

To obtain further information or help with any stoma questions contact your

Stomal Therapy Nurse

Name:

Phone:

Hours:

Your Local Association is:

Name:

Phone:

Hours:

**The information in this brochure has been developed as a general guide only. Any concerns need to be discussed with your Stomal Therapy Nurse or doctor.*

Handy hints for the person with a stoma



ABN 16 072 891 322
Stoma / Wound / Continence

Prepared as a guide by the:
Australian Association of
Stomal Therapy Nurses Inc.
Education and Professional
Development Subcommittee

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www.stomalthrapy.com

Your stoma

- Your stoma may change in size over the next few weeks after surgery
- Measure your stoma periodically during this time to ensure that your appliance continues to fit properly
- Your stoma may move or wiggle from time to time. This is due to the normal peristalsis (movement) of your bowel
- If you notice unusual irritation, itching or an uncomfortable feeling around the stoma, check your skin. These could be the first signs of a skin problem. Ask your Stomal Therapy Nurse for advice
- If you notice any marked changes in the stoma length or if you have a bulge around your stoma, make a prompt appointment with your doctor or Stomal Therapy Nurse

Your Stomal Therapy Nurse

- Know where your nearest Stomal Therapy Nurse is based
- You may be referred to the community based Stomal Therapy Nurse in some circumstances
- A follow-up appointment is usually made prior to your discharge
- A copy of your discharge letter may be provided
- Always ring for an appointment prior to attending the hospital if you are having problems

Storing supplies

- When you first arrive home from hospital, put all of your supplies and any written instructions for changing your appliance in one area
- Store your appliances in a cool place away from direct sunlight
- Rotate your stock to keep them fresh

Stoma Review

- A review of your stoma and stoma care by a Stomal Therapy Nurse should be conducted:
 - within 2 – 6 weeks after discharge from hospital
 - at any time if problems occur
 - at least every 1 – 2 years

Going into hospital

- If you are being admitted to hospital, take your equipment and supplies with you as the appliance you are using is unlikely to be available
- Ask nursing staff to advise the Stomal Therapy Nurse of your admission

Medications

- Always advise your doctor and pharmacist that you have a stoma
- Ask what effects any new medication may have on your stoma

Travelling

- Always carry an emergency stoma care kit with you when you go out. Include a spare appliance, wipes and plastic bag
- Rotate the products in your kit regularly to keep them 'in date'
- A 'nappy sack' is a scented disposal bag ideal for disposing of pouches if in a public toilet. These can be purchased from the supermarket or chemist
- Use the disabled toilet to make changing easier – a card confirming your eligibility is available from your Association
- If travelling and you have a bowel stoma, cater for a possible tummy upset – take some drainable pouches and include thickening medication (anti-diarrhoea) in your kit
- Ask your Stomal Therapy Nurse for a **TRAVELLING OSTOMY CARD** with your details, appliances used and contact number of your nearest Stomal Therapy Nurse
- Divide your ostomy supplies between your hand luggage and regular luggage in case your luggage is lost
- Do not put scissors in your hand luggage when flying. You may need to pre-cut spare base plates if you use these
- When travelling overseas, take more supplies than you expect to use

Ordering your appliances

- Learn the name, diameter, type of appliance and skin protection you are wearing, as it makes ordering easier
- Always keep some supplies on hand in case of delays with your order
- Do NOT over-order – products are too costly to waste

Closed end appliances (non drainable)

- Are best changed when they are a third to a half full
- Remove the appliance, place in a disposal bag or wrap in newspaper and discard into the rubbish bin

DO NOT FLUSH IT DOWN THE TOILET: IT WILL CAUSE A BLOCKAGE

Drainable appliances

- Should be emptied when they are a third to a half full
- Place toilet paper in the toilet to prevent splashing or drain into a toilet paper-lined container (e.g. ice-cream container) then empty into the toilet
- Your appliance does not require rinsing out, but if you want to do so, use a plastic sauce bottle to flush in water via the drainable end
- Using warm water in the sauce bottle will clean the pouch more effectively / quickly
- **CAUTION:** Do not use too much water as this may loosen the adhesive and cause leakage. It can also stop the filter working properly if it wets the filter

Changing your appliance

- You can bathe or shower with your appliance ON or OFF. There is no guarantee that your stoma will not function, but once a pattern is established, you will find a satisfactory time of day or evening when it will be safe to bathe with the appliance off

- Establish a regular routine for changing your appliance – this is best done when your bowel is least active e.g. prior to breakfast
- Never wait for leakage to occur before changing your appliance
- Your stoma is not sterile. Wash the stoma and surrounding skin with warm water, then pat the skin dry
- Allow plenty of time to change your appliance. Initially, consider taking the phone off the hook or turning the answering machine on while you change your appliance to avoid interruptions
- Do not let your appliance become too full before emptying it. One third to a half full is a good guide
- The stoma should be re-measured regularly to ensure the correct size of opening is being used
- Remember that the opening on the base plate / wafer or appliance should expose no more than 2mm of skin around your stoma. Too large an opening can cause skin soreness and leakage under your base plate / wafer. Too small an opening may cause the stoma to become swollen or ulcerated
- If you choose to bath / shower with your appliance off, remove the appliance and clean around the site with water and a clean washcloth. If you choose to bath / shower with your appliance on, check if the filter needs to be covered
- Avoid the use of bath oils, talcum powder or creams as they will interfere with the adhesion of the appliance. Plain soap and warm water is the best cleanser for around the stoma
- You may notice a trace of blood when cleaning the stoma – this is NORMAL
- Keep hairs around the stoma trimmed or shaved. Hold a tissue, toilet paper or soft cloth over the stoma whilst shaving to protect
- Clothes pegs are ideal for holding your clothes away from the appliance while changing

Removing sticky residue

- A capful of vinegar in a cup of water is useful to remove residue and build-up on the skin if pouches are not sticking well
- This is also useful for washing crystal build-up from around an ileal conduit stoma (Urostomy)

Gas / Wind Formation

- Can be decreased by avoiding gas producing foods and by chewing food well
- It is advisable to try small portions of food at home to determine what foods give you wind
- Pouches with gas filters are recommended – ensure the filter does not get wet in the shower by covering with the ‘spot’ supplied (don’t forget to remove afterwards)
- People who swallow air or do not burp very often will pass more gas into their pouch
- Discuss these problems with your Stomal Therapy Nurse. There are gas suppressants in tablet and liquid form available
- Eat well-balanced meals to create a regular bowel pattern

Deodorants

- Deodorant drops are available to place in your pouch to reduce odour
- Review the foods in your diet if your output is offensive – see the brochure: *Food and fluids for the person with a colostomy / ileostomy*
- Striking a match may be a useful bathroom deodorant