

Ostomy Packet Contents

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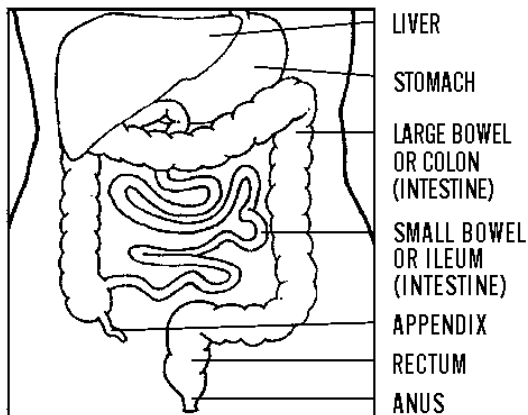
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Information for Parents

Ostomy Care General Information

Your baby is going home with an ostomy. An ostomy is a surgically created opening in the intestines which is brought to the outside of the body on the abdomen. This opening is called a stoma. The stoma allows stool (body waste) to be excreted from the body. A healthy stoma is a beefy red color and is moist. A pouch is worn over the stoma to collect the stool.

There are several types of ostomies. These different ostomies require similar care, but the stool that passes into them is different depending on the location of the ostomy in the intestines. An ostomy shortens the distance food passes through the intestines, so there is some portion of the intestine that does not take part in the process of food digestion. Sometimes, the part of the intestine which is after the ostomy is removed. Other times it remains in place and may be reconnected at a later date. If there are plans to reconnect the intestines (called 'reanastomosis') in the future, your baby will likely also have a mucus fistula. A mucus fistula is an opening into the part of the intestines which do not take part in digestion at this time. The fistula might be directly next to the stoma, or it may be placed somewhere else on the abdomen. A mucus fistula does not require a pouch because food is not processed in this part of the intestines, it is often merely covered with a piece of gauze.



The Digestive Process

Food that is taken into the body must pass through the intestines to be digested for nutrient absorption. Food enters the body through the mouth and is swallowed. It passes through the esophagus to the stomach. (For individuals with g-tubes, the food enters the stomach directly). Here, the food becomes liquid and travels through different parts of the small intestines (the duodenum, jejunum and the ileum) where the food continues to be digested, and where nutrient absorption takes place. Vitamins, minerals, protein, fat and carbohydrates are all absorbed in the small intestines. The

liquid waste then passes into the large intestines where fluid absorption takes place. The rest of the waste is eliminated from the body through the anus.

Absorption of nutrients and fluid by the body is changed with an ostomy. The location of the ostomy determines the amount of nutrient absorption as well as the amount of fluid absorption, and therefore the type of stool that is passed. An infant with an ostomy does not pass stool through the anus.

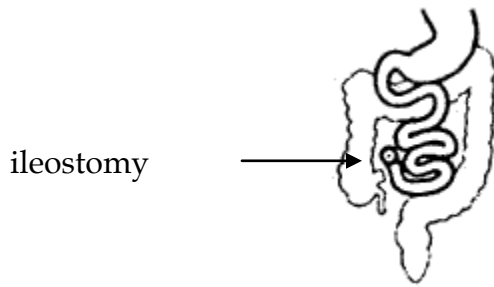
The two common types of ostomies are called ileostomies and colostomies.

Your baby has:

- an ileostomy
- an ileostomy with a mucus fistula
- a colostomy
- a colostomy with a mucus fistula

Ileostomy

An ileostomy is an opening created in the part of the small intestines called the ileum. The ileum is a long portion of the small intestines where much of the nutrient absorption of digested food occurs. The stool output from an ileostomy may be liquid to slightly soft because the fluid hasn't been absorbed from it yet. This stool still contains digestive enzymes and may cause irritation to the skin surrounding the stoma if it comes in contact with it. Stool output from an ileostomy is constant.

