



COLORECTAL AND PELVIC  
RECONSTRUCTION SERVICE

# Colostomies and Ileostomies

Information for families

## Colostomies and Ileostomies

Colorectal and Pelvic Reconstruction Service (CPRS)  
Information for families

Design, photography and medical illustrations by  
The Royal Children's Hospital Melbourne

© The Royal Children's Hospital Melbourne 2020

## Authors

Associate Professor Sebastian King, Director CPRS,  
The Royal Children's Hospital Melbourne

Mrs Suzie Jackson-Fleurus, Clinical Nurse Consultant CPRS,  
The Royal Children's Hospital Melbourne

Ms Jessica Taranto, Clinical Nurse Consultant CPRS,  
The Royal Children's Hospital Melbourne

Mrs Sarah Ziegerink, Stomal Therapist CPRS,  
The Royal Children's Hospital Melbourne

## Acknowledgements

We are indebted to the contributions of the many families that are cared for by the CPRS team. This resource is for all families affected by colorectal and pelvic conditions.

## About this booklet

The Colorectal and Pelvic Reconstruction Service (CPRS) at The Royal Children's Hospital Melbourne (RCH) is leading the way in colorectal and pelvic care in Australia.

We aim to deliver the highest quality clinical care to children and families with colorectal and pelvic conditions. We play a vital role in increasing the awareness, understanding and knowledge of these conditions in the community, and work collaboratively to educate health care professionals.

This booklet has been developed to support parents, carers and children who have colorectal and pelvic conditions. The CPRS seeks to establish a healthy relationship with all families, as we believe this enables the best care possible. The content of this booklet has been developed based on the extensive clinical experience of the authors and the most recently published evidence for this clinical condition.

This CPRS booklet has been categorised into different stages of your child's journey, which allows you to read the information that is important to you at the time. Some parts may appear repetitive. This is because some of the information is relevant throughout different periods of your child's care.

Everyone learns differently. Some people like to read instructions, some like to learn by having information explained to them, and many like to do both. Make sure you tell the members of the CPRS team if you are finding any information in this booklet difficult to understand.

## Colostomies and Ileostomies

Colostomies and ileostomies are two different types of stomas. A stoma is an artificial opening which allows your child to pass stool (poo) to the outside of their body.

During an operation under general anaesthesia, the surgeon will bring the healthy end of the bowel to an artificial opening in your child's abdominal wall. This means that stool may be pushed through the bowel to the stoma, where it is collected into a bag and disposed of.

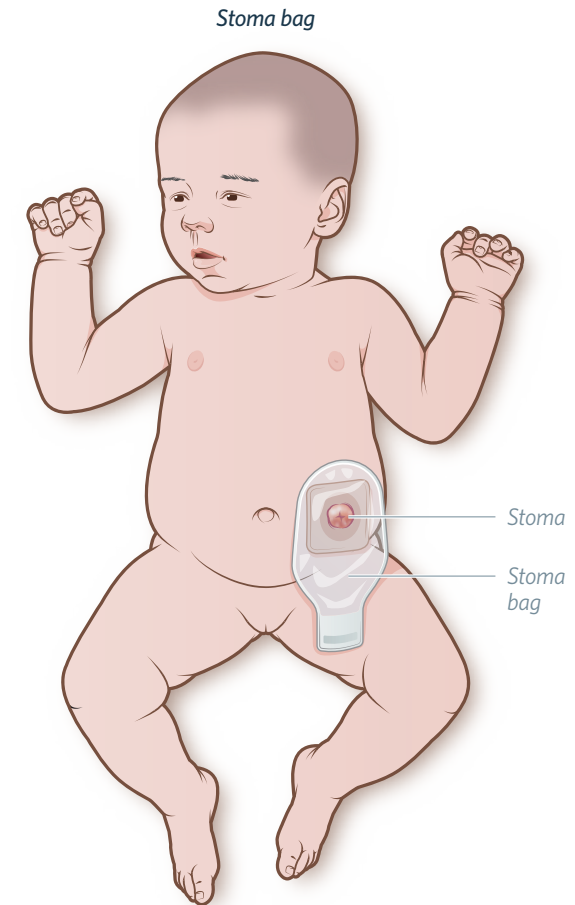
We understand the adjustment process for parents of children who require a stoma may be difficult. Therefore the CPRS team includes Clinical Nurse Consultants, Stomal Therapists, Psychologists and a Social Worker who are able to provide advice and support for children and their families.

