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.

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!
Ileostomy

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

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

Colostomy

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

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

Stoma Creation: End Stoma

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

http://www.c3life.com/ostomy/ostomybasics/loopstoma/

Stoma Creation: Loop Stoma

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

- Tissue
  - Red, moist, no nerves
  - Edematous

- Shape/size
  - Round
  - Oval

Stoma Assessment

- Type
  - End stoma
  - Loop stoma

Ostomy Patient Management

- Assessment:
  - Type of stoma
    - Fecal
      - Small or large intestine
    - Urinary
    - End
    - Loop
    - Round
    - Oval

Ostomy Patient Assessment

- Peristomal Skin
  - Flat
  - Creased
  - Intact
  - Denuded
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

- Pressure
- Warmth

Clarification: 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

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
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 Operative 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??
Pouch is Leaking!

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

Creating Convexity

- Stacking Barrier Rings
- Belt

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

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

Ostomy Patient
- In the patients eyes: **you** are the expert!
- Learning to live with an ostomy is a **real** adjustment.
- First step is the right pouching system.
- Second step is providing your patient with **independence**.

Conclusion
- Objectives
  - Be able to Identify the three types of ostomies:
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  - 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