 2018).
- Instruction to patient about avoiding high sugar beverages.
- Include beverages high in sodium and also foods high in fiber
- May add electrolyte solution to water





Peristomal Concerns

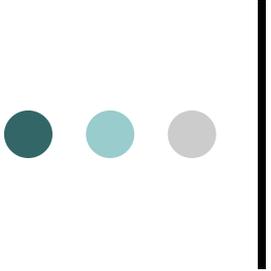
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- Irritant dermatitis
 - Pseudo verrucous lesions
 - Management of skin concerns
 - When a referral to WOC nurse is appropriate



Summary

- Differences between a colostomy, ileostomy, and ileal conduit
- Description/ assessment of a healthy stoma
- Pouch changing and emptying steps
- ADL's with an ostomy
- Ileostomy management
- Irritant dermatitis and pseudo verrucous lesions and their management





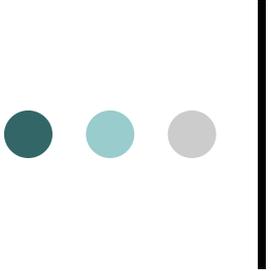
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