

# Living with Your Child's Ostomy: A Guide to Home Care

UNC Health Care

Nursing Professional Development, Practice, &  
Research

Wound, Ostomy, Continence Nurse Consult Service



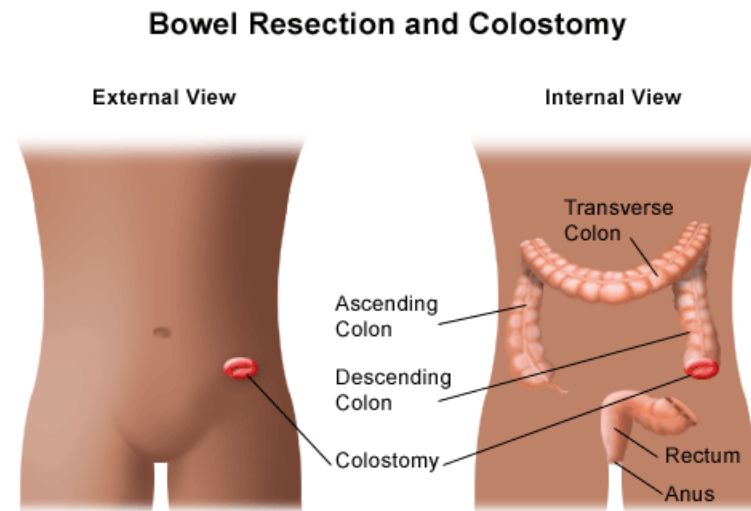
# Introduction

- This booklet includes guidelines to help you care for your child's new ostomy at home.
- It's important to know that you're not alone. Thousands of people have ostomy surgery each year.
- It's also important to know that learning new things takes time. You might not feel comfortable with your child's ostomy right away.
- If you have further questions after reading this booklet, please contact the WOCN's (wound and ostomy nurses) at UNC.
  - Office phone and voice mail – 919-843-9234
- If your doctor or WOC nurse tells you something different from what you read here, follow their advice.



# What's an Ostomy?

- A surgically-created opening in the abdomen and the intestine. The surgeon brings the intestine through the abdominal opening and sews it down to the skin.
- You will hear this new opening referred to as “stoma” or “ostomy”.



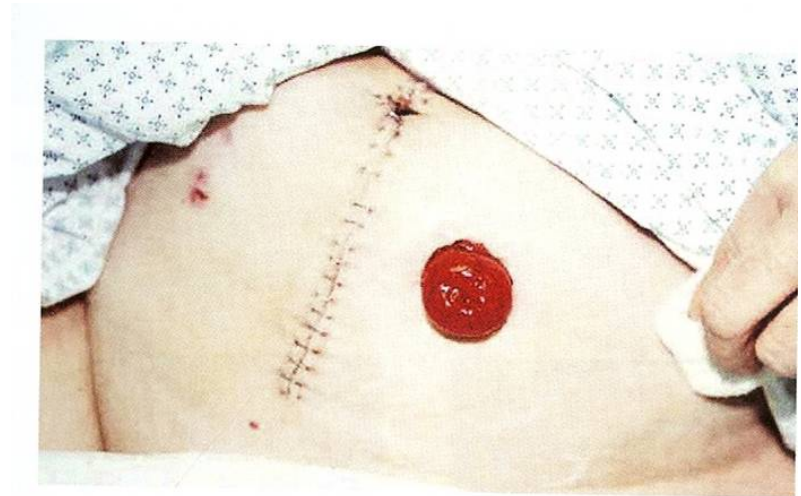
One possible  
surgery/type of ostomy

[www.googleguide.com](http://www.googleguide.com)



# What's an Ostomy?

- A stoma should appear pink and moist like the inside of your cheek.
- This stoma allows stool and gas to pass through and out of the body.
- You might notice the stoma contract, which is normal.
- Be gentle with your child's stoma because it may bleed easily and has no nerves to feel when it's touched.
- The stoma will be swollen after surgery and will change in size over the next two months.



# What Should You Expect About Your Child's Stool?

- Your child has no muscle at the opening, so your child will not have control over bowel movements or gas.
- Stool and gas will pass from your child's stoma and empty into the pouch, which he/she wears on the abdomen.
- The stool could be liquid, pasty, semisolid, or formed.
- The stool may thicken up and become similar in consistency as before surgery.



