

Ostomy Patient Care: Basic Principles and Problem Solving

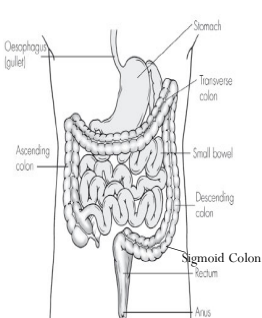
Janice C Colwell, RN,MS,CWOCN,FAAN
Advanced Practice Nurse
University of Chicago Medicine

Objectives

- Identify the three types of ostomies:
 - Ileostomy
 - Colostomy
 - Urostomy
- Describe the pouching system options for each type of stoma.
- Discuss ostomy problem solving techniques.
- Explain techniques utilized to adapt to living with a stoma and the necessary resources.

Ostomy Basics

- Ostomy=enteric opening
- Stoma=opening
- Ileostomy=opening into ileum (small intestine)
- Colostomy=opening into the large intestine (colon)
- Urostomy=opening into the urinary tract



Ileostomy Function

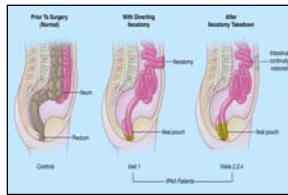
- 25 feet of small intestine
- Function: nutrient absorption
- Liquid to semi pasty output
- Volume: 1000-1200ccs/24 hours
- Content: water, enzymes, partially digested food
 - Translation: damaging to skin!



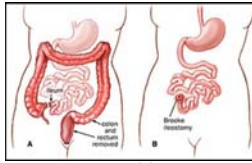
Image from: <http://phoenixaaa.businesscatalyst.com/what-is-an-ileostomy>

Ileostomy

- Indications for creation:
 - Inflammatory bowel disease
 - Ulcerative colitis
 - Crohn's disease
 - Colon cancer



Temporary Ileostomy w/reconstructive surgery



Permanent End Ileostomy



Temporary diverting Ileostomy

Colostomy Function

- 5 feet of large intestine
- Function: water absorption
- Semi pasty to semi solid output
- Volume: 500-1000ccs/24 hours to every other day
- Content: undigested food (fiber), some fluid

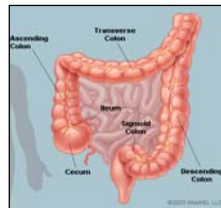


Image from: <http://www.webmd.com/digestive-disorders/picture-of-the-colon>

Colostomy

- Indication for creation:
 - Cancer
 - Diverticular disease
 - Trauma

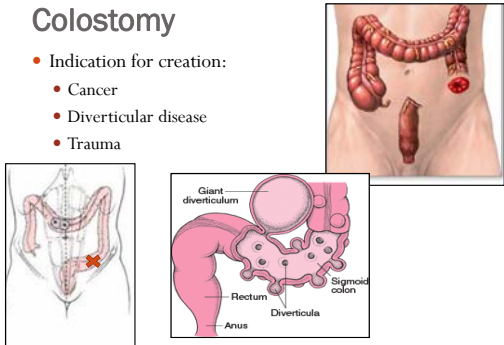
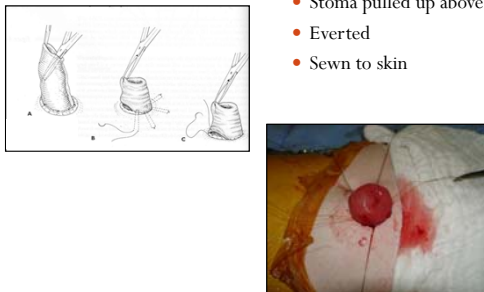


Image from: http://www.merckmanuals.com/home/digestive_disorders/diverticular_disease/diverticulosis.html

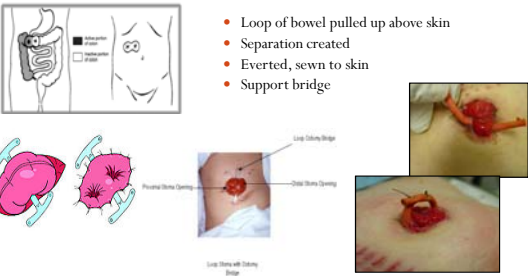
Stoma Creation: End Stoma

- Stoma pulled up above skin
- Everted
- Sewn to skin



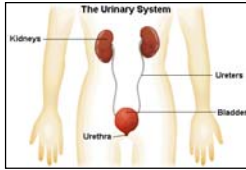
Stoma Creation: Loop Stoma

- Loop of bowel pulled up above skin
- Separation created
- Everted, sewn to skin
- Support bridge



