

Stoma Care



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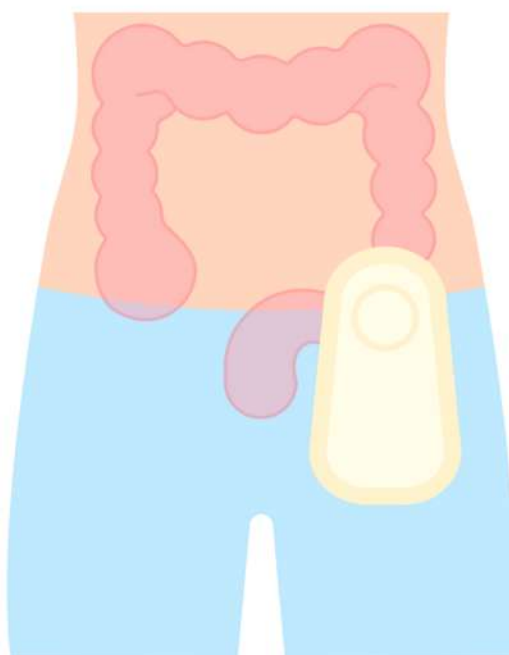
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Overview

Stoma is an opening created surgically on the abdomen to divert bodily waste. The waste material (faeces or urine) is collected into a pouch or bag attached to the stoma outside the body.

The aim of stoma care is to help patients adapt comfortably and manage their stoma effectively. It will promote well-being and independence.

This booklet provides care techniques on how to maintain a healthy stoma and its surrounding skin (peristomal skin), empty and change your stoma appliance, and management of any potential issues or complications encountered at home.



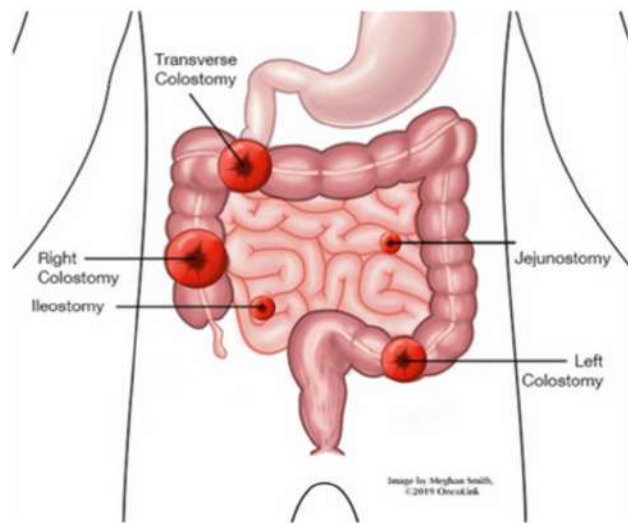
Common Type of Ostomies

Colostomy

A colostomy is a stoma that is made into the large bowel. It can be placed in the ascending colon, transverse colon, descending colon, or sigmoid colon. The bowel is then brought through the abdominal wall onto the skin. The consistency is semi-formed to formed stools.

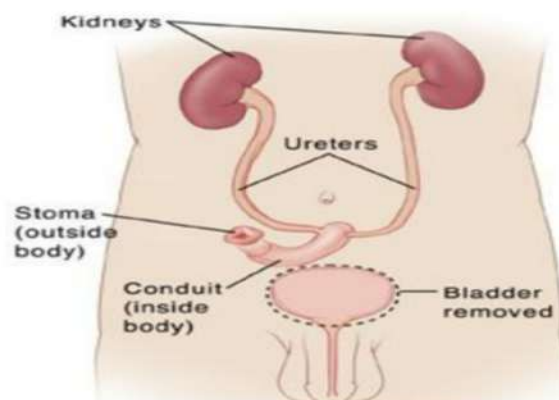
Ileostomy

An ileostomy is an opening into the end of the small bowel connected to the ileum to pass stool. It is usually located in the right lower abdomen. Ileostomy output varies from liquid to paste consistency. Prone to skin excoriation, dehydration, electrolyte imbalance particularly sodium and potassium. Fluid and electrolyte losses may need to be replaced.



Urostomy or Ileal Conduit

An urostomy or ileal conduit is a stoma created from a piece of the intestine to divert urine to outside of the body. The ureters are sewn to a piece of the intestine that is made into a small conduit. The conduit emerges from the abdominal wall as a stoma.



Using a Stoma

1. Getting Your Ostomy Supplies Ready

- Before you begin, ensure that all supplies are within easy reach.

Supplies include:

- New ostomy pouch (1-piece or 2-piece)
- Kidney dish
- Wet cotton balls or soft cloth
- Stoma measuring guide and marking pen
- Clean towel or paper hand towel
- Scissors
- Remover spray
- Skin barrier, stoma powder and stoma paste/ring seal if required



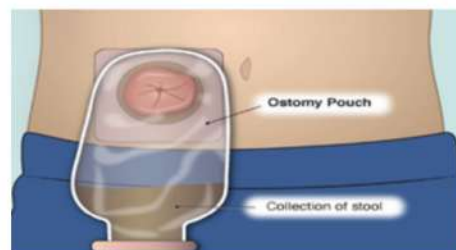
2. Before the Procedure

- Wash your hands. You may put on a pair of gloves if necessary.

