

What is an Ostomy?

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An ostomy is a surgically created opening from the bowel (intestine) to the outside of the body. The opening of the ostomy is called a stoma. There are three different types of ostomies:

1. **Colostomy:** The end of a small portion of the large intestine (colon) is brought through a surgical opening to the outside of the abdomen.
2. **Ileostomy:** The end portion of the small intestine is brought through a surgical opening to the outside of the abdomen.
3. **Urostomy:** A procedure in which a diseased urinary bladder is removed and a piece of the small intestine is then used to create a pouch for urine. The end of this piece of intestine is then brought through a surgical opening to the outside of the abdomen.

With an ostomy, urine or stool (bowel movement) is “re-routed” to exit through the stoma and into a pouch that is worn on the outside of the abdomen.

Although stomas differ in size and shape, they have many similarities. A healthy stoma is:

- Always pink or red—the stoma is full of blood vessels, which are close to the surface.
- Is always moist—the stoma is a mucous membrane like the inside of your mouth. It has natural lubrication.

- May bleed *occasionally*. The large number of blood vessels on the surface of the stoma may break open and bleed slightly when changing the pouch wafer. This is similar to bleeding that occurs when you bite the inside of your mouth while eating and is not a cause for concern.
- May “move”—the movement that occurs in the normal intestines will continue to happen all the way out to the stoma. You may see the stoma contract and expand when the pouch is off.
- May vary in shape—not all stomas are round. Many are oval or irregular in shape. It is important that the stoma is measured correctly when fitting the pouch wafer over it so that the skin around the stoma is protected without the wafer fitting too tightly around the stoma.
- May swell—Occasionally, a virus, bacteria, or blockage may cause the stoma to swell. It is important to re-measure the stoma when swelling occurs to be sure that the opening in the wafer is adequate.

What should I report to my physician?

As a summary, a normal stoma is pink or red, moist, may bleed slightly at times, and does not have pain sensation. Call your physician if you experience any of the following:

- Unusual change in your stoma or it turns dusky, blue or black in color.

- The skin around the stoma appears irritated, swollen, or red.
- Excessive bleeding (blood in pouch with each emptying of bag) or continuous bleeding where the stoma and skin of the abdomen connect.
- Cramps lasting 2 to 3 hours, or nausea/vomiting.
- A temperature over 100°F.
- For colostomy patients—severe watery discharge lasting more than 5 to 6 hours.

What supplies will I need for my stoma?

Keep the following supplies together in one area. Check your supplies regularly, and reorder in advance. This will ensure that you will always have all the necessary supplies.

1. Wash cloths or non-sterile 4X4 gauze pads.
2. Mild soap
3. Wafers and pouches
4. Skin Prep – only if wafer has tape
5. A measuring guide.
6. Scissors (to cut stoma wafer the exact size of the stoma).

What is the daily care of my ostomy?

Pouch/bag change:

1. Cleanse the stoma with a warm, wet, wash cloth.
2. Rinse the bag and re-use or change the bag and reattach to the appliance.

Complete appliance change (pouch & wafer system):

1. Gently remove the appliance.
2. Wash the stoma and surrounding skin with a warm, wet, wash cloth using plain water. If soap is used, rinse thoroughly.
3. Dry the area thoroughly.
4. Keep the hair around the stoma shaved.
5. If you notice changes in the skin around the stoma, contact your nurse or physician for instructions.
6. Measure the stoma to check for changes in stoma size. Cut a hole in the appliance to fit 1/16th of an inch larger than the stoma. This protects the surrounding skin from the irritating effects of urine or stool.
7. Place the appliance around the stoma. Firmly hold the appliance in place for a few seconds so the heat of your body will seal the barrier to the skin surrounding the stoma.
8. If this is a two-piece system, reapply the bag. Check to be sure that it is securely attached.

Notes/Additional Information: _____

Sources:

United Ostomy Association @ www.uoa.com
 Wound/Ostomy/Continence Nurses Organization @ www.wocn.org

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