TOP 10 THINGS YOUR PATIENTS WISH YOU KNEW ABOUT OSTOMIES

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SARATOGA SPRINGS, NEW YORK

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DISCLOSURES

- No disclosures relevant to this presentation

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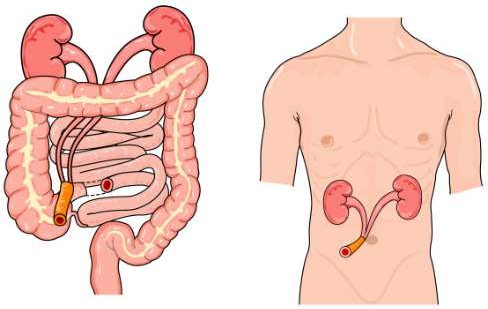
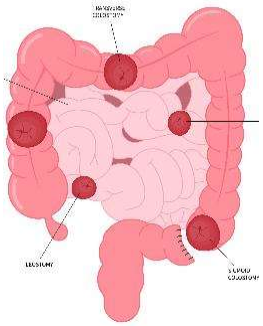
#10: WHERE IS STOMA PLACED IN THE BOWEL?

- Urostomy – length of ileum used, output obviously urine
- Bowel location determines type/volume output
  - Ileostomy—liquid to pasty (average output 1000 – 2000 cc/day) Liquid stool places at risk for dehydration, decreased nutrient absorption, breakdown of ostomy barrier, and leakage.
  - Colostomy—soft to formed stool
  - Loop vs. End stoma
  - Expected output may be different in the complex patient with multiple surgeries



TYPES OF OSTOMY



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#9: PATIENT/FAMILY EDUCATION

- Pre-operative education ideal
  - Stoma marking
- Enhanced Recovery After Surgery (ERAS)
  - Earlier discharge
- Provide written information when able and available
  - Websites
  - Appropriate grade level
- Demonstrate/Return demonstration

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#8: APPLIANCE MANAGEMENT

- Learn the basics
  - How to measure
    - Opening should be 1/16 – 1/8 inch away from stoma.
  - Use of skin wipes
  - Use of paste / rings
  - Skin intact underneath and around barrier.
  - Wear time 3- 7 days. Variable to patient situation.
  - At least 3 days = less invasive on QOL, less irritating to skin, consistent with insurance coverage.

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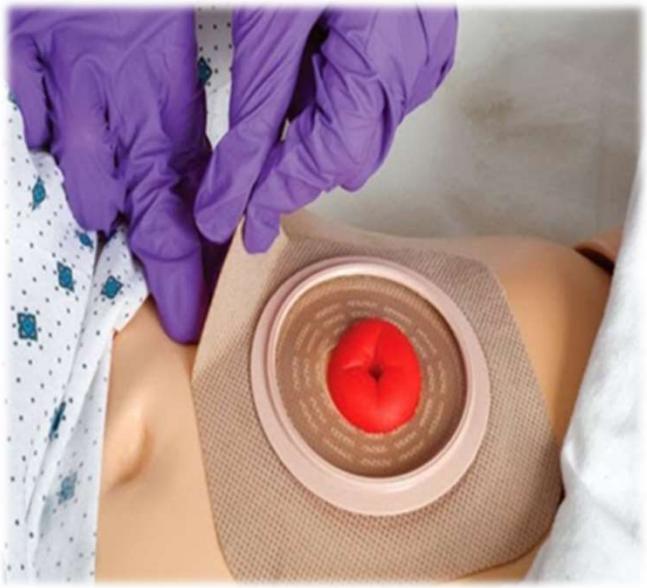
BASIC PROCEDURE

- Nuances
  - Plan for ideal time of day
    - OP visits first appointment of the day
  - Stomas are unpredictable
    - Have gauze close by
    - Keep your cool; patient will be upset/embarrassed/apologetic/ frustrated
  - Be aware of pain if present
  - Learning this is not “one and done”



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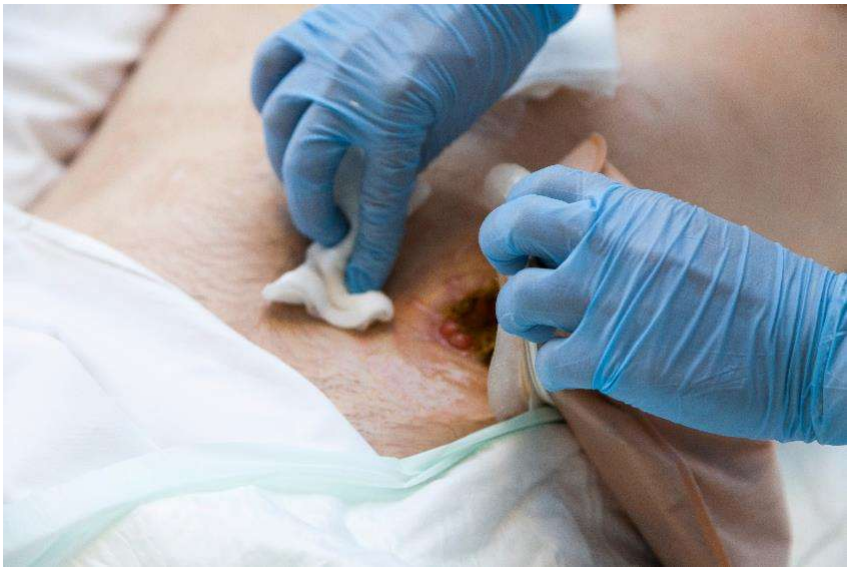
BASIC PROCEDURE



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BASIC PROCEDURE

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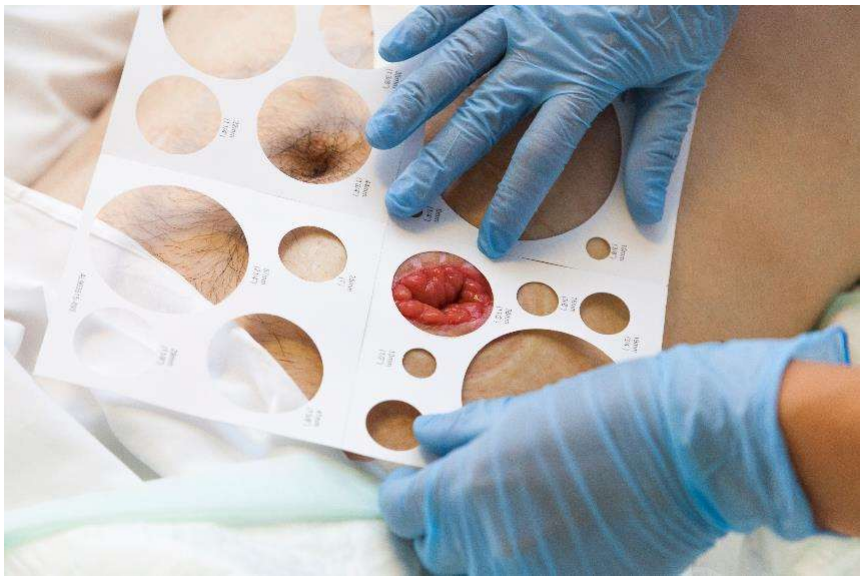
BASIC PROCEDURE



