

Ostomy Care

Ostomy Basics

- An ostomy is usually temporary and created as part of a staged surgical approach to divert fecal matter, allow for resolution of inflammation, and to provide time for infant to grow and stabilize.
- Often has 2 parts: proximal ostomy and distal mucous fistula for distal bowel decompression.
- Premature infants have specific issues:
 - Epidermal barrier is far less well-developed, with only 2-3 layers of stratum corneum, compared to term infant's 10-20 layers.
 - Dermal-epidermal junction has fewer anchoring elements to bond the epidermis to the underlying dermis, so skin is more susceptible to friction injury and blistering.

Care

- Skin must be protected from effluent (i.e., low pH, liquid, and contains enzymes).
- Peristomal skin must be protected from mechanical trauma due to use of aggressive adhesives, improper adhesive removal, or inappropriate cleansing.
- Moldable barrier or caulking strips can be used to fill in skin creases or scars.
- After applying barrier, warm with hand to mold to contours of abdomen and increase adhesion.
- Attach pouch. It should be clear to allow inspection of stoma and effluent, and the pouch opening should be no more than 1/8 inch in diameter larger than stoma.
- Vent frequently to prevent gas pressure from compromising the seal.
- To remove pouch, use a soft cloth dampened with warm water to loosen barrier adhesive.
- Soap may be helpful for particularly adherent barriers, but be sure to completely rinse it away.
- The soiled pouch should be removed by gently pushing down on skin to separate it from the wafer while lifting up on the pouch.
- Commercial adhesive removers should not be used as they contain alcohol, which may be absorbed and cause neurologic toxicity.
- Use only alcohol-free skin sealant, a plasticizing agent applied to the skin to create a barrier.
- Gently clean peristomal skin with water between pouch applications.



Troubleshooting

- Peristomal skin damage: loss of epidermis results in “weeping” of serous exudate, and fluid accumulation can decrease adhesion of pouch.
 - Apply skin barrier powder to “weepy” areas prior to pouching.
- Denuded peristomal skin:
 - May need period of non-pouching.
 - Protect peristomal skin from effluent with an occlusive barrier ointment. (Do not use a cream, as they are water soluble).
 - Place fluffed gauze or diaper around stoma to absorb effluent.
- Fungal infections: can occur in the warm, moist environment beneath the barrier and erode skin.
 - Apply nystatin powder to involved area; gently brush away excess powder before applying the barrier and pouch.
 - May “seal” nystatin powder by patting it with a damp finger after application and allow it to dry before reattempting barrier placement.
- Liquid stool pooling around stoma and degrading barrier is common in ileostomies and jejunostomies.
 - Use cotton or gauze to wick the fluid away from the stoma toward the bag.