

OSTOMY

Background

An ostomy is a surgical procedure to create an opening (stoma) from the inside of the body to the outside to change the way waste exits the body. This procedure is used to treat various birth defects, trauma, or diseases of the urinary or digestive systems. The surgical opening can be permanent or temporary based on the use and function of the organ affected. Bodily waste will move through the intestinal or digestive tract and reroute due to the malfunctioning area. For most ostomies, the bodily waste will then drain through the stoma into a collection bag or pouch attached to the surface of the belly. For individuals with a continent diversion, a collection device is not necessary.

The three main types of ostomies include:

- Colostomy
- Ileostomy
- Urostomy

A colostomy is a surgical procedure to create an opening into the colon (large intestine). The stoma will allow stool to bypass the damaged or diseased part of the colon and exit the body, usually on the left side of the navel.

An ileostomy creates a surgical opening into the ileum (small intestine) and the stoma is usually located on the right side of the navel.

A urostomy is a surgical procedure to divert 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 as well as surrounding skin. A healthy stoma will be moist and beefy red in color, like the appearance of mucous membranes inside the mouth. A small amount of bleeding is normal due to the large number of blood vessels but should be painless because of the lack of nerve endings. The appearance and position of the stoma can change slightly throughout the day, similar to normal peristalsis. The skin surrounding the stoma should be free of rash or irritation. Several skin barrier products can be ordered by the 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 Considerations

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 should it detach from the skin.

Kennedy Krieger Institute's Specialized Health Needs Interagency Collaboration

The Specialized Health Needs Interagency Collaboration (SHNIC) program is a collaborative partnership between Kennedy Krieger Institute and the Maryland State Department of Education.



Kennedy Krieger Institute

Considerations for the Individualized Healthcare Plan (IHP)

- Nursing diagnosis of risk for deficient fluid volume, risk for infection, risk for impaired skin integrity and risk for disturbed body image
- Current diagnosed health condition including date of diagnosis, progress of disease process and other chronic health conditions
- Current medication and treatment orders (consider schedule, equipment needs and side effects)
- Elimination interventions and equipment needs (consider catheterization brand/system, French size, cleaning procedure and frequency of catheterization); note location of procedure
- Consider emergency care plan(s) (ECP) and emergency evacuation plan(s) (EEP) as related to medical needs in the school setting, and staff education/training, as appropriate

Discussion Starters for 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)?

Resources

Kennedy Krieger Institute: Center for Spina Bifida and Related Conditions
kennedykrieger.org

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/



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