Stoma Care

Equipment:
- Non sterile gloves and apron
- Clinical waste bag
- Pre-cut template to measure the correct size of the stoma.
- Galipot with water
- Soft swabs
- Silicone based adhesive remover (Appeal medical adhesive foam applicator)
- Skin barrier film
- Paste (Coloplast) or powder (Osteoseal) if required (broken or inflamed skin)
- Stoma bag according to size of stoma
- Adhesive ring if required (Hydrocolloid).

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>Clean the trolley area you will be working from.</td>
<td>To ensure organised care.</td>
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<tr>
<td>Assemble the equipment.</td>
<td></td>
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<tr>
<td>Wash hands as per trust policy, Put on gloves and apron.</td>
<td>To maintain universal precautions and to adhere to infection control measures.</td>
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<tr>
<td>Use template and cut out the bag. Template should be checked whenever stoma bag needs change.</td>
<td>To ensure snug fit around stoma. To avoid stool/effluent leaking on to surrounding skin.</td>
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<tr>
<td>Empty the stoma bag contents in a bowl and measure the:</td>
<td>To avoid spillage and assess stoma output Proper documentation in the notes.</td>
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<tr>
<td>• Consistency</td>
<td></td>
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<tr>
<td>• Volume</td>
<td></td>
</tr>
<tr>
<td>• Colour</td>
<td></td>
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<tr>
<td>• Record</td>
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<tr>
<td>Apply the Appeal stick to remove the bag.</td>
<td>To minimise the damage of the skin.</td>
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<tr>
<td>Remove the old stoma bag carefully peeling it off from top to bottom with one hand, whilst supporting the skin with the other. Only use non-alcoholic adhesive removers if required.</td>
<td>Supporting the skin makes the procedure less uncomfortable and helps prevent the skin from tearing. Adhesive remover can dry out the skin causing soreness.</td>
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<tr>
<td>On removal of the bag, check the condition of the adhesive layer of the bag. If no significant erosion noted, continue current frequency of bag change. If erosion of adhesive layer noted then consider changing the bag more frequently.</td>
<td>To assess and determine duration of time between bag changes.</td>
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<tr>
<td>While cleaning the stoma area it may bleed a little. This is normal. <strong>Do not clean with cotton wool balls.</strong></td>
<td>To remove traces of stoma effluent/ sweat from the skin and avoid skin breakdown by maintaining skin integrity, avoiding potential irritation</td>
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<tr>
<td>Use soft wipes to clean the surrounding of stoma</td>
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</table>
The stoma should be fitted with an appropriately-sized stoma bag once the stoma is working, the bag should be emptied 4-6 hrly.

In order to measure and replace if needed.

Apply skin protective wipe to the skin around the stoma and where the stool/effluent and bag may touch the skin. Allow 30-40 sec for protective wipe to dry.

To maintain skin integrity
To aid skin healing once inflammation or breakdown is present.

Consider powder or paste at this point is needed
Apply stoma bag (should be fitted with appropriate size).

In a split stoma and mucus fistula, the stoma bag should be fitted on the stoma only where possible and the mucus fistula should be left exposed and dressed with Jelonet or Vaseline and non-sterile gauze dressing.

To assess the mucous fistula and if needed to replace the stoma output.

Record stoma volume on fluid balance chart. Fluid replacement is as per surgical consultants instructions. Document stoma bag change and assessment in patient’s record.

To maintain fluid and electrolyte balance.
To ensure accurate documentation and NMC standards are adhered.

Please inform the stoma nurse as soon as a baby with stoma is admitted to the unit.

Stoma nurse will assess, put care plan in place according to baby’s needs.

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### Discharge planning

Liaise with stoma care nurses and other Multi-disciplinary-team.

Arrange discharge planning meeting

### Key Terminology and Descriptions

**Colour:** A healthy stoma is red and pink in colour. It is very important especially in the postoperative period to check the colour of the stoma regularly. If the stoma appears darker in colour medical advice should be sought.

**Oedema:** Postoperative period all stomas will be oedematous. Template should be checked and cut according to the size of the stoma.

**Prolapse:** If you observe any prolapse seek medical advice and inform stoma care team.

**Retraction:** Some stomas can become retracted. This will cause more problems with an ileostomy as the output is loose, and stool will leak under the adhesive of the pouch. Seek medical advice and inform stoma care team.

**Stenosis:** Stenosis of the stoma can also occur. Often the narrowing of the bowel is at the skin surface, but it can occur inside the abdomen. This may present with

- A reduction in the amount of stool passed
- Stools may appear ribbon-like
- The passage of stools may cease

**Granuloma:** Nodules of granulation tissue can form on the surface of the stoma. These can bleed easily and may cause concern, as they will bleed whenever the stoma pouch is changed.
References:

1. Eakin (2013) Caring for a child with a stoma
   www.eakin.eu/...adv_429009679_caring_for_a_child_with_a_stoma_pdf
7. (4): 18-25

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November 2015
Review November 2020