

OBJECTIVES

Upon completion of this program, the home health aide will be able to:

- » Define ostomy
- » List the steps in emptying/changing an ostomy appliance
- » Describe three observations that should be reported
- » Name three disease conditions for which an ostomy might be done.

OVERVIEW

More than a million people in the United States have ostomies. It is very likely that a homecare agency will have patients on census who have ostomies. Whether or not the homecare being provided is directly related to the ostomy, it is very important for the home health aide to have background knowledge regarding ostomies — what they are, the care they require, and the effects they have on the lives of the individuals who have them. In many instances, the duties of the home health aide will include emptying or changing an ostomy pouch during the provision of personal care.

Since the overall adjustment to having an ostomy can be greatly affected by the method in which care is performed, it is essential that home health aides have a working knowledge of why ostomies are done, and the components of day-to-day living with an ostomy. The home health aide can provide substantial support to these patients by their accepting and understanding manner in assisting them with care of their ostomies.

CONTENT

Read the Fact Sheet	15 minutes
Read the Case Study	10 minutes
Complete "Think About It"	10 minutes
Complete the Post-test	15 minutes
Feedback Session	10 minutes

SUPPLEMENTAL LEARNING ACTIVITIES

- Obtain and show the participants several different types of pouching systems.
- Review standard precautions as they relate specifically to ostomy care.
- Provide practice on a manikin, allowing participants to remove and apply different pouches.
- Obtain free information sheets on ostomies from the United Ostomy Association's Web site at: <http://www.uoa.org>.
- Contact the local Ostomy Association in your area and request a volunteer to speak briefly to the participants about life with an ostomy.
- Contact a representative of an appliance manufacturer such as Convatec or Hollister and request additional information for the participants.

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Patients with a Colostomy/Ileostomy

THE FACTS ABOUT CARING FOR PATIENTS WITH COLOSTOMIES AND ILEOSTOMIES:

An ostomy is an opening in the body created through surgery. A colostomy is an opening into the large intestine. The bowel contents go out through this opening instead of following the normal route. The stool closely resembles a mushy bowel movement. An ileostomy is an opening into the small intestine, which permits the bowel contents to be eliminated through this opening. The stool from an ileostomy is more liquid.

There are many reasons why an ostomy may be created. The most common reasons for colostomies include cancer of the intestine, diverticulitis, birth defects, certain bowel diseases, and injuries such as gunshot wounds. The most common reasons for ileostomies include ulcerative colitis, Crohn's disease, cancer, and some hereditary diseases. More than a million people in the United States have had ostomy surgery and continue to lead full and productive lives.

A colostomy or ileostomy may be temporary, but most of the time the ostomy is permanent. When a temporary colostomy or ileostomy is done, it is usually done to allow the bowel to heal. After the healing, the bowel is re-connected and the person has bowel movements in the normal way. When a permanent colostomy or ileostomy is done, the bowel is usually removed during the surgery.

The stoma is the opening itself that connects the bowel to the outside.

- » It is made by bringing a portion of the intestine to the outside and turning it "inside-out" and then stitching it to the skin.
- » The stoma is moist and bright red (some people call it a "rosebud"). Most are round, but some are more irregular.
- » There is no feeling in the stoma itself, and because the blood vessels are so close to the edge, it will bleed easily.
- » The stoma may be swollen right after surgery, but it will become smaller as time passes.

The pouch is a bag which collects the bowel contents. It is usually attached to an adhesive wafer that surrounds the stoma. The wafer has a hard plastic rim and there is a matching rim on the pouch that "clamps" the pouch securely onto the wafer, much like a "zippered" plastic sandwich bag. The pouch can be removed, emptied, and replaced without changing the wafer. The wafer is usually changed every 5 to 7 days although it varies from person to person. A few patients may use a one-piece pouching system. With a one-piece system, the pouch has its own adhesive to connect around the stoma. Pouches may be closed-ended or open-ended.

- » Closed-ended pouches are designed for a single use and then are discarded.
- » Open-ended pouches can be drained at the bottom, emptied, and rinsed without having to be removed. When not being opened for emptying, the end of the pouch is folded and secured with a plastic clamp.

Regardless of the type of pouch, it should be emptied when it is one-third to one-half full. If it becomes too full, it may pull the adhesive or wafer away from the skin and cause leakage.