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BASIC PROCEDURE

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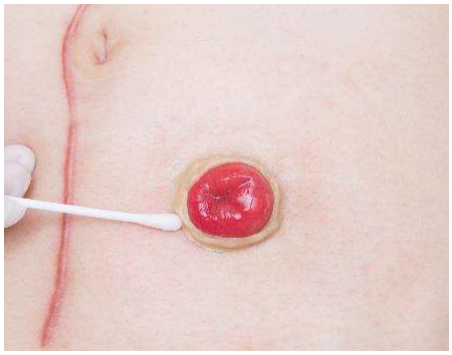
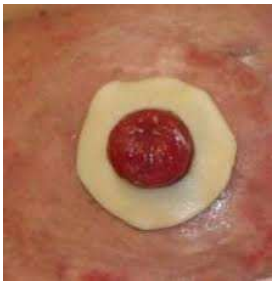
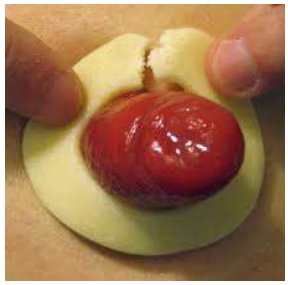
BASIC PROCEDURE







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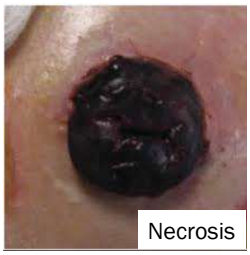
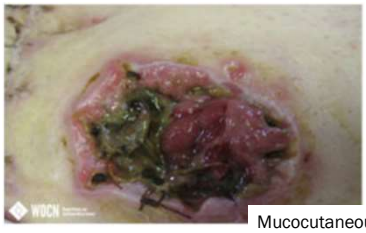
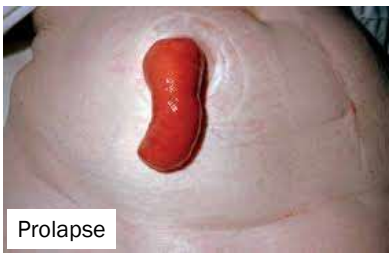
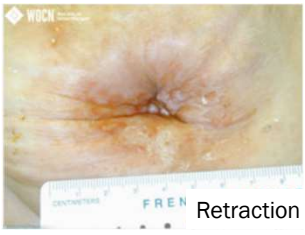
#7: COMPLICATIONS - STOMA

- Stoma
  - Early: Notify surgeon immediately
    - Necrosis
    - Mucocutaneous separation
  - Later: May need revision
    - Best to refer to WOC Nurse
    - Prolapse
      - See surgeon
      - Enlarge wafer opening
    - Retraction
      - See surgeon
      - Adapt pouching technique


Necrosis


Mucocutaneous separation


Prolapse



Retraction

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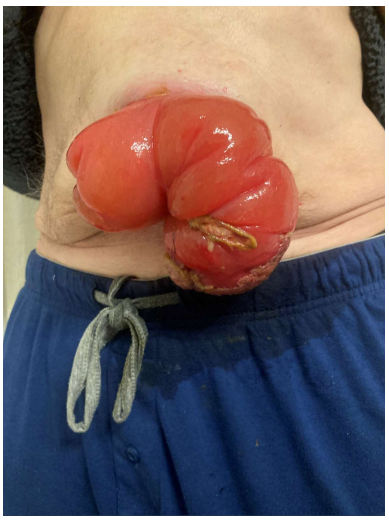
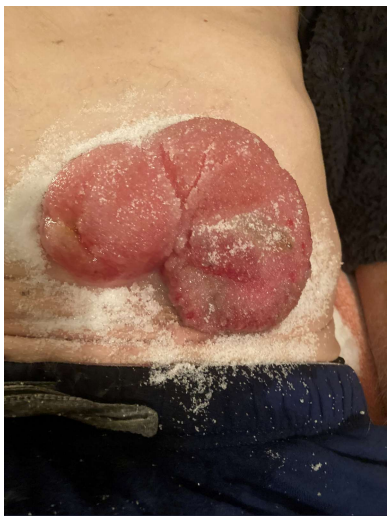
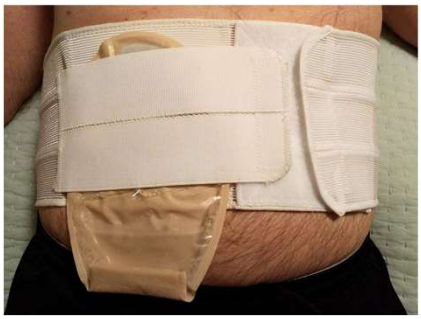
PROLAPSE







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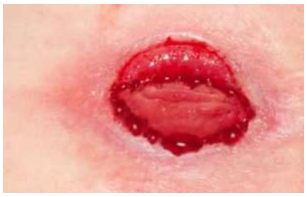
COMPLICATIONS - STOMA



- Bleeding—From inside or surface of stoma?
  - History of liver disease?
  - Anticoagulation
  - Look at appliance fit
  - Gentle technique
  - Cautery
  - Topical hemostatic agents

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HERNIAS

- Frequency 14 -70%
- Conservative management
- Re-evaluate appliance system
- Hernia support
- Patient education for obstructive symptoms

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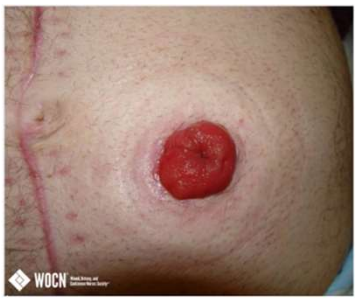
#6 COMPLICATIONS - SKIN

- Skin should be intact—no pain, burning or itching.



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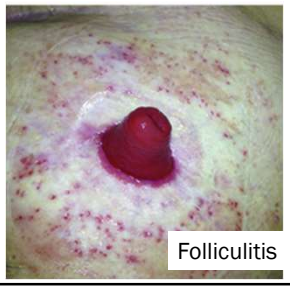
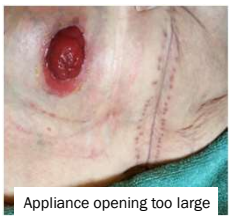
SKIN COMPLICATIONS

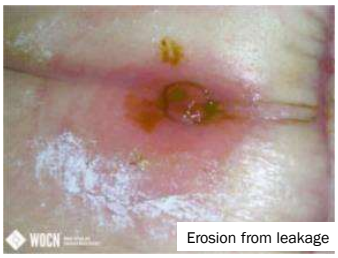
- Dermatitis
  - Contact or allergic
  - Ill-fitting appliance
- Fungal rash
- Folliculitis
  - Pulling hair with wafer removal
  - Shaving

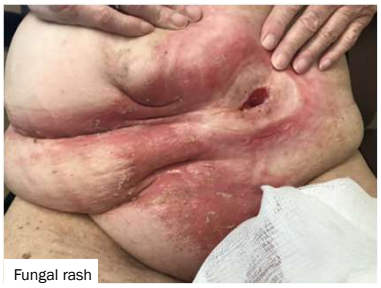

Folliculitis


Erosion from leakage


Contact / allergic dermatitis


Appliance opening too large


Erosion from leakage


Fungal rash

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CASE STUDY: CAUSE NOT ALWAYS EVIDENT

- 38-year-old female
- Long history of Crohn's disease all small bowel
- Multiple surgeries related to disease and strictures
- 9/29 had exploratory lap
  - Extensive adhesiolysis > 3 hours,
  - Redo of ileocolic resection with stapled end-to-side anastomosis,
  - Intra-abdominal omental flap,
  - Takedown of internal fistula,
  - Small bowel resection without anastomosis,
  - Double barreled jejunostomy.

