Ostomy Management: Procedure for Changing a One or Two-Piece Fecal Ostomy Pouching System with or without a Rod

Site Applicability

All VCH & PHC sites

Practice Level

Basic skills for the following professions (within their respective scope of practice):

- RN, RPN, LPN, NP

Policy Statement

- A physician or NP's order is not required to change an ostomy pouching system.
- If a flange/pouching system is leaking, it must be changed immediately. Do not under any circumstances reinforce the edges of the flange as this traps the effluent and can lead to skin irritation and damage.

Need to Know

- A fecal ostomy is a surgically created opening between the gastrointestinal (GI) tract and the skin to divert stool. Types of ostomies include Colostomy, ileostomy and jejunostomies. The name of each ostomy indicates which part of the intestine is used to construct it. An ostomy can be permanent or temporary. This opening is referred to as a stoma. A healthy stoma is pink to red, moist, shiny, and raised above skin level. (see Ostomy Definitions)
- The underlying etiologies for the ostomy may be cancer, Crohn's disease, ulcerative colitis, diverticulitis, bowel construction, trauma, congenital conditions, spinal cord injury etc.
- Patients wear a pouching system to collect and contain fecal to protect skin from irritation. There are a wide variety of pouching systems available to meet different needs. A Wound Ostomy Continence Nurse (WOCN) / Enterostomal Therapist (ET) nurse can make recommendations to individualize the product choices to the patient's preferences and needs.
- Ostomy pouching systems are changed every 4 to 7 days as indicated on the care plan unless one of the following conditions occur: leaking, falls off partially or completely, procedure or test required pouching system to be removed, patient complains of burning or itching under the pouch, exposed skin is visible around the stoma, the pouching system becomes odorous.
- Patients are expected to participate in all aspects of the care of their new ostomies. Health Care Providers (HCPs) should promote patient and family involvement. Patients with an existing ostomy are expected to continue with self care utilizing their own supplies.
- If a patient is unable to care for his or her own ostomy, then a caregiver needs to be taught to care for the ostomy.
- Patients with a new ostomies often struggle emotionally with acceptance of their altered pattern of elimination. Compassionate, empathic care will positively impact the patient during this phase of acute adjustment. Be aware of non verbal expressions.

- The flange portion of both a one-piece and two-piece system may be flat or convex. The pouch may be drainable or closed. A drainable pouch has a closure mechanism on the bottom of the pouch. The closure mechanism may be a plastic clip, or a Velcro type.

One-piece drainable/closed

- A one-piece drainable pouching system is used for several types of fecal stomas (e.g. Ileostomy or colostomy). Together in one system, there is a skin barrier (flange) that sits against the patient's skin and a plastic pouch that will contain the effluent (fecal) content. The bottom of the pouch is open to allow the drainage of effluent and may be closed either by a plastic clip or rolling up on itself and adhering with Velcro or self closure device.
- A one-piece non-drainable (closed) pouching system is used only for colostomy patients. It is changed once to twice daily. If more frequent changes are required then the system should be changed to a drainable system unless recommended by an ET/WOCN.

Two-piece drainable/closed

- A two-piece ostomy system consists of a flange (also called barrier, or plate) and a separate ostomy pouch. The flange and pouch couple together to form an integrated unit. The coupling sizes vary within a product line, therefore it is important to ensure the sizes match. The type of coupling depends on the manufacturer of the appliance and the individual product line. Pouching systems are no longer interchangeable between manufacturers.

