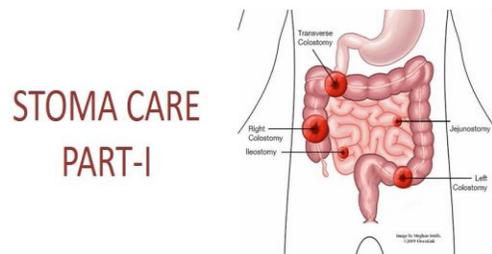


Basic Certificate in Palliative Care
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Week-09
Lecture 04: Stoma Care - Part I

Good day to everyone here, I am Professor Dr. Malarvizhi K Natarajan, Principal, Hosmat College of Nursing, here in front of you to have a discussion on Stoma Care.

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Ostomy

- Ostomy is an artificial opening made in the abdominal wall
- Input ostomy
 - Tracheotomy
 - Gastrostomy ,
 - Feeding ileostomy
- Output ostomy
 - Colostomy,
 - Urostomy
 - Ileostomy

Let us just discuss on ostomy. What is an ostomy? Ostomy is an artificial opening made in the abdominal wall. What are all the types of ostomies? There are two types, where based on whether it is input or output, it is been classified. Input ostomy is tracheostomy, gastrostomy and feeding ileostomy, whereas output ostomies are colostomy, urostomy and ileostomy. Here we are going to discuss main on output ostomies.

The colostomy, urostomy and ileostomy helps in removing the excretory products from the body when we are not able to do it on our own through the normal passage.

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TYPES OF DIVERSIONS (STOMA):

URINARY

- Ileal conduit
- Cutaneous ureterostomy
- Nephrostomy

FECAL

- Colostomy
- Continent ileostomy (Kock Pouch)

The types of diversions or stoma we have urinary and fecal. So in urinary we have ileal conduit, cutaneous ureterostomy, nephrostomy, whereas for fecal we have colostomy or continent ileostomy that is called as kock pouch.

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Types

According to duration

- Temporary and Permanent

According to location

- Ascending
- Transverse
- Sigmoid

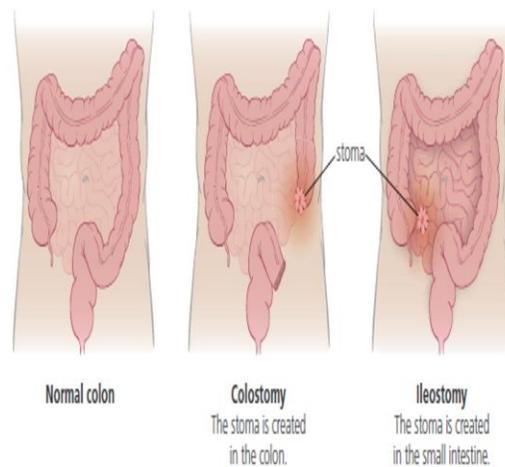
According to procedure

- Single barreled
- Double barreled
- Loop

We have types based on duration, location and the procedure, especially the surgical procedure. According to duration, it can be temporary or permanent.

According to the location, it can be ascending, transverse or sigmoid. Here this is based on the colon, what we are dealing with ascending colon, transverse or sigmoid colon. According to the procedure, there are single barreled procedure, double barreled procedure or loop.

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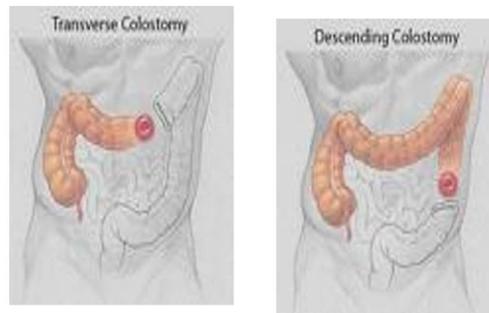


So you can see here how the stoma is been created. You can see the normal colon without any disturbance.

We have in the second picture colostomy, the stoma is created in the colon and ileostomy, the stoma is created in the small intestine.