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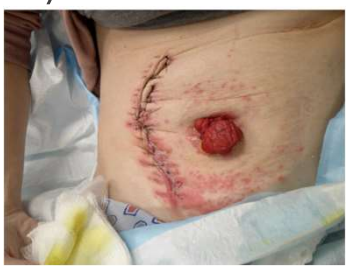
VISIT HISTORY

10/24



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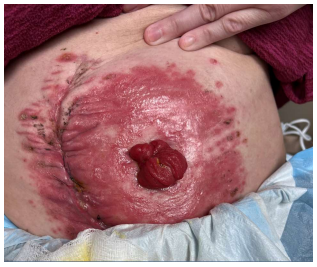

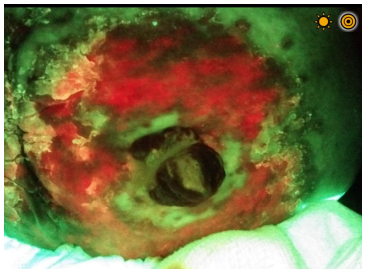

- Cultured at incision, grew staph aureus and pseudomonas
- Started on doxycycline and ciprofloxacin liquid

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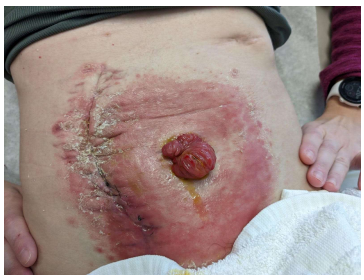

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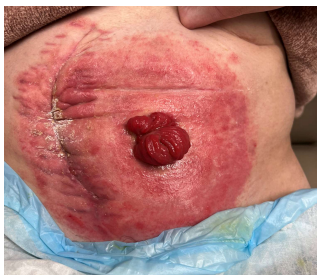

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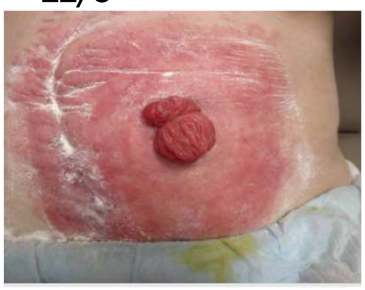

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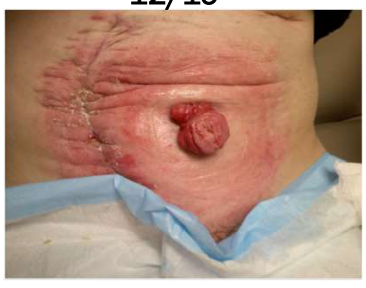

- Began to get worse again, consulted surgeon to assess keeping her on Doxy and Cipro until closure which was approved
- 11/28 Added Karaya powder to improve pH (4.5-4.7)
- She cleared and had closure surgery in January

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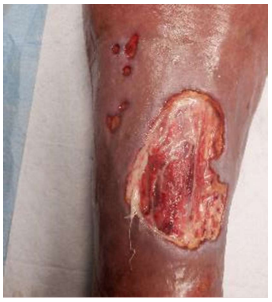
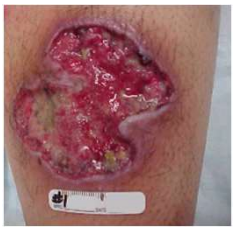
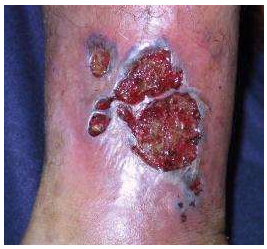
PYODERMA GANGRENOSUM

- Later skin ulceration usually in patients with autoimmune disease
  - Inflammatory bowel disease (ulcerative colitis and Crohn disease)
  - Rheumatoid arthritis
  - Myeloid blood dyscrasias including leukemia
  - Monoclonal gammopathy (usually IgA)
  - Chronic active hepatitis
  - Granulomatosis with polyangiitis
  - PAPA syndrome (Pyogenic Arthritis, Pyoderma Gangrenosum, Acne)
  - Behçet disease
  - Use of levamisole-adulterated cocaine
  - Miscellaneous less-common associations
  - May be no obvious reason
- Seen more commonly on lower extremities







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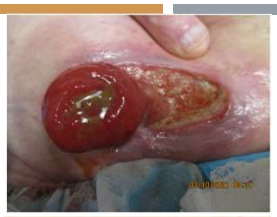
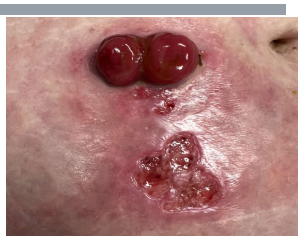
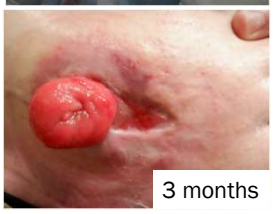
PERISTOMAL PYODERMA

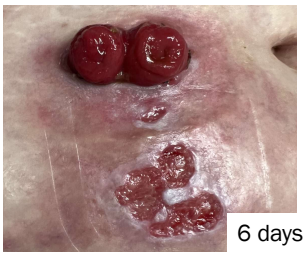
- History of triggering disease
- No other explanation for ulceration
  - Ulcerations are deeper than typical skin erosion
  - Usually exquisitely painful
- Treatment is medical: both systemic and topical
  - Tapering steroids
  - Cyclosporine if no response
  - Topical steroid spray, crushed tablets, tacrolimus
- Need to cover, absorb and protect from appliance wafer



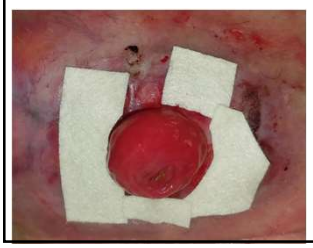


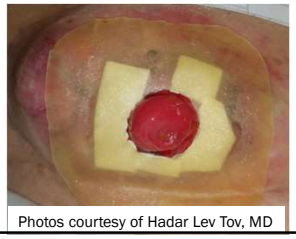


3 months

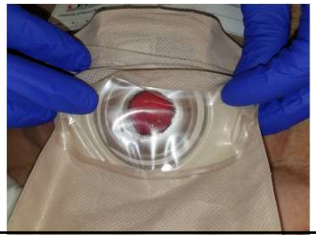


6 days





Photos courtesy of Hadar Lev Tov, MD



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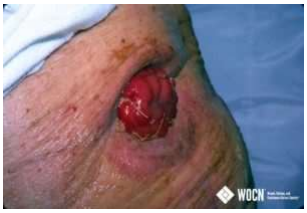
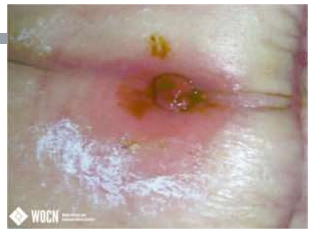
5: LEAKAGE PROBLEMS

- Common reasons
  - Change in abdominal contour
  - Weight gain or loss
  - Stoma in skin fold or near umbilicus or scar
  - Stomal retraction





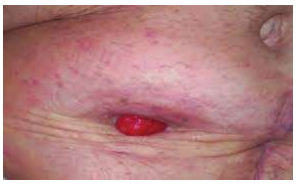
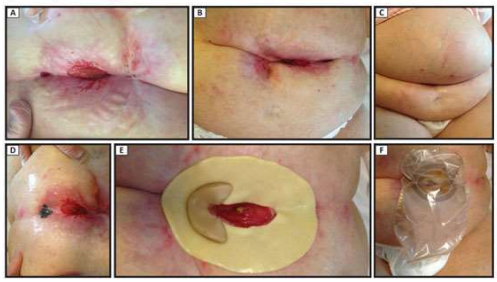


Figure 2. Two years after surgery.



