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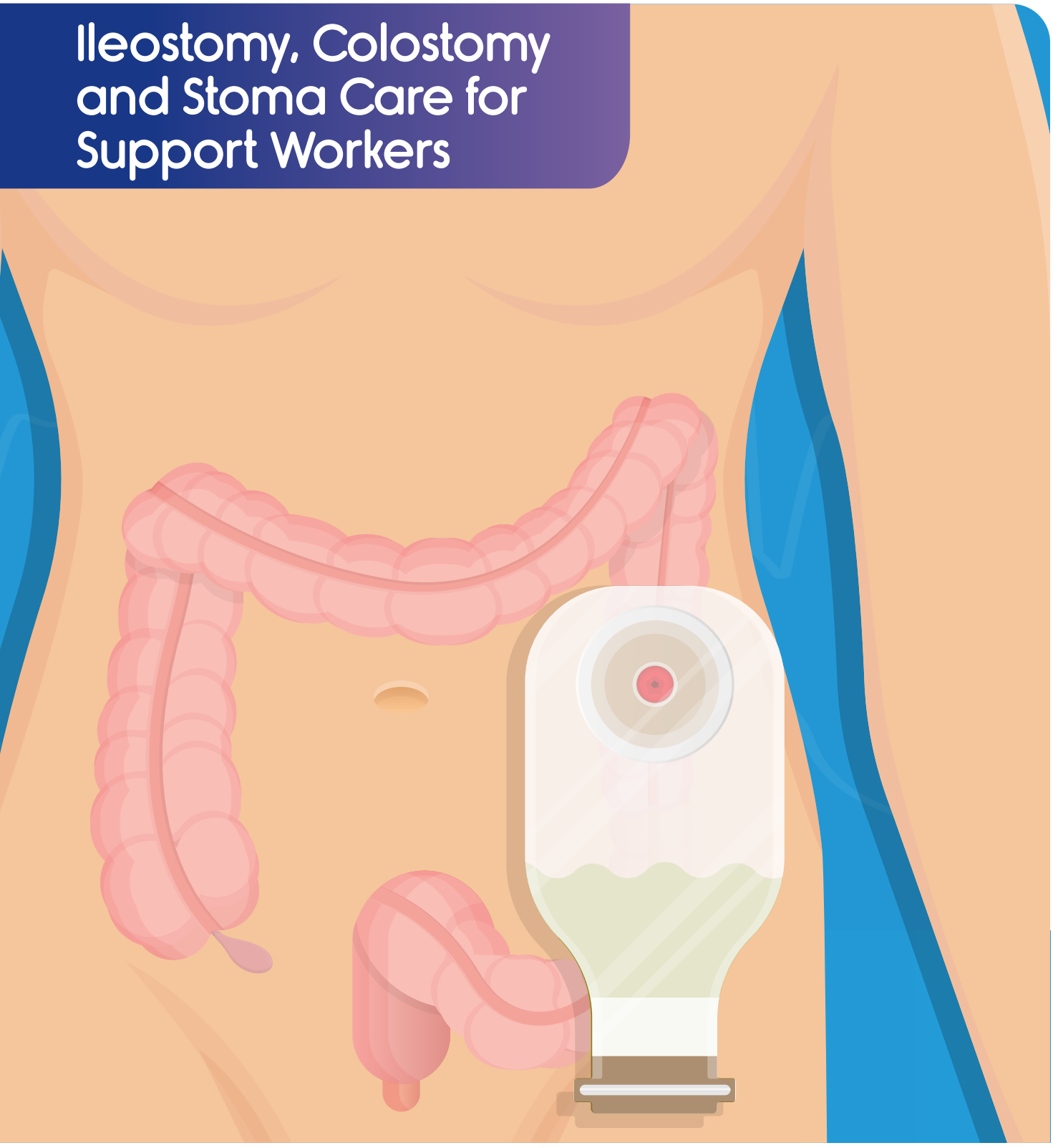
HEALTH CARE

Australia's premium, health care, first aid and mental health training provider for over 35 years.

Ileostomy, Colostomy and Stoma Care for Support Workers



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In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

OUR PROMISE

Premium Quality, without compromise. It's the Premium Health promise.

Phillipa Wilson
Founder & Managing Director of Premium Health

Our Trainers are Experienced Nurses and Paramedics	Passionate about sharing their experience
Premium Quality Programs	We pride ourselves on the depth of our course content and the quality of our training materials
Innovative Techniques, Empowering Outcomes	Methods remembered for years to come
Specialised Training, Contextualised to Your Workplace	Relevant and customised to workplaces

Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

ILEOSTOMY, COLOSTOMY AND STOMA CARE FOR SUPPORT WORKERS

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

The aim of this resource is to provide the essential knowledge and skills support workers require to assist, support or manage a client with a stoma. The resource provides valuable information on how to clean the stoma, change an ostomy bag/pouch and troubleshoot common problems of the stoma and bag/pouch, whilst understanding standard precautions of infection control.

Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake our evaluation which will be discussed by our trainer during the course.

Premium Health's customer service

We offer you an on-going service in relation to your course and invite you to call our office on 1300 721 292 or email us on customerservice@premiumhealth.com.au.

For more information about Premium Health and our health care, mental health and first aid courses, please access our website www.premiumhealth.com.au

OSTOMY AND STOMA CARE

THE DIGESTIVE SYSTEM

The digestive system (gut) is a pathway that goes from the mouth through the chest and abdomen to the anus. It is divided into several sections, each of which has a specialised function. Two other organs closely involved in digestion, are the liver and pancreas. They are attached to the gut by small tubes. These tubes carry the bile and enzymes made by the liver and pancreas to mix with food and break it into particles that can be absorbed.

The digestive system breaks down food and delivers nutrients to every cell in the body via the bloodstream. Food, fluid and waste products are pushed along the gut by muscular contractions in the wall which are called 'peristalsis'. The time taken for food to go from the mouth to the anus varies from 12 to 48 hours, depending on the type of food eaten.


Digestive System

Mouth

This is the beginning of the digestive process, where food is chewed and broken down into pieces that can be swallowed.

Oesophagus

The oesophagus is the tube that connects the mouth to the stomach. Muscle contractions in the oesophagus push food gently down into the stomach. There is a valve between the oesophagus and the stomach which prevents reflux (backwards movement) of acid and food back up into the oesophagus.

Stomach

The stomach has several functions. It produces acid which can kill bacteria which can be swallowed in the food or saliva. The thick muscular walls of the stomach contract to break up solid food and mix solids, liquids, stomach acid and saliva to aid digestion.

Duodenum

The duodenum is the first part of the small intestine. It receives bile from the liver and enzymes from the pancreas through small ducts or tubes.

Pancreas

This organ makes enzymes that break food down into digestible particles. It also makes the hormone insulin, which controls blood sugar.