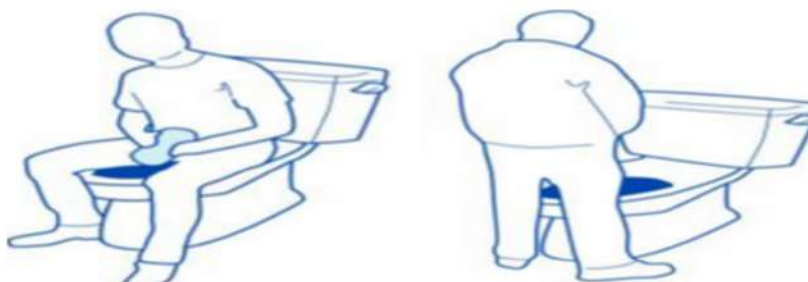


3. Emptying of Stoma Bag

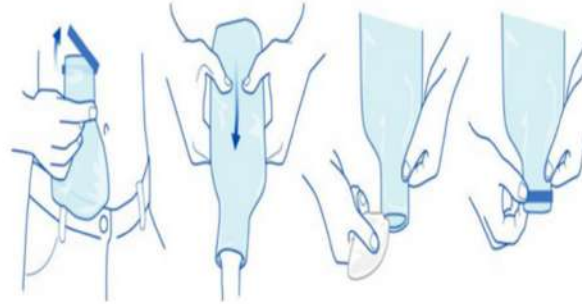
- Empty the contents from your ostomy pouch when it is 1/3 to 1/2 full to prevent it from becoming too heavy and the wafer may separate from the skin.



- Position of emptying either standing or sitting in the toilet bowl.



- Keep the drainage end of the pouch clean.



For ileostomy, it is best to measure the stoma output and observe its consistency. It is recommended to record the output each time you are emptying the pouch. Any unusual increase of stoma output may cause dehydration, loss of appetite, nausea and vomiting episodes, and/or abdominal cramping. This requires immediate medical attention and you should consult your doctor or ostomy nurse specialist.

4. Removing a Soiled Ostomy Pouch

- To remove the ostomy pouch, remove the flange by gently pulling it toward the stoma.
- Support the skin with your other hand. An adhesive remover may be used.
- If a rod is in place, it can be slid from side to side to allow the pouch to be removed.
- Place old pouching system into disposable bag and discard.



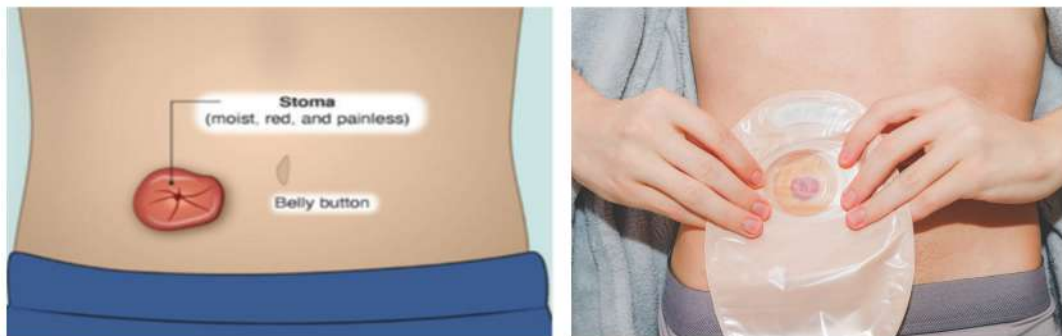
5. Cleaning the Stoma and Peristomal Skin

- Gently wipe the stoma and wash the peristomal skin with wet soft cloth or cotton balls using tap water.
- Occasionally, it is normal to see a small amount of bleeding from the surface of the stoma or skin edges when cleaning the stoma.
- Using a soft absorbent cloth or paper hand towel, dab dry around stoma to remove excess moisture. Ensure the skin is thoroughly dry. Ensure all the old adhesive is removed.
- If your skin has rashes or redness, clean and dry the area before applying skin barrier and ostomy powder. Dust off the excess powder before applying ostomy seal or paste and a new flange or wafer to ensure adheres to the skin.



6. Assessing the Stoma and Peristomal Skin

- Inspect the colour, size and condition of the stoma and peristomal skin. Healthy and normal stoma should be pink/red in colour, which is similar to the colour of the mucosa in the mouth.



- A leakage can lead to skin irritation. Change your pouch immediately when you are at home. Seek advice from your ostomy nurse specialist as it may require immediate refitting of a stoma system.

