

## **SELF HELP FOR OSTOMATES**

ALWAYS REMEMBER: Prevention is better than cure and with that in mind the following information will be of benefit to ostomates. It is essential that skin must be kept intact, clean and dry; for Colostomies, Urostomies, Gastrostomies and Ileostomies. The application of these general rules will help in achieving these results.

1. Any substance used on the skin should maintain a ph level of 4-6 (*this is the acid / alkaline balance of the skin and restoration is helped by painting with a mixture of 1 in 7 of vinegar and water*) and not reduce normal flora (*normal bacterial skin balance*). PLAIN warm water is best for cleaning.
2. Do not rub stoma opening, it may bleed.
3. Appliance aperture to be no more than 1 mm larger than stoma and cut according to a PATTERN.
4. Change a leaking appliance. DO NOT TRY TO REPAIR IT.
5. DO NOT shear skin when removing a wafer or tape.
6. Aim to keep exposed skin dry at all times.
7. As a protective barrier between skin and tail of your appliance, use a piece of Chux, a cloth cover or an application of Unisalve or similar.
8. Use a skin barrier if you are sensitive to tape, but patch test first. Skin protective wipes are available. Friars Balsam may also be useful.
9. No barrier should be required under a Hydrocolloid (normal appliance backing) wafer.
10. Prevent tracking by filling with one of the sealing pastes available and allow to DRY before applying your flange or wafer.
11. Immediately treat skin excoriation and its cause.
  - (a) Wash stoma bud and peristomal skin with normal saline solution (*1 teaspoon of salt to a pint of water*).
  - (b) Differentiate between Fungal infection, Folliculitis or Dermatitis.

FUNGAL will present as white spots or a shiny moist appearance. There are preparations available commercially to correct this.

FOLLICULITIS may result from shaving, allowing bacterial infection. Paint with Betadine or Mercurochrome 2% after shaving.

DERMATITIS may be irritant contact or allergic contact. Eliminate causes and use a skin barrier.
  - (c) If maceration or ulceration has occurred DO NOT USE a sealing paste or protective wipe (alcohol base) direct, unless non-sting. Use Orahesive or stomahesive powder on the stoma bud. Use Orabase paste, dust with powder, cover with a protective paste and apply Hydrocolloid wafer.
  - (d) If mild maceration or ulceration has occurred, e.g. by shearing force, paint peristomal area with Betadine or Mercurochrome 2%.

Allow to dry then apply Hydrocolloid wafer direct to skin.

## **COMMON CAUSES OF LEAKAGE WITH APPLIANCES**

There are many reasons why ostomy pouches leak, the most common of which are listed, with suggestions for handling them. Information is also available from your Physician or Stomal Therapist.

### **Poor Adhesion to Peristomal Skin:**

Make sure that your peristomal skin is "bone dry" before applying your pouch. Hold a warm hand over the pouch and stoma for 30-60 seconds after application; to warm it assists in gaining a good seal.

### **Wrong Size of Pouch Opening:**

If the size of your stoma has changed due to post-operative shrinkage or change of weight and you have not re-measured and adapted the opening accordingly, undermining of the wafer may occur and leakage will result.

### **Change in Stoma Size:**

Weight loss or gain and development of a parastomal hernia can contribute to leakage.

### **Pan-Caking:**

If your colostomy is causing pan-caking of the stool at the opening try covering the filter with the spot tabs provided, or try introducing a little air to the bag before application. Increasing fresh fruit in your diet should result in the stool becoming slightly softer.

### **Folds or Creases:**

If folds or creases develop in the skin, and leakage always occurs along a crease, wafer pieces or ostomy paste can be used to build up the area in order to avoid leakage. Consult your Stomal Therapist for the best method in your case.

### **Peristomal Skin Irritation:**

Pouches will not stick well to irritated skin. So, perform meticulous skin care in order to avoid irritated or denuded skin. Should any of these problems develop consult your Stomal Therapist or Physician at once, thus nipping the problem in the bud.

### **Improper Pouch Angle:**

If the pouch does not hang vertically the weight of its contents can exercise an uneven twisting pull on the wafer and cause leakage. Ostomates must find an optimal angle based on individual body configuration.

### **Too Infrequent Emptying:**

Pouches should be emptied before they become half full. If allowed to overfill, weight of effluent may break the seal and cause leakage.

### **Extremely High Temperatures and Humidity:**

Wafer melt-out can cause leakage in hot weather. More frequent pouch changes or a change of wafer material may be needed.

### **Pouch Wear and Tear:**

Disposal wafers do wear out. If you are stretching your wear time to a week or more, leakage may be due to the wafer wearing out. Change your appliance more frequently.

**Incorrect Storage of Appliances:**

Storing of appliances in warm or humid places such as the bathroom may affect adhesion of pouches, etc. so store your ostomy appliances in a cool, dry place.

**Ageing Ostomy Materials:**

Appliances do not last forever. Use-by-dates can be found on the packaging; keep some extra wafers and pouches on hand, but not too many and as your new stocks arrive, remember to rotate so that older appliances are used first.

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