Most people who have a colostomy or ileostomy are independent in taking care of it. However many of your patients have poor vision or poor memory, or other conditions that keep them from being able to completely care for their ostomies. Therefore there will be times when one of your duties will be to assist with the care of the ostomy. Your attitude and facial expressions are very important. You must be very careful not to make the patient feel uncomfortable. Encourage the patient to assist as much as possible.

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EMPTYING THE POUCH:

While every person may have a little different routine, here are the basic steps involved in emptying the pouch:

1. Decide with the patient whether it is better to do the care while the patient is in bed or in the bathroom.
2. Assemble all of the equipment and ensure privacy for the patient.
3. Observe standard precautions you have been taught related to gloves and hand washing.
4. Remove the clamp from the pouch. **Don't throw the clamp away!**
5. Drain the stool into the commode or a basin. Most of the time you will also rinse the pouch with a little cool water. A small squirt bottle or basting syringe is useful in rinsing the pouch.
6. Clean the bottom of the pouch with toilet tissue or a damp paper towel.
7. Fold the bottom of the pouch and reapply the clamp securely.
8. Assist the patient to a comfortable position as needed.
9. Tidy the area.
10. Document on your visit report.

CHANGING THE POUCH:

The process may differ slightly from one patient to another.

Follow steps 1 to 3 above.

4. For a one-piece appliance, gently remove the soiled pouch by pulling up on the pouch while pressing down on the skin. This will loosen the adhesive. For a two-piece pouch, gently remove the pouch only, by pressing down on the wafer to keep it in place.
5. Empty the contents of the old pouch into the toilet and discard the pouch in a plastic bag. **Don't forget to keep the clamp!**
6. Very gently cleanse the stoma with a soft washcloth or paper towel, using warm water. (Do not use soap. Soap may irritate the stoma.) It is not unusual for there to be a drop or two of blood from the stoma on the washcloth.
7. Look carefully at the stoma and skin for redness or irritation.
8. Attach the new pouch and fold and secure the open end with the clamp.
9. Follow steps 8 to 10 above.

DOCUMENTATION TIPS:

Follow your agency guidelines for documenting on your visit report. Most often you will include the following:

- » Description of the stool
- » Condition of the stoma and surrounding skin
- » How the patient tolerated the procedure

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WHAT MUST BE REPORTED TO THE NURSE:

There may be specific information listed on your assignment sheet related to reporting to the nurse. There are certain things you should report even if they are not specifically listed. They include the following:

- » Swelling or excessive bleeding from the stoma
- » Irritated or weeping skin around the stoma
- » Pain or discomfort from the ostomy.
- » Change in the consistency of the stool
- » Abdominal cramps and/or bloating
- » Fears and questions the patient may have

IMPORTANT THINGS TO KNOW ABOUT LIFE WITH AN OSTOMY:

- **Bathing** — Most people can bathe or shower as before after the ostomy is healed. Some people prefer to bathe or shower with the appliance on; others prefer to have it off.
- **Exercise** — Except as limited by illness, people with ostomies can exercise and participate in most sports. Heavy weight lifting is usually not a good idea and some contact sports can damage the stoma. However, there is special equipment available if the sport is very important to the person. There has been at least one professional football player with an ostomy.
- **Sexuality and Social Life** — Most people with ostomies can have normal sexual activities. There are even special filmy, lacy pouch covers for women. Travel is not limited, although it may take a little more organization and planning.
- **Clothing** — There is no need for special clothing because of an ostomy.

It's the same person as before: There is nothing really different about the person with an ostomy except for the way his or her bowels function. This is an important thing to keep in mind. It does take time for adjustment — longer for some people than for others. Be patient, supportive, and understanding.

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Patients with a Colostomy/Ileostomy

CASE STUDY: CARE OF COLOSTOMIES AND ILEOSTOMIES

Mrs. Woods is an alert, pleasant 67-year-old patient who recently had a stroke. She had colostomy surgery 20 years ago and has always taken care of it herself. Her left arm is partially paralyzed from the stroke, and until she regains better use of it she will not be able to take care of her colostomy. Melissa is her aide. Melissa has never seen a real colostomy but she has practiced emptying and changing the pouches on a manikin.

