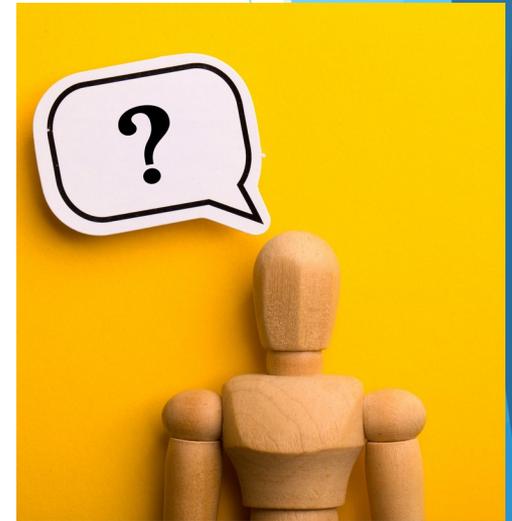


Basic Ostomy Care

By JULIA HURST

What is a Stoma?

- ▶ A stoma is a surgically created opening in the abdomen that connects to the digestive or urinary system
- ▶ The output from the stoma: feces, urine or mucus
- ▶ Disease states that lead to a fecal or urinary diversion:
 - ▶ Colorectal cancer
 - ▶ Crohn's disease
 - ▶ Ulcerative colitis
 - ▶ Bladder cancer
 - ▶ Bladder dysfunction



Types of Stomas

- ▶ The three most common types of stomas are colostomy, ileostomy, and ileal conduit
 - ▶ Ileostomy: constructed from the ileum
 - ▶ Typically located in RLQ of the abdomen
 - ▶ Output is dark green to brown in color and liquid to mushy in consistency
 - ▶ Colostomy: constructed from the colon
 - ▶ Location can vary
 - ▶ Output has a more formed consistency
 - ▶ Ileal conduit: ureters are implanted into a short segment of ileum
 - ▶ Usually located in the RLQ of the abdomen
 - ▶ Output is urine and mucus

What to Expect

- ▶ The WOC nurse can provide preoperative education and stoma site marking
- ▶ After surgery, the WOC nurse will assess the patient and ostomy
 - ▶ Read the surgical report
 - ▶ Confirm the type and anatomic location of the stoma
- ▶ Fecal stomas
 - ▶ Expect output within 1-3 days
- ▶ Urinary stomas
 - ▶ Immediately begin functioning
 - ▶ Stents are present

Loop vs. End Stoma

- ▶ Fecal and urinary ostomies can be created as loop or end stomas
- ▶ End stoma: proximal segment of the stoma is brought through the abdominal wall
- ▶ Loop stoma: a loop of bowel is brought through the abdominal wall and then cut to create a stoma with two openings
 - ▶ Effluent drains from the proximal lumen
 - ▶ Distal lumen produces mucus
- ▶ Maturation of the stoma then occurs

Stoma Assessment

- ▶ Assessment of the stoma includes the mucosa, structure, and peristomal skin
- ▶ The ideal stoma is:
 - ▶ Red, moist, shiny mucosa
 - ▶ Round
 - ▶ Budded
 - ▶ Central os
- ▶ Concerning findings:
 - ▶ Dark red, purple, or black mucosa
 - ▶ Retracted stoma
- ▶ The peristomal skin should be clear and intact

Emptying & Changing the Pouch

- ▶ The patient should be instructed to:
 - ▶ 1) Sit on the toilet to easily empty and flush the pouch's contents
 - ▶ 2) Hold the pouch up and remove the clamp or closure
 - ▶ 3) Pinch open the end of the pouch/open tap and allow the effluent to drain, assisting if necessary
 - ▶ 4) Put a piece of toilet paper in the toilet bowl to prevent splashing
 - ▶ 5) Clean the inside of the opening with toilet paper or a wipe
 - ▶ 6) Close the end of the pouch
- ▶ Gather equipment and prepare the new pouch
- ▶ Remove pouch and clean the peristomal skin
- ▶ Apply prepared pouch