# What Happens With the Remaining Rectum?

- The rectum or bowel below the ostomy may not have been removed.
- This part of the bowel still makes mucous, which needs to pass from your child's body.
- Your child may also pass a small amount of stool from his/her rectum.
- Don't be alarmed; it's normal.
- If he/she feels the urge, sit on the toilet and pass this drainage without straining.



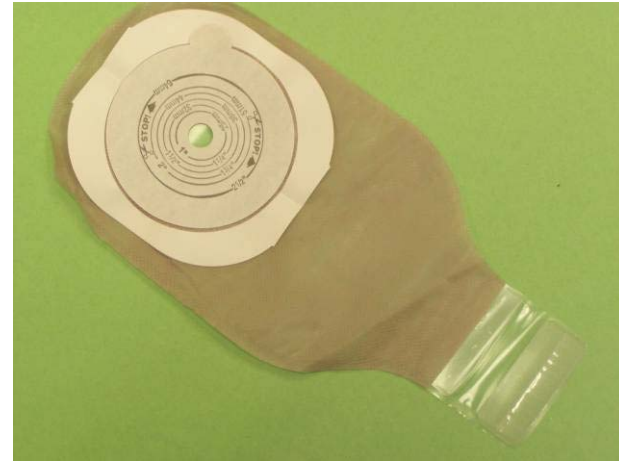
# Facts About Pouches

- There are many different types of ostomy pouches.
- Your WOC nurse will help you select a pouch that best suits your child's needs and fits his/her contours.
- Don't be alarmed if you need to try several pouches before finding the best fit for your child's stoma and body shape.
- Most of the newer pouches are odor-proof.



# Facts About Pouches

- Two main types of pouching systems
  - One-piece pouch (pictured on the top)
  - Two-piece pouch (pictured on the bottom)
- A one-piece pouch has the skin barrier and the pouch made as one unit.
- A two-piece pouch has a “wafer” that applies directly to the skin and a pouch that snaps onto the wafer with a Tupperware-like seal.
- Your WOC nurse can show you the differences between these pouches and help you decide which pouch best fits your child’s lifestyle.
- In the hospital, your child will wear a transparent or see-through pouch so that staff can frequently check the stoma and stool.
- At home – if you prefer – you may choose an opaque or tan pouch, which you cannot see through.



# Emptying the Pouch

1. Empty the pouch when it's 1/3 to 1/2 full of stool or gas.
2. Empty before nap and bedtime.
3. Undo “velcro” and unfold pouch tail.
4. Drain contents into the toilet, basin, or diaper.
5. Use toilet paper, a paper towel, or a wet wipe to clean off the tail.
6. Fold pouch tail until “velcro” strips meet and press together.



# Managing Gas

- After the surgery, your child may have “air in the pipes” or gas, which should decrease over 2 weeks.
- After this period, your child may still experience gas.
- You can prevent excessive gas by minimizing swallowed air.
  - Chewing gum, talking while eating, drinking carbonated beverages, and using straws for drinking.
- You can also prevent excessive gas by eating less gas-producing foods and liquids (refer to attached handout).
- Your child may also experience gas from “sucking,” such as breast or bottle feeding.
- Food should be eaten slowly and chewed well.
- Usually, foods that caused your child to have gas before the ostomy surgery will still cause gas.



# Managing Gas and Odor

- **Foods that may cause gas/odor**
  - Highly seasoned foods
  - Onions
  - Garlic
  - Foods in the cabbage family
  - Broccoli
  - Nuts
  - Beans
  - Peas
  - Asparagus
  - Fish
  - Eggs
  - Strong cheeses
  - Carbonated beverages



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# Teething

- Babies drool as they cut new teeth.
- Drool can be swallowed and cause “teething diarrhea.”
- The pouch may not stay on as long and the liquid stool may be irritating to the skin.
- Once the tooth breaks the gum, these symptoms usually go away.



# Diet

- How much fluid should your child drink?
  - Encourage fluid intake until urine becomes clear/straw colored.
    - Water, juices, sports drink, etc.
  - Try this formula
    - $30 \text{ mL} \times \text{Weight (lbs.)} \div 2.2 = \text{How much fluid per day}$



# Activity

## **Sports/Exercise/Fun**

- People who have ostomies enjoy a wide variety of activities, like swimming, skiing, golfing, working out, biking and numerous others.
- Your child should avoid contact sports that put him/her at risk of getting hit or punched in the abdomen.
- For the first several weeks after surgery, your child should avoid abdominal exercises and heavy lifting.
- Talk to your doctor before starting exercising again after surgery.