A. Peristomal wound and skin irritation; B. Peristomal contact dermatitis and wound; C. Non-visible stoma within deep abdominal fold (sitting position); D. Peristomal wound with silver impregnated contact layer and film dressing; E. Skin barrier ring; F. One-piece pouching system.

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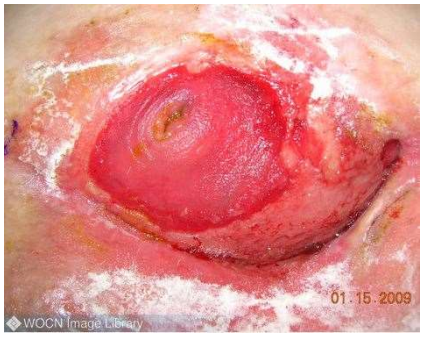
#4: CRUSTING SKIN

- Cleanse skin well with soap and water, pat dry
- Use pectin powder, antifungal powder or karaya powder depending on availability and need
- Sprinkle powder liberally to irritated / moist areas of skin, dust away the excess
- Spray non-stinging polymer spray over powdered area.
  - If wipes are only delivery method available, blot (DON'T WIPE) over powdered area
- Allow to dry completely, if skin still seems moist repeat the procedure.
- Powdered area should feel dry to the touch



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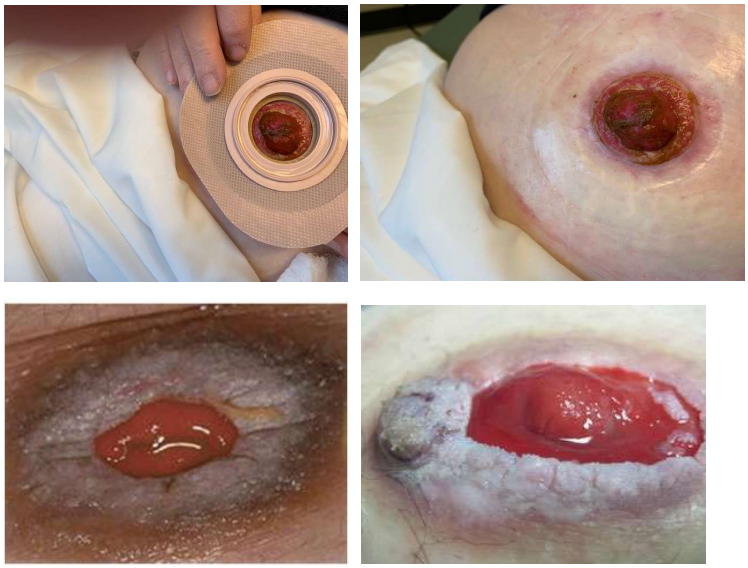
#2: COMMON MISTAKES

- Barrier opening too large or small
  - Not adjusting for stoma shrinkage
  - Crust skin and remeasure stoma
  - To treat urine crystals, use dilute acetic acid soak then cleanse skin
- No creams/ointments under the barrier.
- Patch test spray adhesive products



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#3: WHERE AND HOW TO OBTAIN APPLIANCES

- Most insurers follow Medicare guidelines.
- Prescription needed for insurance coverage.
- Can be purchased out of pocket.
- Over supplies can be authorized with LMN and follow-up.
- Are prescriptions written for amounts that are covered?

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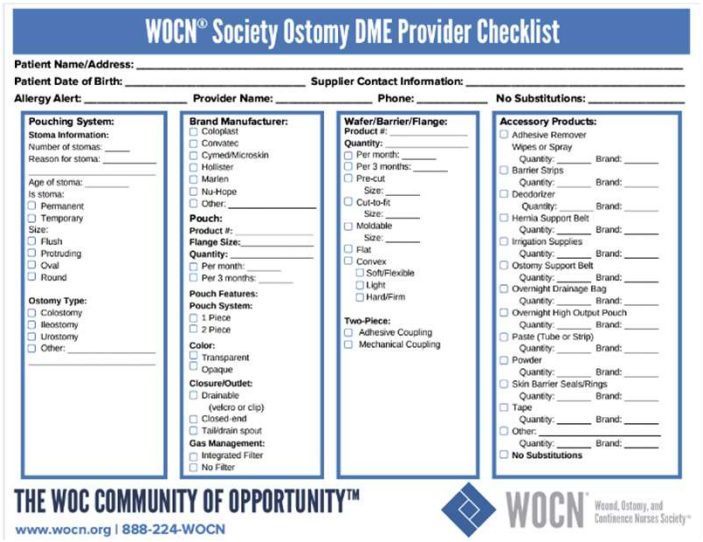
PROVIDE SPECIFICS



WOCN® Society Ostomy DME Provider Checklist

Patient Name/Address: _____

Patient Date of Birth: _____ Supplier Contact Information: _____

Allergy Alert: _____ Provider Name: _____ Phone: _____ No Substitutions: _____

Pouching System:
Stoma Information:
Number of stomas: ____
Reason for stoma: _____
_____
Age of stoma: _____
Is stoma:
☐ Permanent
☐ Temporary
Size:
☐ Flush
☐ Protruding
☐ Oval
☐ Round

Ostomy Type:
☐ Colostomy
☐ Ileostomy
☐ Urostomy
☐ Other: _____
_____
_____

Brand Manufacturer:
☐ Coloplast
☐ Convatec
☐ Cymed/Microskin
☐ Hollister
☐ Marlen
☐ Nu-Hope
☐ Other: _____

Pouch:
Product #: _____
Flange Size: _____
Quantity: _____
☐ Per month: _____
☐ Per 3 months: _____

Pouch Features:
Pouch System:
☐ 1 Piece
☐ 2 Piece

Color:
☐ Transparent
☐ Opaque

Closure/Outlet:
☐ Drainable
(velcro or clip)
☐ Closed-end
☐ Tail/drain spout

Gas Management:
☐ Integrated Filter
☐ No Filter

Wafer/Barrier/Flange:
Product #: _____
Quantity: _____
☐ Per month: _____
☐ Per 3 months: _____
☐ Pre-cut
Size: _____
☐ Cut-to-fit
Size: _____
☐ Moldable
Size: _____
☐ Flat
☐ Convex
☐ Soft/Flexible
☐ Light
☐ Hard/Firm

