

Ostomy

Background

An ostomy is a surgical procedure that creates an opening (stoma) from inside the body to the outside, allowing waste to exit the body differently. This procedure may be used to treat certain birth defects, injuries, or diseases that affect the urinary or digestive system. The stoma may be permanent or temporary, depending on the condition and how the affected organ is functioning. Normally, waste moves through the digestive or urinary system. With an ostomy, waste is redirected to bypass the affected area. In most cases, waste exits through the stoma and is collected in a pouch attached to the abdomen. Some individuals have a continent diversion, which allows them to control when waste is emptied so a collection pouch is not needed.

The three main types of ostomies include colostomy, ileostomy, and urostomy.

COLOSTOMY: A surgical procedure that creates an opening into the colon (large intestine). The stoma allows stool to bypass the damaged or diseased part of the colon and exit the body, usually on the left side of the navel.

ILEOSTOMY: Creation of a surgical opening into the ileum (small intestine). The stoma is usually located on the right side of the navel.

UROSTOMY: A surgical procedure that diverts urine from the bladder by attaching tubes that carry urine to the stoma. Either a section at the end of the ileum (small intestine) or at the beginning of the cecum (large intestine) is surgically removed and relocated to create a passage or conduit for urine to move from the kidneys to the outside of the body via the stoma.

A skin assessment is important and should document both the appearance of the stoma and the surrounding skin. A healthy stoma will be moist and beefy red in color, similar to the appearance of mucous membranes in the mouth. A small amount of bleeding is normal due to the large number of blood vessels, but it should be painless because of the lack of nerve endings. The appearance and position of the stoma can change slightly throughout the day, as with normal peristalsis. The skin surrounding the stoma should be free of rash or irritation. Several skin barrier products can be prescribed by a licensed healthcare provider to promote healthy skin and prevent breakdown.

Various waste drainage collection devices (e.g., pouch or drainage bag) exist to collect stool or urine output and prevent leakage of air, gas, and odor.



A one-piece system is applied directly onto the skin around the stoma. A two-piece system requires the application of an adhesive wafer to the skin, prior to snapping on the collection device. A warm compress may help with molding of the device against the skin for the best fit.

It is important to monitor changes in stoma and skin appearance. A stoma that is dull or black in color, dry, or has intestines bulging through the stoma opening should be immediately reported. Changes in bodily waste output (e.g., consistency, amount, color), fever, and pain should also be reported.

Top Takeaways for School

An ostomy allows for either stool or urine to exit the body via a surgically created opening called a stoma.

The most common complication in school is leakage from the collection device. Keeping an extra set of clothes in the health room is encouraged.

Most students will not have activity precautions or restrictions related to a pouch or bag. Students should be encouraged to participate in school activities.

The student may need varying levels of support with management, including draining or changing the device if it becomes detached from the skin.

Considerations for the Individualized Healthcare Plan (IHP)

- Nursing diagnoses: Risk for deficient fluid volume, risk for infection, risk for impaired skin integrity and risk for disturbed body image
- Elimination interventions and equipment (consider catheterization brand/system, French size, frequency, and cleaning techniques; location of procedure; level of assistance)
- Activity, positioning, transferring (consider precautions and/or restrictions)
- Consider emergency action plans (EAPs) and emergency evacuation plans (EEPs) related to special health care needs, including staff education/training

Discussion Starters for the Educational Team

1. Would the student benefit from evaluations or assessments in any of the following areas: physical therapy, occupational therapy, speech and language therapy, assistive technology, adapted physical education, functional behavior, psychology, hearing and vision?
2. Would the student benefit from additional academic support and/or modified education (e.g., copies of notes, extra time, reduced workload, simplified instructions, alternative formats for presentation of material, 504/IEP)?
3. Would schedule flexibility support the student?
4. Does the classroom environment support the student's needs and/or equipment (e.g., desk/seating options, maneuverability space, electrical outlets, flash pass for bathroom or nurse)?
5. Will staff receive education/training to implement the student-specific emergency plan?

Resources

Hollister Ostomy Care: Resources for school nurses

hollister.com/-/media/files/hollister-clinical-education/hollister-care-tip-school-nurse-resource-guide-all-00790.ashx

Convatec Academy

convatecacademyus.com/



For more information, please scan the QR code or visit: KennedyKrieger.org/SHNIC