Equipment & Supplies

- Hand washing supplies
- Cleaning cloths, e.g. paper towels, J-cloths, face cloths, gauze
- Warm water
- Single patient use scissors (if appliance not pre-cut)
- Pen/marker (if appliance not pre-cut)
- Blue pad
- Stoma measuring guide
- Ostomy pouch (drainable or closed) if using one-piece pouching system
- Ostomy flange and pouch (drainable or closed) if using two-piece pouching system
- Container to empty pouch into if patient/caregiver not emptying into toilet
- Garbage bag
- Accessories as per care plan

See Clinical Decision Grid for Ostomy Accessory Products

Procedure

Changing an Ostomy appliance with or without a rod in situ

Removing and Cleansing:

Procedure	Rationale
1. Put on clean gloves, place blue pad below the pouch.	Clean technique, to protect the linen and patients clothing.
2. Empty the current pouching system (unless a closed pouch). Measure contents if ordered.	A full pouch may spill on the patient or bed; In and Out documentation may be required if indicated. A closed pouch will be removed and discarded.
3. Remove old pouching system by gently lifting flange from the skin. Support the skin with your other hand. An adhesive remover may be used. Discard old pouching system in garbage bag **If Rod In situ – DO NOT remove** If removing the pouching system from a loop ostomy with a rod insitu, slide the rod back and forth to allow gentle removal of the pouching system while minimizing upward movement of the rod. (see Picture application of a pouching system when a rod is in place)	Supporting the skin will help to prevent skin tears. An adhesive remover may be used to decrease skin and hair stripping, or for painful removal. **Rods are removed by WOCN/ET/Physician/NP** If the rod is not moved side to side it will be difficult to remove the pouching system and trauma to the stoma and peristomal skin can occur. The upward movement will cause tension on the rod. If unable to slide rod contact WOCN/ET.
4. Gently clean the stoma and peristomal skin using warm water and cleaning cloths. If removing paste from the skin, use a dry cleaning cloth first (only necessary if contaminated with stool).	Aggressive cleaning can result in the stoma bleeding. If this occurs apply pressure until the bleeding subsides. The use of other cleaning solutions may irritate the skin or stoma. Specific cleaning solutions other than water is not needed as the stoma is not sterile. A dry cloth will help to prevent the paste from smearing to surrounding skin.
5. Assess the stoma as per stoma assessment policy. (see CPD: Assessment and Management of an Ostomy) (*to link once approved)*	A stoma should be pink to red and moist. A dusky, gray or black stoma indicates poor blood flow to the stoma. Ensure the surgeon and/or WOCN/ET is notified.
6. Assess the peristomal skin for breakdown, rash or wounds. If you have any concerns regarding the appearance of the stoma or peristomal skin please contact the WOCN/ET (see Clinical Decision Grid for Assessment of a Urinary or Fecal Stoma and Clinical Decision Grid for Peristomal Complications)	There are multiple conditions that can occur and may require a change to the care plan.
7. Measure the stoma using the stoma measuring guide. For a round stoma, you will need to measure the diameter. For an oval stoma, you will need to have two measurements to create an oval shape (the length and width) the opening should be 2mm or 1/8” larger than the stoma size. When measuring the stoma with a rod insitu, measure the stoma and not the length of the rod.	Measuring the stoma will assist with cutting the correct size opening on the pouching system. Stoma measure guides are available. (see Clinical Decision Grid for Ostomy Accessory Products). A smaller gap can cause damage to the stoma and a larger gap can allow for breakdown of the peristomal skin. If the diameter of the rod is measured then peristomal skin will be exposed to fecal contents causing skin breakdown.

Changing a One-Piece Ostomy appliance with or without a rod:

Procedure	Rationale
For a cut to fit appliance: 1. Trace the required opening onto the back of the pouching system and cut opening accordingly. Ensure not to reverse the template image. Starting in the pre-cut hole, cut on the outside of the pen marking. DO NOT cut a hole in the pouch film/plastic. 2. Keep template with patient's supplies and label with date and pouch/skin side. **For a precut appliance:** The opening is pre-sized to the client.	The pen marking may affect the size of opening and make it smaller. Reversal of the template image may cause an oval opening to be inaccurate Moving the pouch away will prevent from accidently cutting through the pouch. Keeping and labeling the template will save time and prevent reversal of the template image.
3. If required, trim edges of the pouch adhesive to avoid drains and incisions – off centering of opening may alleviate the need for this.	Pouch adhesive may not adhere over staples and sutures or drain sites
4. Accessory products may be used at this time: a. paste or rings to create a flat pouching surface b. powder and skin sealant to treat skin breakdown See Clinical Decision Grid for Ostomy Accessory Products	A flat pouching surface is required to enable the pouching system to adhere and prevent leaking. Contact WOCN/ET if needing further consultation or support. Excoriated/denuded skin can weep, preventing the flange from optimal adherence.
5. **Remove backing from pouching system**. If pouching system adhesive has a taped border then leave the tape border on. Remove the tape/plastic from the center of the pouching system if no rod is present **If Rod in situ** For a client with a rod insitu cut the tape/plastic in half and place back on pouching system adhesive Remove the plastic backing one piece at a time. Support the other half using your hand to prevent tension on the rod. (see Procedure: Picture application	The taped border will allow you to hold onto it as the pouch is applied to the skin. **If Rod in situ** Keeping the plastic/tape on the adhesive allows you to manipulate the pouching system adhesive under the rod without getting the adhesive moist.
6. **Application of pouching system** Ensure the skin is dry. Center the pouching system opening over the stoma for a transparent pouching system. For an opaque pouching system fold the pouching system adhesive in half and align the bottom of the pouching system opening with the bottom of the stoma.(this will not be possible for a convex pouching system). Unfold the pouching system to cover the stoma. **If Rod in situ:** Gently slide the rod back and forth, (but avoid upward pressure on the rod) as you position the pouching system over the stoma. Reposition the pouching system to ensure it sits correctly. Remove both halves of the barrier plastic/tape at this time. Support the other half using your hand to prevent tension on the rod. (see Procedure: Picture application)	Wet skin will prevent the pouching system from adhering to the skin. Folding the pouching system in half will allow for a better alignment of the ostomy pouching system. **If Rod in situ:** Gentle positioning of the rod prevents trauma to the stoma, and ensures the pouching system adhesive is positioned correctly. Correct positioning of the pouching system allows for proper drainage of stool. To allow pouching system to adhere to the skin.

7. Apply pressure using your finger or cotton-tipped applicator immediately around the stoma to assist with pouching system adherence. If taped border, remove tape at this time	This will help the appliance adhere to the skin preventing leakage. To allow pouching system to adhere to the skin.
8. Close self closure mechanism or attach clip for closure of a fecal pouching system.	To prevent stool soiling the linen or patient.
9. Hold palm of hand over pouching system for 1 to 2 min to assist with pouching system adherence.	The adhesive molds to the skin with warmth and can help to prevent leakage.
10. Remove garbage from patient's room.	To decrease odour.

Changing a Two-Piece Fecal appliance with or without a rod in situ:

Procedure	Rationale
1. **For a pre-cut appliance:** **DO NOT use when rod in situ.** The opening is sized to the client. **For moldable appliances** **DO NOT use when rod in situ** Stretch/mold the opening and push down until opening is bigger than stoma. **If Rod Insitu** Choose a flange where the ring on the flange and pouch is larger than the rod.	Once the stoma has finished shrinking and or the rod has been removed then a pre-cut pouching system can be used. Moldable technology allows the opening to be rolled larger than the stoma and once applied will return and hug the stoma gently. **If Rod Insitu:** To allow the rod to lay flat, this will minimize the upward pull on the stoma.
2. If required trim edges of the flange, to avoid drains, incisions – off centering of opening may alleviate the need for this.	Flanges may not adhere over staples and sutures or drain sites.
3. Accessory products may be used at this time: a. paste or rings to create a flat pouching surface b. powder and skin sealant to treat skin breakdown See Clinical Decision Grid for Ostomy Accessory Products	A flat pouching surface is required to enable the flange to adhere and prevent leaking. Contact WOCN/ET if needing further consultation or support. Sitting the patient at 45 degrees helps to make the creases more visible to allow for improved application of accessory products.
4. **Remove backing from flange** If flange has a taped border on the edge then leave the tape border on. Remove the tape or plastic from the center of the flange. **If Rod Insitu** Cut the tape/plastic in half and place back on pouch adhesive. Remove the plastic backing once pouch adhesive in place.	The taped border will allow you to hold onto it as the flange is applied to the skin. **Rod Insitu** Keeping the plastic on the adhesive allows you to manipulate the pouch adhesive under the rod without getting the adhesive moist.