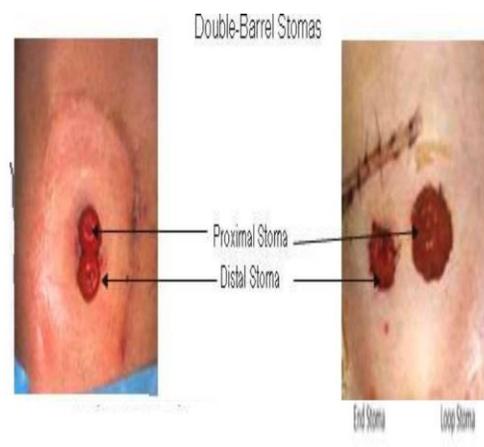
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Types of colostomy



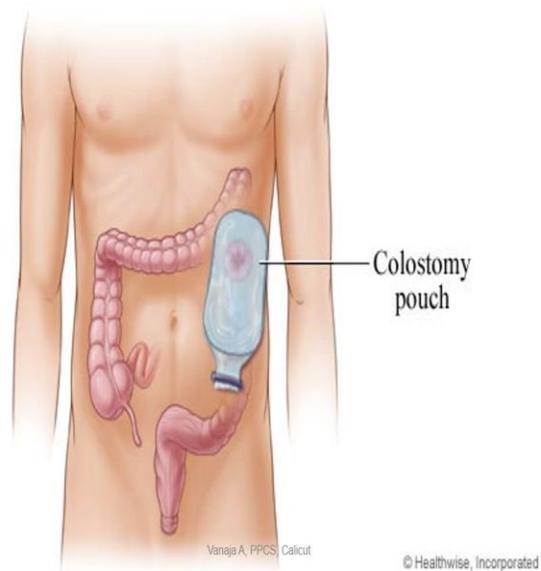
Types of colostomy, you have the first picture which depicts the transverse colostomy, the second picture which depicts descending colostomy.

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Now as per the types on the pattern or the surgery been done, it is what here it is shown as double barreled stomas. So you have the proximal stoma and the distal stoma. You have the end stoma and the loop stoma in the right side picture.

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So you can see that colostomy is prepared, it is not left like that to collect the fecal matter, you have to have a colostomy pouch.

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INDICATIONS FOR STOMA:

- Crohn's Disease (Regional Enteritis)
- Ulcerative Colitis
- Hirschprung's Disease
- Colon cancer and polyp
- Diverticular Disease

Indications for stoma. There are conditions where this particular procedure is required surgically. The conditions are Crohn's disease, otherwise called as regional enteritis, ulcerative colitis, Hirschsprung's disease, this happens usually in children, colon cancer and polyps, diverticular diseases.

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Purpose of stoma care:

- Skin protection and care
- Receptacle for drainage
- Patient acceptance and self care

What is the purpose of this stoma care? Why should we care for the stoma or the opening? In order to protect the skin and provide care to the skin for not allowing for the breakdown.

Receptacle for drainage. Since there is a pouch which is externally hanging, it gets filled up, so the drainage whatever is getting collected, it is the receptacle for the fecal matter, so we have to discard it every now and then when it gets filled. The patient acceptance and self-care is more important because it is not a easy procedure or a easy acceptable procedure for the patients because it has an impact on the psychological aspects. And self-care is more important because every time they cannot be dependent on the healthcare professionals if they are being taught self-care that really helps them to do on their own whenever it is required for them.

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Pre Operative counseling

- Team Work
- Individual care
- Explanation
- Ostomy counselors (visitors)
- Emotional support
- Site marking
- Prepare patient & family to accept a colostomy

So what we would suggest before going for the stoma care, before the procedure surgically is done, the patients should be counseled about what is that they are going to get in future.