Images from: <http://www.colorectal-cancer.ca/en/colostomy/>
<https://www.c3bc.com/colostomy/colostomybasics/hospitalstay/>

Urinary System Function

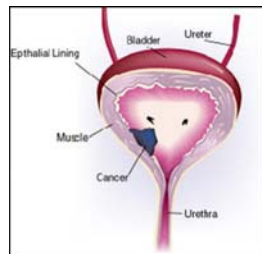


- Kidneys, ureters, bladder and urethra
- Control the amount of water and salts that are absorbed back into the blood.
- Filters blood and take out waste.

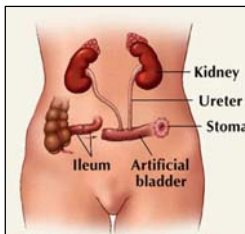
Image from: http://www.naturalhealthschool.com/13_1.html

Urostomy

- Indication for creation:
 - Bladder cancer
 - Radiation cystitis




Urostomy



- Creation:
 - 6 inches of intestine
 - Conduit created: one end closed the other is used for the stoma
 - Ureters connected to "conduit"
- Function:
 - Urine flow almost continuous: 1500 cc/24 hours
 - May contain mucous

Urostomy

- Type
 - End stoma
 - Loop stoma (uncommon)



Urostomy w/stents


Stoma Assessment

- Tissue
 - Red, moist, no nerves
 - Edematous
- Shape/size
 - Round
 - Oval



Pouching System: Components

- Pouch
 - Drainable/Non Drainable
 - Non Drainable
 - Clear/opaque
 - Short/long
- Skin Barrier
 - Adhesive component
 - Cut to fit/precut
 - Flat/convex
 - Regular/extended wear



Skin Barrier

- Provide adhesive seal
- Protect skin
- Available:
 - Precut
 - Cut to fit
- Determining Fit
 - Match the opening size to the stoma size
- Template
 - Round
 - Custom



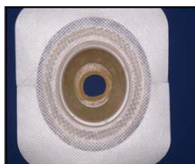
Skin Barrier Fit

- Round: use measuring guide
- Oval: make template



Skin Barrier: Moldable/Shape to Fit

- Stretch to fit stoma size
- Accommodates round & flat stomas



Skin Barrier Fit: Tips



One vs. Two Piece System

- One Piece Pouching System
- Pouch and Skin Barrier as one unit



- Two Piece Pouching System
- Pouch is separate from the skin barrier
- Attaches via a flange or an adhesive coupling



Two Piece Pouching System Application



Tips: Cutting Skin Barrier

- Do not cut thru the pouch
 - Pull the plastic away from the starter hole
- Save and date pattern/template
 - Stoma size will change
 - Allow for quick preparation of next pouch



Skin Barrier Shape: Flat/Convex

- Flat
 - Matches the peristomal skin shape
 - Tip: assess in sitting position
- Convex
 - Matches the peristomal skin shape
 - Flattens creases/dips
 - Accommodates a less protruding stoma



Skin Barrier: Wear Time

- Skin Barrier Material
 - Hydrocolloid
 - Erodes in the presence of moisture
- Two Types
 - Regular wear
 - Semi formed
 - Formed stoma output
 - Extended wear
 - Liquid output
 - Ileostomy
 - Urostomy



Skin Barrier Wear Time

- Average wear time: 4.5 days for most people with an ostomy*
- Decreased wear time when stoma output is liquid or high volume
- Evaluate the back of the skin barrier at pouching system removal



*Richbourg L, et al. Journal of Wound, Ostomy & Continence Nursing. 35(5):504-508, September/October 2008

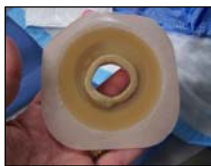
Skin Barrier Wear Time: Tips

- Start with three days
- Increase slowly looking at the erosion upon removal
- If wear time is not near three days consider use of accessory products
 - Skin barrier paste
 - Skin barrier rings
 - Skin barrier strips







