

APRIL 8TH, 2021

Ostomy Care

Inpatient Wound/Ostomy Team

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Ostomy Care

I don't have anything to disclose for this presentation



Ostomy Care: Objectives

Describe the importance of ostomy care

Describe outcomes derived from basic ostomy care



Ostomy Care

Who

What

When/Where

How

Why



Ostomy Care: Why

Approximately _____ of persons with ostomies experience complications, the most common being pouch leakage and peristomal skin problems. (Lawrence et. al)

- A. 10-23%
- B. 0-15%
- C. 20% to 71%
- D. 75-99%



Ostomy Care: Why

According to Duchesne et. al, “nearly _____ of the patients were cared for by an enterostomal (WOC) therapist, was associated with a sixfold decrease in stoma complications.”

- A. 25%
- B. 35%
- C. 75%
- D. 95%



Ostomy Care: Who

New Patients

Existing Patients

Bedside RNs

WOC RNs

PT/OT

Case Managers

Providers



Ostomy Care: What

- Fecal/Urinary stomas, fistulas
 - End, Double-Barrell, loop
- Cancer (colon, rectum, radiation enteritis)
- Perforated bowel (i.e., diverticulitis, trauma)
- Inflammatory Bowel Disease (i.e., chronic ulcerative colitis and Crohn's Disease)
- Familial Polyposis Coli
- Obstruction
- Intractable incontinence
- Congenital disease



Ostomy Care: When/Where

Inpatient- pre and post-op

Outpatient -pre and post-op

Phone

Email



Ostomy Care: How

Education

Site Marking

Troubleshooting



Ostomy Care: How

Education

**Home Health Agency
New Ostomy Patient Discharge Checklist**

UOAA recognizes the challenges faced by home health nurses who have not been specifically trained or certified in ostomy care. Bring value to your home health agency for your patients with new bowel or bladder diversions by having your clinical staff utilize this checklist of evidence-based minimal discharge criteria to ensure positive outcomes. This criterion is based upon a WOCN Society consensus panel¹.

- ❑ Patient/caregiver is able to identify when to empty gas or effluent from the pouch.
- ❑ Patient/caregiver is able to demonstrate the correct way to empty the pouch.
- ❑ Patient/caregiver is able to verbalize when to change the pouching system based on an established wear time. Wear time should be established for patient-specific situations prior to discharge.
- ❑ Patient/caregiver is able to provide a return demonstration of how to change the pouching system including removal, cleansing, and replacement application.
- ❑ Patient/caregiver is able to identify the appearance of normal peristomal skin.
- ❑ Patient/caregiver is able to describe changes in the normal appearance of the stoma.
- ❑ Patient/caregiver is able to describe changes in stoma appearance that require the patient to seek medical attention.
- ❑ Patient/caregiver is able to describe or demonstrate the management of skin irritation surrounding the stoma.
- ❑ Patient/caregiver is able to describe the expected volume, consistency, and character of the stoma output.
- ❑ Patient/caregiver is able to describe changes in stoma output that require the patient to seek medical attention.
- ❑ Patient/caregiver is able to verbalize the importance of and demonstrates measuring the stoma and altering the skin barrier opening to accommodate changes in the stoma size.
- ❑ Patient/caregiver is able to describe a plan for obtaining their appropriately fitted ostomy supplies.
- ❑ Patient/caregiver is able to discuss issues related to living with an ostomy and identify resources (e.g., UOAA Affiliated Support Group Finder, New Ostomy Patient Guide).
- ❑ Patient/caregiver is able to describe diet and fluid guidelines according to the type of stoma and able to identify resources (e.g., UOAA's *Living With An Ostomy* or a Registered Dietitian).
- ❑ Patient/caregiver is able to identify resources to access a certified WOC nurse.

For more helpful ostomy patient resources for home health providers visit www.ostomy.org and www.wocn.org for free resources on care of the ostomy patient.

¹ Colwell, J. C., Shuman, P. J., & McNamee, L. L. (2015). Evidence criteria for discharge of the patient with a new ostomy from home health care: A WOCN Society consensus guideline. *Journal of Wound, Ostomy and Continence Nursing*, 42(2), 96-123.

