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1. **What is a stoma/ostomy?**

When a part of the bowel is not functioning normally, an ostomy (stoma) may be created. Some children are born with a congenital abnormality that needs surgical repair and a temporary diversion is created until the repair is complete. In children, over ninety percent of stomas are temporary. Occasionally, part of the bowel may be diseased and need to be removed.

A bowel stoma/ostomy is a part of the small or large intestine that has been brought up through a hole in the skin of the abdomen. It can be connected here in a loop, double barrel or end.

2. **What is a jejunostomy?**

A jejunostomy is formed from a piece of bowel in the middle of the small intestine that is brought out through the abdomen wall where a stoma is formed. The waste that comes out of a jejunostomy are usually very watery and may include bits of undigested foods (this is normal).

3. **What is an ileostomy?**

An ileostomy is formed from a piece of bowel from the far end of the small intestine (ileum) that is diverted out onto the abdomen wall where a stoma is formed. The ileum is the final and longest segment of the small intestine. The waste that comes out of an ileostomy is liquid to semi-formed in consistency with bits of undigested foods (this is normal).

4. **What is a colostomy?**

A colostomy is when a piece of the large intestine is brought out through the abdomen and attached to the surface of the skin. The stool that comes out of a colostomy is usually brown and pasty with a consistency of toothpaste or firmer.

5. **Stoma- common problems**

5.1 **Surface bleeding**

This can happen if the stoma is cleaned too vigorously with rough material or it is knocked or scratched with hands or nails. With infants, it can also happen if the baby scratches at it with their small hands and sharp nails. This can occur when changing the bag and cleaning the stoma. Unless the bleeding is prolonged, there is no cause for alarm.

5.2 **Bleeding from the inside of the stoma**

Bleeding from the inside is not normal. This or any sudden change in stoma size should be immediately reported to the child’s parents who will contact the stoma therapist or doctor.

5.3 **Constipation (colostomy)**

Constipation can occur with a colostomy and occasionally with an ileostomy. The stool may appear more solid than normal, or not much stool is passed due to the blockage. Report this to the parents to see what their treatment plan is and follow plan accordingly.

5.4 **Diarrhoea (ileostomy or colostomy)**

For children with a stoma, diarrhoea should not be more frequent than anyone else. Sometimes certain foods may cause loose stools, but once it has been discovered which foods cause this, then avoid them.
food is contributing to the problem, the child’s diet can be adjusted. Diarrhoea can cause considerable loss of water. Fluids usually are increased and if losses from stoma continue to be above the normal amounts or the consistency is too watery, the parents may consult the doctor. **Diarrhoea can lead to dehydration which is a serious condition.** Babies and children with an ileostomy can dehydrate very quickly. An accurate record of all intake and losses should be kept. Consult the parents immediately if concerned related to losses, (see child’s care page).

5.5 **Skin soreness at stoma site**

This is avoided by ensuring that the colostomy or ileostomy bag fits the stoma well so as to avoid leakage; and that the surrounding skin around the stoma is kept clean and dry when the appliance is changed. Prevention is the key. Once the skin around the stoma becomes sore, it may become difficult to get the appliance around the stoma to stick to the skin. This difficulty then leads to leaks and the skin around the stoma becomes more irritated and sore. Lotions, pastes, seals, barriers and wipes are available to use to prevent this from happening. Notify the parents if skin breakdown occurs and ask them to speak to their stomal therapist for an appliance review.

Important things to remember:

- Never remove the appliance too quickly
- Change appliance when necessary or as advised by the stomal therapist according to child’s individual care page
- Avoid harsh soaps where possible
- Use warm water
- Do not patch bags if they are leaking, change them as soon as they start to leak to avoid skin damage

5.6 **Stoma bags leaking or falling off**

If the appliance used for the stoma has been well fitted and is the right type for that child, accidental leaking or the falling off is unlikely. Stoma bags vary in the degree of security offered by the method of adhesion. It may take some experimentation to find the appliance that best suits the child so leaking and accidents are avoided. Consult the stomal therapist if there are problems.