## **Swimming**

- The pouch should always be worn while swimming.
- Swimming will not make the pouch come off.
- Always wait a few hours after putting on a new pouch before getting in the water.
- Many styles of bathing suits for girls conceal pouches nicely.
- Boys may or may not choose to wear a t-shirt.
- If your child plans to be in the water for extended periods, water-resistant tape may give the pouching system extra security.



# Other Tips

- Your child should be able to wear a pouch on average for 1-3 days.
- Change the pouch at a time when your child's ostomy isn't very active
  - The ostomy may be "quiet" or less active in the morning before breakfast and before activity.
- Don't poke pinholes in the pouch to let gas out.
- To avoid splashing, put toilet paper in the toilet before emptying.
- As often as desired, put ostomy deodorizer or 1 tablespoon of mouthwash inside the pouch for odor control.
- To prevent stool from sticking, spray a small amount of cooking spray, like Pam, or place ostomy lubricant into the pouch.
- Keep about 3-4 weeks of extra supplies on hand.
- Don't preorder a large amount of supplies in case your needs change.
- Store the supplies in a cool place.
- Your child may change the pouch while sitting or standing in front of a mirror.



# Changing a Pediatric Pouch

1. Gather all supplies (Washcloth/Gauze, Pen, Pouch, Scissors, Stoma Paste, Stoma Measuring Guide)
2. Gently remove the pouch from skin working from top to bottom.
3. Wash skin around your stoma with a soft cloth and water.
4. Using the Stoma Measuring Guide, measure and select the smallest size that fits around the stoma without touching it
5. Trace the correctly-sized pattern on back of pouch
6. Cut along traced line.
7. Check the fit of the pouch.
8. Remove backing paper from the wafer adhesive
9. Squeeze out stoma paste or “caulking” around cut opening on the back of wafer.
10. Re-clean skin and dry well.
11. Apply pouch to the skin.
12. Remove any remaining strips of backing paper
13. Close tail.
14. Cover pouch with hand for 5 minutes to trap body heat, which “melts” wafer onto skin.



# Skin Irritation

- Take extra care of the skin around the stoma.
- Always remove the pouch gently from the skin.
- Stinging or burning underneath the pouch may mean that there's a leak.
- Do not “patch” a leaking pouch.
- If the pouch leaks, change it right away, even if it's not due to be changed.



# Skin Irritation

## “Crusting” treatment for skin irritation

1. Clean area around your stoma with water and pat dry.
2. Dust with Stoma Powder directly on irritated skin.
  - Powder won't hurt your stoma
3. Use a non-alcohol skin prep pad to “blot” or “dab” gently on top of Stoma Powder.
  - Powder will seem to disappear/dissolve.
  - After 10-15 seconds, a “crust” will have formed on the skin.
4. After area dries, pouch as usual.
  - If skin itches and has an irregular red rash or if skin doesn't improve, you may have a yeast rash around your stoma, and you will need to call your WOC nurse or your doctor.



# Other Potential Complications

- Dehydration
  - Children with ostomies can become dehydrated very quickly.
  - You should know how often you normally empty the pouch as well as the normal consistency of the stool.
  - Signs of dehydration
    - Sunken eyes, dry lips and mouth, no tears, decreased and darker urine, and/or tired.



# Other Potential Complications

- Stoma prolapse
  - The stoma may prolapse or get longer.
  - This common complication occurs due to frequent crying and weak abdominal muscles.
  - As long as the stoma remains red or pink, it's not an emergency.
  - If the stoma becomes dark, you need to go to the emergency room.
  - If you're having trouble pouching a prolapsed stoma, call us for assistance.