Advocates for a Positive Change www.ostomy.org 1.800.826.0826



Ostomy Care: How

Site Marking

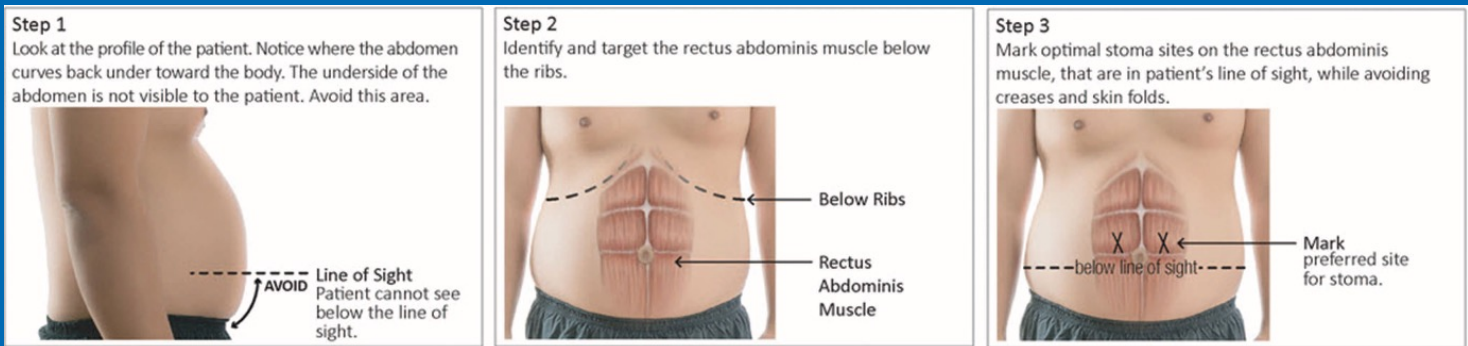


FIGURE 2 Stoma site marking for a male with a protuberant abdomen. Images used with permission: Steps 1, 2, and 3, male

Marking the optimal location for a stoma preoperatively enhances the likelihood of a patient's independence in stoma care, predictable pouching system wear times, and resumption of normal activities. (WOCN position statement, 2015)



Ostomy Care: Common Complications

Case Studies



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- 3-year-old female
- admitted from OSH
- LLQ colostomy r/t cloacal anomaly
- vesicostomy below colostomy
- family unable to adhere ostomy pouch for >3 months related to severely denuded peristomal skin