Liver and Gall bladder

The liver produces bile, a fluid that helps to digest fats. Bile is first stored in the gall bladder until it is needed after meals. It is then released into a tube called the 'bile duct' and travels down into the duodenum.


Small Intestine

Small intestine

The small bowel is five metres in length in an adult and half that length for a baby. It is made up of many folds; if all the folds were flattened out, the surface area would equal that of a doubles tennis court. This creates a large surface area to allow large amounts of nutrients to pass across the lining of the small intestine into the blood stream, which then distributes nutrients throughout the body.


Large Intestine

Large intestine or Colon

The colon is like a waste treatment works. It contains numerous bacteria which help in this process. After all the nutrients are absorbed in the small intestine, the leftover liquid waste passes from the small intestine into the large intestine. The large intestine then processes this liquid waste into solid bowel motions. This is done by absorption of fluid through the large intestine surface into the blood stream. Peristalsis pushes the motion down into the rectum where it is stored until it is time to empty the bowels.

Rectum

The rectum is a straight 10-15cm chamber that connects the colon to the anus. The rectum's job is to receive stool from the colon, and also to let us know that there is stool to be evacuated, pushed out or passed and to hold and to hold the stool until evacuation happens. The rectum is the final section of the large intestine, terminating at the anus.

Anus

The anus is the opening at the end of the digestive tract. It is made up of muscular bands (called a sphincter) which close off the rectum. When it is time for a person to empty their bowels the sphincter muscle relaxes and allows the motion to pass through.

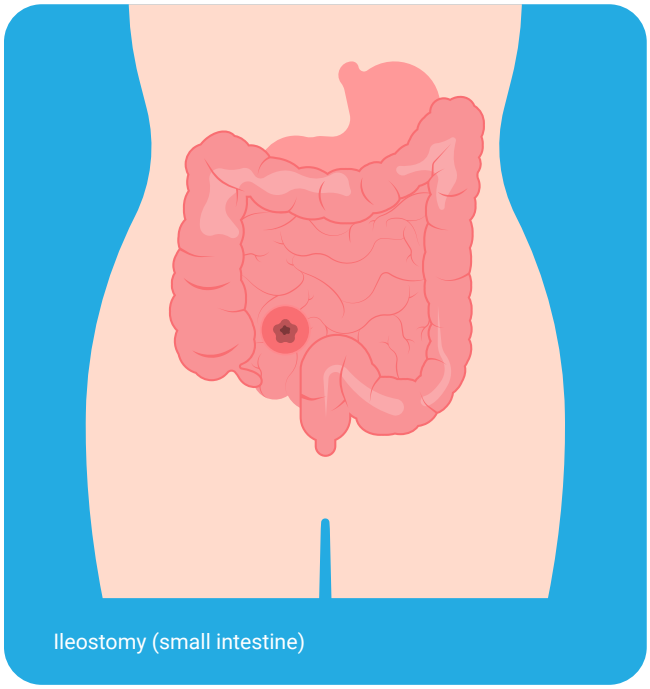
OSTOMY AND STOMA

The term 'ostomy' and 'stoma' have slightly different meanings but are commonly used interchangeably to describe a surgically created opening, usually on the abdominal wall, through which a small end section of the bowel is brought to the surface of the skin to allow waste evacuation.

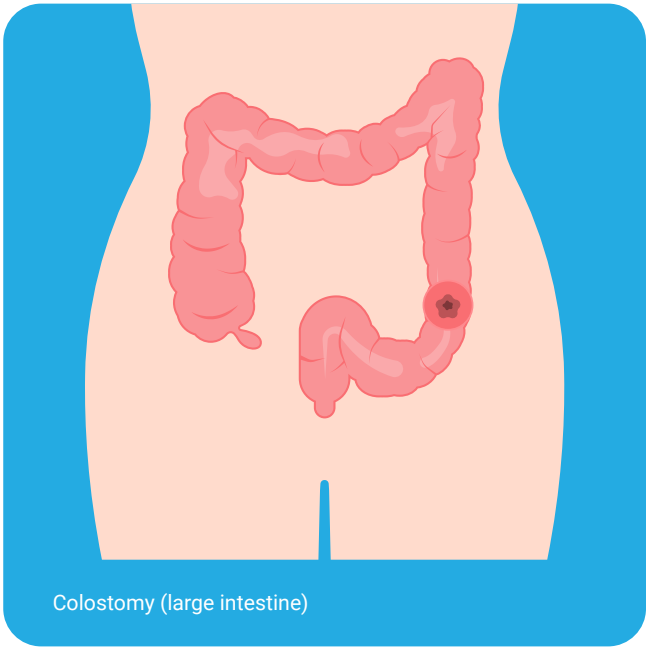
Ostomy

An ostomy is a surgical procedure that creates an artificial opening (stoma) for the elimination of bodily wastes, such as a colostomy, ileostomy or gastrostomy. There are certain conditions that may require a person to have an ostomy. Some of these include cancer, abdominal trauma or abdominal infection, intractable incontinence, colon polyps or inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis).

An ostomy or opening from the ileum which is the small bowel (or small intestine) is called an ileostomy. An ostomy from the colon or large bowel is called a colostomy. The names of the ostomies relate to the different sections of the bowel.



Ileostomy (small intestine)



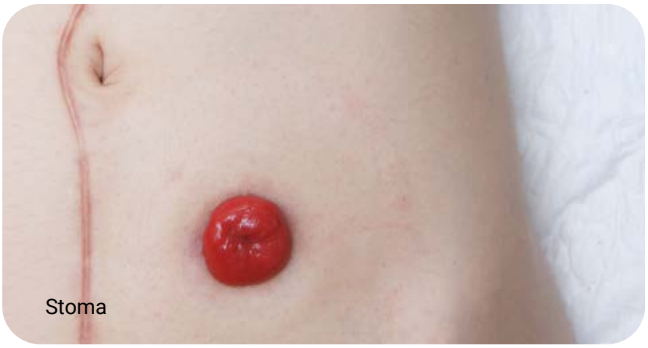
Colostomy (large intestine)

The position of the ostomy in relation to the bowel will dictate the consistency of the waste matter. Consequently, waste matter from the ileum or small bowel will be more liquid or watery in consistency. With one of the functions of the large bowel being to absorb moisture, waste matter from the large bowel will be more formed in texture due to this fluid being absorbed into the bowel.