Before starting with her cares, Melissa asks Mrs. Woods whether she wants to change the pouch in the bathroom or at the bedside. She then asks her where she keeps her supplies. She explains that different people use slightly different supplies, so she would like to look at them before they begin. Melissa looks at the pouches to determine whether they are one-piece or use a wafer, and whether they are closed-ended or open-ended. She finds they use a wafer, and are open-ended. She assembles the supplies, asking Mrs. Woods if she has included everything they would need.

In the bathroom, as they start to empty the pouch, Mrs. Woods says, "I just hate for you to have to do this. I've always done it myself." Melissa smiles and tells Mrs. Woods, "I'm glad to be here to help you with this." Taking care to use standard precautions, Melissa carefully removes the pouch and wafer, noting that the stool in the pouch was soft and brown. She cleanses around the stoma with a soft washcloth, using warm water and no soap. She looks carefully at the appearance of the stoma and the surrounding skin. The stoma is bright red, and no irritation or problem with the skin around it. She dries the skin, reapplies the wafer and pouch, making sure that the pouch clip is secure and that the pouch is securely attached to the wafer. Then she empties and rinses the old pouch and discards the old pouch and wafer in a plastic bag. She asks Mrs. Woods if she has had any problem with abdominal pain or discomfort.

Melissa completes her assigned cares for Mrs. Woods. She documents in her visit report that the ostomy pouch and wafer were changed without difficulty, that the stool appears normal, that the stoma is bright red with no bleeding, and that the surrounding skin is intact.

SOMETHING TO THINK ABOUT:

Why do you think Melissa asked to see the supplies? Why is it so important to have all the supplies together before you begin? Why didn't Melissa use soap and water to clean the stoma? List some of the things Melissa would have reported to the nurse if she had observed them. How do you respond to patients who "apologize" because you have to do something for them that many people would consider unpleasant?

Patients with a Colostomy/Ileostomy

DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. Which of the following is not a condition for which an ostomy might be done?
 - a. Gunshot wound to the abdomen
 - b. Multiple sclerosis
 - c. Ulcerative colitis
 - d. Cancer of the intestine

2. Which of the following statements is true about an ostomy?
 - a. It is an opening in the body created by surgery.
 - b. It is always permanent.
 - c. It is only done when the patient has cancer.
 - d. All of the above are true.

3. Which of the following is the name of the opening itself that connects the bowel to the outside in a colostomy or ileostomy?
 - a. Umbilicus
 - b. Stint
 - c. Stoma
 - d. Pouch

4. Which of the following observations about colostomy or ileostomy patients should be reported to the nurse?
 - a. Irritated skin around the opening
 - b. A change in the consistency of the stool
 - c. Abdominal cramping and bloating
 - d. All of the above

5. A small drop of blood on the washcloth when the stoma is cleansed is normal.
 - a. True
 - b. False

6. How often should an ostomy pouch be emptied?
 - a. When it is one-third to one-half full
 - b. Twice a day
 - c. When it is completely full
 - d. Once a month

7. The clamp on an open-ended bag should be discarded every time the pouch is changed.
 - a. True
 - b. False

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POST-TEST, PAGE 2

8. Which of the following statements is true about patients with colostomies or ileostomies?
- a. They should not shower.
 - b. They should no longer have sexual activities.
 - c. They need to purchase special clothing.
 - d. They can exercise and participate in most sports.
9. Which of the following should not be done when changing a pouch?
- a. Cleansing the stoma with lots of warm, soapy water
 - b. Putting on gloves before you begin
 - c. Allowing the patient to assist
 - d. Observing the stoma carefully
10. The stool from a colostomy or an ileostomy will always have the same consistency as a normal bowel movement.
- a. True
 - b. False

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MONTHLY INSERVICE ANSWER SHEET

In-service Month _____ Year _____

Name _____ Date _____

1. a. ___ b. ___ c. ___ d. ___

2. a. ___ b. ___ c. ___ d. ___

3. a. ___ b. ___ c. ___ d. ___

4. a. ___ b. ___ c. ___ d. ___

5. a. ___ b. ___ c. ___ d. ___

6. a. ___ b. ___ c. ___ d. ___

7. a. ___ b. ___ c. ___ d. ___

8. a. ___ b. ___ c. ___ d. ___

9. a. ___ b. ___ c. ___ d. ___

10. a. ___ b. ___ c. ___ d. ___