Introduction to Stoma Care

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Objectives

To give an overview of stoma formation and discuss the principles of stoma care in practice:

- Define the different types of stoma
- Identify reasons for stoma formation
- The role of the Colorectal/Stoma Care nurse
- Post operative stoma care
- Possible stoma complications
- Management, lifestyle and dietary advice
Stoma: Greek word meaning ‘mouth’ or ‘opening’

- Urostomy
- Colostomy
- Ileostomy
*Reasons for Stoma Formation*

- Colorectal Cancer
- Bladder Cancer
- Inflammatory Bowel Disease
- FAP - Familial Adenomatous Polyposis
- Diverticular Disease
- Bowel Dysfunction
- Trauma/Injury
- Volvulus
Colostomy

- Large bowel (Colon)
- Part of the large bowel that is brought out to the surface of the abdomen
- Most commonly in the sigmoid colon but can also be transverse, although less common
- Usually on the left side of the abdomen
- Thick/formed stool
- Closed appliance
*Closed Appliance*
*Stoma Types*

**Ileostomy**

- Small bowel (Ileum)
- Part of the small bowel is brought to the surface of the abdomen
- Usually on the right side of the abdomen
- Spouted
- Liquid/semi formed stool
- Normal output = 600-800mls per day
- Drainable appliance
*Drainable Appliance*
Loop Stomas

The bowel is everted with the proximal end forming the prominent ileostomy.

Prominent ileostomy
Ileostomy Rod
Interrupted Sutures
End Stomases
**Role of Colorectal/Stoma Care Nurse**

* Support patients as a Key Worker from diagnosis onwards
* Stoma Counselling
* Pre-op siting (elective or emergency)
* Provide ongoing Specialist advice and support
* Organisation and planning of patients discharge
* Nurse-led stoma clinics/rectal irrigation clinics
Assess the stoma regularly:

- Pink and warm
- Function - will have filter blockers on from theatre
- Clear bag until it starts functioning
- Assess skin condition
- Measure template post operatively and check regularly due to stoma reducing in size over the coming weeks
- Accurate measurement of output if required
Daily Care

- The changing of appliance varies in duration depending on type of stoma, appliance used and patient preference.
- Only require warm water to clean stoma and skin, avoid using creams, soaps, baby wipes, oils etc.
- Dry thoroughly, although the stoma itself will always remain wet.
- The stoma itself may bleed a little bit when cleaning, this is normal.
- When applying a new pouch, seal from the centre outwards.
- Waste does not need to be disposed of as clinical waste at home.
### Possible Complications

**Sore skin**

- Good skin care is important
- Do not use creams or oils underneath appliances
- Check template regularly - when the stoma size reduces faeces will be in contact with the skin. The stoma size and shape can also alter with changes in body weight
- Treatable with the use of barrier wipes/sprays, powders etc.
- More common in ileostomists
- Examine used appliance for leakage tracts
Mucocutaneous Separation

- An early post operative complication
- It is the separation between the stoma and the edge of the skin
- Usually managed conservatively
- Need to observe as it can lead to dehiscence
- In malnourished patients, low albumin can be a contributing factor
**Prolapsed Stoma**

- This is where a length of bowel prolapses through the stomal opening
- Causes can be: oversized hole made during surgery, increased abdominal pressure e.g. pregnancy, excessive coughing and sneezing, heavy lifting and obesity
- Conservative management: use of special appliances and garment supports and prolapse shield
- Surgical intervention may be required, involving removing the prolapsed bit of bowel and +/- resisting the stoma
- Mechanical trauma to the stoma can occur as they mucosa can rub against the appliance, which may cause bleeding
- Psychological support for patients, can be frightening but not usually serious
- May be manually reduced
Retraction

• Can be a result of the bowel being under tension
• Can also occur when necrotic tissue has ‘sloughed’ off
• Can occur when patients have gained weight
• Major problem is leakages, patients will require convexity long term
*Parastomal Hernias*

- Common occurrence
- Occur due to a weakness in the abdominal wall created by surgery
- Encourage patients to avoid any heavy lifting, keep their weight down and wear light supportive underwear
- Can be difficult to manage. Various appliances available and accessories such as edging strips
- If very problematic surgical intervention may be required but they can reoccur
Important to monitor colour of stoma in the post operative period

Stoma can be dusky post operatively for a short period until a good blood supply is established.

Severe lack of blood supply can lead to necrosis

Superficial necrosis will ‘slough off’

Severe necrosis will require surgical intervention
Diet Advice

- Eat little and often
- Chew food well and eat slowly to aid digestion
- Eating and drinking at the same time may cause excessive wind

**COLOSTOMISTS**
- A high fibre diet can help to avoid constipation
- Laxatives and a balanced diet can help to alleviate constipation
- In case of diarrhoea a drainable bag will be required

**ILEOSTOMISTS**
- Need to take extra fluids, more at risk of dehydration
- Small amount of extra salt is advised to be taken
- Avoid difficult to digest foods such as nuts, sweetcorn, mushrooms, seeds, skins as these can cause blockages
- No laxatives / per stoma medication
Ostomists can lead a ‘normal’ life

• Can still do the same activities; swimming, sports etc. There are various appliances available.
• Can travel - ensure patients take extra supplies with them, take a cool bag. Travel certificates are available from the SCN. Advise patients to get adequate travel insurance.
Psychological Support

Gradual process of acceptance

• Support groups available
  - Ileostomy association
  - Colostomy association
  - Urostomy association
  - me+ counselling support
  - Stoma care specialist nurses and and wider MDT
Further Information

• Coloplast free online course
• Coloplast Apollo - free online learning
• Dansac academy
• Colostomy association
• Ileostomy association
*Conclusion*

- Given an overview of stoma formation
- Defined the different types of stomas
- Identified the reasons for stoma formation
- Outlined the role of the SCN
- Highlighted post operative care principles
- Identified possible complications with a stoma
- Discussed diet
- Discussed lifestyle advise
- Identified where to obtain psychological support
Thank you

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