Stoma

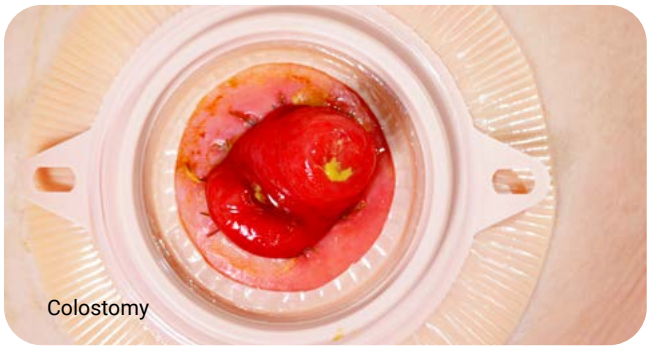
A stoma is an opening, either natural or surgically created, which connects a portion of the body cavity to the outside environment. In this course the stoma's we will be focusing on are those that are surgically created along the digestive system. One well-known form of an artificial stoma is a colostomy, which is a surgically created opening in the large intestine that allows the removal of faeces out of the body, bypassing the rectum, to drain into a bag, pouch or other collection device.

They are roughly the size of a 20 -cent coin, located on the front of the abdomen, halfway between the belly button and the hip bone. It is soft, moist and red (like the lining of your mouth) and round or oval in appearance. Some stomas have two openings. There are no nerve endings in the stoma and therefore the stoma does not have any sensation or feeling but the skin around it has feeling. They may be at skin level or raised a little with the skin around the stoma being the same colour as the abdominal skin. A stoma may be permanent or temporary.



Stoma


Colostomy pouch


Colostomy

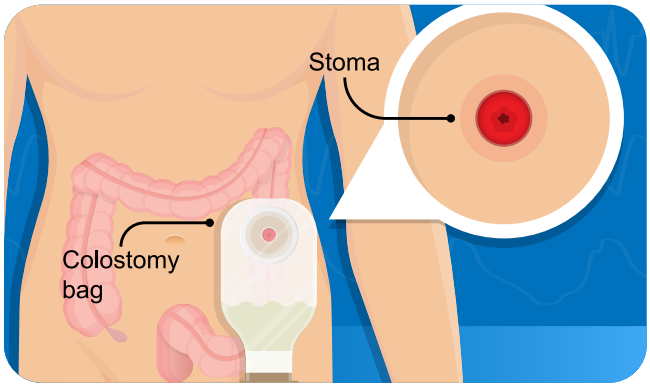
COLOSTOMY

A colostomy is a surgical procedure in which a stoma is formed by drawing the healthy end of the large intestine or colon through an incision in the abdominal wall and suturing it into place. This opening, in conjunction with the attached stoma appliance, provides an alternative channel for faeces to leave the body. It may be reversible or irreversible depending on the circumstances. The most common condition needing colostomy formation is colon or rectal cancer.

There is no muscle control of the stoma action so a bag/pouch is worn to collect faecal waste. An easily managed, closed bag/pouch is worn and replaced as required.

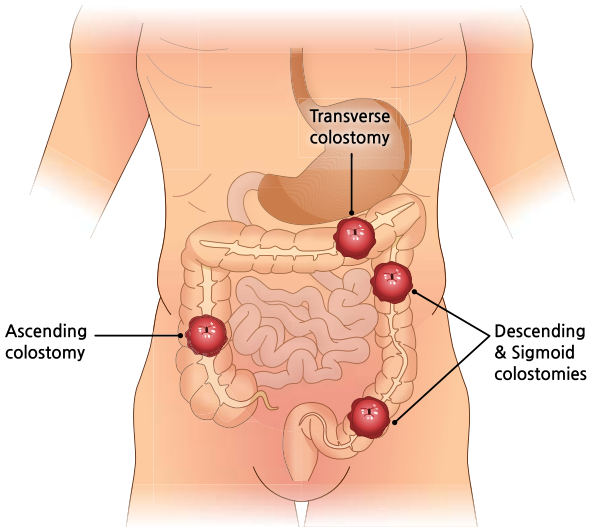
Managing a colostomy:

- In most cases a bag/pouch (also called an appliance) is worn over the stoma to collect bodily waste.
- The bag/pouch can be drainable or non-drainable.
- Self irrigation (irrigation with water through the stoma allows increased control over the timing of bowel movements) or natural elimination can be used to manage a colostomy, depending on the medical condition.
- Diet and deodorants can control wind and odour.



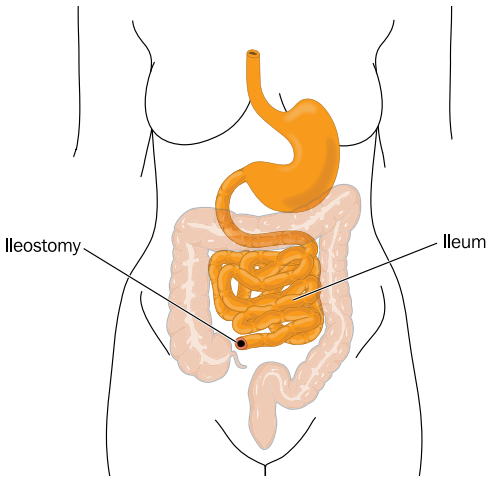
ILEOSTOMY

An ileostomy is a surgical opening constructed by bringing the end or loop of small intestine (the ileum) out onto the surface of the skin. Intestinal waste passes out of the ileostomy and is collected in an external bag or pouching system which is adhered to the skin. Ileostomies are usually sited above the groin on the right-hand side of the abdomen.



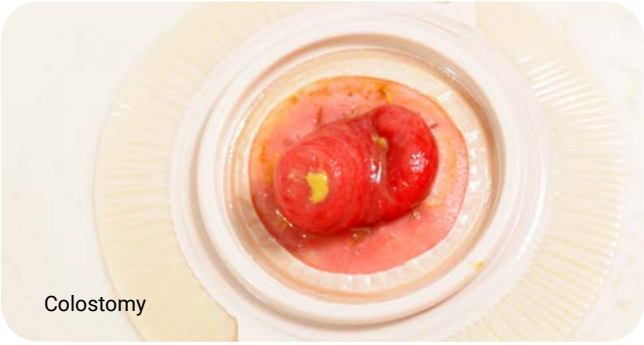
The discharge will be liquid at first. Over time, the small intestine adapts, and the stoma output should thicken (up to a porridge-like consistency) and reduce to around 400-800ml (4-5 bag changes per day).

The most common conditions needing ileostomy formation are Ulcerative Colitis, Crohn's disease, polyps in the colon or rectum, cancer in the colon or rectum or other rarer causes.



HOW DOES THE STOMA WORK?

When the bowel moves, air and faeces come out through the stoma at any time. Therefore, a small, disposable bag (stoma bag) attached to the skin will collect the faeces. The stoma bags have adhesive on the back so that they will firmly stick to the skin. The bag system provides a leak-proof and odour-proof system.