Two-Piece:
☐ Adhesive Coupling
☐ Mechanical Coupling

Accessory Products:
☐ Adhesive Remover Wipes or Spray
Quantity: _____ Brand: _____
☐ Barrier Strips
Quantity: _____ Brand: _____
☐ Deodorizer
Quantity: _____ Brand: _____
☐ Hernia Support Belt
Quantity: _____ Brand: _____
☐ Irrigation Supplies
Quantity: _____ Brand: _____
☐ Ostomy Support Belt
Quantity: _____ Brand: _____
☐ Overnight Drainage Bag
Quantity: _____ Brand: _____
☐ Overnight High Output Pouch
Quantity: _____ Brand: _____
☐ Paste (Tube or Strip)
Quantity: _____ Brand: _____
☐ Powder
Quantity: _____ Brand: _____
☐ Skin Barrier Seals/Rings
Quantity: _____ Brand: _____
☐ Tape
Quantity: _____ Brand: _____
☐ Other: _____
Quantity: _____ Brand: _____
☐ No Substitutions

THE WOC COMMUNITY OF OPPORTUNITY™
www.wocn.org | 888-224-WOCN

WOCN Wound, Ostomy, and Continence Nurses Society™

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#2: RESOURCES

- UOAA—great dietary resource https://www.ostomy.org/diet-nutrition/
- CCFA: https://www.crohnscolitisfoundation.org/
- Manufacturers often employ WOC nurses who assist people over the phone with supply questions.
- Hollister: 888-808-7456 https://www.hollister.com/en/ostomycare
- Convatec: 800-422-8811 https://www.convatec.com/products/ostomy
- Colopast: 888-726-7872 https://products.coloplast.us/products/ostomy-care/
- Wound, Ostomy and Continence Nurses Society (WOCN) https://www.wocn.org

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RESOURCES

WOCN Wound, Ostomy, and Continence Nurses Society

BASIC OSTOMY SKIN CARE

A GUIDE FOR PATIENTS AND HEALTHCARE PROVIDERS

WOCN Wound, Ostomy, and Continence Nurses Society

UROSTOMY URINE SAMPLE COLLECTION INSTRUCTION CARD

WOCN Wound, Ostomy, and Continence Nurses Society

CONVEX POUCHING SYSTEMS

BEST PRACTICE FOR CLINICIANS

WOCN Wound, Ostomy, and Continence Nurses Society

PERISTOMAL SKIN COMPLICATIONS

CLINICAL RESOURCE GUIDE

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#1: QUALITY OF LIFE

- Resumption of:
  - Diet—low-residue bland diet for 6 weeks, then normal with some caveats
  - Normal activities—resume in 6 weeks (surgeon's direction)
  - Sexual activity—resume depending on procedure (surgeon's direction) and when comfortable
  - Travel – plan ahead
    - Changes in diet
    - Traveling with supplies (scissors)

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QUALITY OF LIFE

- People with stomas can live normal lives.
- Everyone adapts differently.
  - They are not defined by their surgery
- For many having lived with a devastating disease it is truly a new lease on life
- They don't have to love it, but they will learn live with it

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LET'S SWITCH GEARS..

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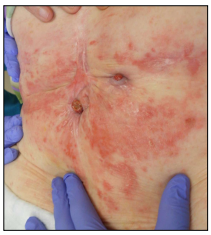
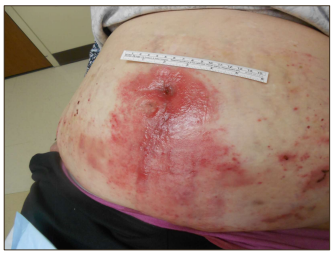
FISTULAS

- An abnormal opening or passage between two organs or between an organ and the surface of the body.
  - May be caused by injury, infection, or inflammation, or may be created during surgery.
- Most commonly seen is an enterocutaneous fistula
  - Connection between bowel (usually small) and skin





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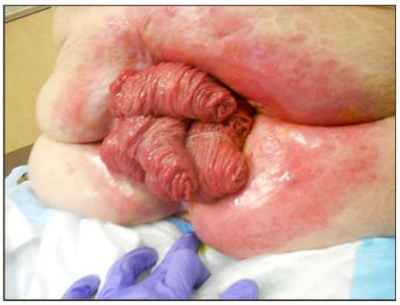
FISTULAS

- Negative Prognostic Factors (FRIENDS)
  - **F**oreign body
  - **R**adiation enteritis
  - **I**nflammatory bowel disease
  - **E**pithelialization of the fistula tract
  - **N**eoplasm
  - **D**istal Obstruction
  - **S**epsis
- Goals of Management (SNAPS)
  - **S**kin and sepsis
  - **N**utrition
  - **A**natomy of the fistula
  - **P**roposing a procedure to address



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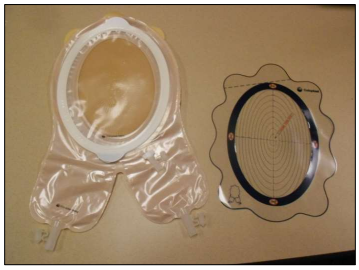
LOCAL MANAGEMENT OF FISTULAS

- Primary goal is protection of skin and containment of output
- Treatment should be immediate; delay exacerbates skin problem
- High-output pouches have drains that can be connected to wall suction or gravity drainage bags for large fecal output
- Pediatric pouches helpful for low output



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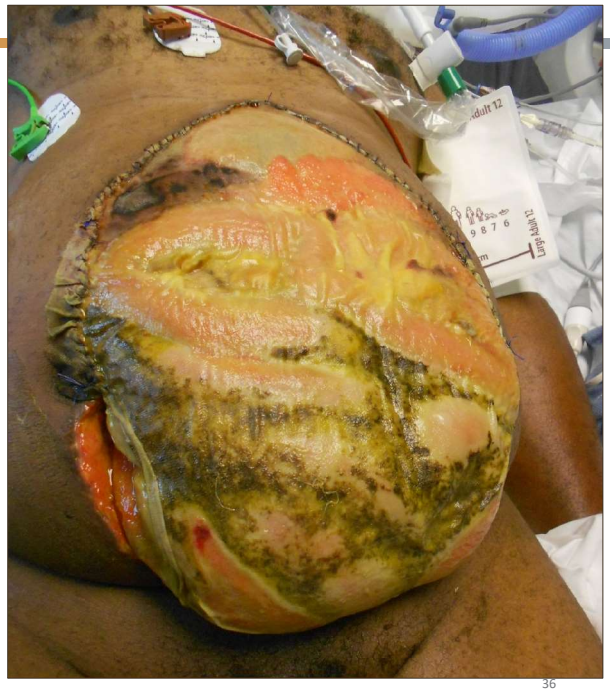
CASE

- S/P nephrectomy
- SBO
- Multiple PE arrests
- Compartment syndrome
  - Decompressive enterotomy
- Vicryl mesh to skin edges over exposed bowel