Living With a Stoma

- ▶ Showering and bathing can be done with or without the pouch on
- ▶ After ostomy surgery, patients can wear most of the same clothes as worn previously
 - ▶ Undergarments, wraps, pouch covers
- ▶ Diet considerations
 - ▶ Ileal conduit: adequate fluid intake
 - ▶ Ileostomy: avoid insoluble fiber foods to prevent a blockage
 - ▶ Colostomy: whole grains, vegetables, fruits, and increased fluids to prevent constipation



Ileostomy & Dehydration

- ▶ Signs and symptoms of dehydration: increased thirst, lethargy, muscle and/or abdominal cramping, dry mouth, dark urine, decreased urine output
- ▶ Treatments:
 - ▶ Electrolyte replacement
 - ▶ Medications
 - ▶ Dietary modifications
 - ▶ Avoid hypertonic drinks
 - ▶ Do not increase fluid intake
 - ▶ Incorporate foods with high starch and carbohydrate content



Peristomal Moisture-Associated Skin Damage (PMASD)

- ▶ Irritant contact dermatitis
 - ▶ Redness, swelling, burning sensation, pruritus, peeling to the peristomal skin
 - ▶ Caused by skin care products or contact with with effluent
 - ▶ Treat by removing irritant, refitting skin barrier, adding convexity, skin barrier powder, aluminum acetate solution
- ▶ Pseudoverrucous lesions
 - ▶ Itching, pain, bleeding
 - ▶ Caused by prolonged exposure to urine or stool
 - ▶ Lesions are thickened, bumpy, irregular, discolored
 - ▶ Treat by ensuring appropriate pouching system, more frequent emptying or pouch changes, skin barrier powder, silver nitrate for raised lesions

Summary

- ▶ The WOC nurse has multiple roles
- ▶ WOC nurses help patients achieve success in managing their ostomy
- ▶ The WOC nurse remains a helpful resource
- ▶ The WOC nurse seeks to improve the quality of life in people living with an ostomy



References

- ▶ 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 Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 189-200). Wolters Kluwer.
- ▶ Carmel, J., & Scardillo, J. (2022). Adaptations, rehabilitation, and long-term care management issues. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 201-222). Wolters Kluwer.
- ▶ Cohen, R. & Stein, A. C. (2022). Medical management of Crohn's disease and ulcerative colitis. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 59-70). Wolters Kluwer.
- ▶ Colwell, J., & Hudson, K. (2022a). Postoperative nursing assessment and management. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 162-171). Wolters Kluwer.
- ▶ Colwell, J. & Hudson, K. (2022b). Selection of pouching system. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 172-188). Wolters Kluwer.
- ▶ Goldberg, M. T., & Mahoney, M. F. (2022). Preoperative preparation of patients undergoing a fecal or urinary diversion. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 143-161). Wolters Kluwer.
- ▶ Murphree, R. W., & Jaszarowski, K. (2022). Professional practice for wound, ostomy, and continence nursing. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 1-11). Wolters Kluwer.
- ▶ R.B. Turnbull, Jr. MD School of WOC Nursing Education. (2022a). *Care of the ostomy patient: Introduction to fecal diversions*. [PowerPoint slides]. Vimeo@CCF.
- ▶ R.B. Turnbull, Jr. MD School of WOC Nursing Education. (2022b). *Care of the ostomy patient: Introduction to the urinary diversion*. [PowerPoint slides]. Vimeo@CCF.
- ▶ R.B. Turnbull, Jr. MD School of WOC Nursing Education. (2022c). *Peristomal skin conditions*. [PowerPoint slides]. Vimeo@CCF.
- ▶ Salvadalena, G. D., & Hanchett, V. (2022). Peristomal skin complications. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses 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 Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 131-142). Wolters Kluwer.
- ▶ United Ostomy Associations of America, Inc. (n.d.). *Understanding stoma and ostomy basics*. <https://www.ostomy.org/understanding-stoma-and-ostomy-basics/>