Colostomy

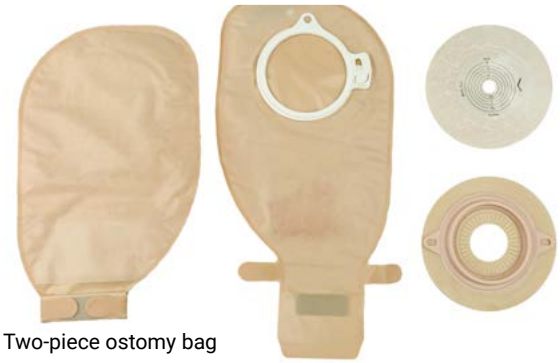
OSTOMY BAGS/POUCHES

Two main types of ostomy bags:

(1) One-piece ostomy bag – adheres directly around the stoma. An all in one drainage bag.

One-piece ostomy bag

(2) Two-piece ostomy bag - a base plate or wafer adheres around the stoma and a drainage pouch is positioned into the base plate or wafer.

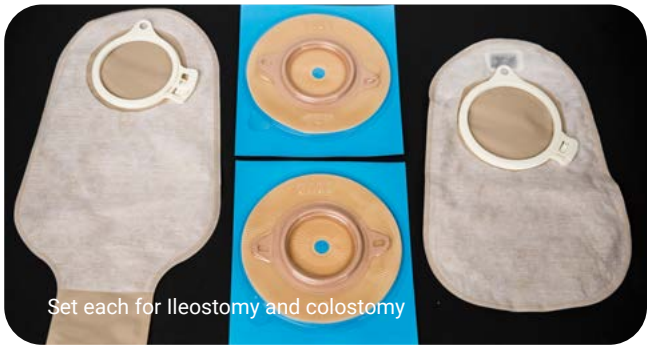


Two-piece ostomy bag

COLOSTOMY BAG/POUCH

A colostomy bag/pouch is a plastic bag (device) that collects faecal matter from the stoma in the large intestine, created in the abdomen. A colostomy bag/ pouch can be closed or drainable.

A closed bag/pouch needs to be discarded after each bowel movement and should not be flushed it down the toilet, whereas the drainable bag will need to be emptied in the toilet when it is about one-third full. Depending on how much bowel has been removed, the colostomy bag/ pouch may need to be emptied 1-3 times a day.



Set each for Ileostomy and colostomy

ILEOSOTOMY BAG/POUCH

An ileostomy bag/pouch is a type of device that is placed over the stoma in the small intestine which collects waste (faeces) that normally pass through the large intestine (colon) and out of the body through the rectum and anus. It is a drainable bag and may need to be emptied 4-6 times a day as the waste is watery.

Note: Clients can bathe and shower as normal with their stoma and, unless specifically advised otherwise, the stoma bag/pouch can be on or off. It won't fall off in the water if it is kept on. If the client bathes or showers with the bag off, soap rinsing over the stoma isn't a problem.

Stoma & ileostomy bag

Ileostomy bag

DRAINABLE AND CLOSED OSTOMY BAG/ POUCHES

There are two types of ostomy bag/pouches: drainable bag/pouches and closed bag/pouches, each with their own advantages.

Drainable bag/pouches: These have either a clamp or an integrated closure (a closure mechanism that is built into the bag/pouch), and are meant to be emptied when around a 1/3 - 1/2 full of output. Emptying the pouch is quick and easy.

Closed pouches: These bag/pouches can be easily and simply removed, and the bag/pouch disposed – no draining is required. Closed bag/pouches do not have clamps. They are removed, emptied and thrown away. Bag/pouches are available in several lengths, in ultra-clear, transparent, and opaque. Bag/pouches can have a soft cover for comfort and can provide added discretion.

CLOSED END POUCH

Advantages

- more suitable for formed motions
- replaced with a new pouch up to three time per day

Disadvantages

- less suited for managing a more liquid output
- the pouch may need to be changed and disposed of while away from home
- can be difficult to empty prior to disposal

DRAINABLE END POUCH

Advantages

- suitable for coping with a liquid output
- does not require changing as often as a closed pouch
- easily emptied prior to disposal

Disadvantages

- may be difficult to empty if the output is a thicker consistency
- outlet requires cleaning
- clip or fastening can be uncomfortable

ONE-PIECE SYSTEM

Advantages

- lower profile and more flexible than a two-piece system
- may adhere more securely to scarred or uneven skin

Disadvantages

- every time the pouch is changed it has to be accurately positioned around the stoma
- frequent changing of a closed pouch may lead to irritated skin

TWO-PIECE SYSTEM

Advantages

- potential for longer wear time for the baseplate – less changing = gentler on the skin
- the stoma can be seen while fitting the base plate to the abdomen

Disadvantages

- may be difficult to keep the flange clean
- leakage behind the flange may remain undetected and lead to sore skin
- clip flange system may be more bulky than a one piece

INFECTION CONTROL

When dealing with any bodily fluids standard precautions are adhered to for the prevention of contamination and spread of infection.

- Wash hands before and after any procedure.
- Wash hands after disposing of any used materials.
- Wear gloves when dealing with any bodily fluids - changing or cleaning the stoma.
- Dispose items into general waste.

Washing hands.

DRAINING AN OSTOMY BAG/POUCH

Some bags/pouches can be drained of their contents and do not require replacing every time the bag/pouch becomes full. These bags/pouches will need to be emptied 4-6 times per day or as required.

Emptying the bag/pouch in toilet (or into a purpose jug or bedpan)

Steps to emptying the bag/pouch, are as follows:

- Refer to the health care plan - sit client on or next to the toilet or stand client in front of the toilet or lie client down.
- Place a layer of toilet paper in the toilet bowl or bucket to keep stool from splashing.
- Pull clothes away from the bag/pouch.
- Hold the bottom of the bag/pouch up. Open the Velcro closures or remove the clamp and set it aside.
- Slowly unroll the tail, or spout, over the toilet or bucket.
- If the client is able to sit on or stand in front of the toilet, ask the client to bend over the toilet to help prevent splashing.
- Slide your fingers down the bag/pouch to push out all the stool.

CLEANING THE BAG/POUCH

Steps to cleaning the bag/pouch:

- Wipe the inside and outside of the tail with toilet paper. This helps prevent any odour.
- Check both sides of the bag/pouch for tears or holes. If you find any, put on a new bag/pouch.
- If the bag closes with a clamp, rinse the clamp if there is faeces on it.

CLOSING THE BAG

If the bag/pouch has Velcro closures:

- Properly fasten the Velcro closures to close the bag/pouch.

If the bag/pouch has a clamp:

- Hold the clamp open with the curved side, or hinge, toward the body.
- Lay the bar, or "knife," of the clamp flat on the tail of the bag/pouch, about 2 cms from the bottom of the tail.
- Fold the tail up over the bar. Make sure the tail lies flat against the bar. Also make sure the whole width of the tail is held within the bar. If it isn't, the bag/pouch may leak or smell.
- Hold the tail of the bag/pouch firmly against the bar. Then close the clamp by bringing the hinge up to the bar. Press the two parts together until they lock.

