



OSTOMY INFORMATION

What is a stoma (ostomy)?

A part of the intestine is sometimes removed during surgery because it is not working well. One or both ends of the cut intestine can be brought up to the skin on the belly or abdomen. The opening of the intestine that is now on the abdomen is called a stoma. This opening is made during surgery. Stool will come out of the stoma.

Sometimes a part of the urinary tract does not work well. A stoma can be made into the kidney, bladder or tubes of the urinary tract, too. This is called a urostomy. Urine will come out of this opening.

What does a stoma look like?

A stoma is round or oval, red, moist and shiny. It looks like the inside of your cheek. Stomas can change color if your child is crying, but will return to their normal color when the crying stops. A stoma is soft to the touch. Stomas are different sizes. They can be as small as a pencil eraser or as large as a plum. A stoma sticks out from the skin. It can change in size over time. After surgery, stomas get smaller. As children grow, their stomas get larger. Stomas can bleed a little when they are cleaned or when the pouch is changed. This is normal because there are many blood vessels in a stoma. Bleeding will stop when the pouch is put back on. Stomas do not hurt when they are touched, because they have no pain sensors. They do not hurt when stool or urine come out.

What is used to catch the stool or urine?

An ostomy pouch will be put over your child's stoma to catch the stool or urine. Pouches are also called appliances. Catching the stool or urine in a pouch protects both the skin around your child's stoma and the child's clothing. Your nurse will teach you how to use and change an ostomy pouch. You will be taught how to get more pouches and supplies when you go home. Order new pouches before your home supply gets below 5 pouches.

When should the pouch be changed?

You will practice changing your child's pouch before you leave the hospital. When you get home, a nurse may come to your home to teach you more about taking care of your child's stoma. These practice sessions will help you learn what a stoma should look like and how to take care of it. Pouches should be changed *as soon as* they leak. Watch for these clues that the pouch is leaking:

- You may smell stool even when the pouch is closed.
- You may find stool on your child's clothing.

Leaking pouches should *never* be patched with tape to keep them on longer. Infants and small children need pouch changes every 1 to 4 days. It is good to have a pouch stay on at least one day to protect the skin around the stoma. If stool leaks onto the skin it can damage the skin. Taking off the pouch many times a day can also damage the skin. If the pouch stays on without leaking for more than a day, and the skin around the stoma looks good, then the wear time of the pouch is fine. Many parents change the pouch on a schedule rather than waiting for it to leak. If the pouch won't stay on for a day, or if the skin around the stoma is irritated, you need to get help from your doctor, nurse, or WOC nurse. A WOC nurse is specially trained in taking care of people with stomas.

What other things should you know about the stoma?

Your child can bathe with the pouch on or off. Water will not hurt the stoma or get sucked into it.

The pouch must be placed on dry skin or it will not stick.

The pouch should be emptied when it is one-third to one-half full.

Some children have a lot of gas in their pouches. Open the pouch and let the gas out often so the pouch will not come loose. Some children need a gas filter added to their pouch.

Children can lie on their stomachs with the stoma. This will not hurt the child or the stoma.

Always carry stoma supplies with you so that you can change the pouch if it leaks.

When should you call for help?

If your child develops diarrhea, or has a large increase in the amount of stool in the pouch over a few hours.

If your child is unusually sleepy and is not making urine.

If your child has a fever.

If the stoma changes *a lot* in size or color for more than just a few minutes.

If the stoma bleeds more than a small amount or will not stop bleeding.

If no stool comes out of the stoma for several hours longer than your child normally goes between bowel movements.

If your child is crying nonstop or makes you think that he or she is in pain.

If your child's belly becomes firm and bloated.

If your child vomits green, even once.

Doctor/phone # _____

WOC (ostomy) nurse/phone # _____

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