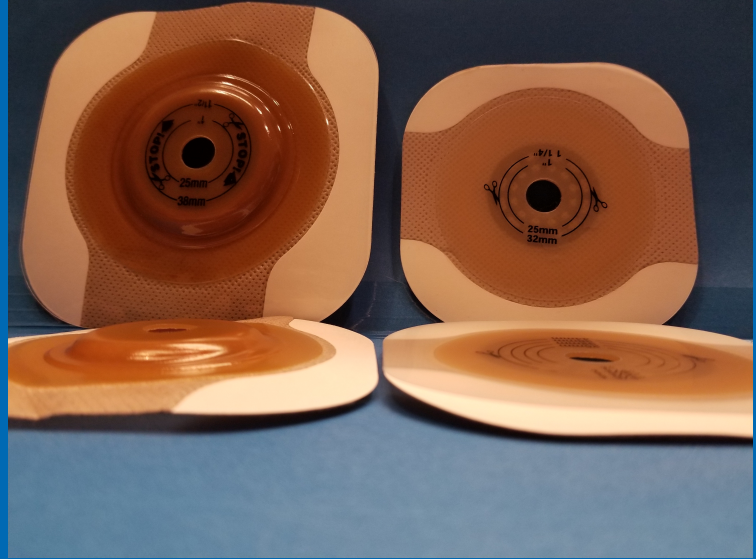
-20 yo male, AML

-Loop Ileostomy created r/t necrotic bowel in need of resection and diversion

-Significant swelling post op, once resolved, stoma retracted





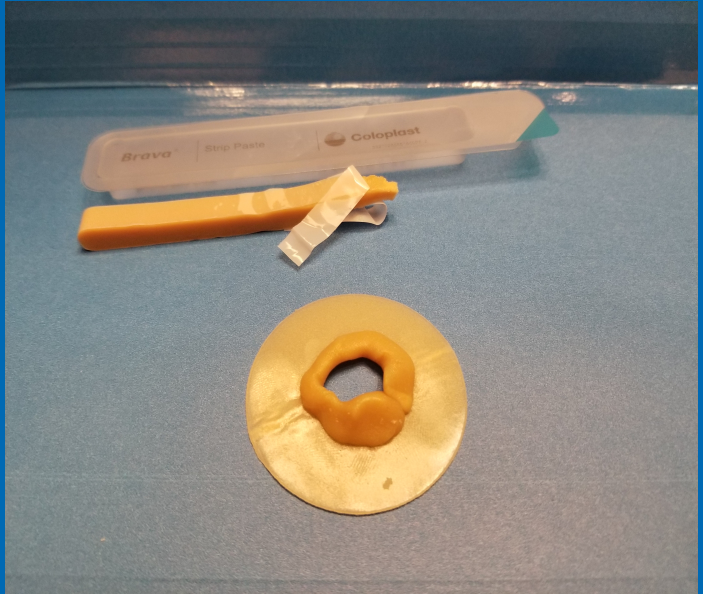


- Premature infant, 27 weeker
- NEC at 19 days of life
- RLQ ileostomy and MF
- Os directed towards skin
- Poor pouch adherence; leaking every 3-6 hours
- Poor peristomal skin integrity
- Difficulty clustering cares related to poorly pouched stoma
- Skin care and new pouching system needed





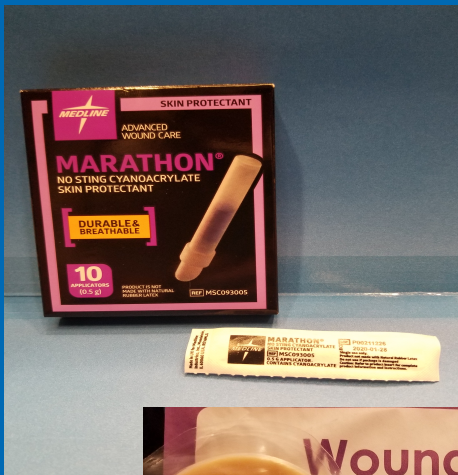
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- infant born at 37 weeks at OSH
- day 2 of life found to have a midgut volvulus
- multiple exploratory procedures
- 2 months of life: jejunostomy and MF created, strictureplasty x11
- Poor pouch adherence
- Os directed laterally at 9 o'clock
- MF stoma close proximity to jejunostomy stoma
- Constant flow of effluent
- Severely denuded skin despite attempts of creating convexity & crusting





-routine pain medication needed related to pain with pouch appliance changes

-slow to progress feeds r/t high output & increased leakage throughout peristomal plane

-standard ostomy pouching systems unsuccessful

-Required Multiple Special Order Products

-Extensive discharge plan with family, home care company, IR team, required letters of medical necessity for specialty products from DME



95%



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References

1. Duchesne JC, Wang Y, Weintraub SL, Boyle M, Hunt JP. Stoma complications: a multivariate analysis. *Am Surg.* 2002;68(11): 961-966.
2. Johnson T. Follow-up care of stoma patients: a systematic literature review. *Gastrointest Nurs.* 2012;10(9):30–36.
3. Lawrence K , Catanzaro J , Eddins C , Jacobson T , Slachta P . Scope and standards for wound, ostomy and continence specialty practice nursing: a white paper from the WOCN society . *J Wound Ostomy Continence Nurs.* 2012 ; 39 (5): 481-487 .
4. Salvadalena, Ginger; Hendren, Samantha; McKenna, Linda; Muldoon, Roberta; Netsch, Debra; Paquette, Ian; Pittman, Joyce; Ramundo, Janet; Steinberg, Gary WOCN Society and ASCRS Position Statement on Preoperative Stoma Site Marking for Patients Undergoing Colostomy or Ileostomy Surgery, *Journal of Wound, Ostomy and Continence Nursing*: May/June 2015 - Volume 42 - Issue 3 - p 249-252 doi: 10.1097/WON.000000000000119