CHANGING A ONE PIECE OSTOMY BAG/POUCH

It is important to be prepared and have all the equipment at hand before starting to change the bag/pouch.

Gather the equipment needed:

- gloves
- waste bag
- dry wipes for washing and drying
- adhesive removal wipes (if needed)
- warm water for washing
- new bag/pouch
- scissors for cutting the flange (if required)

Equipment

Procedure:

- Tighten the skin around the abdomen.
- Carefully remove adhesive – adhesive remover wipes, adhesive spray or damp wipes will help. Ensure not to pull hard on the skin
- Have toilet paper/ chux wipes on hand to wipe away excess faecal matter.
- Gently cleanse around the stoma with warm water avoid excessive or harsh rubbing. A small amount of bleeding is normal.
- Ensure the skin around the colostomy/ileostomy/urostomy is dry.
- Assess the area for any redness, irritation, swelling or abnormalities.
- If the stoma is uneven or oval shaped, you may need to cut the flange to fit.
  - Draw a template of stoma onto the adhesive of the bag, then cut it out. It is most important that this hole fits snugly around the stoma to prevent the risk of leakage and irritated skin. The Stoma Care Nurse can assist in showing support staff how to do this.
- Remove adhesive backing.
- With clear/transparent bags, look through the bag to place in the correct position over the stoma. With opaque bags fold in half and then position the adhesive on the skin immediately below the stoma.

- Press adhesive from the centre to the edges.
- Ensure drainage clamp is closed (if has one).
- Dispose of all waste into the rubbish.
- Document and record output and any changes that may have occurred.
- Drainable bags/pouches are changed every 1-3 days.
- If bag does not allow for drainage, the bag/pouch should be changed as needed throughout the day.

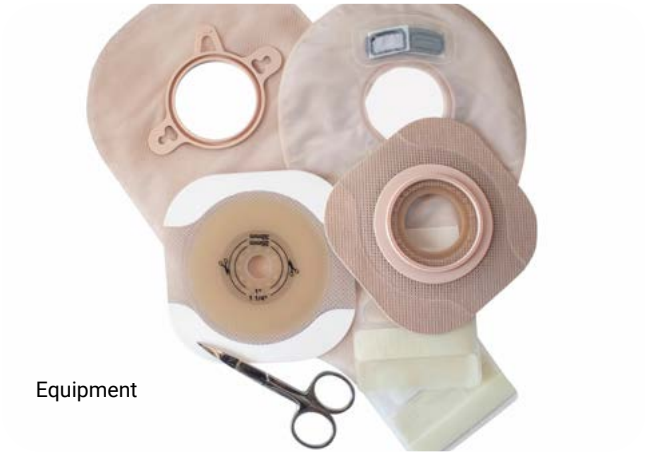
Do you have original JPG files of these?

Warning: Do not flush bag/pouch down the toilet.

CHANGING A TWO-PIECE OSTOMY BAG

Gather the equipment needed:

- gloves
- waste bag
- dry wipes for washing and drying
- adhesive removal wipes (if needed)
- warm water for washing
- new bag/pouch
- new wafer/base plate, cut to size
- scissors for cutting the wafer/base plate to size (if needed)



Equipment

Procedure:

- Empty bag/pouch if possible.
- Gently remove adhesive wafer/base plate from skin.
- To remove the stoma bag/pouch, carefully release the adhesive, working from the top down whilst supporting the skin (if the health care plan suggests using an adhesive remover, spray a small amount as you peel away the adhesive to help with removal)

- Have toilet paper on hand to wipe away excess faecal matter.
- Cleanse the area around the stoma with wipes – a small amount of bleeding is normal.
- Dry completely.
- Remove adhesive backing and press hole over the stoma.
- Gently push around the centre and outer of the ring to fit – it is important that there is a firm seal.
- Starting from the bottom of the stoma, roll the bag/pouch over the stoma and smooth the wafer down to remove any creases or gaps.
- Cover your hand over the top of the wafer and press gently as the warmth of your hand will help the wafer to adhere to skin better.
- Wrap waste up or tie in bag/pouch, dispose of waste in rubbish bin only and wash hands.
- Ensure client is comfortable.
- Document and record output and any changes that may have occurred.

TIME FRAME FOR CHANGING BAGS/ POUCHES

See clients care plan for the recommended times and days for change.

The frequency for an ostomy bag/pouch change does not have a consensus. Clients may have their bags/pouches at least daily, every other day, every two days or even after five days. Although the time varies, it is recommended not to exceed seven days.

For closed system bags/pouches it is recommended to change the bag/pouch after each time the stoma has worked. Some factors interfere with the ostomy bag/pouch changing frequency and affect the bag/pouch durability.

FACTORS THAT AFFECT WEAR TIME

Many variables can affect how long you can wear the skin barrier and bag/pouch. A lot depends on the stoma type, location and type of output. Here are a few other factors that will likely impact the wear time:

- type of stoma output – liquid, pasty or more formed
- how much stoma sticks out from skin
- climate, activity level and how much the clients perspires
- the condition of the skin around stoma
- creases, folds and wrinkles in areas around stoma
- type of skin barrier used
- skin products used underneath the skin barrier

PROBLEMS THAT CAN OCCUR AFTER OSTOMY SURGERY

Hernia

The most common problem after ostomy surgery (other than skin irritation) is herniation around the ostomy site. A hernia is the bulging of a loop of organ or tissue through the belly (abdominal) muscles (called an abdominal hernia). This bulging can happen around a stoma.

Signs of a hernia may include a bulge in the skin around the stoma, partial obstruction (blockage) and sometimes prolapse of the colon (the bowel pushes itself out through the stoma). These changes tend to happen slowly over time.

Severe skin problems

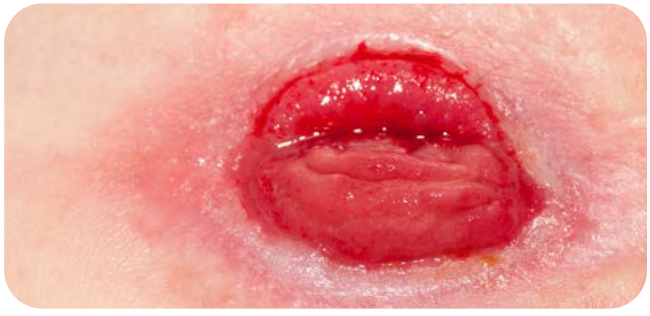
Large areas of skin that are red, sore and weeping (always wet) will make it difficult to achieve a good seal around the stoma. It is important to treat minor irritations immediately. If there is a large, irritated area, report and record. Medication will help dry out and heal the skin. Only give medication prescribed or authorised by a Doctor and stated on the care-plan and medication orders.