5.7 **Flatulence or gas (ileostomy or colostomy)**

Some foods can trigger gas and can cause a lot of problems for some children. Again, a change in diet may eliminate the problem. Special bags with filters and gas suppressant tablets placed in the bag to reduce odours are available to help with this problem if a change of diet does not fix the concern.

5.8 **Prolapse**

Sometimes the muscles holding the stoma weaken and allow the bowel to slide more outside of the abdomen wall, increasing the length of the stoma. This sometimes occurs after coughing or crying and may relapse back into place after a period of calm and rest. If this occurs, notify the parents. The increased stoma length may make it difficult to fit the bag. Its’ appearance can also be frightening to the child, the parent and the support workers. It usually is not painful and does not affect the functioning of the stoma.
5.9  Change in stoma colour

If the stoma suddenly changes colour, becomes dark or blue tinged, check to see that it is not being constricted in any way. This constriction cuts off the blood supply causing the colour change. If this occurs, notify the parents immediately. The child’s doctor or stomal therapist must then be notified by the parents.

6.  Equipment needed to change the bag

- Disposal bag
- Gloves
- Soft wipes for washing/drying
- Warm water for washing
- Fragrance free mild soap (if needed)
- Appropriate size stoma bag (pouch) and/or flange/wafer (if needed)
- Scissors for cutting flange/wafer (if needed)
- Any special accessories child uses (i.e. pastes, seals, creams, skin barrier creams/wipes, pouch belt)

This list will vary with each child. The child’s individual care page will outline specific equipment.

7.  Changing the bag

Procedure

1. Move clothing out of the way to avoid soil
2. Perform hand hygiene
3. Put on gloves
4. Gently peel the bag from the child’s skin (an adhesive-remover wipe may be used)
5. Wash the skin around the stoma thoroughly with warm-water
   - Do not use detergents or disinfectants. Baby soap can be used, as long as it is rinsed off well afterwards. Warm-water is usually adequate to keep the skin clean
6. Dry the surrounding skin well before applying the new bag, otherwise it will not stick well
7. Line the bag up so that the pre-cut edges sit snugly around the stoma
8. Press the bag firmly onto the skin for a few seconds
9. Remove gloves
10. Perform hand hygiene

Things to remember:

- Do not apply oils, creams or powders anywhere near the stoma site as these may cause the stoma bag not to adhere to the skin
- Do not apply any creams or barrier wipes to the skin unless recommended by the stoma care nurse or health care professional
- When trying new cream/gel/wipe under the flange/wafer first test it on a small section of the skin surrounding the stoma, to ensure there is no reaction before applying it over the whole area around the stoma
• Don’t forget to remove the backing paper before applying the new stoma bag/flange/wafer. The stoma bag on the child can hang at an angle including straight down the child’s body. There is no right or wrong way. The angle that is comfortable for the child and ensures a good seal and proper drainage into the bag is best
• It is best not to change the bag after a feed as this is when the bowel is most active
• The stoma bag can be left on or taken off during a bath time, but most parents/caregivers prefer to take it off. Do not put any bath oils or products in the bath water that contain oil for this may cause problems later with the bag sticking to the skin
• Take out extra equipment when leaving home in case you need to empty or change the child’s bag while out

8. Disposing of the bag and its contents

• Perform hand hygiene and put on gloves before emptying a bag or changing a flange
• A stoma bag can be emptied from the bottom, so it doesn’t need to be changed every time it fills up with stool. If using a two piece appliance, the flange is changed every few days and the bag removed and replaced 3-4 times per day if not drainable.
• After emptying the bag’s contents into the toilet or a nappy bag, clean the end of it with warm-water before re-fastening it
• If the appliance needs to be changed, it can be disposed into a nappy sack or wrapped in a newspaper and sealed in a plastic bag before putting it into a normal rubbish-bin
• Do not flush the used bag into the toilet or burn it

9. When to call the parents

If you notice any of the following please contact the child’s parents for further advice and instruction

• Bleeding from inside the stoma
• Prolapsed stoma
• Stoma changes colour
• Losses from stoma excessive, too watery, concern that child has diarrhoea
• Unable to change bag and get a good seal
• Concerns specific to the child
• Cramping lasting more than two hours