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**Stoma Care Management Policy (including Colostomy, Ileostomy and Urostomy)**

**[Date of Issue]**

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| Policy Lead: | [Policy Lead] |
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CONTENTS

[1. Introduction 3](#_Toc147997551)

[2. Policy Statement 3](#_Toc147997552)

[3. Scope 3](#_Toc147997553)

[4. Procedures 4](#_Toc147997554)

[5. Changing a Pouch 4](#_Toc147997555)

[6. Measuring the Stoma 6](#_Toc147997556)

[7. Diet 6](#_Toc147997557)

[8. Troubleshooting 7](#_Toc147997558)

[9. Monitoring 7](#_Toc147997559)

[10. Related Policies 8](#_Toc147997560)

[11. Legislation and Guidance 8](#_Toc147997561)

[12. Summary of Review 9](#_Toc147997562)

# Introduction

The formation of a stoma is surgically created to create symptom relief, extension of life or cure from an illness. A stoma is an artificial opening that allows faeces or urine either from the intestine or from the urinary tract to pass out of the body. An ostomy pouch is essential to collect the output from the stoma. Being able to put the pouch on correctly is crucial.

Stomas are divided into three groups:

* Colostomy: Opening from the colon (large intestine) – Soft Formed stool and flatus (wind) passed will require a closed pouch system. Bag removal is recommended only when necessary, as frequent changes can damage the skin.
* Ileostomy: Opening from the ileum (small intestine) - Unformed liquid requiring a drainable pouch. Fluid collection means the ileostomy may need to be emptied four to six times per day.
* Urostomy: A stoma formed to divert urine - Will require a pouch with a tap.

The type and placement of the stoma on the abdominal wall depends upon the primary disease, and if the stoma is to be permanent or temporary. There are multiple causes for a stoma including cancer, trauma, fistulas, ulcerative colitis and Crohn’s disease.

# Policy Statement

[Company Name] is committed to ensuring that standards of best practice are consistently adhered to when providing care to clients with a Colostomy, Ileostomy and Urostomy in managing and maintaining stoma related health. In accordance with current guidelines as per policy.

# Scope

This policy and the procedures apply to all staff members involved in direct assessment and management of service user stoma care. [Clinical Lead Name] is responsible for ensuring that staff remain competent in the assessment, identification and management of Colostomy, Ileostomy and Urostomy and for maintaining this policy in line with guidelines for best practice.

# Procedures

Procedures, assessment or management of a stoma and associated appliances must be carried out by trained and competent staff members. If you are in doubt about your competence to carry out a particular task, please seek advice and support from the Registered Manager/Clinical Lead.

Stoma care is individualised and involves a full holistic assessment, whilst supporting psychological needs and independence. Stoma pouches and appliances are supplied by prescription.

# Changing a Pouch

**Equipment required**

* Personal protective equipment
* Dry wipes
* New pouch
  + a one-piece pouch – the bag and flange (part that sticks to your skin) are joined together; the appliance is removed when full and then disposed of
  + a two piece pouch – the bag and flange are separate, but can be connected; the flange can be left on your skin for several days, and the bag removed and disposed of more frequently
* Measuring device or template
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* Scissors
* Disposal bags for used appliances and wipes
* Adhesive remover
* Bowl of warm water
* Gauze
* Bowl or jug for drainage of stoma bag.
* Protection for bed or patient's clothing

**Process**

* Seek consent, explain procedure, ensure patient is comfortable
* Wash hands with soap and water
* Place on non-sterile gloves and apron
* Empty contents from the pouch if the client is wearing a drainable application
* Place a protective pad around the stoma to prevent spillage
* Using adhesive remover slowly Peel the pouch off the skin with one hand while exerting gentle pressure to support the skin with the other hand
* If using a one piece closed appliance, once removed fold the adhesive edges together to seal
* Dispose of in clinical waste bag
* Clean the stoma with tepid water and gauze or soft wipes – Do not use soaps or baby wipes, instead, place in the waste bag
* Pat the skin dry with dry soft wipes / gauze. This is essential to obtain a good adhesive seal and prevent yeast infections.
* Assess the skin and stoma (see below)
* Measure the stoma (see below) and cut pouch to size
* If necessary, reassess the size and shape of the stoma using the measuring guide, adjust flange adhesive further if needed.
* Remove backing paper from pouch and apply clean pouch to stoma.
* Fold the top half of adhesive back, apply the lower part to the beneath the stoma and roll up over the stoma, smoothing upward with your fingers. Hold in place for 30 seconds, using the warmth from your hands to ensure the pouch is secure.
* Dispose of all appliances as per local policy and wash hands.
* Document care and assessment findings of stoma.
* Respond appropriately to any changes or concerns noted during assessment of stoma site and surrounding skin.
* Seek specialist support if required

**Assessing the stoma Site**

Different types of stomas are usually located in specific sites on the abdomen. Colostomies are typically located in the left iliac fossa Ileostomies and urostomies are typically located in the right iliac fossa

* **Colour** is it red, beefy red, pink, pale pink, purple, blue, black?
* **Odour** Is it strong, foul, pungent, faecal, musty, sweet?
* **Appearance** is it shiny, taut, oedematous, dry, moist, pale, textured, smooth, bloody?
  + A healthy stoma should have a bright red or pink colour and a moist surface, like the inner lining of the mouth
* **Output** **for faecal stoma** reviewing amount, consistency, and overall appearance
* **Output for urinary stoma** reviewing volume, presence of odour, colour and presence of substances other than fluid.
  + the consistency of faeces will depend on the location of the stoma. A liquid form is expected towards the ileum while a more solid form is expected closer to the rectum.
* **The surrounding skin** reviewingcolour, oedema, firmness, intactness, induration, pallor, lesions, texture, scar, incision, rash, excoriation, staining, moisture tissue breakdown and or fistula.

