

# Stoma Care Basic Guidelines

## Types of stoma

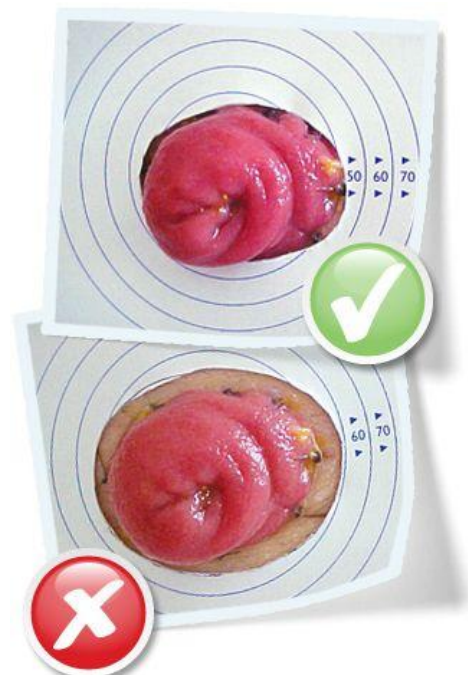
- **Ileostomy** - an opening from the small bowel to allow faeces to leave the body without passing through the large bowel. The stoma is usually spouted and is located on the right hand side of the patients' abdomen. Output is usually quite liquid.
- **Colostomy** - an opening from the large bowel, to allow faeces to bypass the rectum. It is situated on the left hand side of the patient's abdomen. Sizes vary but the stoma lies flatter against the skin. Output is usually more formed than ileostomy output.

## How often to change stoma bags

All stoma bags should be changed at least **daily**.

## To Change The Bag

1. Empty bag (if it is drainable)
2. Wash hands
3. Carefully remove bag (use adhesive remover spray if you wish/if skin is fragile).
  - a. Check the old bag as it comes off: is there poor adhesion? Does the flange dissolve or leak?
  - b. Is there pancaking (when the stoma output collects under the flange and pushes the bag off)? This is not always visible until you remove the bag but can cause significant damage to the skin.
4. Clean around stoma with water. Do not use soap or cold spray.
5. Thoroughly dry surrounding skin.
6. Check the stoma – is it pink and warm? If not, report to medical team urgently. Looking “dusky” indicates poor blood flow and can lead to necrosis.
7. Check condition of skin – look for redness, excoriation, irritation, broken skin etc.
  - a. If skin is intact, you can go ahead and apply a new bag.
  - b. If there are any more complex issues (e.g broken skin), inform the medical team and refer to Stoma Nurse Specialist.
8. **Cut bag to fit stoma exactly** – there should not be any skin visible around the stoma! Any skin exposed to stoma output will burn and become excoriated. This is then very difficult to heal. The stoma bag should be clear so that you can visually check the stoma when the bag is in situ.
9. Warm stoma bag between your hands before applying.
10. Remove backing from new stoma bag.



11. Apply bag carefully to stoma, from bottom of stoma upwards.
12. Smooth the bag down firmly around the edges ensuring there are no wrinkles.
13. Place your hand over the bag for 10 seconds (the heat helps the bag stick).
14. Wash hands.
15. Record output on 24hour chart. Record output, consistency, colour and care given on care plan.

### **Specialist Products**

Some patients will need specialist products to protect the skin, prevent their bag leaking or simply to allow it to stick properly. This could be powders, pastes or specialist bags. If these are in use there should be instructions provided. If you are not sure how to use anything, seek advice first. The stoma nurse specialists should be able to give advice over the phone if need be.

### **When to refer to Stoma Nurse Specialists:**

- **All patients with new stomas should be referred to the Stoma Care team for education and support.**
- For advice on stoma management/function
- NEW swelling of stoma
- Ulcer on stoma
- Colour change of stoma
- Injury to stoma
- Dry or wet skin which stops appliance sticking
- Skin issues around stoma
- Lumps, bumps or bleeds on skin surface
- Ulceration on skin surface
- Pain or discomfort from the stoma
- For advice on long-term existing problems
- NEW bulge around stoma (Hernia)

### **Stoma Team**

Based at the Western General.

**Telephone:** 0131 537 2191

**Internal:** 32191

Information also available on the Intranet.

There is also a stoma care LearnPro module available if you want to learn more.