

Stoma Care

With thanks to Yvonne Bennet, Stoma Care Nurse, Royal Hospital for Sick Children, Yorkhill

One of a series of fact sheets produced by the Family Support Service

WHAT IS A STOMA?

The words stoma and ostomy come from the Greek word meaning 'mouth' or 'opening'. Approximately 1/2 inch of the bowel is brought to the surface of the abdominal wall and turned inside out before being attached with small stitches which usually dissolve on their own. Waste matter, evacuation of which cannot be controlled, is passed out of the stoma into a special stoma bag/pouch.

THERE ARE THREE TYPES OF STOMA:

Colostomy

An opening made into the large intestine (colon). Waste products will vary in consistency according to the placement of the colostomy. The further along the colon it is, the more water will have been absorbed and therefore the more solid the waste matter will be. Bowel movements will be fairly regular with a motion being passed once or twice a day, or sometimes more frequently.

Ileostomy

An opening made into the small intestine (ileum). Because the waste matter has not travelled through the large intestine, water and some minerals will not have been absorbed. The waste material passed will therefore be very runny and passed frequently. A drainable stoma pouch would be best for Ileostomists.

Urostomy

An opening made to divert urine from the bladder. It is most common to wear a stoma pouch over a Urostomy to collect the urine, with a tap on the bottom for easy emptying but occasionally a nappy or pad can be worn.

Stomas look like a small bud or raspberry and most often resemble the inside of the mouth in colouring.

STOMA POUCHES

Your stoma care nurse will be able to show you a selection of pouches available. There are a variety of types and sizes but the basic requirements are: a well-fitting comfortable pouch which is non-irritating, odour proof and with sufficient capacity to allow for a reasonable time between emptying or changing.

Pouches are attached to the skin by a special adhesive skin barrier or flange.

Changing stoma pouches

Before changing a pouch make sure you have the new one ready and everything you need to hand. When removing the pouch you must first empty it and then carefully peel it off with one hand while pressing down on the skin with the other. Seal the used pouch in a plastic bag or nappy sack for disposal in the outside bin. The pouches should never be flushed down the toilet. Clean the stoma and surrounding area using warm water and gauze wipes, dry the skin thoroughly, patting gently – do not rub. Never rush, take time to cleanse properly as good skin care is the key to success. When applying the pouch check it fits snugly around the stoma and that the stoma size has not altered. Never delay changing a leaking pouch for any reason. It only takes a short while for the skin to become sore.

DAY TO DAY MANAGEMENT

Baths and showers:

Stoma pouches can be left in place or removed whilst bathing depending on personal choice. Many parents decide to bath their child when the pouch needs changing.

Diet:

A normal balanced diet is recommended. Some foods produce more wind than others so perhaps it is best to avoid these where possible. For Ileostomists, some foods which are hard to digest, such as tomato skins and celery may be best avoided. Children with Ileostomies and Urostomies will require to drink more fluid than normal.

Swimming and sport:

Unless your doctor has told you otherwise there is no reason why someone with a stoma cannot take part in swimming and sports although it is best to avoid contact sports.

FURTHER INFORMATION

It will help you to talk to your stoma care nurse or surgeon.

If you have any questions or would like further information, please do not hesitate to contact the Family Support Workers at:

Scottish Spina Bifida Association - Family Support Service

Address: The Dan Young Building, 6 Craighalbert Way, Cumbernauld, G68 0LS • Tel: 01236 794516 • Fax: 01236 736435

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