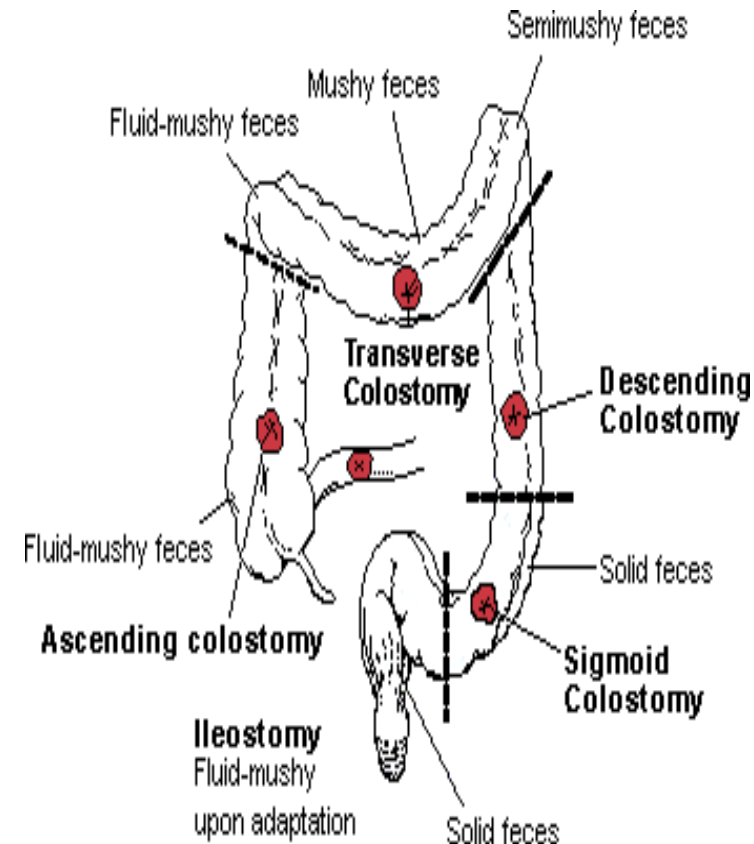


Nursing management of patients requiring an ileostomy, and Colostomy care,

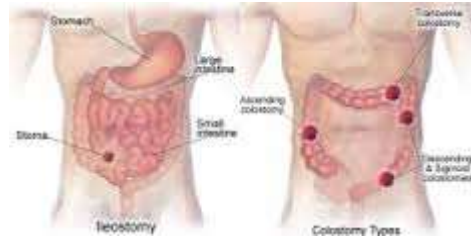
Types of Ostomies

A. Colostomy

1. A surgically created opening **between the colon and the abdominal wall** to allow fecal elimination. It may be a **temporary or permanent** diversion.
2. Colostomy may be placed in any segment of the **large intestine (colon)**, which will influence the nature of fecal discharge. **Transverse and descending/ sigmoid colostomies are the most common types.**
3. Colostomies may be performed as part of **abdominoperineal resection for rectal cancer**; fecal diversion for unrespectable cancer; **temporary measure to protect an anastomosis**; treatment of diverticulitis, trauma, ischemic bowel, Crohn's disease.



Continue...



B. Ileostomy

1. A surgically created **opening between the ileum** of the small intestine and the **abdominal wall** to allow fecal elimination.
2. An ileostomy is usually placed in the **terminal** part of the ileum of the small bowel and is often brought out through the **RLQ** of the abdomen. Stool from an ileostomy **drains frequently** (average, **4 to 5 times/day**) and **contains proteolytic enzymes, which can be harmful to skin**.
3. Diagnoses which may require a **temporary or permanent** ileostomy include **ulcerative colitis, Crohn's disease**, familial polyposis, **congenital defects**, and **trauma**.

Characteristics of Stomas

1. A stoma is that **part of the intestine** (small or large) that is brought above the abdominal wall and that becomes the outlet for discharge of intestinal contents. It is often used interchangeably with the word "**ostomy**."
2. Normal stomal **characteristics: pink-red, moist, bleeds slightly when rubbed, no feeling to touch, stool functions involuntary, and postoperative swelling gradually decreases over several months**.