So, a pre-operative counseling is mandatory where it is a teamwork where the healthcare professionals, the family members and the patient is getting involved and what is that they are going to just see in future. Individual care has been explained, proper explanation in simple language without using medical terminologies can be done for the patient to make them comfortable, not providing anxiety, but at the same time a clarity if they have any queries we can just still explain it in detail. Ostomy counselors are there, you have other patients who are having or undergone this ostomy they also can be the counselors wherein they gain more confidence when seeing another patient who is already had this. Emotional support from the family members and the team members, the site marking is more important so that they get an idea where this particular stoma is going to be created and how comfortable it is going to be for them to access that while doing the changing of the bags. Prepare the patient and family to accept a colostomy, usually it is very difficult to accept make the patient accept about opening in the abdominal wall because they may be thinking in all the aspects which is going to hinder their day to day activity.

So, we have to explain to the patient and especially when the patient is a married client, we have to explain to the spouse because it has an impact over the social aspect and also for the work aspect what they are going to face in future.

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Preoperative nursing care:

- Intensive replacement of fluid, blood and protein is required prior to surgery.
- If patient is on steroids therapy, then they should be continued during surgical phase to prevent steroid induced adrenal insufficiency.
- Small frequent feeding along with low residue diet is provided to patient.
- Preoperative teaching includes management of drainage from the stoma; the nature of drainage and the need nasogastric intubation, parenteral fluids.
- Abdomen should be marked for the proper placement of the stoma.

What would be the preoperative nursing care for this particular individuals? Intensive replacement of fluid, blood and protein is required prior to surgery. If patient is on steroid therapy, then they should be continued during surgical phase to prevent steroid induced adrenal insufficiency. Small frequent feeding along with low residue diet is provided to the patient. Preoperative teaching includes management of drainage from the stoma, the nature of drainage and that need of nasogastric intubation or parental fluids are being explained. Abdomen should be marked for the proper placement of the stoma.

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Post operative counselling

- Patient involvement & family contribution
- Habit formation
- Diet
- Occupation
- Travel
- Sports
- Clothing
- Skin care

After this preoperative, the patient goes for surgery and once the patient is received in the postoperative work, we are not stopping there, we are continuing the education and support for the patients in the name of stoma care. Patient involvement and the family contribution is more vital here. Habit formation because there is a change in location where the fecal or the urine output is going to be seen. So, the patient is been asked to go for a habit wherein they practice, so that regularly they can just change or get ready for the procedure.

Usually they will not have the normal defecation or urination, instead they will be getting collected in the pouch which has been attached. Diet is more important, so we have to help them out because flatulence is going to be very odd in certain times because there is no control over this particular stoma, so it will be done. So, the diet what they are taking is going to be helpful to avoid flatulence and creating a embarrassing situation for the patient. Occupation what type of occupation the patient has, we have to have a idea and take help from the social worker or from the company where they are working or the workplace where they are working whether alternatives can be done for the patient to lead a normal life. Travel it is not very easy with stoma going on travel, many of them restrict travelling, but if they are confident with the procedures they can be leading a normal life even with stoma in situ.

When proper care is taken to prevent trauma to the stoma, then I think the patients can really go in for the regular activities especially in sports. Clothing comfortable clothing is more important, so that they are comfortable especially when they wanted any leakage has been seen also it does not impact the process what they are undergoing during that particular period. Skin care is more important where we should avoid skin irritation due to leakages, so proper teaching is here required to protect the skin from breakdown and take care appropriately.

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Post operative nursing care:

- Observe the stoma for color and size. It should be pink to bright red and shiny.
- Monitor the ileostomy for fecal drainage, which should be begin about 24 to 48 hours after surgery.
- Accurate record of fluid intake, urinary output and fecal discharge is necessary because there may be 1000 to 2000ml of fluid lost each day in addition to expected loss.
- Observe laboratory values and administer electrolyte replacement.
- Nasogastric suction is also a part of the immediate postoperative care, with the tube requiring frequent irrigation.