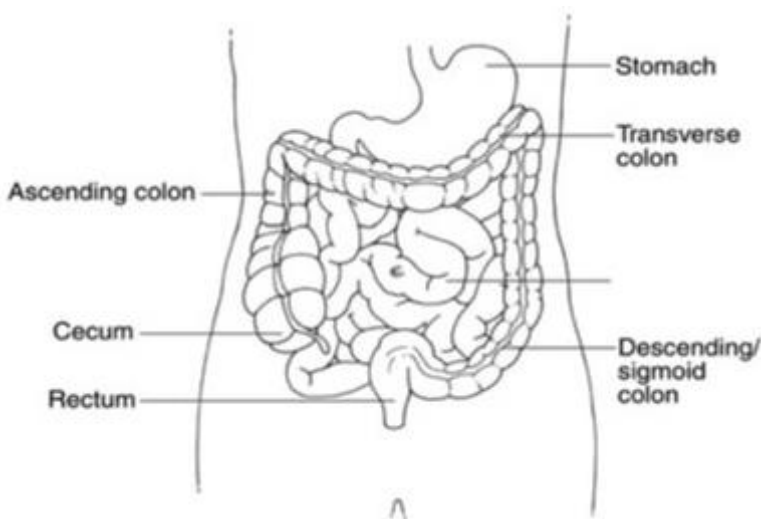


Important Information about your Baby with an Ileostomy

- ❖ Ileostomy drainage contains digestive enzymes and is irritating to the skin.
- ❖ To prevent the skin around the stoma from becoming irritated, the pouch hole should be no more than 1/8 of an inch larger than the stoma.
- ❖ Ileostomy drainage should be constant. Lack of drainage from the ileostomy for more than 4 hours must be reported to your pediatric care provider immediately.
- ❖ Because the fluid in ileostomy drainage is not reabsorbed into the body, your baby can become dehydrated and develop electrolyte imbalances if he/she does not take in enough fluid.

Colostomy

A colostomy is an opening in the large intestines. The large intestines are also known as the colon.



The stoma opening may be placed in the ascending colon, the transverse colon, or the descending colon, depending on the problem. Stool put out by a colostomy ranges from semiliquid to soft formed. By the time the stool reaches a colostomy in the descending colon, it is formed.

Important Information about your Baby with a Colostomy

- ❖ Stool output from the ascending and transverse colon will be loose. A stool collection appliance must be worn.

General Ostomy Care

- ❖ A pouch is worn to collect stool.
- ❖ The pouch should be emptied and cleaned several times each day.
- ❖ The pouch should be changed every 3 days, and as needed.
- ❖ The stoma site and the surrounding skin should be cleaned and dried when the pouch is changed.
- ❖ The pouch may fill with intestinal gas that you will need to remove. Try to remove extra air by venting the bag.

Activities for Babies with an Ostomy

- ❖ Babies with an ostomy can have 'tummy time'. Make sure to check with your pediatric care provider regarding how long before your baby can have 'tummy time'.
- ❖ Babies with an ostomy can have a tub bath at about 6 weeks after the surgery. Prior to 6 weeks, they can have a sponge bath.

Information for Parents **Cleaning the Pouch**

The pouch must be emptied several times each day to prevent it from leaking. To empty and clean the pouch, gather your supplies prior to starting:

- Non sterile gloves (*optional*)
- A basin to empty the stool into
- Water and a syringe
- A piece of gauze

REMEMBER DO NOT LEAVE YOUR BABY ON A FLAT SURFACE UNATTENDED.

1. Wash your hands.
2. Place your baby on a flat surface that can be easily cleaned.
3. Place the non-sterile gloves on your hands. (*optional*)
4. Inspect the pouch and wafer for any signs of leakage.
5. Open the clip at the bottom of the pouch.
6. Empty the contents of the pouch into the basin.
7. Fill syringe with tap water.
8. Using the tap water filled syringe, squirt the water into the pouch to loosen and remove any remaining stool. Empty this into the basin.
9. Inspect the stoma for any signs of irritation or breakdown.
10. Use the gauze to dry the opening of the pouch.
11. Roll the end of the pouch, using the clip to secure the end in place.
12. If using, remove the gloves and discard. (*optional*)
13. Discard the basin contents into the toilet.
14. Wash your hands.

Information for Parents **Changing the Pouch**

The pouch must be changed at least every three days in order to look at the stoma and the skin surrounding it. At this time, you should also clean the skin around the stoma with a mild soap and water. Examine the stoma carefully for anything unusual, including increase or decreases in size, changes in color such as paleness or duskiness, any areas of bleeding, and areas of irritation or breakdown. Examine the skin around the stoma for redness, irritation, and breakdown. A healthy stoma is a beefy red color. The surrounding skin should be intact.

