



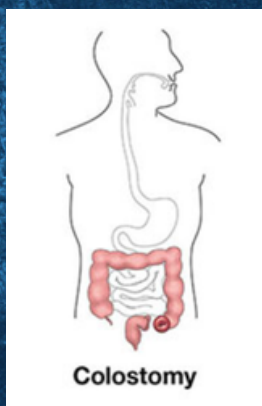
THE HEALING ADVANTAGE NEWSLETTER

Ostomy Care 101

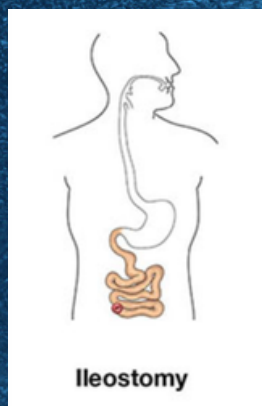
Approximately 725,000 to 1 million people are living with an ostomy and about 100,000 ostomy surgeries are performed each year in the U.S. (United Ostomy Associations of America, n.d.). Ostomy surgeries are performed on patients of all ages, from neonates to the elderly. A stoma can cause problems with physical, social, and psychosocial adaptation including depression and isolation. These problems are exacerbated further by complications like peristomal dermatitis and leakage. Ostomy care and education is a highly requested topic by clinicians, as many nurses lack confidence in this area. Having good ostomy care skills is important because a competent clinician can help prevent ostomy-related complications. In this month's newsletter, we'll review the different types of ostomies, peristomal complications, ostomy bag change procedure steps, and share tools to help prevent ostomy-related complications and improve your patients' lives.

Which Type of Ostomy Does My Patient Have?

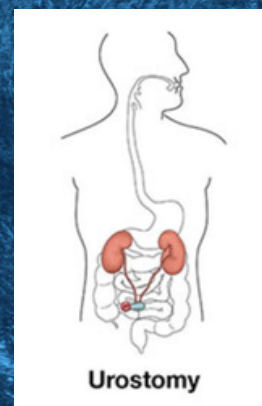
An ostomy is any type of surgical opening (stoma) created between an area inside the body to the outside of the body. While there are many different types of ostomies, there are three most common types: colostomies, ileostomies, and urostomies.



A colostomy is a stoma created anywhere along the large intestine. The further along the large intestine the stoma is, the more solid the output is expected to be. The output is usually less odorous and less irritating to surrounding skin.



An ileostomy is a stoma created from the small intestine. Output from an ileostomy is less solid and more liquid. The output from an ileostomy can be very corrosive to skin, so periwound protection is even more important.



A urostomy is a stoma created to drain urine. Urostomies can be created from an "ileal conduit," which is the most common, or a "colonic conduit." An ileal conduit is when a small segment of the small intestine is used as a pipeline for urine to flow out of the body, whereas a colonic conduit is created from the large intestine.



Ostomy Related Complications

Peristomal dermatitis: Skin damage that occurs due to skin coming into contact with stoma effluent, fluids, secretions or output. Peristomal dermatitis is characterized by inflammation, redness, and erosion of the skin beginning at the mucocutaneous junction and spreading outwards along the peristomal skin. Commonly occurs when there is a poor seal between the skin and the ostomy appliance and leakage occurs, or if skin barrier opening is cut too large for the stoma.

Prevention/Treatment: Prevention of peristomal dermatitis stems from prevention of leakage (see Leakage below). For treatment of active peristomal dermatitis, use the crusting technique. The crusting technique is a method where skin barrier film and stoma powder are used together to create a crust that forms a protective barrier over broken skin. Scan the QR code to the left for a handout on how to perform the crusting technique!



Peristomal Dermatitis

*1 - see attribution in reference list



PMARSI

*2 - see attribution in reference list

Peristomal Medical Adhesive-Related Skin Injury (PMARSI): Epidermal stripping, skin tears, or tension injuries that occur as a result of removing strong adhesive-backed appliances from the skin. PMARSI has been described as an "alteration in skin integrity with erythema and/or other skin alterations such as skin tears, erosion, bulla, or vesicle that is apparent after removal of an adhesive ostomy pouching system" (Le Blanc et al, 2019).

Prevention/Treatment: For prevention of PMARSI, skin barrier films can be used to provide a sacrificial layer between the skin and the adhesive skin barrier. Adhesive removal wipes or sprays are useful for atraumatic removal of ostomy appliances. Non-sting preparations of both barrier films and adhesive removal wipes are important to prevent pain in patients with open lesions. The crusting technique can also be applied to open lesions caused by PMARSI.

Leakage: More than 50% of individuals with ostomies experience leakage (Woo et al, 2017). Leakage can cause patients embarrassment and lead to social isolation and depression. Leakage occurs when there is a break in the seal. This can be due to an improperly fit device, to surrounding scar tissue or body habitus, or to a retracted stoma.

