

**Basic Certificate in Palliative Care**  
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**Week-09**  
**Lecture 05: Stoma Care - Part II**

Good day to everyone, I am here professor Dr. Malarvizhi K Natarajan, NAPCAIM, Vice President Karnataka state branch in front of you presenting a condition where the patient will be having a stoma and how to take care of the patient with stoma.

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**STOMA**  
**CARE-PART**  
**II CHANGING**  
**COLOSTOMY**  
**BAG**

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I really thank Miss Rupinder Kaur, associate professor and doctor Manpreet Kaur, professor and vice principal, a family of NAPCAIM from SGRD college of nursing for their generous contribution on this content which I am going to present today.

Let us just move on to the stoma care part 2, how to change the colostomy bag.

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### **CHANGING AN APPLIANCE:**

- The amount of time a person can wear the appliance depends on the location of the stoma and on body structure.

The usual wearing time is 5 to 7 days.

The appliance is emptied every 4 to 6 hours.

What are all the appliances required for changing the stoma bag? The amount of time a person can wear the appliance depends on the location of the stoma and on body structure. The usual wearing time is 5 to 7 days, the appliance is emptied every 4 to 6 hours.

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### **EQUIPMENT NEEDED:**

- Mild soap
- Clean clothes and towels
- Skin barrier (stoma adhesive, Convatec)
- Cutting guide
- Appliance pouch

#### **Optional Equipment**

- Barrier powder
- Antifungal spray or powder

What are all the equipment required? Mild soap, clean clothes and towels, skin barriers like stoma adhesive, convatec, cutting guide, appliance pouch, optional equipments may be barrier powder, antifungal spray or the powder.

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Now coming on to the articles required for this change of stoma appliance.

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**IMPLEMENTATION:**

STEPS	RATIONALE
<ul style="list-style-type: none"><li>1. Perform hand hygiene</li></ul>	<ul style="list-style-type: none"><li>This prevents the spread of microorganisms.</li><li>Hand hygiene with ABHR</li></ul>



We have gathered that whatever we have mentioned and we are going on to the process of changing this stoma bag. First and foremost step perform hand hygiene which is required to avoid infection transfer.

This prevents the spread of microorganisms entry and hand hygiene with ABHR solution is mandatory.

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### 2. Gather supplies



- Supplies include flange, ostomy bag and clip, scissors, stoma measuring guide, waterproof pad, pencil, adhesive remover for skin, skin prep, stoma adhesive paste or powder, wet cloth, non-sterile gloves, and additional cloths.

Gather the supplies or the equipments like flange, ostomy bag, ostomy bag, you have the clip, you have the scissors, you have the stoma measuring guide, you have the waterproof pad, you have the pencil, you have the adhesive remover for skin, skin preparation, stoma adhesive, paste or powder, wet cloth, non sterile gloves and additional clothes.

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- 3. Identify the patient and review the procedure. Encourage the patient to participate as much as possible or observe/assist patient as they complete the procedure.
  - Proper identification complies with agency policy.
  - Encouraging patients to participate helps them adjust to having an ostomy.
  
- 4. Create privacy. Place waterproof pad under pouch.
  - The pad prevents the spilling of effluent on patient and bed sheets.

That is third step would be identify the patient who requires this appliance change and review the procedure, encourage the patient to participate as much as possible or observe or assist patient as they complete the procedure. So, if it is the first time we do the procedure and show to the patient, if it is more than two times the patient can be involved where we also help the patient and if it is frequent changes just assist the patient or observe whether they are following the proper steps of changing the appliance. So, proper identification complies with agency policy and encouraging patients to participate helps them adjust to having an ostomy.

Step number 4 is create privacy, place waterproof pad under the pouch. The pad prevents the spilling of effluent on patient and the bed sheets so that the bed is been protected from getting soiled.

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- 5. Apply gloves. Remove ostomy bag, and measure and empty contents. Place old pouching system in garbage bag.



Remove ostomy bag from flange

- 6. Remove flange by gently pulling it toward the stoma. Support the skin with your other hand. An adhesive remover may be used.

