Stoma Care
Patient Information
What is a Stoma?
A stoma is a surgically-created structure used to divert the course of urine or stool/faeces. In this structure, an artificial opening is made from the bowel to the surface of the abdomen through which stool or urine passes out of the body. The procedure is used to treat various conditions, including cancer, inflammatory bowel disease, trauma, fistula, and faecal incontinence.

What is Ileostomy?
An ileostomy is a surgical opening of the small intestine onto the abdominal wall for the passage of stool.

What is Colostomy?
A colostomy is a surgical opening of the colon onto the abdominal wall for the passage of stool/faeces.

What are the different types of Ostomy appliances?
There are a number of products used in the management of stoma. Your doctor or stoma nurses will decide what works best for you.

<table>
<thead>
<tr>
<th>One piece drainable pouch</th>
<th>One piece closed pouch</th>
<th>One piece urostomy pouch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two piece drainable pouch</td>
<td>Convex wafers for stoma retraction</td>
<td>Stoma clip</td>
</tr>
<tr>
<td>Stoma adhesive paste &amp; powder</td>
<td>Stoma belt</td>
<td>Multidex spray, gel &amp; powder</td>
</tr>
</tbody>
</table>
What are the steps for changing the pouch

<table>
<thead>
<tr>
<th>Use lukewarm water to clean the area around stoma. Use gentle hand to wipe dry.</th>
<th>Check the size of your stoma.</th>
<th>Trace the correct size onto the back of the wafer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut out the marked area by using pointed scissor.</td>
<td>Make sure that wafer is neither too large nor too tight. Remove the protective cover from behind the wafer.</td>
<td>If needed, layer some adhesive paste around the opening you cut in the wafer.</td>
</tr>
<tr>
<td>Place the wafer over the stoma. Press gently on the wafer for a minute to help it get a good seal.</td>
<td>Place the pouch onto the face plate and check that the pouch is fixed properly.</td>
<td>Close the bottom of the drainable bag with the clip.</td>
</tr>
</tbody>
</table>

1. Empty the pouch when it is one third to half way full.
2. The skin barrier attached to your belly around stoma (wafer) is changed every 5-7 days.
What is the proper position for stoma care?

Put the pressure off at his/her lower leg by bending knees a little and putting a pillow in between knees and ankles. When the patient is lying on back, keep heels off of the bed with pillow or pad.

What nutritional care should be taken?

- Stoma patients can eat everything, but make sure that the food is well cooked and is chewed thoroughly.
- Avoid eating unpeeled fruits and vegetables.
- After the first 4 weeks, add high fibre foods to your diet gradually. These include:
  - Green leafy vegetables
  - Grains and legumes
  - All root vegetables
  - Bread or chapatti
- If you have diarrhoea, alter your diet for a few days. Increase your intake of fluids, especially ORS. Try to eat low fibre foods including:
  - White rice and rice water
  - Kitchri
  - Bananas
  - Yoghurt

NOTE: If your stomach problem does not settle within two to three days and output exceeds 2 litres, contact your doctor.
Frequently Asked Questions About Stoma:

1. **How will my life be after getting a stoma?**
   
   It is possible to live a completely normal and fulfilling life with a stoma in place. There are very few things that a stoma interferes with. The biggest challenge is accepting the change in how your body looks and works after getting a stoma. Seek help from health care professionals, support groups and friends and family for adjustment and speedy recovery.

2. **Can I wash and bathe with the flange and bag?**
   
   Yes, you can bathe with and without flange and bag.

3. **Can I continue to exercise?**
   
   The ostomy does not prevent you from exercising. However, you should avoid rigorous workout, heavy lifting and contact sports.

4. **When can I return to work?**
   
   This depends on your general health and recovery after the surgery. Discuss with your doctor about the care and time you must take before you are ready to go back to work.

5. **How often should I be emptying the bag?**
   
   Most patients need to empty the bag 4-5 times a day. However, it depends on the volume of output and the type of stoma. For example, ileostomy and urostomy bags need to be emptied more frequently, whereas a colostomy bag may be emptied 2-3 times a day.

6. **How often should I be changing the flange?**
   
   The base plate/flange should be changed if any leakage starts occurring or if adhesive is not working properly. In general, changing flange between 5-7 days is appropriate.

7. **What is the appearance of the stoma?**
   
   The ostomy is red, nearly the same colour as the inside of your mouth.

8. **Can I travel?**
   
   Yes, you can travel. Make sure that you travel with extra bags and accessories for the journey. In some countries, you may require a prescription to get stoma supplies. Therefore, unless you have access to a medical service provider, make sure that you take your supplies with you.

9. **Can I have my normal sexual life?**
   
   Yes, you can.
Discharge Instructions

- Measure stoma carefully before cutting an opening in the pouch.
- Limit or stop eating foods that upset your regular bowel pattern.
- Remove your pouch carefully to avoid damage to the skin.
- Watch carefully for the signs of skin irritation or infection. If you find any, ensure appropriate treatment.
- Ensure that pouch opening is of the right size.
- Change your pouch as soon as it begins to leak.
- In case of frequent leakage, identify the reason, correct it if you can or seek professional help.
- Redness at the base of hair follicle around stoma may cause irritation or infection. To prevent folliculitis, shave hair around stoma site frequently.
- Contact your doctor, call at the hotline number or visit the ER:
  - If your ostomy stops working for more than 12 hrs. (No stool or flatus).
  - If stoma output is more than 1500 ml for 24-48 hours despite taking ORS and other remedial measures.
  - If excessive bleeding occurs from the edges of the stoma that does not stop by applying pressure.
  - In case of severe skin rash or break out.

Note

- Do not insert suppositories or thermometers into the stoma. Avoid using enemas. Ask your nurse about the proper technique to clean the stoma.
- Stoma may change size especially during the first 12 weeks after surgery. Do not be alarmed. It is just settling in.

Reference

- Policy manual (2005). Vanderbilt University Medical Centre (VUMC)

For further information, please contact:
0304-227-3733, 0213-493-0051, 0213-486-1002