What’s that bag on your belly?

Ostomy Care and Support for the Primary Care Provider

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Objectives

At the end of this lecture, participants should be able to

● Identify and understand the typical characteristics of ileostomy, colostomy and urostomy, and the pathophysiology requiring its creation
● Discuss care and potential issues faced by ostomy patients
● Review potential psychosocial issues faced by ostomy patients and support resources, including social media
What and Why
Ileostomy

The terminal ileum is brought up to the abdominal wall as a stoma.

Stoma placement is based on internal anatomy and convenience factors: beltline, patient’s clothing preference, etc. Placement is determined by abdominal wall surface.

Ileostomies may be temporary or permanent depending on the pathophysiology.
Types of Ileostomy

End ileostomy- terminal ileum is brought to the abdominal wall as a stoma. Created if a complete colectomy has been performed.

Ulcerative colitis patients, Familial Adenosis Polyposis, ischemic colitis

*These are permanent.*

Loop ileostomy diverts stool out of the body before it reaches the colon. Protective measure allowing colon to recover from another procedure.

Ileo-anal pouch, low anterior resection s/p chemo & radiation, diverticulitis

*These are temporary and easily reversed.*
Ileostomy Characteristics

Right side of abdominal wall usually

Output is thin and watery

Patients have to be careful not to get dehydrated, require dietary monitoring

High fiber diets are helpful, but hard items may have difficulty passing
Colostomy

The transverse or descending colon is brought up to the abdominal wall, either above or below the umbilicus.

Stoma placement is based on internal anatomy and convenience factors: beltline, patient’s clothing preference, etc.

Colostomies may be temporary or permanent depending on the pathophysiology.
Colostomy Characteristics

Left side of abdominal wall

Output is thicker, less watery. Consistency depends on how much colon is left after surgery.

Patients may have less risk of dehydration. Require less dietary monitoring.
When can an ostomy be reversed?

If there is a permanent internal change to anatomy, the ostomy will be permanent.

*Total colectomy 2/2 ulcerative colitis, rectal prolapse*

If there is potential for the colon to heal, the ostomy may be reversed.

*Diverticulitis, fistula formation, rectal cancer, colon cancer*
Urostomy

Ureters are diverted from the bladder if passing urine through the bladder or urethra is not possible. This could be due to a cystectomy or malfunction of the bladder.

Bladder cancer, urethral blockage or stricture, trauma, neurogenic bladder, congenital deformities

Typically permanent, but may be converted to neo bladder in men.
Types & Characteristics of Urostomy

**Ileal conduit urinary diversion** (standard or conventional urostomy) the ureters are connected to a small piece of ileum, which is then brought up through the abdominal wall.

*The urine passes out of the stoma to a bag on the abdominal wall.*

*Bag is emptied every 3-4 hours.*

*Special reservoirs used overnight.*

*“Incontinent”*
Types & Characteristics of Urostomy

**Continent urinary reservoir** - an internal urine reservoir is created and is catheterized through the stoma by the patient.

*No external bag is used.*

*Regular catheterization is required, even overnight.*

**Indiana Pouch, Kock Pouch, Mitrofanoff Procedure**

*“ Continent”*

Ileal-Neobladder is connected to the urethra, no stoma.
Care & Issues
The Three Ps

Pink
Patent
Productive
Appliance types

One-piece

Two-piece
Cost

Bags cost approximately $3-$9 each and require a prescription.

Medicare allows 20 bags / month.

Other accessories are required, some are not covered by insurance. Patients will have to pay at least a percentage of the cost depending on coverage.

This is a lifelong expense and possible source of stress.
Ostomy Care

Skin care is vitally important. Patient will be wearing appliance constantly, so it must fit well and be comfortable.

Keep area clean, wash with water daily.

Do not change appliance more than once a day. The seal should last 3-5 days. Changing every 2-4 days is typical.

Measure stoma and cut appliance hole to size carefully, get a snug fit. Some appliances come precut.

