

Ostomy Care

PROCEDURAL GUIDANCE

1. Verify student orders are current. Note the brand/type of ostomy supplies and skin preparation.
2. Explain procedure using developmentally appropriate teaching strategies. Consider self-management goals and encourage participation as appropriate.
3. Perform hand hygiene. Place the supplies on a clean surface. Open packages and keep them clean.
 - a. Wafer or skin barrier
 - b. Pouch or appliance
 - c. Topicals (e.g., protective powder, stoma paste, adhesive spray)
 - d. Wipes or appropriate cleaning supplies
 - e. Stoma measuring guide
 - f. Scissors
 - g. Gloves
4. Position the student comfortably. Semi-reclined or supine position, rather than sitting, is recommended to reduce skin wrinkles.
5. Remove the old wafer and pouch or skin barrier by gently pushing the skin away from the barrier. Loosen and lift the edge with one hand while pressing down on the skin near the sticky backing with the other hand.
6. Wash skin and pat dry. Assess skin integrity and prepare skin with ordered topicals as necessary.
7. Cut the new wafer or skin barrier to size, using the stoma measuring guide if necessary. Cut an opening in the pouch to the correct size. If using a customizable or moldable shape barrier, use fingers to mold the shape to fit over the stoma.
8. Center the new appliance over the stoma and press the adhesive barrier firmly into place around. It is recommended to hold a hand over the adhesive for 1 to 2 minutes to secure the seal. Pouch adhesives are heat and pressure-sensitive and will hold more securely at body temperature.
9. Apply a new pouch, if necessary. The pouch may need to be clamped or the valve closed.

OTHER CONSIDERATIONS FOR CARE

- Report abnormalities in stoma size, color, bleeding, and integrity of skin surrounding stoma. Repeated leakage may indicate the need for a different type of pouch to provide a reliable seal.
- For fecal diversion during the day, stool may be removed from the pouch and the pouch rinsed as needed.
- Two-piece pouches are also available. This pouch uses a “Tupperware” type lock that clicks into place.
- Soaps that contain oils, lotions, and fragrances can interfere with the adhesive on the skin barrier.
- A skin barrier should always be used to protect the skin from stool, which may be mainly liquid, during fecal diversion.
- To help the pouch stay on securely, an adhesive spray must be used before the pouch is applied.
- Empty drainable ostomy pouches when they are one-third to one-half full of gas, liquid, or stool, so the pouch weight doesn't impair the wafer adhesion and cause leakage.
- Ostomy types include colostomy, ileostomy, urostomy, nephrostomy, and vesicostomy.