# Measuring the Stoma

Stoma measuring is required to ensure a good fit of the pouch, reducing risk of leakage therefore protecting the surrounding skin.

**Equipment**

* Scissors
* Measuring guide (can be found in most boxes of pouches or obtained from stoma nurse/service))

Take the stoma measuring guide, find the closest marker for the size of the stoma. You can start with the previous measurements and adjust as required. Ensure the stoma protrudes through the hole completely with approximately 2mm gap. Use the template to cut the adhesive to size.

# Diet

Diet is patient specific, many people can have a normal healthy diet. Some individuals may avoid certain foods due to food group being an irritant, or increased food blockage. The Colostomy UK [healthy eating booklet](https://www.colostomyuk.org/wp-content/uploads/2019/12/Healthy-Eating-2019.pdf) offers dietary and common problem advice.

**Hydration**

Water absorption can be limited to the small intestine depending on the location of the stoma, contributing to the risk of quicker dehydration.

Clients can bath and shower as normal, the stoma pouch bag can remain on or be taken off.

# Troubleshooting

**Bleeding** is more likely if someone is taking anticoagulants or if the stoma has been rubbed too hard. If the stoma does not stop bleeding or blood is coming from the inside of the stoma seek medical advice.

**Leakage** can occur due to poor fitting pouches. Skin creases preventing correct application and infrequent emptying of stoma pouches. Ensure the pouch is the correct size for the stoma, stretch the skin when applying the pouch, ensure pouches are emptied when half full.

**Sore Skin** **and Odour** can be secondary to a poor fitting pouch, reaction to the pouch, poor hygiene and poor technique when emptying the pouch or changing the appliance. Ensure the pouch is secure as per above, review products being used, check correct technique is being used to clean the stoma. Discuss with stoma nurse and seek guidance in management to prevent further decline.

**Diarrhoea** is common if someone has had a large amount of colon removed, if this is not normal for the client this may be secondary to an illness, diet or some medications. Ensure service is user is appropriately hydrated. Consider the use of a drainable pouch if the service user usually has a closed pouch. If it continues seek medical attention.

**Constipation** causes can be due to a lack of fluid and poor diet**.** If this does not resolve seek specialist support. Suppositories and enemas will not be given without a prescription.

**Excessive Flatus** can be due to a problem with the filter in the pouch. If the filter is wet it may not work, change the bag. Dual filter bags are available.

**Pancaking** is when the faeces stays around the stoma rather than dropping to the bottom of the bag. This can occur when stools are too sticky or lacks lubrication and vacuum. Vacuum in the bag can be increased by putting more air in the bag, this can be achieved by covering the bags filter or placing a tissue in the bag to keep the sides apart.

**If you have any concerns regarding the patient’s stoma, seek specialist stoma support or further medical advice and guidance. As per your local policy.**

Local stoma support services can be found using the NHS [Colostomy - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/colostomy/)

# Monitoring

The effectiveness of this policy will be monitored through routine auditing, patient and staff feedback and incident reports associated with this policy.

# Related Policies

* Infection Prevention and Control Policy
* Incident Management Policy

# Legislation and Guidance

**Guidance**

* Advice about eating and drinking when you have a high output stoma <https://www.stmarkshospital.nhs.uk/wp-content/uploads/2021/06/Advice-about-eating-and-drinking-when-you-have-a-high-output-stoma.pdf>
* Association of Stoma Care Nurses (ASCN) UK has issued national clinical guidelines,
* [Stoma-Care-Guidelines.pdf (sath.nhs.uk)](https://www.sath.nhs.uk/wp-content/uploads/2017/11/Stoma-Care-Guidelines.pdf)
* **Burch J** (2011) Essential care for patients with stomas. Nursing Times [online]; 107: 45, 12-14, [www.nursingtimes.net/clinical-archive/continence/essential-care-for-patients-with-stomas-11-11-2011/](http://www.nursingtimes.net/clinical-archive/continence/essential-care-for-patients-with-stomas-11-11-2011/)
* Colostomy UK, 2020, Caring for a person with a stoma: A practical guide for staff in nursing and residential homes and for home carers, [www.colostomyuk.org/wp-content/uploads/2020/03/Caring-for-a-person-with-a-stoma.pdf](http://www.colostomyuk.org/wp-content/uploads/2020/03/Caring-for-a-person-with-a-stoma.pdf)
* Royal Marsden Manual of Clinical and Cancer Procedures, 2020, 10th addition [www.rmmonline.co.uk/manual/c06-sec-0222#c06-sec-0222](http://www.rmmonline.co.uk/manual/c06-sec-0222#c06-sec-0222)
* [Wound Care Advisor](https://woundcareadvisor.com/category/wca/), [2016 Journal Vol5 No5](https://woundcareadvisor.com/tag/2016-journal-vol5-no5/), [peristomal skin problems](https://woundcareadvisor.com/tag/peristomal-skin-problems/),
* [ALC Cover Jan/Feb (woundcareadvisor.com)](https://woundcareadvisor.com/wp-content/uploads/2016/06/WCA0516-Feature-Peristomal-Skin-Problems.pdf)

# Summary of Review

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