



Caring for Ostomates

**A practical guide for staff in Nursing and
Residential Homes and for those who
care for an Ostomate at home.**

How to contact us;

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Patient Profile: An at a glance reference guide for carers and Ostomates

Name: (Mr/Mrs/Miss/Ms).....

Address:

..... Post Code:

Hospital Number:

Date of Birth:

Telephone Numbers:

GP/ Hospital attended:

GP Contact phone number:

Stoma type: Colostomy Ileostomy Urostomy

Stoma size: Template: yes / no.....

Appliances used: - Date..... Name of Appliance.....

Item Code.....

Manufacturers name.....Phone no.....

Supplier..... i.e. Hospital stores/USL

Phone number.....

Email.....**0800**.....

Main contacts

Ostomy society:

Contact.....**Phone**.....

Stoma Appliances

All Ostomates should have a list either from their hospital or one that they have recorded themselves from their supplies when they arrive, detailing the appliances and other products that they use. It is worth recording this information including the name and contact details of the manufacturer on the patient profile. This because there are a number of manufacturers and many different types of appliances available and over an Ostomates life they may well change the brand and type of appliance several times.

Different types of appliances

- **One piece** where the adhesive flange is attached to the bag and after use the complete appliance is removed and replaced with a new one.
- **Two piece** which consists of an adhesive base-plate which is fitted accurately round the stoma and a bag which either sticks or clips onto it. The bags can be quickly changed without removing the base plate to avoid disturbing the skin.
- **Closed appliances** which are mainly used for coping with formed motions. They are usually changed several times a day.
- **Drainable appliances** which are mainly used for coping with liquid motions. They may be worn for longer than closed appliances as they can be emptied through an outlet at the bottom and then resealed with an integral Velcro seal or clip.
- **Urostomy appliances** which are similar in design to the Ileostomy appliances but which have tube at the bottom which has an on/off tap. These are used by an Ostomate who has had a Urinary diversion and has to pass urine into the appliance for disposal.

- Night appliances. These are used by Urostomates to drain excess fluid which is formed overnight and are normally attached to the normal Urostomy appliance by way of a plastic tube and hold the “overflow”

The Stoma

It is important that anyone caring for an Ostomate knows what the Stoma is made from! In the case of a Colostomate or Ileostomate the Stoma is simply the end of the large or small intestine which has been pulled through that body wall, turned inside out and stitched onto the outside of the patient’s body.

In the case of a Urostomate, a small length of the patient’s small intestine is normally removed and has both of the patients urethras stitched into it, one end is closed and the open end brought out through the patient’s body in the same way as an Ileostomy.

Obtaining Stoma Supplies

In the main, NZ Ostomates get their supplies through their local DHB hospital stores. New Zealand residents with a stoma are entitled to supplies free of charge with guideline quantities set by the Health Dept. Hernia belts are available free of charge, one every 6 months currently. It should be noted that some items listed here such as remover and barrier wipes are not always needed and should be used under direction of a Stomal Therapy Nurse.

It is recommended that you reorder further supplies when you open the last box. Some DHBs use an automatic one, two or three month delivery and this means that there are times when people can end up stockpiling supplies. This is not needed and if an Ostomate ends up with excess product all they have to do is request via their Stomal Therapy nurse that their order is stopped

for a month or so in order to get back to a normal amount of stock. Products do have a shelf life and stock piling is not a good idea. When reordering do not forget that around holiday time items can take longer to arrive as warehouses can be closed so take this into account when you are getting low on product.

Appliances are made with a range of pre-cut holes in the adhesive flange / base plate and once a new stoma has settled down to the correct size hole (after surgery they can be swollen and strange shaped!) ask the Stomal Therapy nurse to order the one which is correct for your stoma size.

Changing the appliance

An appliance is best changed (if it is a closed appliance) when about 1/3 – 1/2 full depending on the consistency of the output, if liquid then change more often. This makes the Ostomate more comfortable. It is usually carried out in the bathroom. If the Ostomate is seated then this means that there may well be creases and folds in the skin which will make for leaks between the skin and base plate when the new appliance is fitted so if possible always change standing up. An elderly Ostomate for instance may have to have the appliance changed when lying flat on a bed, which is how it is normally done in a hospital situation anyway.

1. Before you begin

Check whether the hole in the adhesive base plate / flange has been pre-cut to the size and shape of the stoma, if not then use a template to mark out the outline of the stoma and using curved scissors, trim the hole to the correct shape. If the hole is too large then skin will be exposed and be irritated by the contents of the appliance which can make it extremely sore. If the hole is too small it can rub up against the stoma and cause it to swell.