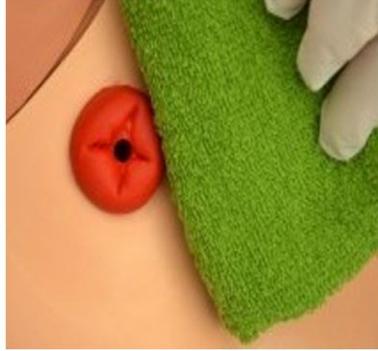


Step number 5 apply the gloves, remove the ostomy bag and measure and empty the contents, place old pouching system in garbage bag. So, we can see here the ostomy bag is removed and it is been taken away from the body part and you need to measure what is the content been collected in that and empty it into the garbage bag, if it is a changeable pouch discard it so that we can replace with the new pouch. Step number 6 we have remove the flange by gently pulling it towards the stoma, support the skin with your other hand and adhesive remover may be used.

So, you can just secure the other part of the stoma along with the skin so that it does not get away from the position, support the skin with your other hand non-dominant hand and then adhesive remover may be used in order to secure it in place.

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- 7. Clean stoma gently by wiping with warm water. Do not use soap.
- Aggressive cleaning can cause bleeding. If removing stoma adhesive paste from skin, use a dry cloth first.



Step number 7 clean the stoma gently by wiping with warm water do not use soap. So, this helps in aggressive cleaning can cause bleeding. So, avoid that aggressive cleaning and if removing the stoma adhesive paste from skin use a dry cloth first in order to remove the adhesive paste.

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- 8. Assess stoma and peristomal skin.
- A stoma should be pink to red in colour, raised above skin level, and moist.
- Skin surrounding the stoma should be intact and free from wounds, rashes, or skin breakdown

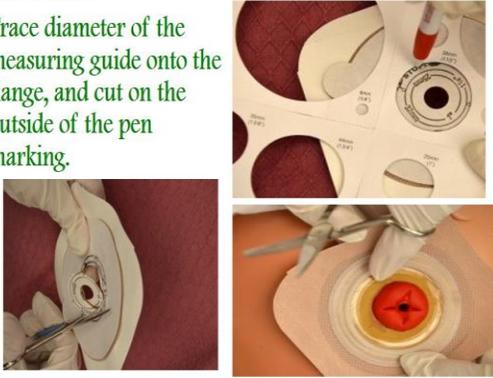


Step number 8 is to assess the stoma and peristomal skin. The common problems the patients face is irritation in the skin and there will be breakdown of the skin. So, assessment is more important as healthcare professionals we have to check how the stoma healthier or is it under damage. The stoma should be pink to red in color, raised above skin level and moist. Skin surrounding the stoma should be intact and free from wounds, rashes or skin breakdown. So, this is the picture which shows a healthy stoma which you are seeing on the screen.

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- 9. Measure the stoma diameter using the measuring guide (tracing template) and cut out stoma hole.
- Trace diameter of the measuring guide onto the flange, and cut on the outside of the pen marking.

- The opening should be 2 mm larger than the stoma size.
- Keep the measurement guide with patient supplies for future use.



Step number 9 measure the stoma diameter using the measuring guide. Usually if it is a readymade product, the readymade product the companies provide with a stoma diameter measuring guide tracing the template and cut out of the stoma hole. So that it exactly fix into the opening. The opening should be 2 millimeters larger than the stoma size so that it gets inserted properly without any damage to the stoma and to the adjacent skin. Trace the diameter of the measuring guide on to the flange and cut on outside of the pen marking.

So, you mark with a pen that is why the pen is used and you just cut down with extra material so that it rightly fixes into the stoma opening. Keep the measurement guide with the patient supplies for future use. Once you are guiding them or helping them it can be a

permanent one where they know this is the size of the stoma usually they can just take it every time they change the appliance. So, hand over to the patient with the supplies for future use.

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10. Prepare skin and apply accessory products as required or according to agency policy.

- Accessory products may include stomahesive paste, stomahesive powder, or products used to create a skin sealant to adhere pouching system to skin to prevent leaking.
- Wet skin will prevent the flange from adhering to the skin.