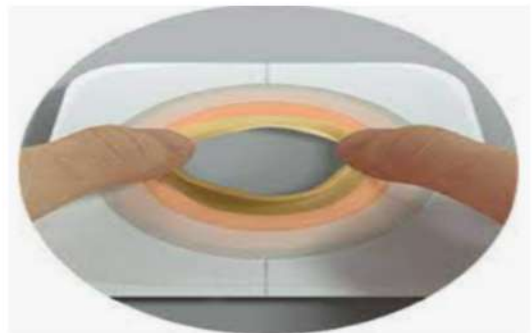
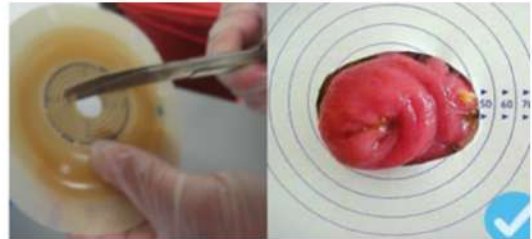
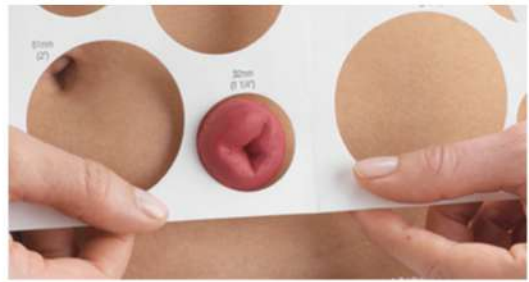


- Report any excoriation or redness at the surrounding skin of stoma to your ostomy nurse specialist. Take a photo of your stoma and peristomal skin.



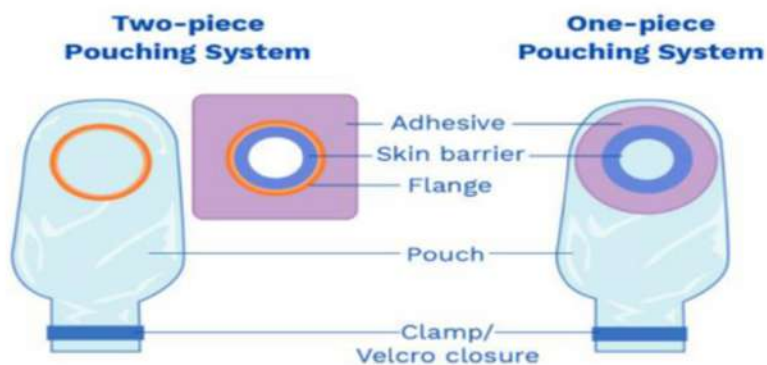
7. Changing of Baseplate or Wafer

- Measure your stoma with a stoma guide. Copy the stoma guide on reverse side of your baseplate.
- Cut the baseplate leaving a 1mm to 2mm circumference to prevent the stoma from becoming constricted. Smooth cut edge by running a finger around the circle.
- Some flange systems need to be “rolled” or “moulded” from the centre outward to fit the size of stoma. Assess the flange for proper fit to the stoma.
- Remove the inner backing on flange and apply flange over stoma. Apply pressure by gently pressing around the periphery of the stoma with your index finger to create a seal.



8. Applying a New Pouching System

- Apply the one-piece ostomy pouch or the adhesive back of the two-piece system followed by application of the pouch to the adhesive back. If stoma rod is in situ, carefully move the rod back and forth but do not pull up on rod.



- Apply the ostomy pouch. Close the end of the bag (clip, velcro closure, plug). Otherwise, the ostomy pouch can be attached to the flange prior to applying it to the body.



- Hold palm of hand over ostomy pouch for 1 to 2 minutes to assist with appliance adhering to skin. Ensure the ostomy closure is applied and secured to prevent leakage.

9. After the Procedure

- Wash your hands and discard used gloves.

Common Stoma Issues to Be Aware of

Most stoma problems happen during the first year after surgery. If you notice any unusual changes in your stoma, you should alert your doctor and ostomy nurse specialist promptly.

Seek advice from your doctor or ostomy nurse specialist if you experience:

- A rash or any visible sore on the skin around your stoma.
- Stoma starts to swell and seems larger than normal.
- Stoma seems to shrink and pull in below the skin level.
- Stoma starts bleeding abnormally.
- Stoma changes its colour and turns purple, black or white.
- Stoma separates from the skin or sutures around it.
- Stoma appears elongated or extends outward more than usual.

Other Information

- A stoma discharge kit is provided with the vendor's contact number.
- There will be 2 free vendor visits for the changing of stoma bag and stoma care training. Charges may apply for subsequent visits.
- Additional stoma supply of appliances and accessories are available at Woodlands Health's Retail Pharmacy. You can also contact the vendor directly to replenish your supply at home.

Contributed by Nursing

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Information shared is accurate as of September 2024 and subject to revision without prior notice.



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