Ostomy Pouching and Management

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Disclosure Information

- I have nothing to disclose

Objectives

- Describe the parent teaching requirements and products needed, for a parent to be successful at home, caring for a child with a well formed colostomy or ileostomy.
- Identify options for additional products when wafer adherence is less than expected.
- Identify wound care products available for management of peristomal wound dehiscence and skin breakdown of infants and children with an ostomy.
“Ideal” Stoma

- Height of stoma (protrusion)
- Location of the lumen
- Location of stoma
- Shape

Height

2.5 cm for adults
1-1.5 cm for children
- Effluent will drain into the pouch vs under the wafer
- Helpful to explain to parents who might think flatter is better
- Helpful to explain to surgeons

Location of the opening of the lumen

At the apex of the stoma
- Facilitates drainage into the pouch instead of under the wafer
- Sometimes after postop swelling decreases, an opening that faced the side will be at the top
Location of stoma

Flat surface around stoma

“Bellow the belt line”

Avoid:
• Umbilicus
• Leg/groin crease
• Avoid hip bone
• Use wafer with starter hole to help with marking

Shape

Round

• Easier to measure using measuring sheets provided in the boxes
• Helpful when ordering pre-cut wafers
• Most children have temporary stomas

Pouching basics

A well sited, matured stoma may only require a pouch

Infants & children are wiggly, must be able to get the pouch changed quickly
• Soap & water (vs. wipes/pads)...or just water
• get the job done fast: wash the skin and put the pouch on
• Avoid products that are not absolutely necessary - (Adhesive removers, skin prep are not necessary for all stomas and expose children’s skin to chemicals
• Pouch cut in advance once all swelling has resolved
• Gloves are not necessary
Choosing a Pouch

One piece
- More flexible
- Easier to cut off the edges if necessary to avoid other tubes

Two piece
- Able to see the stoma better
- Easier to keep the wafer dry with prolapsed stomas
- Easier for stomas with support rods

Removal, Measuring, Cutting

- Remove the wafer—may not need adhesive remover. Keep finger close to the wafer and gently push down on the skin.
- Measure the stoma: may change in size for up to 6-8 weeks
- Use cutting lines or mark the wafer with the shape of the stoma
- Cut the wafer—pull the pouch away so it does not get punctured

Securing the wafer

- Hold in place—more effective than warm packs
- Apply gentle pressure close to the stoma
Additional Products

Additional products should not be used for all patients.
- Adds to the difficulty/amount of time it takes to change the pouch
- Increases cost

…but may be necessary for some stomas

Emptying the pouch

- Infants in diapers - turn pouch to the side. Empty into the diaper with every diaper change.
- Once they can sit on the toilet, pouches can be angled inwards to empty on the toilet.
- No rinsing - difficult, messy & unnecessary. Pouches are odor proof.

Wear time

The period of time the product can be worn before failure

Contact between skin and the skin barrier + Skin barrier durability
- Assess the wafer after removal for areas of wear
- Teach parents how to assess the back of the wafer
- Set realistic expectations 48 hour wear time for infants and toddlers is great
Wear time

• Wear time will vary depending on the effluent-effluent from an ileostomy will melt the wafer more quickly than stool from a colostomy
• Empty pouch when it is 1/3 full
• When infants have liquid effluent, cotton balls placed in the pouch will absorb fluid and help maintain integrity of the wafer
• Urostomy pouches for high output stomas: have inner pouch that prevents fluid in the lower part of the pouch from flowing back to the upper pouch. Less fluid in contact with the wafer

Wear time

• Pouches are odor-proof. They should not be rinsed with water. It is messy and may decrease the wear time
• Wafers have different wear times
  • Newborn wafers are less aggressive and are designed for sensitive skin-shorter wear time
  • Each company has their own terminology for pouches designed for longer wear time-will not be allowed to order the same amount
    • 20/month for standard wear time
    • 10/month for pouches designed to last longer

Increasing wear time: Paste vs Rings

Rings
• Alcohol is not a concern-Sting free alternative to paste
• Can be cut or molded to the shape needed
• They are easier to remove from the skin than pastes
• Adds a small amount of extra wafer around the stoma
• Can create very soft convexity
ok to use postop

Paste
• Most contain alcohol
• Often used incorrectly
  • If absolutely necessary:
    • Use a syringe to apply to a small amount to the wafer
    • allow the alcohol to evaporate before applying the wafer to the skin
Paste

- Paste is NOT an adhesive
- More is not better
- Difficult to remove—not necessary to remove all of it from the skin before placing the next pouch
- Fill a syringe to get a small amount on an infant wafer

Increasing wear time

- Teach parents how to assess wafer melt
- If they are not getting 48 hours of wear time, add an extra layer with a ring

Skin prep

**Purpose:** minimize skin stripping due to adhesives
- Provides a layer of film to the skin
- Is NOT a skin cleaner or an adhesive
- May decrease wear time with some skin barriers
Stoma powder with skin prep

Use **no-sting** skin prep over stoma powder on denuded areas of skin or over nystatin powder for candida

**Crusting**
- Sprinkle on denuded areas
- Brush off excess
- Dab, don't wipe, skin prep over the powder.
- Do this 3x: powder & skin prep

Resources

- **WOCN**: Teen chat-booklet for teenagers developed by The pediatric subcommittee
- Major companies have free ostomy information-booklets, DVD’s, dolls
- Companies have starter kits that can be individualized for the patient
- Companies will also send samples upon request from you or the family
- Other products are available.
  - Pouch covers can be purchased

Management ideas for challenging stomas
Wound fillers that absorb Medical Honey Hydrofibers

Wound care products for pouching challenging stomas

Plain Foam Foam with border-can pouch on top of this foam

Pouching with Mucocutaneous Separation

- Irrigation
- Hydrofiber-tuck into the separation
- Stoma ring
- Foam
- Pouch optional

- ABD pads
- Menstrual pads
- Urinary incontinence pads
- Diapers

Plain Foam

Foam with border-can pouch on top of this foam
Pouching Stomas in a Dehisced Incision

- If significant – NPWT, use paste, barrier rings to seal around stoma, obtain seal then pouch

OR:
- Irrigate the wound
- Gently tuck a hydrofiber or alginate into the wound
- Protect peri-stomal skin with barrier paste
- Cover with foam

Pouching Stomas in a Dehisced Incision

- Written plan at bedside, with pictures if possible
- Assess daily
- Reassure
- Don’t let people change your plan

Pouching Stomas in a Dehisced Incision

- Initially treated with NPWT
- Then: protected skin with a barrier paste
- Staff used ABD’s and diapers before calling the ostomy nurses to evaluate
- She was confined to her room b/c of the high output and difficulty managing the effluent
Pouching Stomas in a Dehisced Incision

- Minooka Honey
- Covered with a piece of foam with a border, then pouched
- Paste was used to seal the foam that had been cut

Pouching Stomas Near Tubes

- May need to use smaller wafer
- Wafer without starter hole allows options for moving it around
- Barrier ring to fill in the gaps
- Foam to absorb leakage from the drains so that the wafer stays dry

Pouching Stomas with Scars/Crevices in Peristomal Plane

- 1-piece pouch may conform better to uneven plane
- Wafer without a starter hole
- Fill with stomahesive paste or use barrier rings/strips formed to small size
- If wafer does not have tape border, use tape to window edges to keep from “wrinkling” up
Review

- Described ostomy basics for the well formed, mature stoma
- Identified additional products available when wafer adherence is less than expected.
- Identified wound care products available for management of problem stomas.
- Described use of wound care products in difficult ostomy management scenarios.