Observe the stoma for color and size it should be pink to bright red and shiny. Monitor the ileostomy for fecal drainage which should be beginning about 24 to 48 hours after surgery because the patient will be nil per oral, so you cannot expect immediately the fecal matter to be present in the drainage, so you can expect any time after 24 to 48 hours of surgery.

Accurate record of fluid intake, urinary output and fecal discharge is necessary because there may be 1000 to 2000 ml of fluid lost each day in addition to the expected loss. So, we do not want to the patient to face any untoward reaction like dehydration or shock, so we just measure it initially, so that the patient is getting used to what is the volume he or she can expect. Observe laboratory values and administer electrolyte replacement if in

case of dehydration. Nasogastric suction is also a part of the immediate post-operative care with the tube requiring frequent irrigation.

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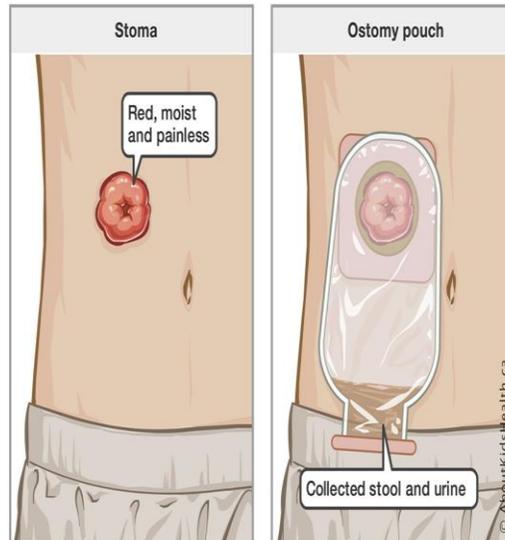
Assessment of stoma

- Stomal color
- Bleeding (Usually seen at the time of cleaning or changing the bag. Apply local pressure for 10 minutes and sucralfate powder)
- Stomal edema
- Herniation
- Stoma prolapse (Stoma size is 1 to 1.5 cm above skin level in colostomy. In ileostomy 3 to 3.5 cm above skin level.
- Retraction (If no interference with bowel movement to intervention is needed. Other wise surgical correction advised. Special attention to peristomal skin.)
- Stenosis
- Peristomal skin

How do we assess the stoma? Color as I mentioned it is anything between pink to dark red and should be shiny. Assess for bleeding usually seen at the time of cleaning or changing the bag. Apply local pressure for 10 minutes and sucralfate powder. Stomal edema, the initial reaction to this procedures you can see that the patient will be having stomal edema. There will be herniation also, also there may be stoma prolapse. The stoma size is 1 to 1.5 centimeters above skin level in the colostomy. In ileostomy it is 3 to 3.5 centimeters above the skin level. There may be retractions if no interference with bowel movement to intervention is required. Otherwise surgical correction is advised.

Special attention is provided to the peristomal skin. There should be if not properly taken care stenosis as a complication. You have peristomal skin damage.

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So you can see here the two pictures very clearly given. This stoma directly where it is red moist and painless whereas, after putting the ostomy pouch you can see that the collection of the stool and or the urine is been taking part here.

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Skin and stoma care

- Stoma should be rechecked 3 weeks after surgery, when the edema has subsided.
- The final size and shape of the appliance is selected in 3 months, after the patient's weight has stabilized and the stoma shrinks to a stable shape.
- Peristomal skin integrity may be compromised by several factors such as an allergic reaction to the ostomy appliance, skin barrier, paste, chemical irritation from the effluent, infection, mechanical injury from the removal of appliance.
- Mycostatin (Nystation powder) is dusted lightly on the peristomal skin, if yeast infection occurs.

Skin and stoma care. Stoma should be rechecked 3 weeks after surgery when the edema has subsided. The final size and shape of the appliance is selected in a 3 months time after the patient's weight has stabilized and the stoma shrinks to a stable shape. So what is

it meant? There will be a stomal edema as a natural process at least 3 week post surgery. The peristomal skin integrity may be compromised by several factors such as an allergic reaction to the ostomy appliance, skin barrier, paste, chemical irritation from the effluent, infection, mechanical injury from the removal of the appliance. You have mycostatin powder which is dusted lightly on the peristomal skin if yeast infection is expected.