Continue... Preoperative Management/ Nursing Care

1. Prepare the patient for general abdominal surgery
2. Administer replacement fluid as ordered before surgery due to possible increased output during the postoperative phase.
3. Provide low-residue diet before NPO status.
4. Explain that the abdomen will be marked by the enterostomal therapist or surgeon to ensure proper positioning of the stoma.

Note: The abdominal location of the stoma is usually determined by anatomic location of bowel segment—for example, a sigmoid colostomy is ideally located in left lower abdominal quadrant.

Other considerations when selecting a stoma include:

- a. Positioning within rectus muscle.
 - b. Avoidance of bony prominences, such as iliac crest and costal margin.
 - c. Clearance from umbilicus, scars, and deep creases, observed in lying, sitting, and standing positions.
 - d. Positioning on a flat pouching surface.
 - e. Avoidance of belt line when possible.
 - f. Positioning within patient's visibility to optimize independent ostomy care.
5. Support the patient and family with the many psychosocial considerations of ostomy surgery.



Continue....Postoperative Management/Nursing Care

1. Administer **general abdominal surgery care**
 2. **Assess stoma every shift for color and record findings:**
 - a. Normal color—pink-red
 - b. Dusky—dark red; purplish hue (ischemic sign)
 - c. Necrotic— brown or black; may be dry (health care provider notified to determine extent of necrosis)
 3. Apply **pouching system with 1/8-in. clearance to prevent stomal constriction, which contributes to edema** .
 4. Check for **abdominal distention**, which reduces blood flow to stoma through mesenteric tension.
 5. Evaluate and **empty drains and ostomy bag frequently** to promote patency and maintain seal.
 6. **Monitor intake and output** with extreme accuracy, because output may remain high during early postoperative period.
 7. **Suction and irrigate NG tube frequently**, as ordered, to relieve pressure and decrease gastric contents.
 8. Offer continued support to patient and family.





Continue....

Complications

1. Mucocutaneous separation (between skin and stoma)
2. Stomal ischemia
3. Stomal stricture or stenosis
4. Stomal prolapse
5. Peristomal hernia
6. Peristomal skin breakdown



Continue...

Nursing Diagnoses

- A. **Knowledge Deficit** related to surgical procedures and ostomy management
- B. **Body Image Disturbance** related to change in structure, function, and appearance
- C. **Anxiety** related to loss of bowel control and autonomy
- D. **Impaired Skin Integrity** related to irritation of peristomal skin by drainage and equipment
- E. **Altered Nutrition**, Less Than Body Requirements, related to increased output and inadequate intake
- F. **Sexual Dysfunction** related to altered body structure



Nursing Interventions

A. Educating the Patient

1. Review the **surgical procedure** with patient and discuss the information that the surgeon and other providers have given. Clarify any misunderstandings.
2. Avoid overwhelming the patient with information.
3. Include family in discussions, when appropriate.
4. **Use available educational materials**, including pictures and drawings, if patient is receptive.
5. Involve the enterostomal therapist in ostomy teaching, and reinforce information, including lifestyle modifications.
6. **Use a team approach**; the need for information may come from many disciplines.
7. Assess patient's response to teaching. If patient not interested, provide alternative times for teaching and review.
8. Consider the psychosocial issues of the patient and their effect on learning.

B. Promoting a Positive Self-Image

1. Encourage the patient to **verbalize feelings** about the surgical outcome.
2. Provide **support** during initial viewing of the stoma, and encourage patient to touch the area.



Continue...

3. **Encourage spouse or significant other to view the stoma.**

4. Offer **counseling**, as necessary, and encourage patient to use normal support systems, such as family, church, community groups.

C. Reducing Anxiety

1. Provide information regarding expected outcomes, such as the type and consistency of bowel function.

2. Introduce gradual steps toward achieving independent ostomy management. Have the patient:

a. First observe stoma, pouch change, and emptying procedure.

b. **Learn tail closure application and removal.**

c. **Empty pouch by cuffing tail and using tail closure.**

d. **Assist with pouching system change until independent.**

3. Teach colostomy **irrigation** procedure, if appropriate.

b. Reinforce its purposes of cleansing the colon and stimulating the colon to move at a desired time regularly to regain control of fecal elimination.