### Types of stomas

There are multiple types of stomas:

- Colostomy
- Ileostomy
- Appendicostomies/Caecostomies

*\* Please refer to Appendicostomies and Caecostomies booklet for more information*



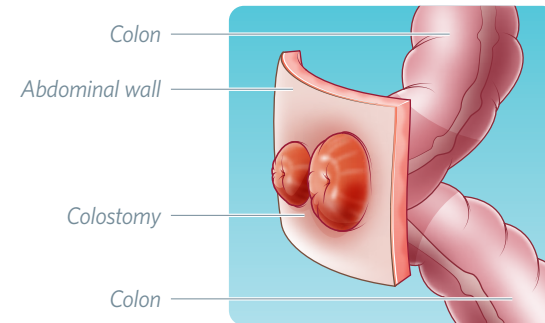
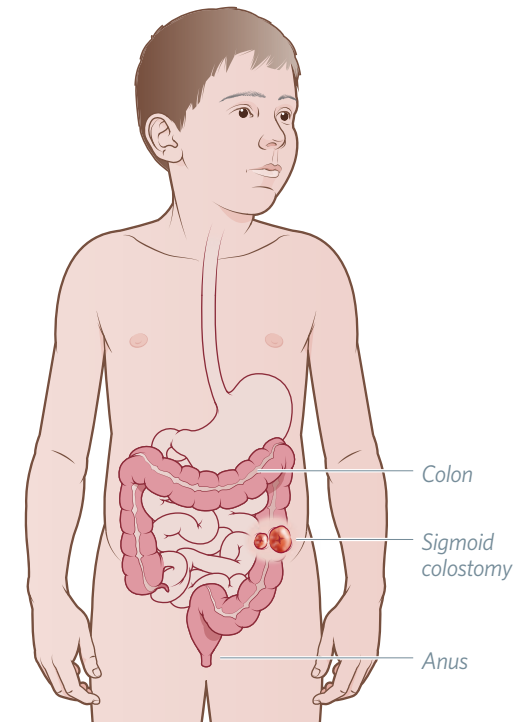
## Colostomy

A colostomy formation is a surgical procedure performed on children who are unable to pass stool safely. Colostomies may be performed at various times, depending on your child's clinical condition.

To form the colostomy, the surgeon will create an opening in the abdominal wall and attach the colon to the abdomen with dissolvable stitches. This will create the stoma. Stool goes through the stoma and into a collection bag that is attached on the abdominal wall.

The colostomy allows your child to stool safely, have normal digestion and growth, and reduces the risk of infection. In addition, the colostomy may be used to allow the intestines or rectum to heal after more significant surgery.

Colostomy



## Ileostomy

An ileostomy formation is a surgical procedure performed on children who are unable to pass stool safely. Ileostomies may be performed at various times, depending on your child's clinical condition.

To form the ileostomy, the surgeon will create an opening in the abdominal wall and attach the small intestine to the abdomen with dissolvable stitches. This will create the stoma. Stool goes through the stoma and into a collection bag that is attached on the abdominal wall.

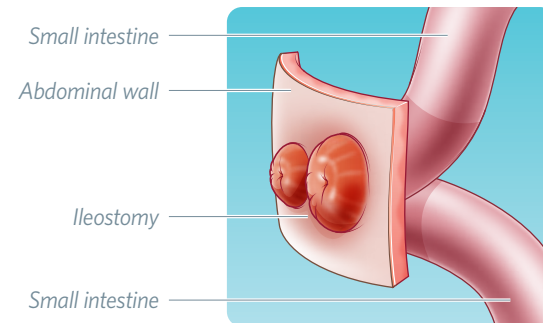
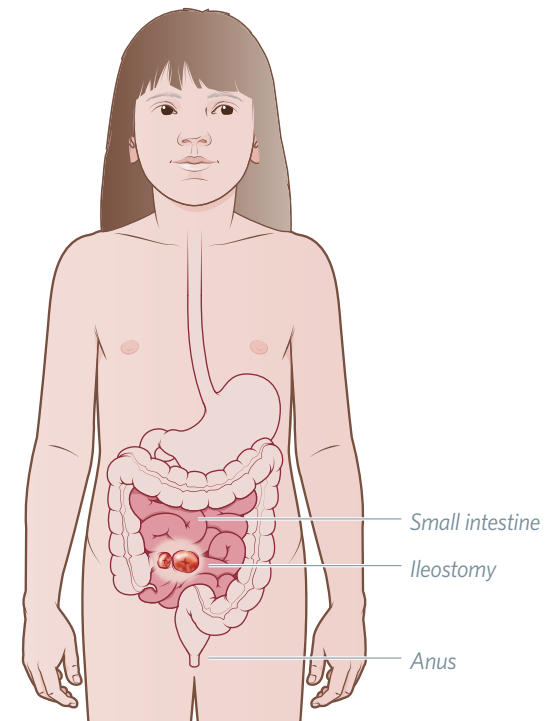
The ileostomy allows your child to stool safely, have normal digestion and growth, and reduces the risk of infection. In addition, the ileostomy may be used to allow the intestines or rectum to heal after more significant surgery.

