

Ostomy Care

Inpatient Wound/Ostomy Team

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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

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Ostomy Care: How

Site Marking

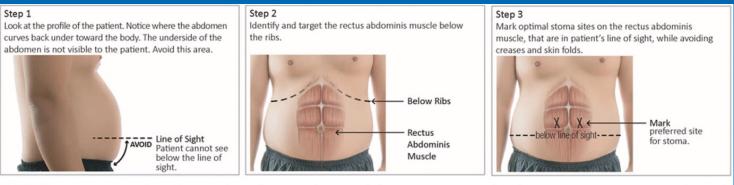


FIGURE 2 Stoma site marking for a male with a protuberant abdomen. Images used with permission: Steps 1, 2, and 3, male

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



-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
-Signifigant 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















- 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







References

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- 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.
- 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

