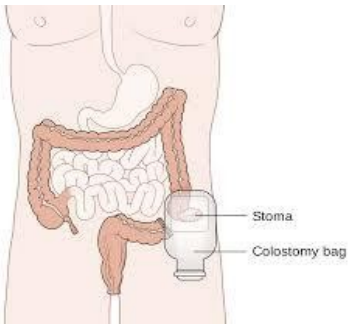
# Colostomy Care

## Objective:




At the end of this procedure the nursing student will be able to :

1. Define colostomy.
2. Illustrate indication for colostomy.
3. Understanding the needs of colostomy care.
4. Illustrate types & classification of colostomy.
5. Prepare the equipment needed for the procedure.
6. Demonstrate colostomy care procedure.
7. Understanding warning signs and complication of colostomy.
8. Discuss nursing management for colostomy care.

## Definition of colostomy:

Is the surgical procedure creation of an opening (ie. Stoma) into the colon intestine through the abdominal wall.

## Purpose of colostomy:

-It allows for drainage or evacuation of colon contents to the outside of the body

## Needs for the colostomy care:

1. To maintains integrity of stoma and peristomal skin (skin surrounding stoma )
2. To prevents lesions ,ulcerations ,excoriation ,and other skin breakdown caused by fecal contaminants
3. To prevents infection
4. To promotes general comfort and positive self-image /self-concept
5. To provides clean ostomy pouch for fecal evacuation
6. To reduces odor from overuse of old pouch

## Indication:

- Tumors of the colon.
- Trauma to perforation of the colon.
- Inflammatory diseases of the colon as ulcerative colitis.
- Congenital anomalies of G.I.T such as , Hirshsprung ,necrotizing enterocolitis ,imperforate anus.

## Type of colostomy:

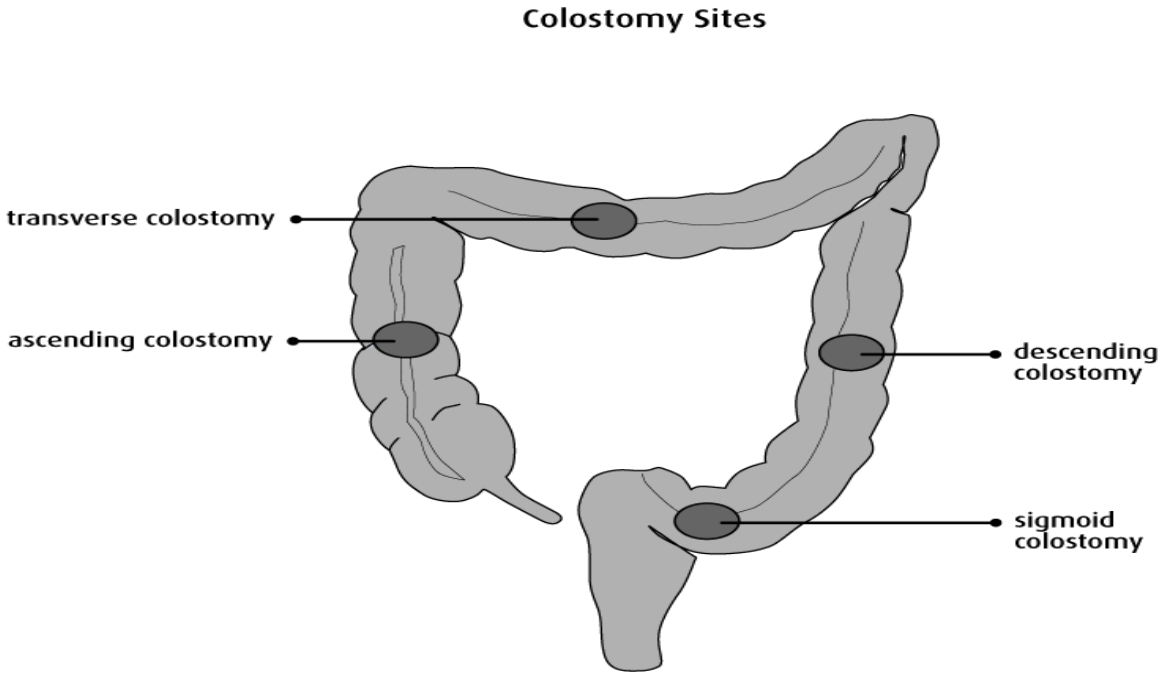
Type of colostomy according to site :

A. The ascending colostomy.

B. The transverse loop colostomy.
C. The transverse double barreled colostomy
D. The descending colostomy
E. The sigmoid colostomy.

## Characteristics of faeces according to the site of colostomy:

1. **Ileostomy:** produces liquid and frequent , contain digestive enzymes which damage the skin, and must be pouched at all time.
2. **Ascending colostomy:** is similar to an ileostomy but odor is a problem requiring control.
3. **Transverse colostomy:** it produces mal odor, mushy (thicker) drainage because some of the liquid has been reabsorbed.
4. **Descending colostomy:** produces increasingly solid drainage.
5. **Sigmoid colostomy** emits stool almost identical to that normally passed through the rectum.




