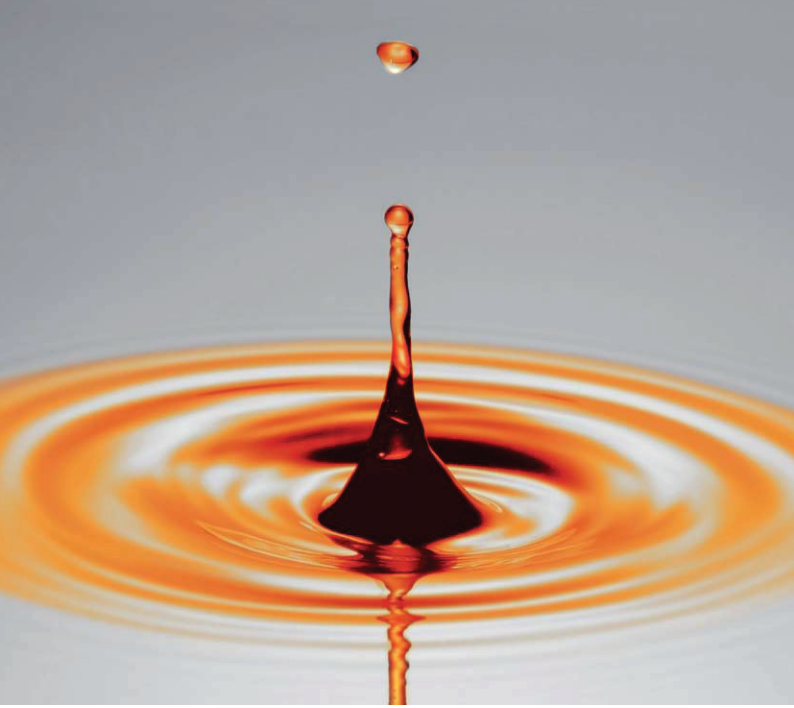

A practical guide for Stoma problems

Developed by the Ostomy Forum

dansac

A practical guide for Stoma and Peristomal skin problems

Developed by:
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The practical guide is based on the Observation Index developed by the Ostomy Forum group (a specialized group of ET nurses from Sweden, Norway, The Netherlands, Poland, Japan, UK and Denmark) and is made to help you manage common stoma and peristomal skin problems you might come across in your nursing practice.

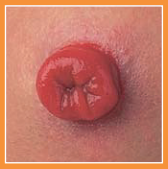
Sharing best practice by use of this educational tool will lead to early detection and appropriate intervention to secure a high standard of stoma care.

This tool should be used in consultation with your Stoma Care Specialist.

Disclaimer:
We recognize that nurses in other practices will have different ways of treating the identified problems. The scope of this guide is to give first step, easy to use, practical advice that is recognized and accepted internationally.

Convex products should only be used under the supervision of an experienced Stoma Care Specialist.

A practical guide for Stoma

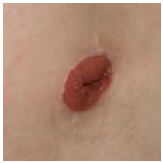
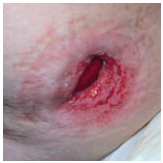


Normal Stoma

Stoma is a Greek word that means opening or mouth. It is a surgically created opening that can be temporary or permanent and allows for the excretion of faecal waste (colostomy, ileostomy) or urine (urostomy).

A stoma is a surgically made opening of the bowel:
- The bowel is brought out through the abdominal wall
- It is matured and sutured subcutaneously
- Faeces and urine will pass and be collected in a specially designed ostomy pouch.

In the following pages you will find examples of different stoma problems and concrete suggestions for intervention and management of the stoma.

Stoma	Status	Definition/Presentation
	Flush	Mucosa level with the skin
	Retracted	Mucosa below skin level, partial or circumferential
	Prolapsed	Notable increased length of stoma

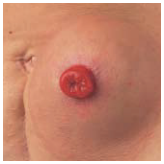
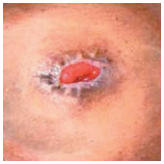
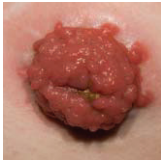
Proposed intervention and management

Most flush stomas do not cause problems.