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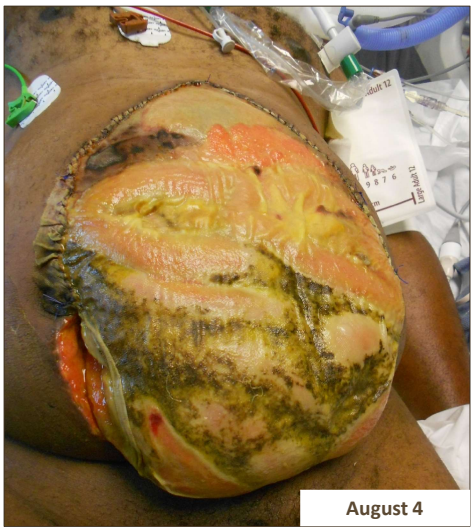
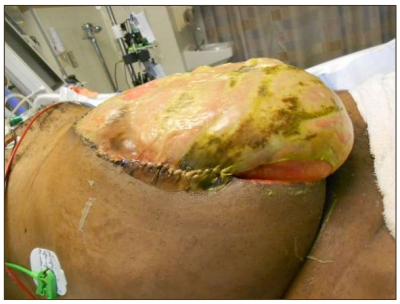
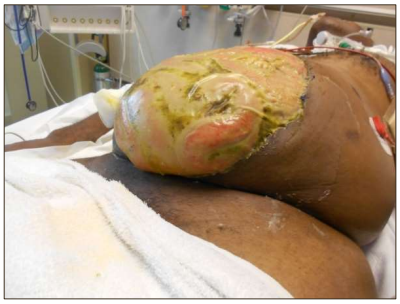
VICRYL MESH TO SKIN EDGES – NO FISTULA…YET







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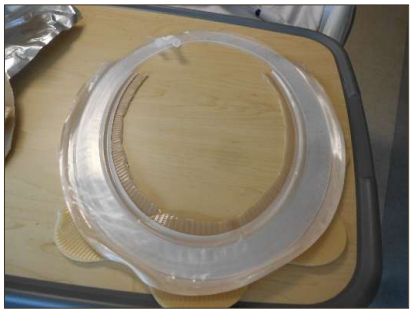
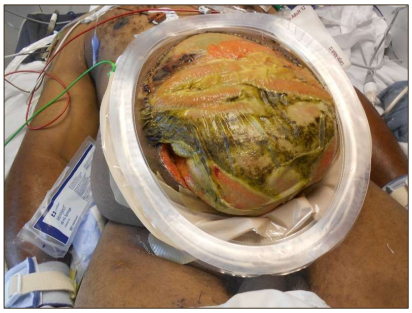
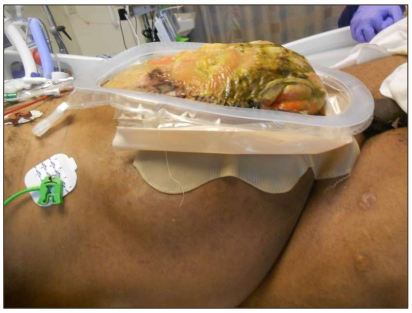
POUCH TAILORING







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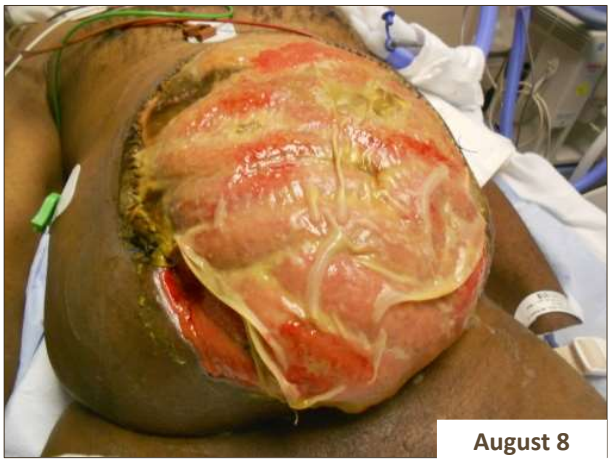
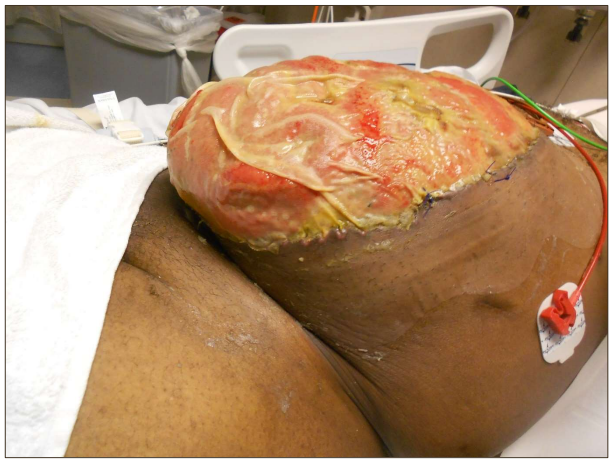


August 8



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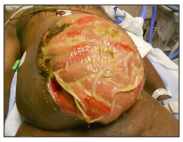
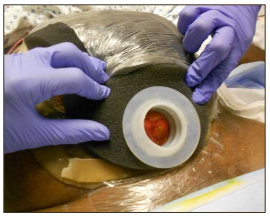
OPEN ABDOMEN DECISION-MAKING TO NPWT OR NOT

Inflamed bowel → Sutures Injuries → Moist wound healing and pouch

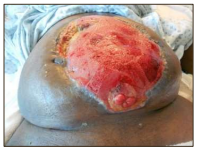
NO NPWT



Bowel and host healthy → Granulation tissue in wound → Loops of bowel hidden



NPWT and isolate



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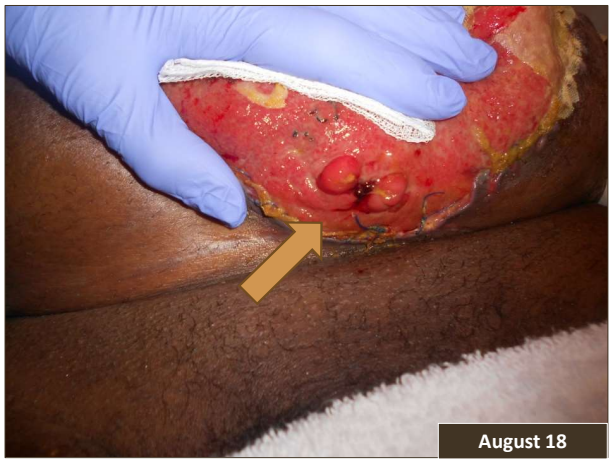
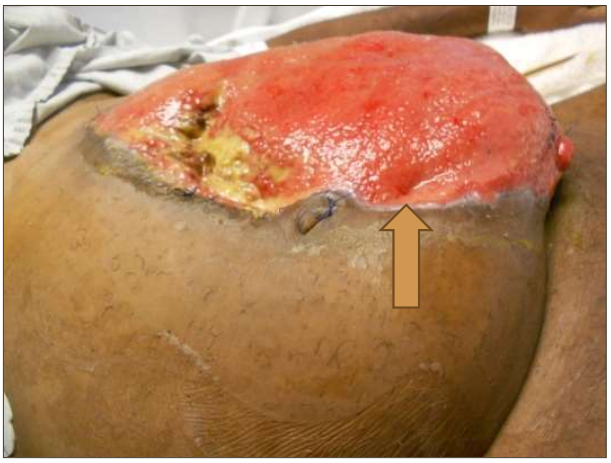
IDENTIFICATION OF FISTULA