Skin Barrier Accessories

- Paste: caulk or filler
 - Tip: alcohol based
- Rings/washers
- Strips



Pouches

- Transparent
- Opaque
- Odor Proof
- Drainable
 - Short, medium, long
 - Integrated closures
 - Clamps
 - Tap
- Closed End



Choosing the "Right" Pouch

- Drainable Pouch
 - Allows effluent to be emptied as needed without pouch removal (& measured)
 - Suggested for ileostomy patients
 - Suggested for patients that require pouch emptying > 3 times a day
- Tip
 - Empty pouch when 1/3rd full





Image from Krames Ileostomy Patient Educational Booklet

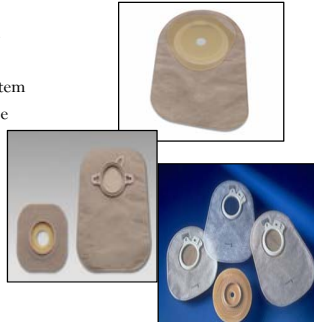
Tips for Pouch Emptying

- Odor Control
 - Use of pouch odor eliminator
 - Flush as pouch is emptied
- Cleaning end of pouch
 - Wipe with tissue
 - Use a moist flushable cloth
- Do not
 - Rinse pouch



Choosing the "Right" Pouch

- **Closed End**
 - One to two changes/24 hours
 - Two piece pouching system
 - Less aggressive one piece
 - Disposal issues
 - Ease
 - Intimacy
 - Concealment
 - Frequency of removal



Choosing the "Right" Pouch

- **Urostomy Patient**
 - Needs to have a tap
 - Should have an anti-reflux valve
 - Tap needs an adaptor for connection to bedside drainage collector
- **Tips:**
 - empty when 1/3rd full
 - Use leg strap to stabilize connection from pouch to dependent drainage collector



Pouching System Use: Application of Principles

- Post Discharge Patient
- Diagnosis:
 - Ulcerative Colitis
- What type of stoma?
 - Ileostomy
- Most likely anatomical location?
 - Right side of abdomen
- Drainable versus non drainable pouch
 - Drainable
- Cut to fit versus precut?
 - Cut to fit



Pouching System Change

- Gather Supplies
 - Pouch
 - Measuring guide
 - Scissors
 - Moist and dry gauze
 - Garbage container
 - Accessory items?
 - Paste
 - Odor eliminator



Pouch Removal

- Gloves on
- Pull the adhesive while releasing the skin
- Do the outer adhesive first
- Then the inner adhesive
- Pouch in garbage



Stoma & Peristomal Skin Assessment

- Stoma
 - red
 - moist
 - edematous
- Peristomal skin
 - intact
- Output
 - color
 - consistency
 - amount



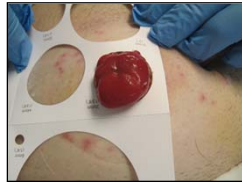
Wash Peristomal Skin

- Warm water only!
- Gently cleanse and dry
- Keep gauze handy



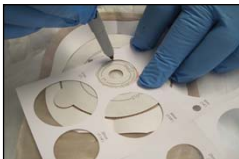
Measure Stoma

- Use measuring guide in box of pouches
- No skin exposed to stoma output
- If oval use plastic to make a template

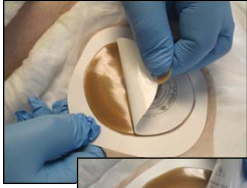


Trace Stoma Size & Cut Out

- Trace stoma size
- Pull pouch away from cutting area
- Cut out the template tracing



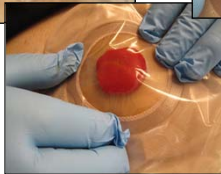
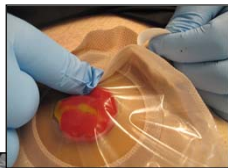
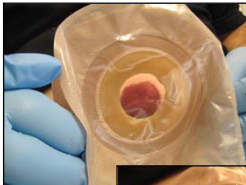
Prepare for Application



- Remove paper backing from skin barrier (save if you need a template)
- Use paste around cut edge if indicated



Application

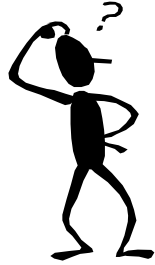


Pouch Closure



Two Common Ostomy Dilemmas

- Pouching system is leaking!
- Peristomal skin is red, open and moist what to do???