If skin is irritated, it may look:

- very red
- different from the skin on the rest of the body

If skin is irritated, the client may complain of :

- like it's burning or itching
- pain



Causes of skin or stoma irritation may include

- skin bathed in stoma effluent (bowel content or alkaline urine)
- skin stripped by repeatedly removing the appliance
- occlusion and humidity
- friction or pressure from the appliance or clothing
- pre-existing sensitive skin or dermatitis (especially atopic eczema)
- application of irritating chemicals such as detergents, deodorisers or bleach in wipes and cleansers
- the bag/pouch the wrong size
- the bag/pouch incorrectly sited
- excessive skin folds or scarring from surgery
- excessive sweating preventing sticking
- skin rash preventing sticking to the skin properly

Treatment

- Follow health care plan which may suggest seeing the doctor or stoma nurse for assessment. A bacterial cream, lotion. antifungal, steroidal treatment or dressing may be prescribed to assist in healing the skin.
- Topical steroid lotions may be used directly onto the stoma when the bag/pouch is changed to treat inflammatory skin conditions including dermatitis.
- Don't use any ostomy powders or skin prep wipes unless the health care plan says you should.
- The doctor will give you a prescription for medication, if needed. The topical steroid may be applied once daily for up to 3 to 4 weeks.
- Your doctor or stoma nurse may recommend seeing a dermatologist (skin doctor).

STOMA COMPLICATIONS

CONSTIPATION

Constipation occurs when the colon absorbs too much water or if the colon's muscle contractions (gastric motility) are slow or sluggish, causing the stool to move through the colon too slowly. Due to this, stools become hard and dry. Decreased gastric motility slows the passage of faeces through the large intestine, resulting in increased fluid absorption from the faecal mass.

Lifestyle factors that are a common contributing factor to constipation include:

- poor diet; low fibre diet
- poor water intake
- lack of exercise or activity; sedentary lifestyle or restricted movement due to disability
- pregnancy; hormone changes, reduced activity, and pressure against the large intestines
- change in routine
- habit to delay going to the toilet
- medications including narcotics for example codeine, antidepressants, iron supplements, medications used for hypertension known as calcium channel blockers and non-magnesium antacids
- illness: a mixture of the above factors, are often associated with hospital stays or convalescing from illnesses

Medical related factors that contribute to constipation include:

- slow transit time: some people naturally have a slow transit time of faeces through the bowel and any changes to routine, quickly lead to constipation
- central nervous system diseases; Multiple Sclerosis, Stroke and Parkinson's disease
- spinal cord or brain injuries
- tumours, anorectal blockage, and intestinal obstructions

- endocrine diseases; diabetes, hypothyroidism, and hypopituitarism
- inflammation: resultant or linked to diverticular disease, Crohn's disease, and Ulcerative Colitis
- coeliac disease
- irritable bowel disease

The risk factors for constipation mainly stem from inadequate fluid intake, inadequate diet, poor mobility, and the person's overall environment. There is also a link between ageing and the increased likelihood of constipation.

Low fluid intake is considered a risk factor as it is linked to slow colonic time which slows passage of food through the large bowel resulting in a low stool output.

Dietary fibre has been clearly shown through studies to increase bowel transit time and improve how often the bowels open. Diseases of the digestive system are very common in Western societies as a contemporary diet often has little fibre or roughage.

Lack of mobility or little exercise has been shown to increase constipation. Environmental issues like lack of privacy, difficult access to toilets or having to rely on other people for assistance with toileting contributes to constipation because the person may have to 'hold on'. Other factors like depression or anxiety, impaired cognitive function e.g. dementia and some medications may also increase the risk of constipation.

If constipation causes pain and cramping and there is no output for the stoma for over two hours, check the health care plan. Constipation in someone with a ostomy can be a medical emergency where an ostomy nurse or doctor is required. If they cannot be reached, take all your ostomy supplies and go to the emergency room. A nutritionist can help plan a diet that decreases the chances of developing either constipation or diarrhea without interfering with the colostomy.

DIARRHOEA

Diarrhoea is usually a warning that something is not right. Diarrhoea is defined as frequent, loose, or watery bowel movements in greater amounts than usual. Diarrhoea is different from loose bowel movements. Loose stools are common in transverse and ascending colostomies. This is because of the shortened length of the colon and is not a sign of sickness or disease.

Common causes of diarrhoea

Certain foods and drinks may cause diarrhoea. It is important to know what these might be, check the health care plan to be aware of what to avoid.

Diarrhoea can pose complications for those with an ileostomy or colostomy such as:

- diarrhoea can clog ostomy pouch filters
- diarrhoea can cause more leaks, odours, embarrassing noises, and gases to release
- diarrhoea erodes the wafer, resulting in frequent wafer changes
- diarrhoea can cause you to empty or change your ostomy bag/pouch more often, which can be unpleasant and messy
- diarrhoea could lead to dehydration since nutrients are not being properly absorbed

Dietary impact on diarrhoea with a stoma

Most of the time, by simply modifying diet, diarrhea can be managed. Drinking enough fluids throughout the day and paying attention to meals eaten will help. Since diarrhoea is watery, it is often recommended in the health care plan to incorporate some foods that will thicken up output from the ileostomy or colostomy.

The following foods are often suggested to thicken ileostomy or colostomy output

- starchy foods like noodles, white rice, potatoes, and white bread
- crackers and pretzels
- marshmallows
- applesauce
- under-ripe bananas
- nut butters (peanut, almond, etc)
- yogurt
- oatmeal

It is important to ensure that with diarrhoea fluid intake is critical. Replacing electrolytes that are lost are essential for proper hydration. **Consult the health care plan for the management of diarrhoea in your client**. Inform a doctor or ostomy nurse if your client has ongoing diarrhoea.

BLOCKAGE (OBSTRUCTION)

If your client has cramps, vomiting and/or nausea, stomach swelling, stoma swelling, little to no output, or gas from their stoma the intestine could be blocked (obstructed). Consult the health care plan for management As with constipation it is likely that your will be required to contact a doctor or ostomy nurse immediately if this happens.

To assist a client who may be showing signs of blockage, the following is be suggested:

- increase fluids
- taking a warm bath to relax abdominal muscles
- changing body position, such as drawing knees up to the chest, may help move the food along the gut
- high-residue foods (foods high in fibre) such as Chinese vegetables, pineapple, nuts, coconut, and corn can cause obstruction. Obstruction can also be caused by internal changes such as adhesions (scar tissue that forms inside the abdomen after surgery)
- do NOT use a laxative

DEHISCENCE

Wound dehiscence, or the separation of the edges of a surgical incision, typically occurs on or between the 7-10th postoperative day. This will require revision of the stoma and, given the risk of infection and faecal peritonitis, the client requires medical and surgical review.