2. Make sure that you have what you need to do the job

Adhesive remover (if required)	Powder (if required)
Warm water & towel	Disposal bag
New appliance	Barrier wipe
Paste (if required)	Toilet paper
Tape (if required)	Scissors (if required)

3. Removing the old appliance

Remove the old appliance using an adhesive remover wipe if needed. Check around the stoma for any early signs of irritation. Gently clean the stoma and surrounding skin with warm water. Do **not** use soap or baby wipes as these often contain perfume or moisturisers and may affect how the new flange / base plate sticks or may irritate the skin.

Remember that the red stoma is in fact the inside of the intestine and has no nerve endings and is reasonably fragile and can bleed quite easily.

4. Fitting the new appliance

Gently pat the skin until it is completely dry. At this point you may wish to use some stoma powder around the base of the stoma and this is applied simply by puffing it out of the bottle gently onto the stoma base, do not use an excessive amount. You may also wish to also use a barrier wipe on the skin as well so wipe it on and let the skin start to dry while you warm the flange / base plate in order to ensure good adhesion. There are various ways of doing this such as holding it up to a ceiling heat lamp for a minute (do **not** stand on a chair! Simply hold it above your head, maybe hold it under your armpit for a minute. Press the flange / base plate in place and hold it firmly in place for about a minute in order to ensure that the seal is secure. If using a 2 piece appliance, then attach the bag to the base plate.

If changing a Urostomy appliance then it is extremely important to ensure that the wafer has a snug fit around the stoma in order to ensure that there is no leakage as urine is very hard on the skin and can cause problems by irritating the skin.

5. Disposal of used appliances

Seal the used appliance inside a disposal bag. If in a nursing home situation this can be disposed of with other clinical waste. The used appliance may be wrapped up well and put in the rubbish bin. Some people will wish to empty the contents of the stoma bag down the toilet before discarding it in this way.

UNDER NO CIRCUMSTANCES SHOULD AN APPLIANCE BE FLUSHED DOWN THE TOILET.

Day to day life with an Ostomy

Eating

There is no specific diet but some people may find that certain foods can cause problems i.e. too much fibre may cause loose motions or beans may cause excessive wind. Foods which are not cooked sufficiently or steamed vegetables may also cause blockages and so should be avoided. These problems will vary from person to person and many Ostomates find that they can eat anything. If a food item is suspected of causing a problem it is advisable to try it again at intervals separated by at least a week before eliminating it altogether.

Bathing and showering

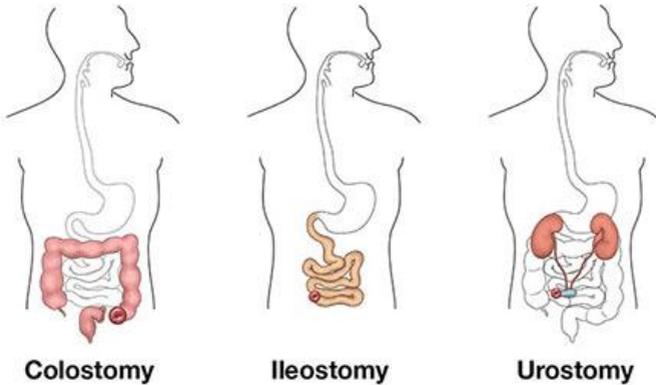
The appliance can be left in place in the bath or shower. Water cannot get into the appliance or stoma. If bathing or showering without a bag, choose a time when the stoma is less active i.e. before rather than after a meal

Ostomates travelling overseas.

If you are a New Zealand Resident and planning on travelling overseas it is recommended you obtain a Travel Certificate. Copies can be obtained from your local Society. If considering visiting or emigrating it is also recommended you visit the website of that country's ostomy organisation.

It is important that anyone traveling overseas in support of an Ostomate should ensure that not all supplies are packed in with the checked luggage, always take some in the carry-on bag just in case the checked bags are lost! If the Ostomate also has prescription medication it is advisable to also carry a signed prescription form from the Ostomates doctor and carry all medication in their correctly labelled packaging.

The 3 Types of Ostomies



Common Concerns

1. About the Stoma

Bleeding

The stoma bleeds easily if it is rubbed a bit too hard. If the bleeding does not stop or the blood is coming from inside the stoma, consult a stoma care nurse. The stoma may bleed more easily if anticoagulant drugs e.g. Warfarin or aspirin, are being taken.