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Skin care at Home

- Wash with soap & water
- Keep peristomal skin clean & dry
- Use correct size bag
- Empty the bag when it is $\frac{3}{4}$ full
- Use cotton clothes to clean
- Use antifungal powder in case of fungal infection
- Apply karaya powder with egg white if skin is excoriated
- Avoid powder or cream on peristomal skin

Skin care at home. Wash with soap and water. Keep peristomal skin clean and dry. Use correct size bags. Empty the bag when it is three-fourth full. Do not allow it to full totally so that it is going to be embarrassing for the patient.

Use cotton clothes to clean the surface. Use antifungal powder in case of fungal infection. Apply karaya powder with egg white if skin is excoriated. Avoid powder or cream on peristomal skin.

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Nursing problems

- Irregular bowel action
- Constipation / obstruction (Laxatives, enema, suppositories)
- Diarrhea (increase intake of fluid and hospitalization as early as possible)
- Excoriation of Skin
- Flatus / foul smell
- Psychological problems
- Stricture of stoma

What would be the nursing problems? Irregular bowel action. There may be constipation or obstruction. So the patient may also have diarrhea. Also there may be skin excoriations. There may be foul smelling due to flatulence also. Psychological problems are usually expected for these patients because this is not the normal routine for them. They are getting deviated from their day to day activity which is going to be challenging and it is emotionally that they are facing problems in the elimination process. There may be stricture of the stoma which will be needing further interventions up to the extent of surgical procedure.

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Diet

- Spinach and parsley act as deodorizers in the intestinal tract.
- Encourage patient to eat at regular interval, chew food well and drink adequate fluids.
- Avoid or reduce gas producing food and food that produce foul smelling such as: Cabbage, garlic, onion, meat etc.
- Avoid chilly and spicy foods
- Eat food containing more fibre and increase fluids to avoid constipation.
- Use the same type of oil to prevent diarrhea

Diet, As I mentioned already, the patient will be having flatulence which will be embarrassing among the family members or outsiders where they will be restricting their travel or working place. So proper diet plan enables the patient to just avoid this and to what experiences.

Spinach and parsley act as deodorizers in the intestinal tract. Encourage patient to eat at regular interval, chew food well and drink adequate fluids. Avoid or reduce gas producing food and food that produce foul smelling such as cabbage, garlic, onion, meat, etc. Avoid chilly and spicy foods. Eat food containing more fiber and increase fluids to avoid constipation. Use the same type of oil to prevent diarrhea.

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Games

Avoid

- football, Cricket, Basket ball
- Rough contact sports (Kabbadi, Boxing..)

As we mentioned, the patient will be having problems if he is a sports person. So if he is a sports person, the patient can avoid totally with playing like football, cricket, basketball or rough contact sports like kabaddi, boxing. If still they wanted to continue if there is a hobby or their profession, we can ask the patient to protect that particular area from getting traumatized due to the direct with the games items like ball or whatever the sports items they are using.

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Travelling

- Protect stoma with
a purse or hand bag
- Keep extra Collecting
bag in case of long journey

Traveling, We cannot ask the patient never to travel. Instead we can just advise them by telling to protect the stoma with a purse or handbag so that the direct trauma to that particular stoma opening is been avoided. Keep extra collecting bags in case of long journey. So enable the patient and explain to them they can carry extra bags or the pouches when they are just planning for long journey so that if in case they are feeling that there is a leakage or there is fullness where they cannot control, they can go and change it to your new bag and discard the old one.

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Clothing

No Restriction

Clothing, No restriction but we would recommend a cotton which does not create skin irritation especially in the stoma peristomal area. So they can use a cotton dressing which is loose and comfortable for the patient.