Watch for skin sensitivities to adhesives, use skin prep.
Potential Issues & Solutions

Skin

Poor fitting appliance

- Make sure the pouch opening is snug to the stoma
- Consider a convex barrier
- Apply stoma powder until the rash is gone
Potential Issues & Solutions

Peristomal Moisture Associated Skin Damage (PMASD)

- Fungal Rash

Use antifungal powder, not cream or ointment
Change pouching system more frequently
Dry thoroughly after bathing and swimming
Make sure your appliance isn’t water logged
Potential Issues & Solutions

Potentially Medical Adhesive Related Skin Damage (PMARSD) Folliculitis

Wash with mild antibacterial soap until bumps resolve
Use stoma powder
Remove hair surrounding the stoma
Potential Issues & Solutions

Peristomal Medical Adhesive Related Skin Damage (PMARSD) - skin tear

Remove adhesive carefully:

*Starting at the top, with one hand, gently lift the edge of the adhesive product; with the other hand, gently push the skin away from the adhesive.*

Use stoma powder
Potential Issues & Solutions

Skin

Ulcer or full-thickness skin loss

- Rinse area with saline or tap water
- Fill area with stoma powder and brush over surrounding skin
- Apply a piece of skin barrier ring if available
- Apply barrier and pouch, making sure the opening is snug around the stoma
Potential Issues & Solutions

Skin care routine

Wash with water

Don’t use soap or body wash around the stoma

If you must use soap, Dove bar soap for sensitive skin

GENTLY wipe the area, no scrubbing or harsh abrasive

*Don’t use “skin prep” under pectin or hydrocolloid barriers*

*Shower with or without the bag*
Potential Issues & Solutions

Caused by poorly fitting appliance, end seal not closed properly, poor application

Bags have deodorizing filters.

Deodorizing lubricant is available.

Certain food choices may increase odor: onions, cabbage, beer, garlic, greasy or fatty foods. Keep a food diary.

May consider changing bag more frequently or carefully.
Potential Issues & Solutions

Caused by poorly fitting appliance or adhesive issues. An ostomy nurse is a good resource for fitting.

- **Leakage**
  - Caused by poorly fitting appliance or adhesive issues. An ostomy nurse is a good resource for fitting.

  **Significant weight change**
  **Pregnancy and birth**
  **Growth in children**

- **Empty bag when \(\frac{1}{3}-\frac{1}{2}\) full.**

- **Other tricks for a more secure fit:**
  - Convex skin barrier
  - Tape extension
  - Stoma paste
  - Barrier ring or strips
  - Stoma powder

- **Requires a new fitting**

Ask your ostomy supply manufacturer - Coloplast, Convatec, Cymed, Hollister, Securi-T USA. Most have excellent support services to assist with fit options and troubleshooting, and often provide free samples to find the right option.
Potential Issues & Solutions

Pressure Sores

Pressure sores from ostomy belts - make sure it’s not too tight or rubbing
Potential Issues & Solutions

Parastomal hernia common and may be unavoidable.

Seek help if painful, enlarging, unable to reduce, leaking due to poor fit of appliance

Specially fitted support belts can help.
Potential Issues & Solutions: High Output

High-output ileostomy - can cause dehydration but most patients will adjust.

Don’t drink and eat at the same time. Limit fluid intake during meals to allow for food to process before drinking.

High fiber diet will add bulk.

Don’t drink or eat after 7 p.m. if possible to avoid having to empty the bag overnight.

Be prepared to empty the bag soon after drinking a large quantity. Amount of time varies per patient.

Patients may have to plan access to restrooms during the day.
Potential Issues & Solutions

Ileostomy prolapse
Potential Issues & Solutions: Rectal Discharge

Rectal discharge is normal but can be surprising.

Typically mucus and sloughing of cells from the rectum
Potential Issues & Solutions

Irrigation

It’s no longer recommended to “irrigate” your ostomy.

Enema through the stoma. It’s time consuming and not necessary, could cause more electrolyte issues.

There are exceptions for patient convenience. If the patient wants a period of time without any output to participate in an activity, such as SCUBA diving.
Potential Issues & Solutions: Urinary Crystals

Urinary crystals can cause stoma and skin irritation. Crystals form when the urine is too alkaline.

Dietary changes to avoid highly acidic foods, most of which leave an alkaline ash increasing the pH of urine. Most fruits cause alkaline urine. Cranberry is an exception. Meats and grains produce more acidic urine.

*Dissolve the crystals with a vinegar compress.*

*Proper appliance fit, frequent cleaning can help avoid irritation from the crystals.*
Potential Issues & Solutions

Difficulty catheterizing

Continent urostomies must be drained regularly. If not, they can get too full and the patient won’t be able to insert the catheter. Need ultrasound guidance to insert.
Potential Issues & Solutions: Electrolyte Abnormalities

Urostomy can cause electrolyte abnormalities, continent > incontinent.

The electrolytes are secreted through the ileum used for the internal pouch.

Difficult to avoid, so should be monitored.

Potential issues include: diarrhea, vitamin B12 deficiency, and bone health deterioration
Dietary considerations

Encourage patients to eat normally and enjoy life. For the most part, patients should be able to eat whatever they want.

