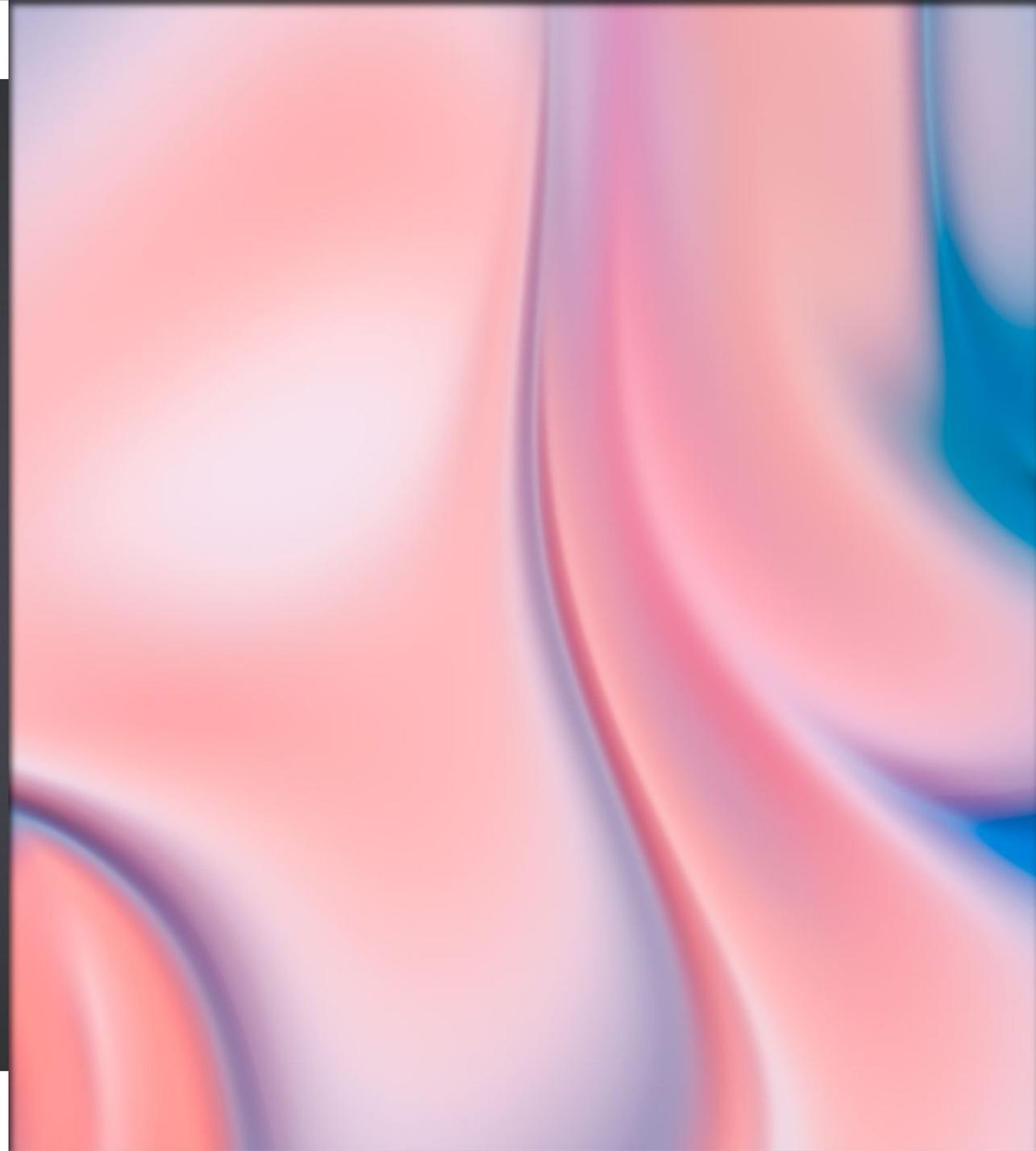


# Basic Ostomy Care

BIRGITTE KAMMERDIENER BSN, RN



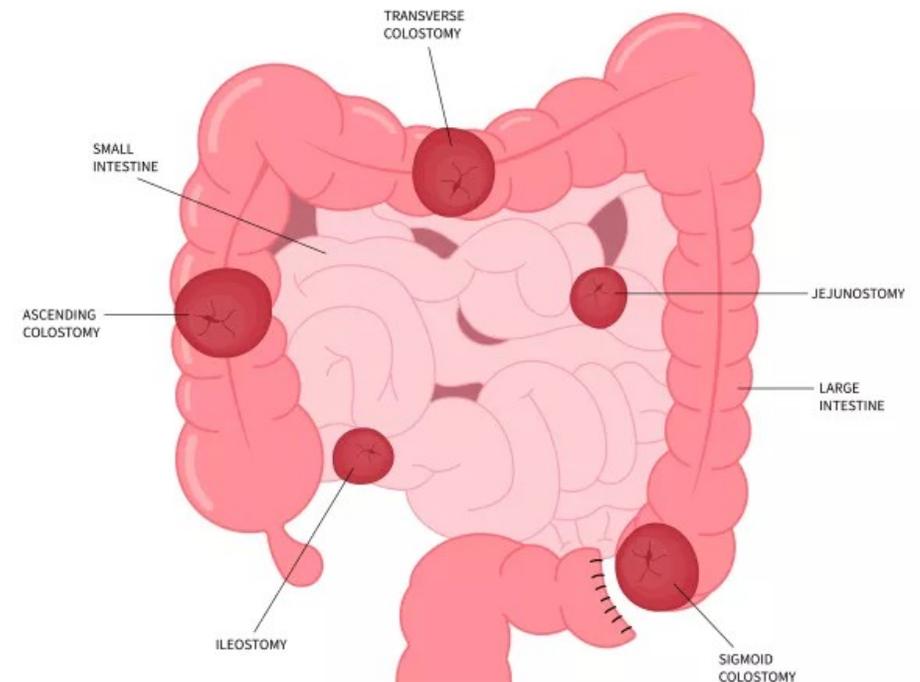
# Introduction

- ▶ Basic ostomy care
- ▶ Different types of stomas
- ▶ Assessment of the stoma
- ▶ Dehydration and dietary considerations
- ▶ How to change a pouch