### Sodium supplementation

Some children may need an ileostomy for many months or, sometimes, years. The ileostomy may cause the body to lose sodium, which makes it difficult for your child to gain weight.

For that reason, if your child has an ileostomy they may be prescribed sodium supplements by the Neonatology or CPRS teams.

Ileostomy



## Procedure —before

Before you have a colostomy or ileostomy formed you will have a session with a Stomal Therapist. The Stomal Therapist will explain what the procedure is, and how the new stoma will look and feel on your child's body.

Education and information will be provided during this session so that you and your family may make an informed decision about the procedure.

There are some instances where the formation of a colostomy or ileostomy is performed as an emergency. In these cases you will meet with a Stomal Therapist shortly after your child's procedure to have the same education and information provided to you.

## Procedure —during

Your child will be admitted to hospital on the day of their procedure.

To form the colostomy or ileostomy, the surgeon will create an opening on the abdominal wall and attach the bowel to the abdomen with dissolvable stitches. This creates the stoma. This means that stool may be pushed through the bowel to the stoma, where it is collected into a bag and disposed of.

Your child will be given a general anaesthetic for the procedure and will need to stay in the hospital for five to seven days afterwards. While in hospital, your child will receive fluids through a drip and antibiotics to help prevent infection, as well as pain medication.

## Procedure —after

It may be several days before your child is eating and drinking. Both the stoma and your child's hydration status (how much fluid they need) will be monitored by the CPRS team. It is not unusual for your child to not have a result (poo in the stoma bag) for several days.

The Stomal Therapists will teach you how to provide daily special care for your child's colostomy or ileostomy before you leave the hospital.

They will work with you and your child to customise a regimen, and will help organise your supplies. You will also be taught how to care for your child's dressing around the stoma site.

Following discharge from the hospital, the CPRS team will be in contact to ensure that stoma is working well.

## Stomal Therapy

Stomal Therapists will provide education and support to parents and children with stomas, as well as early learning centres and schools. A referral to Stomal Therapy for stomal education and counselling prior to your child's procedure will be completed by the CPRS team.

The Stomal Therapists will also be seen during outpatient clinic appointments, and may be contacted with any issues regarding the stoma, the surrounding skin, and stomal supplies.

If you would like any advice or education in regards to your colostomy or ileostomy, please feel free to contact Stomal Therapy at [colorectal.stomaltherapy@rch.org.au](mailto:colorectal.stomaltherapy@rch.org.au)

If you would like advice or counselling to help prepare for stomal surgery, please feel free to contact the CPRS Psychologist at [colorectalpsychology@rch.org.au](mailto:colorectalpsychology@rch.org.au)

For any other enquiries, please contact the CPRS Clinical Nurse Consultants at [colorectalnursingcnc@rch.org.au](mailto:colorectalnursingcnc@rch.org.au)



**The Royal Children's Hospital Melbourne**  
Department of Paediatric Surgery  
Colorectal and Pelvic Reconstruction Service (CPRS)

Clinical Offices  
Level 3, West Building  
50 Flemington Road Parkville  
Victoria 3052 Australia

Telephone + 61 3 9345 6979  
Facsimile + 61 3 9345 6668  
Email [colorectal.coordinator@rch.org.au](mailto:colorectal.coordinator@rch.org.au)  
[www.rch.org.au/paed-surgery](http://www.rch.org.au/paed-surgery)

[www.rch.org.au/cprs](http://www.rch.org.au/cprs)