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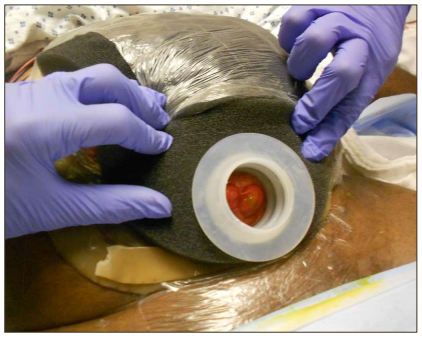
NPWT WITH BOWEL ISOLATION DRESSING



Beginning fistula journey

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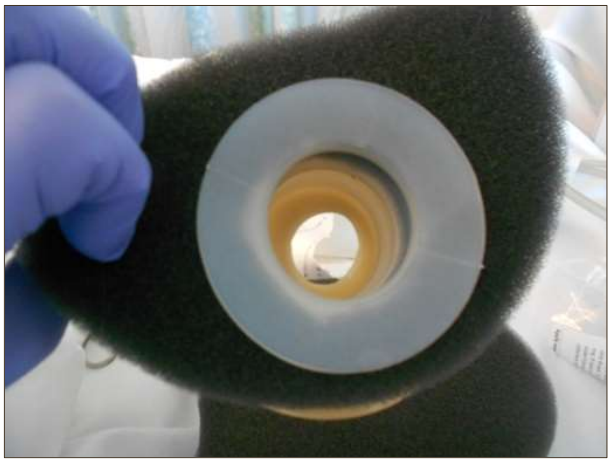

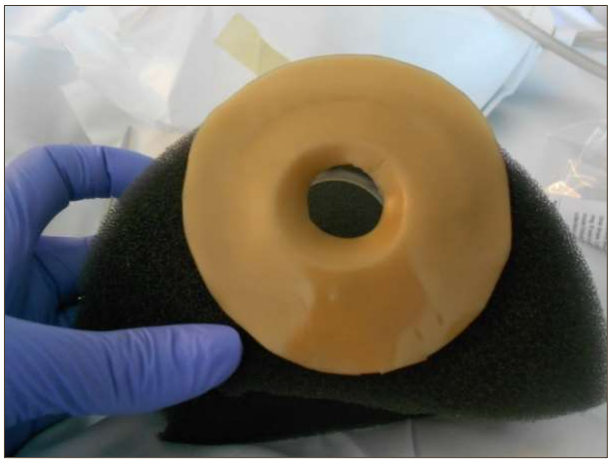

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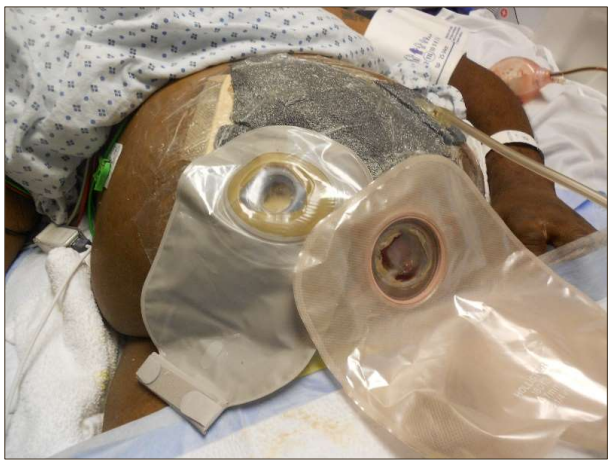
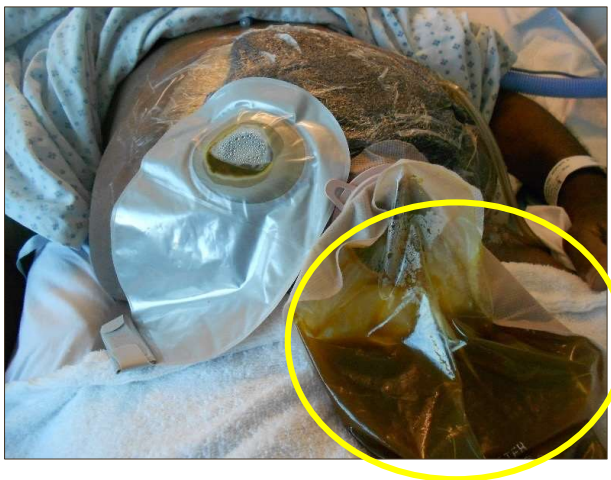
ASSESSMENT OF FISTULA ACTIVITY





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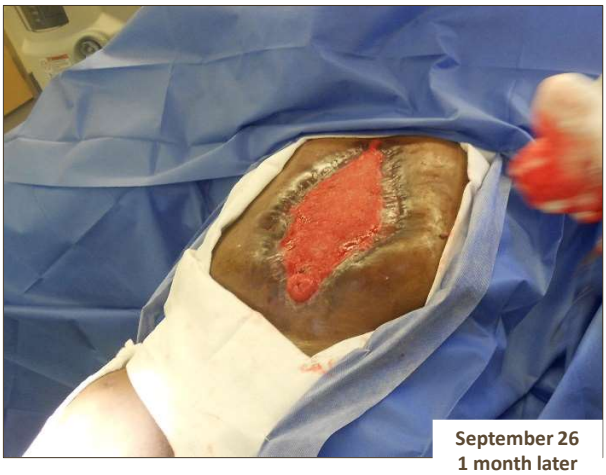
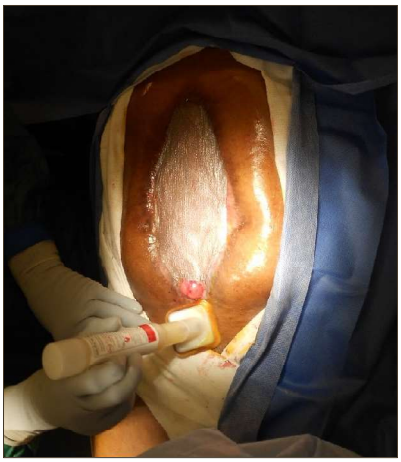
PARTIAL THICKNESS SKIN GRAFT





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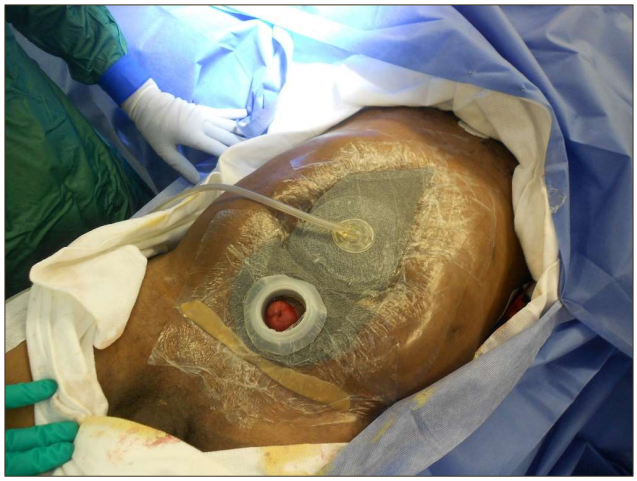
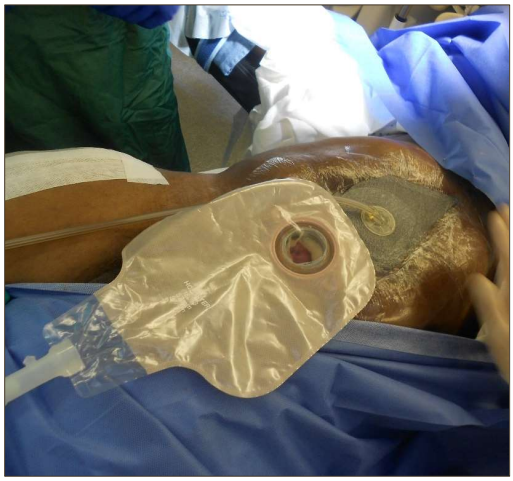
GRAFTING AND HIGH OUTPUT POUCH