4. Acknowledge that it is normal to have negative feelings toward ostomy surgery; empathize with patient.

5. Describe behaviors to attain a sense of control, such as resuming activities of daily living.



Continue...



D. Maintaining Skin Integrity

1. Select a pouching system **based on type of ostomy** and condition of stoma and skin..
2. **Empty** pouch when **one-third to one-half** full to avoid overfilling, which interferes with pouch seal.
 - a. Remove tail closure from pouch tail.
 - b. Cuff bottom of pouch tail.
 - c. Drain stool from pouch.
 - d. **Clean pouch tail with toilet tissue or wipe** (may rinse pouch if desired).
 - e. **Uncuff pouch and reapply tail closure.**
3. **Treat peristomal skin breakdown as needed:**
 - a. Dust skin breakdown with skin barrier powder.
 - b. Seal **powder** with water or skin sealant.
 - c. Allow **skin** to **dry** before applying a pouching system



Continue...

E. Maximizing Nutritional Intake

1. Review dietary habits with patient to determine patterns, preferences, and bowel irritants.
2. Advise the patient to **avoid foods that stimulate elimination**, such as nuts, seeds, and certain fruits.
3. Recommend consistency in dietary habits as well as moderation.
4. Coordinate consult with nutritionist, as needed.
5. Weigh daily; monitor vital signs and electrolytes to determine patient's nutritional status.

F. Achieving Sexual Well-Being

1. Encourage patient and significant other to express feelings about the ostomy.
2. Discuss ways to conceal pouch during intimacy, if desired: pouch covers, special ostomy underwear. May briefly use small-capacity pouch (minipouch or cap).
3. Recommend different positions for sexual activity to decrease stoma friction and skin irritation.
4. Review when appropriate that an ostomy in a woman does not prevent a successful pregnancy.
5. Recommend counseling as needed.



Patient Education/ Health Maintenance

A.Skin Care

1. Review techniques for treating peristomal breakdown.
2. Encourage trying other products when encountering an allergic reaction.
3. Teach patient to notify health care provider of continuous problems.

B.Odor Control

1. Encourage good pouch hygiene through rinsing, keeping pouch tail free of stool, airing of reusable pouches, discarding pouches when unable to remove odor.
2. Recommend the use of pouch **deodorants**, room deodorizers, and oral deodorizers, such as bismuth subgallate (Devrom) or parsley.
3. Emphasize the avoidance of pin holes in pouch.

C. Gas Control

1. **Suggest avoidance of straws, excessive talking while eating, chewing gum, and smoking to reduce swallowed air.**
2. Inform about gas-forming **foods**, such as beans and cabbage, and eliminate when appropriate. It takes about 6 hours for gas to travel from mouth to colostomy.
3. Recommend using arm over stoma to muffle gas sounds



Continue...

D.Activities of Daily Living

1. Advise resumption of normal bathing habits (tub or shower) with or without pouching system on.
2. Suggest waterproof tape on edges of pouching system, because it may help with bathing or swimming.
3. Notify that clothing modifications are usually minimal. Girdles and pantyhose can be worn.
4. Suggest carrying an ostomy supply kit during work or travel in case of an emergency.
5. Remind the patient with an ostomy that participation in sports is possible, however, caution must be exercised with contact sports. During vigorous sports, a belt or binder may provide extra security.
6. Inform the patient that many manufacturers of ostomy supplies offer free booklets covering a wide variety of ostomy-related topics.
7. Encourage continuous contact with the patient's team of providers.



Continue...

Evaluation

- A. Demonstrates knowledge and positive attitude toward ostomy surgery and management
- B. Expresses concerns and fears about changes in body image; tolerates seeing and touching stoma
- C. Demonstrates independent pouch changing, irrigates colostomy, describes capabilities in activities
- D. Describes signs of peristomal skin breakdown, cleanses skin independently, no evidence of skin irritation
- E. Discusses diet modifications, avoids certain foods and fruits

