Basic Stoma Care
What is a Stoma

- A stoma is a greek word meaning a mouth
- It is an opening anywhere in the GIT which has been surgically brought to the exterior of the body
An ideal Stoma
GIT and Urinary System
Construction of an End Stoma
How a Loop Stoma is Constructed

- The selected bowel is pulled through the abdominal in a loop form
- An incision is made on top and the bowel is opened
- The open edges are stitched down onto the abdominal wall
- The bridge helps secure the stoma until healing has taken place
3 Types of Stoma Construction

Loop

Divided

End
Colostomy Types

- Ascending colostomy
- Transverse colostomy
- Descending colostomy
- Sigmoid colostomy
Colostomy
Ileostomy
Urostomy
INDICATIONS FOR A STOMA

- Cancer of rectum / anus or bladder
- Ulcerative Colitis or Crohn’s Disease
- Bowel Obstruction
- Diverticular Disease
- Trauma
- Hirschsprung’s Disease
- Congenital Abnormalities
OSTOMY PATIENT’S RIGHTS

- Pre-op counseling and siting of stoma
- A well constructed stoma
- Post-op care
- Emotional support
- Education
- Discharge plan
- Supply of ostomy products
- Choice of products
COUNSELING

- Reassure patient there is life after the operation
- Explain operation procedure – informed consent
- Explain post-op management
- Will be taught how to apply pouch
- Explain about Medical Aids
- Inform patient where to get their stoma stock
- Inform patient of the different products available
COUNSELING

- Fear / Rejection
- Body image / clothes
- Food
- Odour
- Sex
- Bath / Shower
- Work / Sport / Travel
- Education
How to site a stoma

- Site according to the type of operation
- Lying, standing, sitting, bending, praying
- Should be visible to patient

- AVOID
  - Hip-bone
  - Scars
  - Waist-line
  - Fat-folds, creases
  - Belly button
POST-OPERATIVE MANAGEMENT

- Observation of stoma
- Patient comfort & sense of security
- Correct choice of ostomy bag
- Skin protection
- Containment of effluent
- Containment of odour
- Make sure the stomatherapist has been called
Observe Colour

Healthy Stoma

Necrotic Stoma
Management

Difficult

Easy
Product Considerations

- Barriers
- Wafer with Flanges
- Pouches
- Pastes
- Powders
- Wipes
- Clips
- Belts
- Strips/seals
- Odour neutralizers
Consideration for pouch selection

- Type of stoma
- Type of effluent
- Size of stoma
- Construction of stoma
- Physical attributes of patient
- Occupational needs
Colostomy

- Where is it situated – Colon
- What type of effluent – semi-formed/formed
- What type of bag is used – drainable 1 or 2 piece
- Post-Op – transparent drainable
- After discharge – opaque drainable or closed
Ileostomy

- Where is it situated – ileum
- What type of effluent – watery to semi-soft (corrosive)
- What type of bag is used – drainable 1 or 2 piece
- Post-Op – transparent drainable/high out-put
- After discharge – opaque drainable
Urostomy

- Where is it situated – ileum
- What type of effluent – watery/urine
- What type of bag is used – drainable with tap 1 or 2 piece with anti reflux valve
- Post –Op – transparent
- After discharge - transparent
CHANGING A POUCH

It is not a sterile procedure

- A stoma is basically a bum in a new place
- Use soap and water to clean the skin
- Make sure the skin is dry
- Apply the new pouch
Pull bag away from barrier
Cutting the size
Remove film from barrier
Apply bag
Secure the bag
Urostomy and Colostomy
Skin problems - possible causes

Due to appliance problems

e.g.  • Inappropriate appliance
     • Incorrect size
     • Incorrect fit
     • Poor seal
     • Content spillage onto skin
     • Frequent unnecessary removal of adhesive appliances

Other possible causes

• Poor stoma siting
• Perspiration
• Skin preparation - soaps etc.
• Drug excretion
• Drug interactions
• Changes in skin permeability
• Allergic skin reactions
• Dressings etc.
• Psoriasis / eczema
• Radiotherapy
• Poor technique
• Poor hygiene
• Poor general health
Very first colostomy bag
Helping a patient to accept, adjust and realize there is life, after having a stoma, is a very rewarding job.