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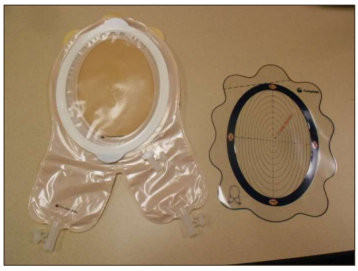
POUCHES: NOT ALL THE SAME



High-output pouches have drains that can be connected to wall suction or gravity drainage bags

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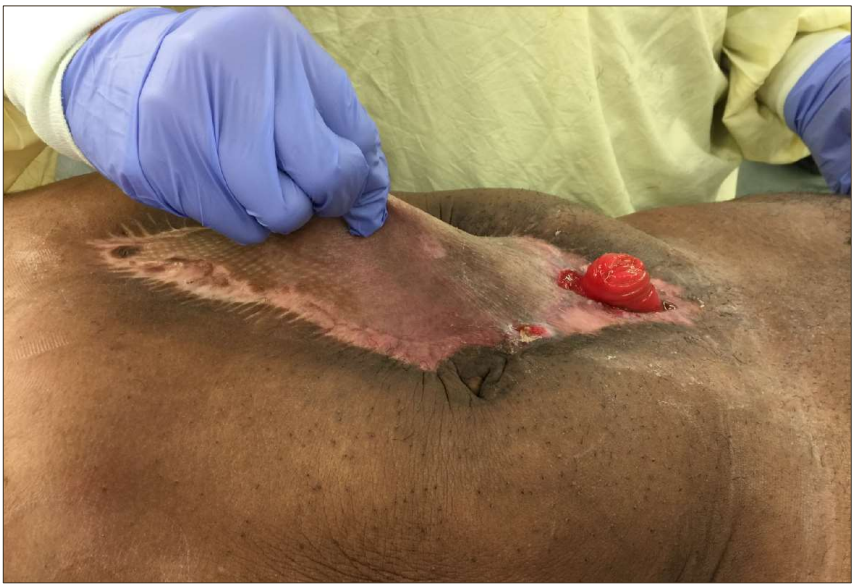
READY FOR SURGERY!



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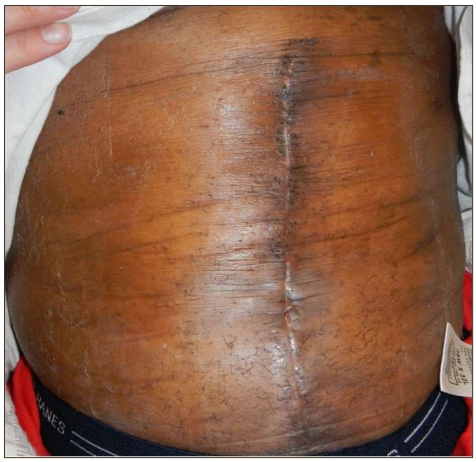
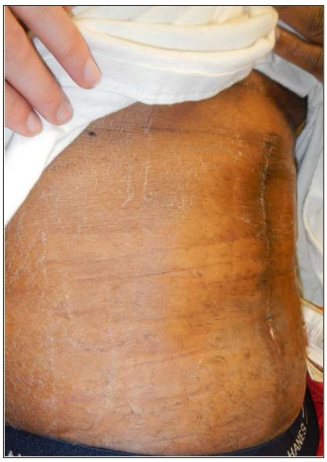
GRADUATION PICTURE





January

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MEET MY VERY SPECIAL PATIENT

Permission received from patient and his family to use his actual picture in educational presentations. To see him was to love him.

- 87 years old
- Severe RA
- Ischemic bowel after CAGB surgery resulting in bowel resection in 2004
- Post-op anastomotic leak, wound infection, large fistula
- History of **SIX** years daily home care nursing visits, dressing changes
- Constantly wet, soiled, malodorous
- Quality of life non-existent, depressed, wouldn't leave house
- Sent to me by home care to "please help"!!

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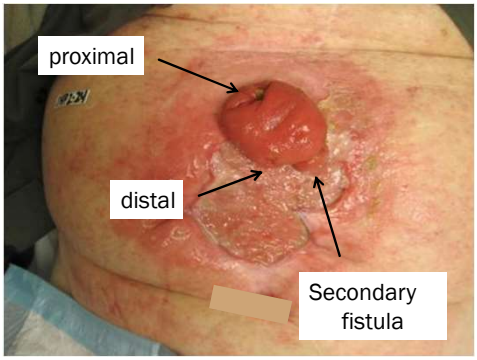
THIS WAS HIS WOUND

- This is not a loop colostomy
- Arrows identifying areas of stool production
- Skin constantly irritated
- Everything had been tried
- His confidence in us was very low



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SAWC SPRING 2010

- We weren't doing much better
- Still not dry longer than 48 hours
- Got a tip in the poster presentations to see the new MPNPWT product
- It changed everything

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WE BECAME CREATIVE….

- No real references at that time
  - Clinical trial was in progress; but just DFU's and VLU's
- *Ostomy* and wound nurse
  - Combining pectin products just made sense
  - Quality of life improvement for him
  - Home care visits dropped to 1 x week
  - Dignity & Cleanliness
  - Desire to leave the house
  - Twice a week visits became special outings with son

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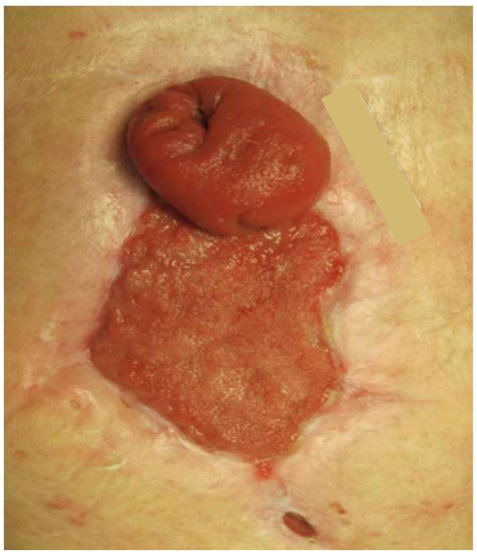
THEN WE MADE IT WORK



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SUMMARY

- Caring for ostomy patients, or any patient requiring a pouch can be intimidating and frustrating but, in the end, very rewarding
- It is a skill level that can be taught and fine tuned
- Seek out the information
- Use your support options

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