NECROSIS

Usually an early complication, a dusky stoma can represent an emergency. This dusky stomal presentation can occur when the blood supply to the stoma has been compromised. This requires urgent hospital attention for surgical review.

BLEEDING

Blood in the stoma bag/pouch requires urgent review.

RETRACTION AND STENOSIS

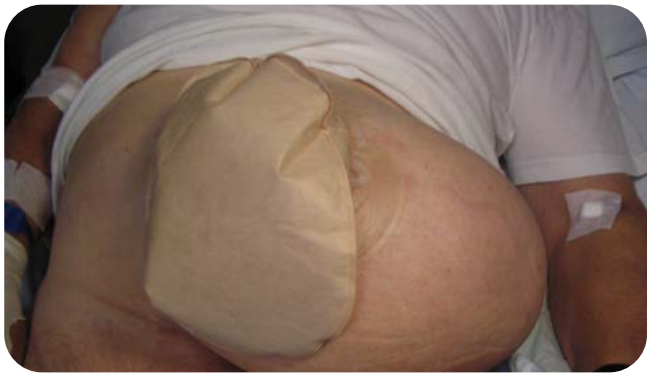
Over time, the patient's stoma may become sunken, or the skin opening may narrow. Stomal reviews by a stoma nurse or doctor should occur regularly.

PROLAPSE

A client may present with a length of gut suddenly appearing within their stoma bag/pouch. This should be reviewed by the doctor as soon as possible to prevent compromise of the prolapsed segment..

PARASTOMAL HERNIA

The support worker or client will notice a bulge around their stoma. This is more likely to occur in clients who are at an unhealthy weight or have a history of other hernias. This should be reviewed by the doctor as soon as possible.



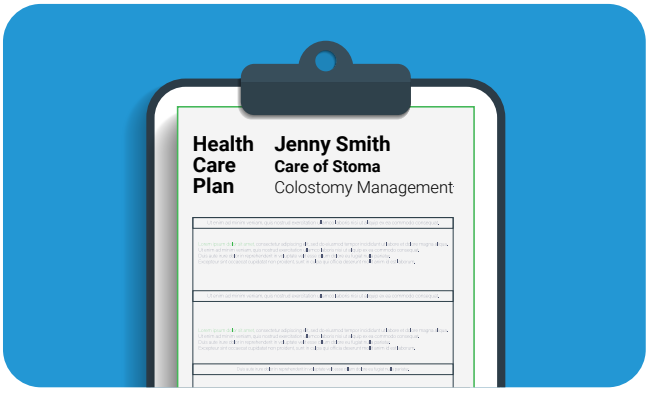
DECREASED STOMAL OUTPUT

Patients present after noting that they have not needed to empty their stoma bag/pouch as often as usual. It is important to take a thorough history (Box 2) and examination (Box 3) to differentiate between bowel obstruction and constipation. Examine for hernias that may be causing an obstruction. A digital stoma examination may reveal hard faeces obstructing the stoma, which a small enema may help relieve. If there is suspicion of bowel obstruction, the patient should be referred to hospital for surgical review.

When you should call the doctor

The health care plan will direct the support worker when to seek advice from the doctor or stomal nurse if the client has:

- cramps lasting more than 2 or 3 hours
- continuous nausea or vomiting
- bad or unusual odour lasting more than a week (this may be a sign of infection)
- unusual change in the stoma size or colour turning dusky - blue purple or very dark red
- blockage at the stoma (obstruction) and/or the inner part of the stoma coming out (prolapse)
- a lot of bleeding from the stoma opening (or a moderate amount in the bag/pouch that you notice several times when emptying it)
- injury to the stoma
- a cut in the stoma
- continuous bleeding where the stoma meets the skin
- bad skin irritation or deep ulcers (sores)
- watery output lasting more than 5 or 6 hours



OSTOMIES AND FOOD

It is important to know the effects that different foods and beverages have on the stoma output. Depending on the type of stoma, the effects may vary. It is important to introduce new foods gradually, and for clients to chew all foods well and have an adequate fluid intake.

Some general guidelines of what some foods and beverages can do to a person's ostomy:

Foods that obstruct

- apple skins, raw cabbage, celery, Chinese vegetables, citrus fruits, coconut, coleslaw, corn kernels, dried fruit, grape skins, mushrooms, nuts, peas, pineapple, popcorn, potato skins, sausage skins, seeds, tomato skins

Foods and drinks that can increase output

- alcohol, beef, bran cereals, broccoli, cooked cabbage, fresh fruit – not bananas, grape juice, leafy greens, licorice, milk, prunes and juice, raisins, spicy foods, raw vegetables

Foods and drinks that can thicken output

- apple sauce, strewed apples, bananas, bread, buttermilk, cheese, marshmallows, boiled milk, noodles, pasta, peanut butter, pretzels, white rice, tapioca, toast, yoghurt

Foods and drinks that can produce wind

- alcohol, beans, broccoli, brussel sprouts, cabbage, carbonated drink, cauliflower, corn, cucumber, dairy products, meringues, mushrooms, nuts, onions, peas, radishes, soy, spinach

Foods and drinks that can cause odour

- asparagus, baked beans, broccoli, brussel sprouts, cabbage, cauliflower, strong cheese, cod liver oil, eggs, fish, garlic, mustard, onions, peanut butter, spices

Foods and drinks that can help odour control

- buttermilk, cranberry juice, orange juice, parsley, tomato juice, yoghurt

Foods and drinks that can help with constipation

- warm/hot beverages, cooked fruits, cooked vegetables, fresh fruits, fruit juices, water

MANAGING OR COPING WITH A STOMA AND OSTOMY BAG/POUCH

It is important to know the effects that different foods and beverages have on the stoma output. Depending on the type of stoma, the effects may vary. It is important to introduce new foods gradually, and for clients to chew all foods well and have an adequate fluid intake.

STOMAL THERAPY NURSES

Stomal therapy nurses are medical professionals who work in hospitals and the community and have undergone special training to cater to the specific needs of people with an ostomy. They can help prior to, and after surgery and provide ongoing care and advice.

A stomal therapy nurse chooses a specific bag/pouch type that best suits the clients body shape and the stoma.

OSTOMY SUPPORT GROUPS

There are support groups for people of all ages. Support groups for young people up to the age of 35 are available in each state and territory, and other support groups are available for people over the age of 35.