# Supplies

- o Steps to getting your ostomy supplies.
  - o You need a prescription.
    - o It will read “ostomy supplies as needed.”
    - o You need a new prescription yearly and when changing suppliers.
    - o Your prescription remains on file and valid for 1 year with the supplier.
  - o Contact your insurance company.
    - o Notify them of your new ostomy and your need of supplies.
    - o Get the details of your coverage.
      - o Medicare covers 80% of supplies
      - o Medicaid covers supplies through a home health company and/or some Durable Medical Equipment companies (Mercy Surgical # 1-800-637-2950, National Rehab # 1-877-567-8468 ext. 389).
    - o Get a list of “preferred providers or suppliers.”
  - o Options of suppliers
    - o Durable Medical Equipment companies
    - o Some local pharmacies
    - o Mail-order/internet companies (Byram Medical # 1-800-234-1779, Edgepark Surgical Inc. # 1-800-321-0591, American Ostomy Supply # 1-800-858-5858)



# Supplies Used at UNC Health Care

Order #	Product
70S1222	Incutech Daisy Premie Pouch
3796	Hollister Pouchkins Colostomy Pouch 1 1/2"
3795	Hollister Pouchkins Colostomy Pouch 2"
3778	Hollister Pouchkins Newborn Pouch 1-3/8" x 7/8"
79300	Hollister Stoma Paste
7906	Hollister Stoma Powder
3344	3M No-Sting Barrier Film
839002	Convatec Eakin Cohesive Seal



# Travel

- Always travel with an extra set of supplies (pouch, clamp, scissors, etc).
- In the car, your child should wear the seat belt either above/below the stoma or use a small pillow between the belt and stoma.
- Don't leave ostomy supplies in the car during warm weather because they will melt.
- When flying, check the TSA and UOAA websites for current recommendations/tips.



# Bathing

- Your child can take a shower with the pouch on or off.
- Take a bath with the pouch on.
- If you've planned to change the pouch, you may remove your child's pouch and shower without it.
- Your child may have drainage while taking a shower.
- In between pouch change days, your child may shower/bathe with the pouch in place.
- There's no need to cover the pouch.
- You may also use water resistant tape around the perimeter of the pouch.
- To dry off the pouch, use a towel and/or a hair dryer set on cool air.



# Clothes

- You don't need special clothes for your baby.
- Your child should not, however, wear tight clothing or belts over the stoma, which might rub the stoma and cause it to bleed.
- Make sure waistbands don't rub against the stoma.
- You may consider suspenders or an elastic waistband.
- Two-piece outfits may slide down and pull the pouch off.
- As your baby explores he/she may pull on the pouch and loosen the seal.
- One-piece outfits/overalls may help prevent your child from pulling off the pouch.
- You can place the pouch in or outside the diaper.
- Placing the pouch inside the diaper, however, may expose the seal to urine.
- To prevent contact with urine, you may use waterproof tape around the wafer, change the diaper more frequently, and/or place a cloth between the pouch and the diaper.



# When Should You Call Your Doctor?

- If the stoma color changes from a healthy pink/red to dark purple, brown, or black.
- If your child has diarrhea or vomiting.
  - Diarrhea would be stool more watery than normal and/or emptying the pouch more frequently than normal.
- If your child has abdominal pain or cramping.
- If your child has bleeding from the stoma that won't stop with pressure.
- No stool for 48 hours.



# When Should You Call Your WOC Nurse

- If you have any questions or problems with putting your child's pouch on and keeping it on.
- If your child has red or irritated skin around the stoma.



# Resources

- Hollister Educational Theater
  - <http://www.hollister.com/us/ostomy/learning/theatre.asp>
- UOAA
  - Home – <http://www.uoaa.org>
  - Guidebooks – [http://www.uoaa.org/ostomy\\_info](http://www.uoaa.org/ostomy_info)
  - Support Groups – <http://www.uoaa.org/supportgroups.shtml>
- UNC-HC WOCN Website
  - Home – <http://www.unchealthcare.org/site/Nursing/servicelines/wocn>
  - Accessories (covers, undergarments, etc.) – Home > Patient's Page > Ostomy Accessories
- UNC-HC Skype Name
  - uncwocn



# Follow Up

- UNC Hospitals WOC Nurses (Barbara Koruda, Lara Leininger, Michael Kalos, and Lisa Jenkins)
  - Office phone and voice mail – 919-843-9234
  - Messages will be returned by the next business day
  - Work hours – Monday through Friday, 8:00am to 4:30 pm
- To see a WOC nurse during your appointment
  - Arrive no later than **3:30 p.m.** despite the scheduled time
  - Request to see the WOC nurse at the check-in desk