Gather all of your supplies prior to starting:

- One-piece pouch with a precut wafer hole 1/8 of an inch larger than the stoma, or two piece pouch, one part is the wafer, the other part is the bag
- Clip to close the end of the pouch
- No Sting skin barrier pad, if used
- Stomahesive powder, if used
- Stomahesive paste, if used
- Eakin seal, if used
- Mild soap, water and a soft cloth to clean the stoma and surrounding skin
- Soft cloth to dry the skin around the stoma



**One-piece
paste**



Eakin seal



No sting skin barrier



Stomahesive paste



**Stomahesive
powder**

Above are some examples of products

REMEMBER DO NOT LEAVE YOUR BABY ON A FLAT SURFACE UNATTENDED.

1. Wash your hands.
2. Place your baby on a surface that can be easily cleaned.
3. Remove the pouch from the skin, pulling back carefully on the wafer to avoid trauma to the stoma.
4. Gently clean the stoma and surrounding skin with mild soap and water.
5. Dry the skin.
6. Inspect the stoma and skin for anything that looks unusual.
7. Dust lightly with Stomahesive powder if the skin is irritated or reddened.

Information for Parents

8. Prepare the skin with No Sting skin barrier, if used.
 - Use two applications of the skin barrier.
 - The skin barrier can be applied over the powder.
 - When applying skin barrier over powder, dab it on, do not wipe it on. Wiping will remove the powder.
9. If using stomahesive paste, apply thin ribbon to wafer around stoma opening.
10. If using the Eakin seal, remove the backing from the pouch wafer and apply a small ring of the Eakin seal around the stoma wafer hole.
 - The Eakin seal can help prevent stool from leaking onto the skin.
 - You will not need all of the Eakin seal. Break off the amount needed to form a small ring.
11. Place the pouch over the stoma opening, positioning the pouch with the end pointing down and slightly away from the body.
12. Gently press the wafer to the skin to enhance the seal.
 - Hold you hand over the bag for several minutes to provide warmth to the wafer. This will help it adhere better to the skin.
13. Place the clip on the end of the bag after removing the adhesive strip. Roll the bag using the clip to close the end of the bag.
14. Wash your hands.

Steps to changing the pouch may need to be adjusted as your baby or your baby's condition change. For example, as your baby grows and produces more stool, you may need to use more stomahesive paste.

Mucus Fistula Care

Change the dressing of the mucus fistula daily or more frequently if it dislodges. The fistula should be small and a healthy red color.

Gather all of your supplies prior to starting:

- 2x2 gauze
- paper tape
- soft wet cloth
- soft dry cloth

REMEMBER DO NOT LEAVE YOUR BABY ON A FLAT SURFACE UNATTENDED.

1. Wash hands.
2. Remove old dressing. Examine the drainage for changes in amount, color, or odor.
3. Wash and dry the fistula and surrounding skin carefully.
4. Inspect the fistula for breakdown of the stoma or surrounding skin, or anything unusual.
5. Fold the gauze in half, tape securely with paper tape.
6. Discard old dressing and wash hands.
7. Report any unusual appearance of stoma, drainage, or any odor to your pediatric care provider.

When to Call the Pediatric Care Provider *For Babies with an Ostomy*

If your baby

- ✓ **has no stool from an ileostomy in 4 hours**
- ✓ **has no stool from a colostomy in 8 hours**
- ✓ **has any change in color of the stoma, such as paleness or duskiness**
- ✓ begins to vomit
- ✓ develops a full belly
- ✓ acts as though he/she has belly pain
- ✓ develops a fever or feels hot
- ✓ has a larger than usual amount of stool from the ostomy
- ✓ has stool that is foul-smelling or bloody
- ✓ becomes overly sleepy
- ✓ acts irritable
- ✓ develops redness or irritation of the skin around the stoma
- ✓ develops any irritation on the stoma
- ✓ has any change in size of the stoma, smaller or larger

You should call your pediatric care provider if you have *any* questions or concerns.