Prevention/Treatment: Prevention stems from creating a good seal. Firstly, the skin barrier should be cut to the appropriate size and shape. Next, consider using stoma paste or a moldable skin barrier wafer around the cut skin barrier opening. For patients with surrounding scar tissue or body habitus that makes for an uneven surface, consider using skin barrier extender strips which are essentially extra hydrocolloid to mold the device around curvatures. For a retracted stoma, investigate using skin barriers with convexity that extend inward to meet the retracted stoma. If an ostomy appliance leaks, it's time to remove the old device and apply a new one using the preventative measures above.



HOW TO CHANGE AN OSTOMY BAG

1



*3 - see attribution in reference list

- *There are a few important things to consider before you get started:*
 - *For someone with a new ostomy or active peristomal dermatitis, assess pain and the need for premedication.*
 - *Set up supplies and new bag - the time of day is also important to consider, in general, stomas are less active in the morning before breakfast.*

2



*3 - see attribution in reference list

- *Remove the used ostomy bag - Consider using a non-sting adhesive remover wipe, which can prevent Peristomal Medical Adhesive-Related Skin Injury (PMARSI)*
- *Begin gently detaching the skin from the bag by pushing the skin in towards the body with the wipe. This method is less traumatic than peeling the bag away from the body.*

3



*3 - see attribution in reference list

- *Clean and dry the surrounding skin. During the cleansing process, consider placing a tissue (without lotion) or nonwoven gauze over the stoma to catch any output. Cleansing should be done with warm water and a gentle cloth or nonwoven gauze. Do not use any scented cleansers or creams as they can prevent adhesion of the new bag and irritate the skin. Cleansing the skin thoroughly is important to prevent complications like peristomal dermatitis.*
- *After cleansing the skin, completely dry the skin by patting it dry. This is important to ensure the new device creates a proper seal.*



HOW TO CHANGE AN OSTOMY BAG

4



*3 - see attribution in reference list

- *Inspect the stoma and the surrounding skin. The stoma should appear moist and beefy red in color. It is normal to observe some mucous or a small amount of blood on the stoma. If the stoma is swollen more than 1cm greater than its normal size, discolored (blue, black, purple or white), or if there is a lot of blood coming from the stoma the doctor should be notified immediately. The surrounding skin should be free of redness and skin erosion. If redness and skin erosion are observed, this could be a sign of PMARSI or peristomal dermatitis.*

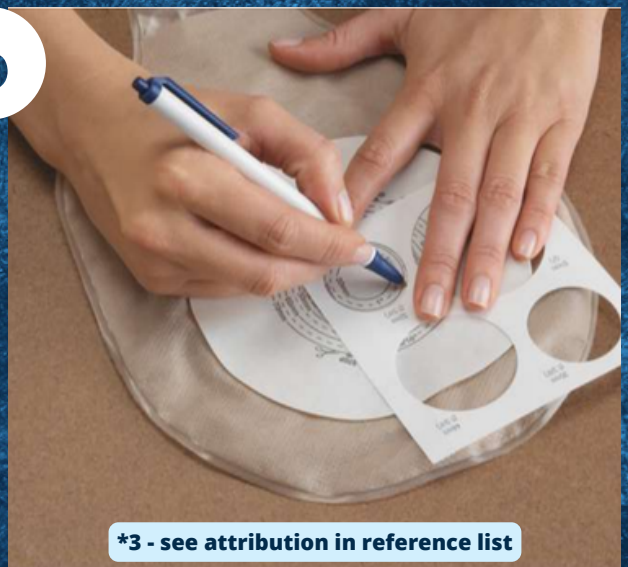
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*3 - see attribution in reference list

- *After you've inspected the stoma and surrounding skin, measure the stoma. These measurements will be used to cut the skin barrier to size. For all skin barriers, except for thicker, stiffer, specialty barriers (like StomaHesive Wafers), measure right up to the stoma. If using a thicker, stiffer, specialty barrier, allow for 1/8th of space between the stoma and the skin barrier. This will prevent trauma to the stoma. Remember or write down the measurement in millimeters.*
- *Apply skin barrier film (either via a spray form or wipe).*

6



*3 - see attribution in reference list

- *Obtain measurement to trace the correct size and shape onto the back of the skin barrier of the new device with the starter hole in the center. Notice that the new skin barrier has the same measurements in millimeters printed onto it.*



HOW TO CHANGE AN OSTOMY BAG

7



- *Cut along the tracing to create the skin barrier opening. Gently rub the edges of the skin barrier opening to soften any sharp edges. Ensure that the pouch is closed/clamped if using a drainable system.*
- *Remove the paper or plastic backing from the skin barrier. If using stoma paste or a moldable skin barrier wafer, apply it to the opening around the cut circle in the skin barrier.*

8



- *Attach the skin barrier. If using a two-piece system, snap the pouch onto the wafer. Feel around the closure to ensure the pouch is as close to the wafer as possible. If any space is detected, push the pouch against the wafer until you feel it snap into place.*



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