## Classification of colostomy:

Colostomy can be either temporary or permanent :

| Temporary colostomy | Permeant colostomy |
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| ➢ It is created for elimination when healing needs to take place in the case of trauma or inflammatory condition of the bowel. | ➢ *A permanent* it provides a mean of elimination when the end portion of colon , rectum or anus in nonfunctional and must be totally removed. |

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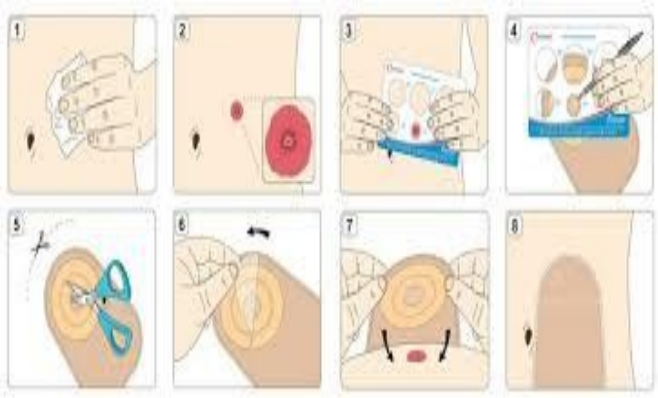
| ➢ It used for few weeks, months or even years. | ➢ It used for long term and may be for long life. |
| ➢ It will be closed and normal bowel continuity is restored. | ➢ It will not be closed at any time. |

## Colostomy care procedure:

### Equipment's:

1. Pouch.
2. Clamp or pouch valve.
3. Clean gloves.
4. Gauze pads or washcloth.
5. Towel or disposable waterproof barrier.
6. Basin with warm tap water.
7. Scissors.
8. Skin barrier such as sealant wipes or wafer.
9. Stethoscope.
10. Measuring an ostomy.



### Procedure:

| Steps | Rationale |
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| 1. Assemble equipment | |
| 2. Explain procedure to child : encourage child interaction | ❋ Reduce microorganism transfer |
| 3. Wash hand with soap and water , rinse and dry . | ❋ Reduce anxiety . |
| 4. Wear gloves . | ❋ Prevent contamination of hand, reduce risk infection transmission. |
| 5. Place towel or disposable waterproof under child. | ❋ |
| 6. Auscultate for bowel sound . | ❋ Document presence of peristalsis . |
| 7. Place linen saver on abdomen around and below stoma opening . | ❋ Prevent seepage of feces onto skin. |
| 8. Carefully remove pouch and wafer appliance and place in plastic waste bag (save tail closure for reuse) : remove wafer by gently lifting corner with finger of dominant hand while pressing skin downward with fingers of nondominant hand ;remove small sections at a time until entire wafer is removed . place 4×4-in , gauze over stoma opening. | ❋ Avoid tearing skin ; prevents leakage while changing pouch . |
| 9. Assess stoma and peristomal skin. | |

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| observe existing skin barrier, and stoma for color , swelling , trauma , healing : stoma should be moist and reddish pink . | |
| 10. Empty pouch ; measure waste in graduated container before discarding and record amount of fecal content . | ❋ Maintains accurate records . |
| 11. Remove and discard gloves , perform hand washing , and wear new gloves . | ❋ Reduced microorganism transfer . |
| 12. Remove used pouch and skin barrier gently by pushing skin away from barrier . | ❋ Reduce skin trauma . |
| 13. Cleans peristomal skin gently with warm tap water using gauze pads . | |
| 14. Measure stoma for correct size of pouching system needed , using the manufacturer's measuring guide. | ❋ Provides for accurate fit of pouch. |
| 15. Select appropriate pouch for client based on client assessment. With a custom cut –to- fit Pouch , use an ostomy guide to cut opening on the pouch. prepare pouch by removing backing from barrier and adhesive . | ❋ Size of pouch opening keeps drainage off skin and lessens risk of damage to stoma during peristalsis or activity. |
| 16. Leaving intact adhesive covering of skin-barrier wafer . | |
| 17. Remove gauze and apply stoma paste around stoma or to edges of opening in wafer . | ❋ Prevents skin irritation of uncovered peristomal skin . |
| 18. Remove adhesive covering of wafer ,and place wafer on skin with hole centered over stoma: hold in place for about 30 sec . | ❋ Adheres barrier wafer to skin ;warmth of skin and fingers enhances adhesiveness once wafer makes contact with skin . |
| 19. Center pouch over stoma and place on wafer . | ❋ Secures pouch for collection of feces . |
| 20. Praise the child for helping | ❋ To gain cooperative. |
| 21. Restore or discard all equipment appropriately . | ❋ Reduces transfer of microorganisms . |
| 22. Remove and discard gloves and perform hand hygiene . | |
| 23. Spray room deodorizer , if needed | ❋ Eliminates unpleasant odor . |
| 24. Record type of pouch ,skin barrier, amount, appearance of faeces, condition of stoma and skin around it . | |

## Warning signs:

- Bleeding from stoma.
- Bleeding from the skin around the stoma.
- Change in the bowel pattern.
- Change in the stoma size.
- Increased in the body temperature above 38 C.

## Complications:

- Leakage.
- Prolapse.
- Obstruction or stenosis.
- Stoma become edematous and enlarged.

## Nursing diagnosis:

- Comfort alteration in the abdominal pain related to abdominal incision.
- Impaired skin integrity related to presence of stoma.
- Body image disturbance related to presence of stoma.
- Knowledge deficit related to stoma care and lack of experience.

## Nursing management:

- Dress child with loose fitting clothe that does not press on the colostomy.
- Inform the doctor if there any bleeding from the stoma or the skin around it.
- Observe any change in the bowel pattern or size of the stoma.
- Check child temperature and report in case of fever.