High fiber diets, plant based, whole foods

Avoid foods that increase odor - food diary

Separate food and drink

Avoid high sugar or simple carbs if causes dumping
We have to say it

Do not put anything “unusual” in the stoma. Small finger to check patency, urinary catheter for urostomy, stoma plug are OK. Other items are not.

Stoma is not a sexual orifice.

*Patients do not have sensation in the stoma so risk injury with penetration.*
Emotions and Support
How do patients feel?

Everyone is unique of course.

Ostomy placement may be a source of grief, especially if it’s unexpected: trauma, fistula formation, diverticulitis, cancer. THIS IS OK.

Or, it may be a relief; a release to a new life free of painful symptoms. If a patient is suffering from ulcerative colitis or Crohn’s disease, or fears death from cancer (FAP), the ostomy may be viewed favorably.
Sources of Unhappiness

“I’ll never be able to live normally.”

“I won’t be able to wear normal clothes.”

“It’s gross”

“I can’t be athletic with this.”

“I’ll never be sexy again.”

“I’m supposed to be sleek and smooth.”

“I’m not supposed to look like this.”

“I can’t go swimming.”
Preparing for Surgery

If possible, patients should meet with an ostomy nurse before surgery.

- Answer questions
- Alleviate concerns and misconceptions
- Mark the stoma site
#GetYourBellyOut

Social Media movement encouraging ostomy patients to share their successes with the world and normalize living with an ostomy.
#GetYourBellyOut
#GetYourBellyOut

getyourbellyout_official

"I love the power of social media. A young guy just delivered our pizza and asked "Are you the bloke with Crohn's?" 😊 When I said I have a bag... he lifted his shirt and said "and me". What an awesome way to meet another #Ostomate!!"  Keith, keep being the awesome belly we all know & adore!!
P.s. save a slice of yummy pizza for us!! 😊😊😊😊

#crohns #crohnsdisease #crohnsandcolitis #crohnsawareness #colitis #ulcerativecolitis #ostomy #ostomate #ileostomy #coloostomy #ostomate #invisibleillness #confidence

71 likes

SEPTMBER 2

Add a comment...
Girls with Guts

The mission of Girls With Guts is to support and empower women with inflammatory bowel disease (Crohn’s disease & ulcerative colitis) and/or ostomies through the building of sisterhood and self esteem.

Pen pals, blog, Facebook Live seminars, fundraising and support

girlswithguts.org
#AllinforOstomy

Ostomy Awareness Day
October 5, 2019.

UOAA
“My daughter’s ostomy saved her life at the age of four.” Elsa Y.

OSTOMIES ARE LIFE-SAVERS

OSTOMY SURGERIES PERFORMED ANNUALLY IN THE U.S.

1. Crohn’s disease or ulcerative colitis complications
2. Cancers such as colorectal, bladder, cervical and others
3. Infection (sepsis) of the abdomen
4. Perforated diverticulitis or an abscess
5. Birth defect (for example imperforate anus or spina bifida) Rare diseases (such as Hirschsprung’s disease and FAP)
6. Blunt or penetrating abdominal trauma to the bladder, rectum or colon (for example stabbing, gunshot wound, or sexual violence)

There are approximately 100,000

OSTOMY SURGERIES PERFORMED ANNUALLY IN THE U.S.

“Without my ostomy surgery I wouldn’t be here today.” Mary F.

OSTOMY.AWARENESSDAY

OSTOMY.ORG
Advocates for a Positive Change

80,470
NEW BLADDER CANCER CASES ANNUALLY

4th
MOST COMMON CANCER IS COLORECTAL CANCER

2
MOST COMMON ORGANS WITH PENETRATING ABDOMINAL TRAUMA ARE SMALL BOWEL (50%) LARGE BOWEL (40%)
UOAA Support

Support groups
Healthcare information
Online forum
Facebook Live events
Quarterly magazine

The Phoenix
Clothing Options

Ostomysecrets

ILLUSION GIRL SHORT
$34.99

ILLUSION THONG
$29.99

JUSTME GIRL SHORT - BLACK MICROFIBER
$24.99

PEEK-A-BOO THONG - BLACK / MICROFIBER
$24.99

PEEK-A-BOO THONG - LILAC / COTTON
$24.99

PEEK-A-BOO THONG - NUDE / MICROFIBER
$24.99
Clothing Options

Comfizz sells ostomy support products and swimwear.
Clothing Options

Vanilla Blush sells everyday and special occasion underwear, swimsuits, sports wear.
References

Ostomy illustrations

Appliance images

Skin issues images


Clothing options

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