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Sexual life

- Support
- Advice
- Encouragement
- Counseling

Sexual life, As I mentioned the spouse of the patient should be explained what would be this in the pre-operative counseling itself and support has to be given by the spouse especially in the sexual life. Advise them how to what are all the positions if we can explain to them so that they are they have a normal sexual life.

Encouragement is more important instead of avoiding where it will create problem between the couple. Counseling if you feel that the counseling requires more of professionals they can go for sexual counseling wherein they can enable to lead a normal life.

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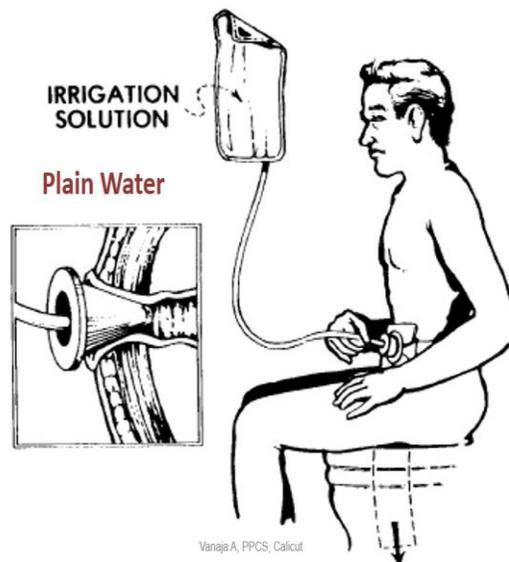
Irrigation

- Purpose

- To establish a regular bowel habit
- To clean the colon of gas, mucus, & faeces
- To prevent skin excoriation
- To remove irritant food ingested by patient
- To teach the patient & family the care of colostomy

Irrigation, Why do we want to irrigate? So we all know that the companies which are producing this bags it is all going to be very expensive so we can rather irrigate and reuse the bags instead of discarding also. So what is the purpose of this irrigation? To establish a regular bowel habit, to clean the colon of gas, mucus and feces, to prevent skin excoriation, to remove irritant food ingested by the patient, to teach the patient and family the care of the colostomy bag.

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So irrigation solution where you wanted to clean that particular area and also you just keep that area free from microorganisms. So how do we do the irrigation? The solution is taken into your pouch at a higher level using IV stand like or at a higher level above the stomal opening and we can drain that and collect it.

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Instructions

- Start irrigation 3 months after surgery
- Do not irrigate if there is diarrhea
- Don't irrigate ileostomy
- Lubricate well the funnel
- Use 1-1.5 L water
- Don't irrigate more than once a day
- Do not use force to introduce funnel
- Clamp & remove tube from stoma after running of fluid
- Wait for return flow (30-45 minutes)

So what would be the instructions we are giving for the irrigation procedure? Start irrigation 3 months after surgery. Do not irrigate if there is a diarrhea.

Don't irrigate ileostomy. Lubricate well the funnel. Use 1 to 1.5 litre of water. Don't irrigate more than once a day.

Do not use force to introduce the funnel. Clamp and remove tube from stoma after running of the fluid. Wait for return flow 30 to 45 minutes.

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Bag care

- Use correct size bag
- Empty bag when it is $\frac{3}{4}$ full
- Use soap & water to clean the bag
- Put charcoal in bag to prevent foul smell
- Clean with dettol water once in a week
- Dry the bag in shadow
- Avoid rough brushing or stone wash

Use correct size bag. Empty bag when it is 3-4th full. Use soap and water to clean the bag. Put charcoal in the bag to prevent foul smell. Clean with dettol water once in a week. Dry the bag in shadow. Avoid rough brushing or store wash. These are considered for back care.

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Management of Immediate complication

- Pain management
- Infection can present as
 - foul smelling peristomal and stomal discharge , peristomal sepsisTreat with appropriate antibiotics
- Bleeding - Treatment,local pressure, Surgical management
- Necrosis Occurs due to inadequate blood supply. The stoma should be revised immediately

How do we manage the immediate complication? Pain management. Infection can present as foul smelling, peristomal and stomal discharge, peristomal sepsis. This can be

treated with appropriate antibiotics. Bleeding if it is there. Treatment local pressure, surgical management are available. Necrosis is the common complication. Occurs due to inadequate blood supply. The stoma should be revised immediately leading to surgical repair.