- If causing leakage it may require soft or shallow convexity. Contact your Stoma Care Specialist for appropriate advice.
- If causing pancaking the aim is to keep the pouch away from the stoma surface to prevent a vacuum. One or more of the following may be effective; trap air in the pouch, cover the filter with the filter covers supplied in the box, add lubricating gel in the pouch, change the consistency of the output by fluid and dietary intake, consider bulking agents.

- Partial retraction: use of paste or seals to fill/level out the point of retraction and thereby reduce the risk of leakage, soft or shallow convexity, appropriate use of a belt.
- Circumferential retraction: Use of paste or seals, consider a convex product with appropriate use of a belt. Contact your Stoma Care Specialist for assessment and advice on possible use of dilator (to reduce the risk of stoma stenosis).

- This is not necessarily a medical emergency unless there is a change in stoma colour, the stoma is non-functioning, the patient has severe pain at the stoma site or is vomiting. The patient should be reviewed by the Stoma Care Specialist or medical practitioner.
- To accomodate the oedomatous stoma the hole of the appliance should be cut larger, this will cause the peristomal skin to be exposed. The use of seals/washers will protect the exposed skin. Cover the stoma with a swab while placing the pouch; this will stop the flange getting wet.
- Many patients are able to manage their prolapsed stoma by using a flexible adhesive appliance. Depending on the length of the prolapse a large capacity appliance may be required.

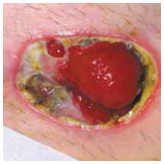
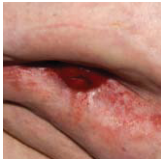
Stoma	Status	Definition/Presentation
	Hernia	Bowel entering parastomal space
	Stenosis	Tightening of stomal orifice
	Granulomas	Raised nodules/lumps on the stoma

Proposed intervention and management

- Check the stoma size regularly as the hernia will usually cause the stoma to change shape. This should be assessed in both a sitting and standing position.
- Large / oval shaped adhesive flanges may give more security. "Picture framing" of the flange with retention strips/tape may prolong wear time. However, if the seal is broken and the pouch is leaking it must be changed!
- After assessment the Stoma Care Specialist may refer the patient for surgical review.
- Use of support garments or abdominal belts are only effective if the hernia is reducible. Belts or garments should be fitted by an appropriately trained specialist.

- This is not necessarily a medical emergency unless the stoma is non-functioning, the patient is in pain or vomiting.
- Pouch management does not need to be changed. However ensure the aperture is sufficient to allow faeces to enter the pouch.
- The stoma may require dilation. Refer the patient to a medical practitioner or Stoma Care Specialist for assessment.
- Surgical correction may be required.

- The granulomas may be painful, bleed easily and cause the pouch to leak. They may be due to friction from the appliance, belts, clothing or patient behaviour.
- Treat the stoma very gently. Excessive bleeding may be stopped by using a cold compress.
- Use a soft and flexible appliance to reduce friction.
- Contact your Stoma Care Specialist who will initiate treatment according to local protocol.

Stoma	Status	Definition/Presentation
	Separation	Mucocutaneous separation, partial or circumferential
	Recessed	Stoma in a skin fold or a crease

Proposed intervention and management

No treatment is required for superficial separation. If there is a deep cavity, filler paste/seals or alginates may be used.

Reassure the patient that this will heal in time. Stoma care practice differs when treating this condition. Common forms of management are:

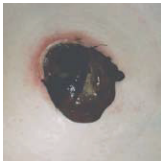
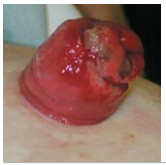
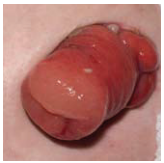
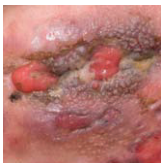
1. Cut the adhesive to the edge of the separation.
   Change the appliance according to local protocol.

