Objectives

• Verbalize steps of a basic pouching system change
• Identify one cause for leakage of a pouching system and one method of treatment
• Differentiate between an ostomy and fistula
Definitions

• An **ostomy** is a surgically created opening in the body for the discharge of body wastes.

• A **stoma** is the actual end of the ureter or small or large bowel that can be seen protruding through the abdominal wall.

• A **fistula** is an abnormal passage between a hollow or tubular organ and the body surface, or between two hollow or tubular organs.
Examples of Ostomy / Fistula

**Ostomy**
- Colostomy
  - Large bowel
- Ileostomy
  - Small bowel - ileum
- Jejunostomy
  - Small bowel - jejunum
- Urostomy
  - Urine (ie colon conduit, ileal conduit, ureterostomy)
- Esophagostomy
  - Esophagus

**Fistula**
- Enterocutaneous
  - Small bowel - skin
- Colocutaneous
  - Large bowel - skin
- Rectovaginal
  - Rectum – vagina
- Enterocolo
  - Small bowel – Large bowel
Types of stomas

- End
- Loop
- Double barrel
Location of stoma

- Within the rectus muscle
- Outside of creases
- Visible to the patient when sitting and standing
Surgical Construction of Stoma

- Budded at least 1-2 cm
- “Brooked” stoma
- Minimal retraction
- Even stitching, no puckering
- Lumen opens in center
Fistula

- Usually not surgically created
- Often located in old scar tissue or body crease
- Often opens below skin level
Fistula

• High output (>500cc) vs low output (<500cc)
• Location of fistula in bowel
• Cause of obstruction
Best Practice

- Refers to the level of knowledge on management of ostomies
- Not enough research to define exact management
- Knowledge is gained by experience
- Need more research!
Assessment for management:

• Stoma appearance
• Type of output
• Skin around stoma
• Location
• Assess lying, sitting, standing
• Hernia
• Cognition and dexterity of the patient
• Patient resources
Measure stoma

- Measure when sitting and standing
- Stoma should not be covered with minimal skin visible
- Error larger instead of smaller
Ostomy Products:
Standard vs Extended Skin Barrier

• Standard wafer
  • Less ingredients in product
  • May wash with stool/urine
  • Colostomy or skin sensitivities

• Extended Barrier
  • Complex product
  • Hydrates or “collars” with stool/urine
  • Ileostomies, urostomies
Ostomy Products:

- Convex / Flat Wafer
- 2-piece / 1-piece pouching system
Ostomy Products:
“Help me! My pouch is leaking”
Common Causes of Pouching System Leakage

- Pouch overfills
- Stoma construction
- Abdominal creasing
- Mucocutaneous separation
- Peristomal wound
- Hernia
- Peristomal skin issues
Pouch too full

- Empty pouch when it is 1/3 to ½ full of gas, stool or urine
- Stool does not stop flowing when the pouch is full
- Filtered pouch
- High output drainage system
High volume, liquid output

• Thicken the output if possible
• Extended barrier if possible
• Change every 2-3 days
Position of Stoma Lumen

- Often patient will feel burning on edge of skin exposed
- Loop stoma – look at position of both openings
- If skin soft, will need convexity/customized convexity
Abdominal creasing

- View sitting, standing, lying down
- Convexity – may need to customize
- Belt
Mucocutaneous Separation

- Cut opening in wafer to size of skin opening, not stoma size
- May need convexity
- Stoma powder
- Long term complication of stricture
Peristomal wound

- Most common cause is pressure
- Remove pressure
- Cut opening in wafer to include wound or cover the wound with absorptive material
Hernia

• Stretching of skin under wafer – shear
• Flat wafer without tape if shear
• Watch for pressure
• Hernia support belt/support garment
Allergic Dermatitis

- Dermatitis takes on shape of product
- Skin moist/wet
- Can sensitize to other products when in inflammatory state
- Remove the product(s) causing problem
- Patch test
Non-adhesive pouching system

- Cover back of wafer with thin hydrocolloid
- Use gauze between wafer and skin
- Use a support belt
Scar tissue

- Scar tissue does not stretch – pressure will cause breakdown
- Pectin barrier does not adhere well to scar tissue
- Scar tissue can cause creasing in skin around stoma
- Avoid pressure over scar tissue which can cause breakdown
Fistula Management

• Multiple causes for leakage
• Assess lying, sitting, standing
• Patient resources – cost/insurance, assistance with change, inpatient vs outpatient
• Often multiple changes before getting a good seal
3 Stations for Demonstration with Product

1. Basic Ostomy Pouching System Change
2. Complex Ostomy Management
3. Fistula Care
Questions?