5. **Application of flange** Ensure skin is dry. Centre the cut opening around the stoma and apply the flange to the patients skin. **If Rod in situ** Gently slide the rod back and forth, (but avoid upward pressure on the rod) as you position the flange over the stoma. Reposition the pouch to ensure it sits correctly. Remove the plastic backing one-piece at a time. Support the other half using your hand to prevent tension on the rod. (see picture application)	Wet skin will prevent the flange from adhering to the skin.
6. Apply pressure using your finger or cotton-tipped applicator immediately around the stoma to assist with flange adherence. (If stoma active attach pouch and then using your finger or cotton-tipped applicator apply pressure immediately around the stoma through the pouching system)	This will help the flange adhere to the skin preventing leakage. Leakage starts immediately around the stoma thus ensuring the adherence to skin immediately around the stoma is essential. Application of the pouch if the stoma is active will prevent contamination of the flange by stool.
7. If a taped border is present, remove tape at this time.	To allow appliance to adhere to the skin.
8. Close self closure mechanism to attach clip for closure.	To prevent stool soiling the linen or patient.
9. Hold palm of hand over pouch for 1 to 2 min to assist with appliance adherence.	To assist with adhesion of the pouching system to the skin as the flange molds to the skin with warmth.
10. Remove garbage from patient/client's room.	To decrease odour.

Expected Client/Family Outcomes

To become independent with emptying and changing the pouching system.

Patient/Client/Resident Education

- Teach the patient/caregiver the above steps at each change until independent with care
- Teach the patient/caregiver how to monitor the skin and when to contact a HCP, etc.
- Explain to patient/caregiver when to contact WOCN/ET
- Educate on normal output, complications, diet, activity, and community resources available
- Provide patient care education books to patients:
  (order through Patient Health Education Materials: VCH and PHC)
  - Living with an Colostomy (FK.235.G941)
  - Living with an Ileostomy (FK.235.G9411)
- Provide patient with list of Distributers for ordering supplies as provided by WOCN/ET
- Educate patient on where to purchase supplies
- Educate patient that supplies are purchased by the client and not covered by the Health care unit.

Documentation

As per agency policy

Related Documents

VCH-PHC: Ostomy, Assessment and Management of

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Developed by

CPD Committee: Regional Ostomy Clinicians

Developer Lead:

Wound Care Clinician, South Community Health Office, Vancouver - Community

Team members:

ET Wound and Ostomy Care, Powell River, Coastal
ET Wound and Ostomy Care, VGH, Vancouver - Acute
ET Wound Care, GPC, Vancouver – Community
WOCN AOA, Vancouver - Community
WOCN Ostomy Care, SPH, PHC
WOCN Pixalere Lead, VCH
WOCN Richmond community
WOCN Richmond Hospital
WOCN Vancouver - Community
WOCN Wound and Ostomy Care, LGH, Coastal
WOCN Wound and Ostomy Care, Spinal cord program, VGH, Vancouver - Acute
WOCN Wound and Ostomy Care, VGH, Vancouver - Acute

Endorsed by

VCH: (Regional SharePoint 2nd Reading)
- Health Authority Professional Specific Advisory Council Chairs (HAPSAC)
- Health Authority Interprofessional Advisory Council Chairs (HAIAC)
- VCH Operations Directors
- VCH Professional Practice Directors

PHC: Professional Practice Standards Committee

Final Sign-off & Approved for Posting by

Chief Nursing Officer & Executive Lead Professional Practice, VCH

Professional Practice Standards Committee, PHC

Date of Approval/Review/Revision

Approved: January 16, 2014

Posted: January 21, 2014