

## **CATHETERISABLE STOMAS (Intubatable Stomas)**

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'Catheterisable' stomas or 'intubatable stomas' are being done increasingly often in children who would otherwise be requiring clean intermittent catheterisation or rectal washouts or colostomies. In this section I will look at the Malone stoma, when the appendix is brought out onto the abdominal wall or umbilicus, for administering of a solution to washout the bowel and in the next section I will look at the Chait button that is an alternative to accessing the Malone stoma with a catheter each time.

The Malone stoma is usually very small and flat and does not require an appliance as such, although some kids do use mini caps or pouches and barrier creams or wipes. A Nelaton catheter is passed into the opening leading into the caecum and using a colostomy washout bag attached to the end of the catheter a washout solution is given. The type of solution amount and frequency is decided by the family/child, the doctor and Stomal Therapist. The child then passes poo via the normal way.

The Malone stoma has its own set of problems that can occur:

- The most common presenting problem is stomal stenosis or narrowing either at the skin junction or further along the appendix tract. If this happens try using a smaller diameter catheter first and then shortly after, try the larger size. Use plenty of lubricating gel. The Tiemans catheter has a tapered opening and sometimes goes in more easily. Insert a catheter each day even if washouts are done second daily. A catheter can be left in overnight with the end closed off and the catheter taped to the skin to stretch the opening. Sometimes surgical stretches are required.
- Irritation around the site: Use a barrier cream or wipe. Check the redness is not a reaction to your cleaning solution. Use a small absorbent dressing to absorb any moisture.
- Leakage around the site: A small amount of mucousy ooze is normal. Clean regularly and use a dressing and barrier creams or wipes to protect clothing and stoma. If ooze is faecal make an appointment to see your doctor. Make sure your bowel is not full as the pressure from a full bowel can cause some leakage or backflow.
- Infection: The skin around the stoma becomes red and tender and there is more ooze than normal and it often smells. You should see a doctor if you suspect the site is infected. Antibiotics are usually prescribed and a swab taken.
- Bleeding around tube: Ensure you use lubricating gel. Use soft wipes when wiping the stoma. Use a soft dressing to protect from rubbing. You can use a powder such as stomahesive powder that helps stop bleeding from mucous membrane. Avoid contact sports. A wide belt can be used if concerned about contact during sporting activities.

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