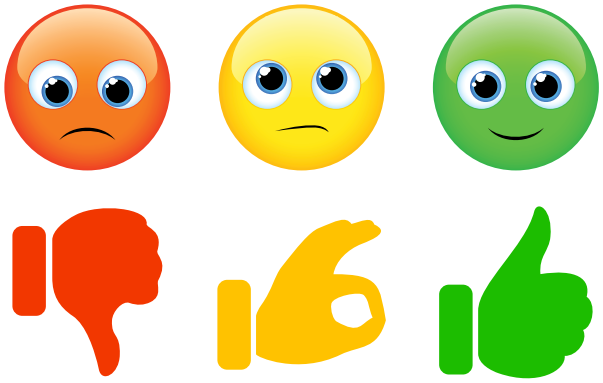
LIFESTYLE ADJUSTMENTS

People living with an ostomy often need to make significant lifestyle adjustments. This significant life change impacts on the physical, emotional and social aspects of their lives. There are privacy needs which need to be met with in managing the ostomy bag/pouch.

A person with an ostomy will have to make physical adjustments to their lifestyle. These physical adjustments relate to their changed body image, issues with maintaining a healthy body weight and privacy needs. Fitting the ostomy equipment into their existing lifestyle requires reorganisation of their usual activities. It also may impact on their recreational activities especially something like swimming. These changes may have a physical and psychological impact on their personal or intimate relationships.

Having an ostomy can cause a range of emotional responses, all of which are normal. It is important to recognise that feelings of anger, grief, fear or isolation are likely to occur and sometimes reoccur. As support workers there is a partnership with the client in overcoming any difficulties.

Other concerns may include the impact that having an ostomy may have on the social aspect of their lives, particularly associated with odour. A person may feel that this could have a significant impact during social events. Wanting to be with others socially will remain an important part of life and needs to be incorporated into their changed circumstances. Ensure the client uses all resources available to them, particularly Stomal Therapy Nurses who offer practical advice and support on managing the stoma and ostomy bag/pouch.



Points to remember:

- Change and acceptance of that change takes time.
- The client should not be excluded from normal activities.
- The client can still travel and wear normal clothes.
- Washing and showering can be with or without the bag/pouch in place.
- Clients can eat and drink the same with some considerations.
- Exercise within the clients limitations is encouraged.

MANAGING OR COPING WITH A STOMA AND OSTOMY BAG/POUCH

OSTOMY CARRY BAG/POUCH

An ostomy carry bag/pouch is an important piece of equipment which could be considered when undertaking outings with clients. There may be an emergency leak or bag/pouch change required whilst away from the supported independent living centre. It is suggested to keep at least one full appliance change when you both are away from the centre.

OSTOMY ASSOCIATIONS

Australian ostomy associations are non-government, voluntary, self-help organisations which distribute stoma appliances and provide information, encouragement and emotional support to their members concerning most aspects of living with a stoma.

There are 22 ostomy associations across Australia, serving approximately 36 000 Australian's.

The Department of Health and Ageing gives each ostomy association a schedule of stoma appliances and related items. There is no charge for an item if it is in the Schedule. Australia currently has a government sponsored Stoma Appliance Scheme which provides every ostomy association member with a wide range of Commonwealth government funded ostomy supplies adequate for their needs, on a regular basis. The choice of appliances is vast and is constantly updated.

Under the Stoma Appliance Scheme most ostomy appliances and related items are available to all Australian residents who have undergone stomal surgery and who hold a Stoma Appliance Entitlement Card.

RESOURCES

Australasian Society for Parenteral and Enteral Nutrition

Information and advice
https://www.auspen.org.au

Department of Health and Ageing

Stoma appliance scheme; also links to Stoma Associations; types of ostomy
https://www.health.gov.au/initiatives-and-programs/stoma-appliance-scheme/about-the-stoma-appliance-scheme

National Bowel Cancer Screening Program

https://www.health.gov.au/initiatives-and-programs/national-bowel-cancer-screening-program

Convatec

For health professionals; for carers; Living life to the fullest; peristomal skin care; products etc.
https://www.convatec.com/en-au/stoma-care/patient-support-information/

Royal Children's Hospital, Melbourne

http://www.rch.org.au

Victorian Children's Stoma Association

Stomal Therapy Unit,
Royal Children's Hospital
03 9345 5338

Young Ostomates United Inc.

P.O. Box 1433 MDC
Narre Warren VIC 3805
https://youinc.org.au

Department of Health, Victoria

Home Page Keyword search: Stoma
https://www.health.vic.gov.au

Better Health Channel, Victoria

Home Page Search: Stoma, ileostomy, digestive system.
https://www.betterhealth.vic.gov.au

Gastroenterological Society of Australia

https://www.gesa.org.au

Digestive Health Foundation

https://digestivehealthfoundation.org

Australian Council of Stoma Associations Inc.

https://www.australianstoma.com.au

Emedicinehealth

Inflammatory bowel disease
https://www.emedicinehealth.com/inflammatory_bowel_disease_ibd/article_em.htm

ABC Radio National

(2009). Health Report Inflammatory Bowel Disease (IBD)
https://www.abc.net.au/radionational/programs/healthreport/inflammatory-bowel-disease-ibd/3082442

Coloplast Australia

Ostomy care – products and education
http://www.coloplast.com.au/ostomycare/pages/ostomycare.aspx

ADDITIONAL REFERENCES

https://www.cancer.org.au/cancer-information/stoma

https://www.clinimed.co.uk/stoma-care/faqs/how-do-i-bathe-and-shower-with-my-stoma

https://www.fairview.org/patient-education/82173

https://www.salts.co.uk/en-gb/your-stoma/after-your-surgery/changing-your-stoma-bag

https://dermnetnz.org/topics/skin-problems-from-stomas

https://www.mskcc.org/cancer-care/patient-education/how-manage-skin-irritation-around-your-urostomy-stoma

https://www.reference.com/world-view/manage-constipation-colostomy-812290033838b70a

https://www1.racgp.org.au/ajgp/2018/june/stomas-in-gp#:~:text=Complications%20of%20stomas%201%20Necrosis.%20Usually%20an%20early,inflammatory%20or%20malignant%20cause.%202%20More%20items-...%20

https://www.coloplast.com.au

https://www.hollister.com.au/en-AU/OstomyCare/OstomyLearningCenter/UsingOstomyProducts/YourPouchingSystemAndWearTime

NOTES

PREMIUMHealth

Premium Health has a range of health care, first aid and mental health training programs conducted by our nurses, paramedics or mental health practitioners.

Call us to discuss our onsite face-to-face and live virtual classroom options, delivered anywhere in Australia.

HEALTH CARE

- Assisting clients with medication
- Assisting clients with medication (part 2)
- Advanced medication - eye and ear drops, topical creams, oral liquids and patches
- Autism spectrum disorder
- Blood pressure – using a digital blood pressure machine
- Bowel management – elimination
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Positive behaviour support
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

1300 721 292
premiumhealth.com.au
info@premiumhealth.com.au

ABN 24 692 649 946