Sore Skin

If the skin around the Stoma becomes red and inflamed this can be due to damage when removing the flange / base plate. Using an adhesive remover wipe may help to prevent this. With a 2 piece or drainable appliance the flange / base plate remains in place for several days which reduces the skin damage.

Sore skin can also result from contact between the contents of the bag and the skin. Stomas can change in size and shape so check the size of the stoma every few months to make sure the hole in the flange / base plate fits snugly around the stoma so that the skin is not exposed.

Parastomal Hernia

This is a swelling or bulge around the stoma which can cause problems with securing the flange / base plate. Special appliances and accessories to overcome this problem are available. Girdles and belts to support the hernia and make the Ostomates more comfortable can be obtained from the same source as the normal stoma supplies at no cost.

2. About the Appliance.

Leakage

A Stoma appliance may leak occasionally, However, if this occurs regularly consult a Stoma Care nurse who will be able to suggest a different appliance or accessory such as barrier rings, paste to fill creases in the skin or flange extenders.

Ballooning

This occurs when gas, expelled through the Stoma, collects inside the appliance causing it to inflate. Most appliances have a filter which allows this gas to escape. Sometimes however the filter will become blocked and the appliance may need to be changed if it is a one piece appliance or if you have a two piece appliance it is possible to release the pressure by opening a small portion of the top of the mounting ring and allowing gas to escape. It is important to ensure that it is only gas near the top of the bag and not waste. If this is happening on a regular basis it may be worth trying a different appliance which may have a more effective filter. To ensure that the filter does not become wet and become ineffective when in the bath or shower cover it with the sticky patch supplied in the box of Stoma appliances.

Pancaking

This occurs when, instead of dropping to the bottom of the appliance, the motion collects around the Stoma and may seep between the flange and the skin. One of the reasons that this happens is because there is not enough air in the bag and the two sides stick together. It may help to cover the filter with a sticky patch to prevent gas escaping from the appliance or place a small piece of crumpled tissue inside the appliance to keep the sides apart. Lubricating the inside of the appliance with baby oil or a special gel may help the motion drop to the bottom of the bag.

Other concerns

Loose motions

If a large section of the colon has been removed it is likely that motions will always be fairly liquid such as in an Ileostomy then you should be using a drainable appliance. If motions are normally formed an episode of Diarrhoea could be due to a “stomach Bug”, stress or emotional upset or certain medications. If diarrhoea persists it is important to seek medical advice.

Constipation

Eating more fibre and fruit should help to make motions softer. Constipation can also be the result of not drinking enough fluid or the side effect of medication EG certain painkillers or antidepressants (check with your doctor). Unless prescribed by your GP or the Stoma nurse do not use suppositories or enemas as the stoma will reject them. If the Stoma has not worked for several days or there is pain or vomiting seek medical help. Never hesitate in the instance of a blockage to call an ambulance as this is a very dangerous situation and needs treatment immediately.

Odour

There will only be an odour when emptying or changing the appliance. This can be reduced by spraying a deodorant. Odour while the appliance is in place could indicate a leak or a faulty filter. Gels, capsule, drops and sachets are available to neutralize and odour inside the appliance.

Rectal discharge

It is normal for Ostomates who still have their rectum in place to pass clear or putty coloured mucus out through the anus. This is because the lining of the bowel produces mucus as a lubricant to

assist the passage of food and waste. Even though motions now pass out through the Ostomy the rectum will continue to produce mucus but the amount may decrease with time.

Rectal discomfort

After an operation to form an Ostomy some people still experience the sensation of rectal fullness and feel as if they need to pass a motion in their normal manner. Sitting on the toilet and relaxing the muscles may provide some relief.



Types of Appliances

Other resources helpful in managing an Ostomate at home or in care are;

“Living with your Ostomy” produced by the Ostomy New Zealand. These may be sourced free of charge from either your local Ostomy Society or directly from the Ostomy New Zealand Secretary.

The “New Zealand Ostomate” magazine produced three times a year by Ostomy New Zealand and available free of charge.

There are currently 18 ostomy Societies in New Zealand and the contact details for each are listed in the New Zealand Ostomate magazine and on the Ostomy New Zealand web site www.ostomy.org.nz

Most of the Ostomy product supply companies operating in New Zealand have resource material available and again their contact details are available from the New Zealand Ostomate Magazine.

There are also a number of good resource books listed on the Ostomy New Zealand web site which are worth reading.

With grateful thanks to the Colostomy Association Ltd United Kingdom who have allowed us to use much of their material.

www.colostomyassociation.org.uk