2. Cut the adhesive to the stoma size so the adhesive seals as a lid over the separation.
   Change the appliance according to local protocol.

3. Use non-alcohol based paste/seals or alginates in the separation.
   Cut the adhesive to the stoma size and seal as a lid over the separation.
   Change the appliance according to local protocol.

Convex products should only be used under the supervision of an experienced Stoma Care Specialist and according to local protocol.

- Use filler paste and /or seals in the creases to level the area.
- Flatten out the skin folds when applying the paste/seals and the appliance.
- Consider using a convex product under Stoma Care Specialist advice.

Stoma	Status	Definition/Presentation
	Necrosis	Lack of blood supply causing partial or complete tissue death
	Laceration	Mucosa that is jagged/torn or ulcerated due to trauma
	Oedema	Gross swelling of the stoma
	Entero-cutaneous fistula	An abnormal tract between the bowel and the skin surface

Proposed intervention and management

- Reassure the patient.
- Close observation of colour and temperature of the stoma.
- Report changes immediately.
- The stoma may be examined via an endoscope to identify the depth of the necrosis and check the viability of the bowel.
- Apply a clear pouch for easier assessment.
- May require surgical intervention.

- Observe and identify the cause, it might be accidental or non accidental (inappropriate use of belts, convex appliances, self harm etc).
- Remove the cause, re-educate the patient and refer to other agencies as necessary (Stoma Care Specialist, Clinical Psychologist etc).
- Surgical intervention is unlikely unless the stoma is completely cut through.

- Post operative oedema is normal after surgery. It will slowly reduce within 10 days. Unexplained gross oedema needs further investigation.
- Review the stoma size daily and adjust the aperture of the pouch to avoid exposure of the peristomal skin.
- If the stoma is very oedematous the use of a cold compress may help reduce the swelling before applying the pouch.
- After cutting the aperture to the correct size, the adhesive can be cut with radial slits (feathering/frilling) to enable easier application of the pouch.

- Make sure the adhesive of the appliance does not cover the fistula.
- Consider seal or paste to protect the peristomal skin.
- Use of convex appliances may be indicated under supervision of the Stoma Care Specialist.

Notes

Your Local Stoma Care Specialist

Name: _____

Phone: _____

Dansac wish to thank Medical Illustrations and Dr. Lyon for allowing the use of their materials in this booklet.

Dansac Accessories

Flat wafers

All Dansac Skin Barriers are made of hydrocolloid and skin-friendliness is a top priority for Dansac. The smooth EMA carrier allows the skin to breathe, eases cleaning and prevents tugging from clothes.

X3 Wafers

The X3 wafer is a 3 mm thick hydrocolloid providing enhanced skin protection, extra security and comfort.

Soft Paste

Dansac Soft Paste is ideal for levelling skin folds and scars to make the appliance fit securely around stomas or fistulae. Dansac Soft Paste helps protect the skin, increase security and extend weartime.

Dansac Convexity products

Soft Convex

The Dansac Soft Convex wafer is flexible and moldable and provides a moderate pressure around the stoma. Made for patients with a flush stoma, a partly retracted stoma, a stoma in a pliable skin fold or peristomal ulceration.

Convex*

The Dansac Convex wafers are standard convex wafers with 6 mm convexity. It is firm and provides extra pressure around the stoma. For difficult cases: e.g. severe obesity, a stoma in a deep crease or a severely retracted stoma.

GX-tra Seals

Dansac GX-tra Seals are designed to reduce the risk of leakage. GX-tra Seals are an ideal solution if the skin around the stoma is uneven or creased - they can easily be formed to fit individual needs.

*Notice that Convex products should only be applied after consulting a Stoma Care Specialist.