Step number 10 prepare the skin and apply accessory products as required or according to the agency policy. It may be due to agency policy where we follow certain steps or it can be the company where it gives instruction based on the product which has been manufactured by that particular company where they have their guidelines. So accessory products may include stomahesive paste, stomahesive powder or products used to create a skin sealant to adhere pouching system to skin to prevent leaking. So, certain companies have these special extra items along with the appliances given to the patient so that they are very comfortable to keep the skin perfect healthy without having any leakage and leading to breakdown of the skin is being totally prevented. Wet skin will prevent the flange from adhering to the skin. So, it is mandatory that if they are advising the company people with certain products please support that so that the process is going to be very comfortable for the patient.

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- 11. Remove inner backing on flange and apply flange over stoma. Leave the border tape on. Apply pressure. Hold in place for 1 minute to warm the flange to meld to patient's body. Then remove outer border backing and press gently to create seal.

- The warmth of the hand can help the appliance adhere to the skin and prevent leakage.



Step number 11 remove the inner packing on flange and apply the flange over the stoma. Leave the border tape on apply pressure hold in place for one minute to warm the flange to melt to patients body. Then remove the outer border backing and press gently to create a seal. So, we can understand in step number 11 that the base backing flange is been adhered to the skin and the methods are been explained very clearly because the warmth what is within our hand that enables the flange to just get stuck or get stuck or get sealed so that the prevention of leakage is been considered effectively.

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- 12. Apply the ostomy bag. Attach the clip to the bottom of the bag.

- This step prevents the effluent from soiling the patient or bed.



Step number 12 is apply the ostomy bag attach the clip to the bottom of the bag. So, now, it is very easy once it has been secured with the backing of the flange. Now, if we take the ostomy bag attach the clip to the bottom of the bag so that it gets in contact with whatever the frame is there. This step prevents the effluent from soiling the patient or the patients bed.

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○ 13. Hold palm of hand over ostomy pouch for 2 minutes to assist with appliance adhering to skin	The flange is heat activated.
○ 14. Clean up supplies, and place patient in a comfortable position. Remove garbage from patient's room.	Removing garbage helps decrease odour.
○ 15. Perform Hand Hygiene	This minimizes the transmission of microorganisms.
○ 16. Document procedure.	Follow agency policy for documentation. Document appearance of stoma and peristomal skin, products used, and patient's ability to tolerate procedure and assistance with procedure. anisms.

Step number 13 hold palm of the hand over ostomy pouch for 2 minutes to assist with appliance adhering to the skin. So, we have to hold it to make it secure there by the flanges heat activated and it gets stuck to the backing flange so that it is intact as a system.

Step number 14 clean up the supplies and place patient in a comfortable position remove the garbage from the patient's room removing garbage helps decrease odor.

Step number 15 perform hand hygiene this minimize the transmission of microorganisms from one patient to another document the procedure is the 16th step follow the agency policy for documentation. Document appearance of the stoma and peristemosin and patient's ability to tolerate the procedure and assistance with procedure. These are all to be followed as per the manual given by the agency or the hospital policy.

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### **COMPLICATIONS:**

- Peristomal skin irritation
- Breakdown of the anastomoses
- Leakage of effluent
- Paralytic ileus
- Obstruction of ureters
- Wound infection
- Mucocutaneous separation
- Stomal necrosis.

What would be the complications of this stoma care? Peristomal skin irritation, breakdown of the anastomosis, leakage of the effluent, paralytic ileus that means the bowel is failing to move forward, obstruction of the ureters, wound infection, mucocutaneous separation it is nothing but the skin background of the mucous membrane, stomal necrosis.

Today we had just very well seen the procedure how to change the ostomy bag appliance very nicely explained step by step so that initially the patients learn with us and we support them during the procedure in the second or third time and as in future the patient becomes independent and confident in changing this back on their own. Thank you very much for listening, if any doubts please get back to us we will be in a position to help you clarify your queries. Thank you, have a good day.