Category: Operational Policies

Subject: Care of Stomas Policy

Responsible for Review of this Policy: West Limerick Independent Living CLG Board

Scope

All West Limerick Independent Living Staff may require to provide Stoma care

Purpose

The purpose of these guidelines is to provide direction on good practice in the provision of Stoma Care to West Limerick Independent Living Service Users

Responsibility

It is the responsibility of all staff who manage stoma care to follow these guidelines. It is responsibility of Service Area Coordinators to ensure Staff are familiar with the guideline's and to monitor compliance.

Definitions

"Stoma" originates from the Greek word meaning "mouth" or "opening". A bowel or urinary stoma is created by bringing a section of the bowel out to the abdominal wall. This is normally done in cases where the urinary or bowel tract beyond the position of the stoma is no longer viable.

- **Colostomy:** This type of Stoma is formed from a section of the large bowel opening from the large intestine to the abdominal wall, so faeces bypass the anal canal.
- **Illeostomy:** This is formed from a section of the small bowel opening from the small intestine to the abdominal wall, so faeces bypass the large intestine and the anal canal.
- **Urostomy:** Connection between the urinary tract and abdominal wall leading to a "urinary conduit" so urine passes straight into a stoma bag and thus bypasses the urethra.

Guidelines

Equipment

- New Appliances
- Disposable bag
- Relevant Accessories, Gloves, Paper Towel and
- Soap
- Bowel of warm water and disposable cloth
- Jug for contents of appliance
- Incontinence sheet

Procedure

- Ensure privacy for the procedure.
- Explain the procedure to the Service User.
- Ensure the Service User is in a comfortable position.
- Place the incontinence sheet over the clothes and bed clothes to protect them.
- If the bag is drainable, empty the contents into a jug prior to changing it.
- Gently remove the bag from the flange with one hand while securing the flange with the other, (if only the bag is being changed) otherwise remove both gently, while exerting gentle pressure on the surrounding to prevent skin break down
- Gently remove excess faeces/ adhesive from the skin and stoma with damp tissue.
- Examine the skin for soreness/redness/ ulceration.
- Wash and dry the stoma and surrounding skin.
- Apply a new appliance.
- Dispose of soiled materials appropriately.
- Wash and dry hands thoroughly.
- Record in the Stoma Record and report and record any adverse changes; loose watery stool, change in consistency, lumps, itchiness, infection or sensitivity to PHN/ Service Coordinator.
- Contact Stoma Care Nurse if necessary

References:

Mallett, J & Dougherty, L. (2000) The Royal Marsden Hospital Manual OF Clinical Nursing Procedures, Blackwell Publishing, Oxford

Stoma Care Guidelines for Nursing Caring for Patients with a Stoma, 2010, Royal Fee Hamstead, London NHS.