# Types of abdominal stomas

- ▶ Duodenostomy
  - ▶ Located in the upper abdominal quadrants
  - ▶ High-volume with food particles
- ▶ Jejunostomy
  - ▶ Dark green high-volume output
  - ▶ Located in upper left quadrant
- ▶ Ileostomy
  - ▶ Located in lower right quadrant
  - ▶ Liquid to mushy (applesauce) effluent

## TYPES OF OSTOMY



# Types of abdominal stomas continued

- ▶ Colostomy
  - ▶ Ascending
    - ▶ Semiliquid with strong odor
  - ▶ Transverse
    - ▶ Liquid to pasty effluent, located in upper quadrants
  - ▶ Descending
    - ▶ Pasty to formed stool, located left lower quadrant
- ▶ Urostomy
  - ▶ Clear yellow urine with no odor

# Assessing a stoma

- ▶ Stoma
  - ▶ Red and moist
- ▶ Mucocutaneous junction
  - ▶ Intact, no separation
- ▶ Peristomal skin
  - ▶ Clean and intact, same as rest of abdominal skin
  - ▶ Assess for peristomal skin complications



# How to change the pouching system

- ▶ Empty the pouch
- ▶ Gather all supplies
- ▶ Remove old pouch
  - ▶ Use adhesive remover as needed
- ▶ Cleanse with warm water
  - ▶ Pat dry
  - ▶ Apply stoma powder and liquid skin barrier as needed
- ▶ Apply new pouch



# ADLs for person with an abdominal stoma

- ▶ Bathing
  - ▶ Pouches can be worn in shower and while swimming
- ▶ Clothing
  - ▶ Pre-surgery style can continue to be worn
  - ▶ Darker colors and patterns can help to conceal pouch
- ▶ Work and physical activity
  - ▶ Can resume previous activity with care
  - ▶ Consider use of a hernia belt

# Dietary considerations for a person with an abdominal stoma



- ▶ Ileostomies
  - ▶ Risk of food blockage
  - ▶ Start with a low residue diet, slowly reintroduce fiber
  - ▶ Maintain adequate fluids intake to stay hydrated
- ▶ Colostomies
  - ▶ Slowly resume previous diet
  - ▶ Prevent constipation, foods can cause increase in gas and odor
- ▶ Urostomy
  - ▶ Maintain adequate hydration to prevent dehydration and lower risk of infection

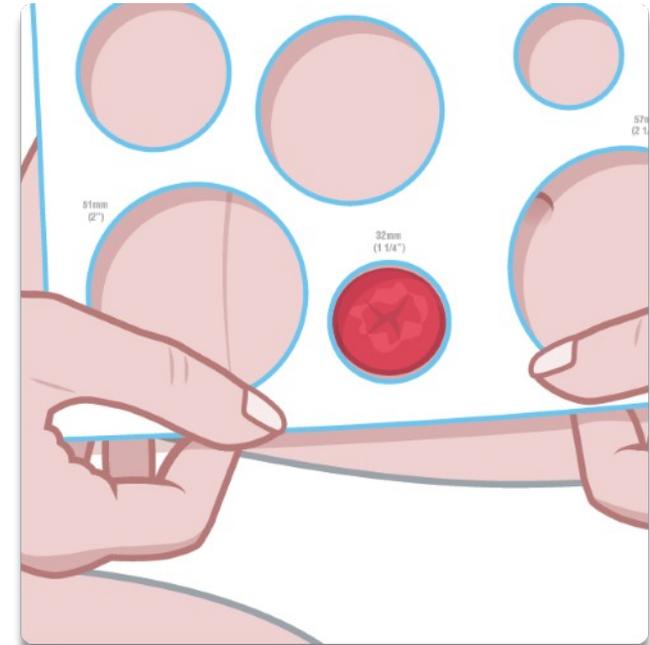
# Dehydration concerns

- ▶ Ileostomy
  - ▶ Risk of dehydration
  - ▶ Signs and symptoms: dark urine, cramps, lethargy
  - ▶ High sodium foods, increase fluids and potassium should be taken when dehydration occurs



# Common skin care problems

- ▶ Irritant dermatitis
  - ▶ Erythema in area of contact with allergen
  - ▶ Identify allergen and remove from pouching system
- ▶ Pseudoverrucous lesions
  - ▶ Caused by prolonged exposure to urine and stool
  - ▶ Thickened layers of skin causing elevation directly next to stoma
  - ▶ Cover lesions, fit patient for appropriate size pouching system



# Referral

- ▶ Patients may need to be referred to a WOC nurse
  - ▶ Referrals through phone calls or outpatient appointments
- ▶ Reasons for referral
  - ▶ Constant leaking of pouching system
  - ▶ Peristomal skin complications
  - ▶ Signs of urinary tract infections in patients with a urostomy

# Summary



- ▶ Different types of abdominal stomas, locations on the abdomen and expected effluence
- ▶ How to change a pouch and how to empty a pouch
- ▶ Assess for any peristomal skin complications
- ▶ Know when to refer a patient to a WOC nurse

# 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). Adaptions, 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
- ▶ Colwell, J., & Hudson, K. (2022). 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.
- ▶ 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.