Ostomy Patient Care: Basic Principles and Problem Solving

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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://phoenixuoaa.businesscatalyst.com/what-is-an-ileostomy

Ileostomy

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

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

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
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.

Urostomy

- Indication for creation:
  - Bladder cancer
  - Radiation cystitis

- 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 with 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


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

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

- **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 1/3 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

- Stacking Barrier Rings
- Belts
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

- Determine & correct etiology
- Topical Treatment
  - Protect
  - Decrease moisture
  - Denuded
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 veggies that can NOT be cut with a fork
  - Foods that thicken stoma output
    - Starches/Carbs
      - Pasta
      - Bananas
      - Bread based products
        - Pretzels
        - Crackers
  - 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

- **Pouch with Fabric**
- **Water Resistant Seal**

Concealment

- **Women**
- **Men**
Intimacy Issues

- Short Mini Pouch
- Stealth Belt

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