Pouch is Leaking!

- Remove pouch & assess
 - Shape of peristomal skin
 - Protrusion of stoma
- Convexity??
 - Convex skin barrier
 - Creating convexity



Creating Convexity



Pouch is Leaking!

- Assess the size of the stoma
 - Match size of stoma and opening in skin barrier
 - Problem: you only have precut pouches
 - Solution:
 - Measure stoma at widest diameter, choose that size
 - Protect rest of the skin with a barrier ring applied before the pouch



Pouch is Leaking!

- Assess wear time
- Is skin barrier eroded?
- Solution:
 - Decrease wear time
 - Date the pouch
 - Add accessory products to delay erosion
 - Barrier paste
 - Barrier ring



Impaired Peristomal Skin Integrity

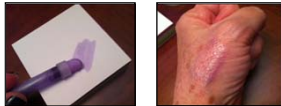


Denuded

- Determine & correct etiology
- Topical Treatment
 - Protect
 - Decrease moisture

Impaired Peristomal Skin Integrity

- Topical
 - Skin barrier powder
 - Sprinkle onto area
 - Gently rub in
 - Brush off excess
 - Consider sealing with a liquid acrylate
 - No sting formula



Peristomal Candidiasis



- Findings:
 - Satellite lesions
 - Moist open areas
 - Continuous patches
 - Itchy
- Risk Factor:
 - Immunosuppression
 - Antibiotics
 - Moist dark environment

Peristomal Candidiasis



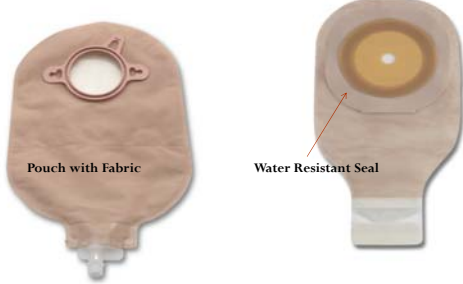
- Treatment:
 - Decrease moist environment
 - Good seal
 - Skin barrier opening
 - Wear time
 - Topical
 - Anti fungal powder
 - Nystatin
 - Systemic
 - Diflucan

Activities of Daily Living

- Diet
 - Fecal Diversions
 - Low residue for up to 6 weeks
 - Avoid: fruits and vegies that can NOT be cut with a fork
 - Foods that thicken stoma output
 - Starches/ Carbs
 - Pasta
 - Bananas
 - Bread based products
 - Pretzels
 - Crackers
 - Diet
 - Foods that can help manage constipation (colostomy)
 - Fluids!!!
 - Prunes
 - Fruit juices
 - Fiber
 - Urinary Diversions
 - Increase the acidity of the urine
 - Cranberry juice
 - Cranberry pills
 - Vit C pills



Bathing/Showering



Concealment



Concealment: Female



Concealment: Male



Concealment:

<https://www.youtube.com/watch?v=mi3H8nd7BuU&feature=youtu.be>

Intimacy Issues



Concealment Garments

Ostomy Patient Resources



- United Ostomy Associations of America (www.ostomy.org)
- UOAA is an association of affiliated, nonprofit, support groups who are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion.
- It is dedicated to the provision of information, advocacy and service to, and for, its affiliated support groups, their members and the intestinal/urinary diversion community at large.

Ostomy Patient Resources

- Hollister
 - Secure Start
- ConvaTec
 - Concierge Service
- Coloplast
 - Coloplast Care
- Samples
- Travel kit
- Support
 - Where to purchase supplies
 - WOC nurses for a phone consult
- Assistance Program
 - Non insured



Conclusion

- Objectives
 - Be able to identify the three types of ostomies:
 - Ileostomy
 - Colostomy
 - Urostomy
 - Describe the pouching system options for each type of stoma.
 - Discuss ostomy problem solving techniques
- Wound, Ostomy and Continence Nurse
 - Expert nurse specialist
 - Post bachelorette specialty education
 - Certification in ostomy care
 - Wound Ostomy and Continence Nurses Society
 - www.wocn.org



Questions