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Managing Late complication

- Peristomal skin irritation
 - Assess the pouch opening
 - Change pouch frequently
 - Do not use cream or ointment, which will adhere to the skin
- If there is fungal growth dust with anti fungal powder

Managing late complication. The late complication commonly seen is peristomal skin irritation. Assess the pouch opening. Change pouch frequently. Do not use cream or ointment which will adhere to the skin. If there is fungal growth, dust with antifungal powder.

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Pouch leaking

- Ideal stoma should be at 1cm height from skin level, so less chance of skin irritation
- and it requires pouch change once in a week.
- If the stoma is situated at the skin level it's the most common cause for leaking and need frequent change of pouch.

Treatment

- Change the pouch frequently
- Use skin barrier- to provide a barrier between skin and effluent.

If we can see a pouch leaking, ideal stoma should be at 1 centimeter height from the skin level. So, less chance of skin irritation is there and it requires pouch change once in a week. If the stoma is situated at the skin level, it is the most common cause for leaking and need frequent change of pouch.

What would be the treatment for pouch leaking? Change the pouch frequently. Use skin barriers to provide a barrier between the skin and the effluent.

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When to call a doctor?

- When there is continuous blood ooze
- When there is prolapse, retraction & hernia
- When there is colicky pain lasting more than 6 hours
- When there is diarrhea, dehydration, constipation, & abdominal distension
- Ileostomy not functioning more than 24 hours
- Any peristomal skin problem

Bag in use



We can see in this picture the bag is in use. This is been supplied with a belt around the belly.

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Patient's Fear

- Change in lifestyle
- Toilet habits
- Social acceptance
- Economic
- Odour
- Noise
- Appearance of appliance under clothing

What would be the patient's fear? They would be expecting that there is going to be a change in lifestyle. There will be a change in toilet habits. There is going to be a change in social acceptance. Economically they are going to be finding it difficult. The odours

which is going to be embarrassing. The noise, the appearance of the appliance under the clothing is going to be very difficult.

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Goal: To Reduce fear

Approach:

- Encourage the patient to **express feelings** and fear about surgery and ostomy.
- **Provide information** about the surgery through literature and photographs.
- Show different types of appliances.
- Discuss about **self care** after surgery
- **Consider the benefits of an ostomy visitor**
- Include family in teaching
- **Stoma marking**

The goal is to reduce the fear. How can we do that? Approach, encourage the patient to express feelings and fear about surgery and ostomy. Provide information about the surgery through literature and photographs. Show different types of appliances. Discuss about self-care after surgery. What are the benefits of an ostomy visitor? Include family in the teaching and stoma marking will enable them to be comfortable and compliant with the procedure.

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Skin Problems - Possible Causes

- Inappropriate appliance
- Incorrect size
- Incorrect fit
- Poor seal
- Content spillage onto skin
- Frequent unnecessary removal of adhesive appliances



What would be the skin problems? The possible causes, inappropriate appliance, incorrect size, incorrect fitting, poor sealing, content spillage onto the skin, frequent unnecessary removal of the adhesive appliances. The skin will be reddish in color where it will be accompanied with infection or inflammation. Today we have seen how to what are all the different types of ostomies. How we can just help the patients because they are facing with many problems and pre-counseling, post-operative counseling is the vital things in the care of stoma opening and the patient is supported with the team members and the family members where they can just be confident in doing the procedure of irrigation themselves, change of the bag appliances themselves if they are being taught at the right time in the right way and enable them to follow the self-care and lead a quality of life which is mandatory and helps the patients self-esteem boosted up.

Thank you very much for listening. Still you have any doubts please approach us. We are here to clarify your queries.