

**University of Baghdad/ College of Nursing  
Pediatric Nursing Department**



## **Procedure**

# **Colostomy Care**

**Assistant Instructor : Samar Hussein Kareem  
Third Stage  
2023-2024**



## Colostomy Care of Pediatric

**Stoma** is a surgically created opening in the abdomen, called a “stoma,” allows output (stool or urine) to drain out of the body. it is not an unusual type of operation for infants and children, although it is more common in adults. There are many reasons why a newborn or child may need an ostomy. It is often a life-saving operation.

Colostomies in children are frequently performed to relieve obstruction resulting from

- Congenital anomalies such as Hirschsprung’s disease, anorectal malformation,
- Occasionally for pelvic and perineal tumors,
- Crohn’s disease
- Rectal perforation.

Although it is mostly temporary in nature colostomy care in children requires skilled care and intimate involvement of physician, parent, nurses and stoma therapist.

### Types of Ostomies

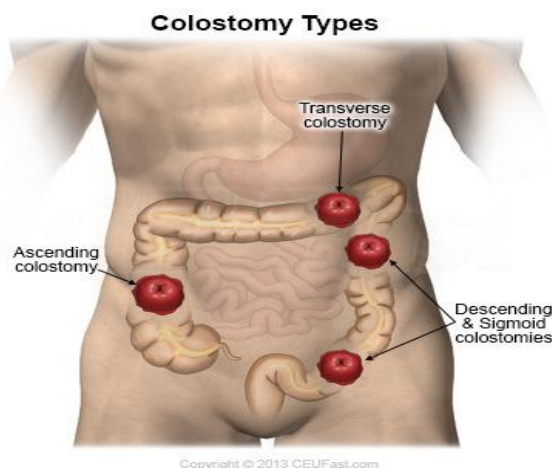
The type of ostomy has will be determined by the reason for the surgery.

#### 1.Colostomy

It is a surgically created opening into the colon or large intestine through the abdomen. When undigested food enters the colon, water is absorbed. The stool is stored in the colon until it is passed from the body.

Types of colostomy

- According to duration : 1. Permanent 2. Temporary
- According to site: 1. Ascending 2. Transverse 3. Descending

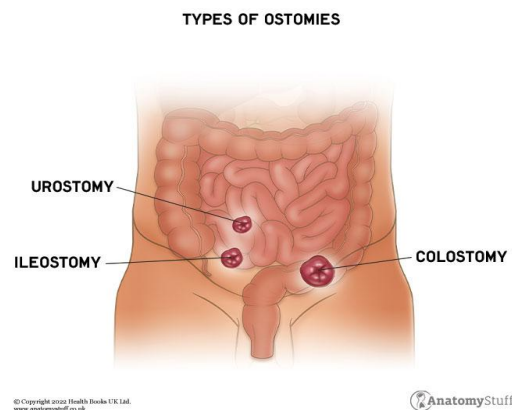


## 2. Ileostomy

An ileostomy is a surgically created opening into the ileum, which is part of the small intestine. The small intestine contains digestive enzymes which break down food to help with digestion and absorption of nutrients.

## 3. Urostomy

A urostomy is a surgically created opening into the urinary system that allows urine to drain. A urostomy allows urine to flow out of the body after the bladder has been removed or bypassed.



## 4. Ureterostomy

Ureterostomies are usually located in the right and left flank area. A ureterostomy manages hydronephrosis caused by upper urinary tract obstruction.

## 5. Nephrostomy/Pyelostomy

Opening into the renal pelvis for the purpose of diverting urine from the ureters. It is usually performed because of a ureteral obstruction. This is usually accomplished by insertion of a percutaneous catheter through the flank.

### FACT of a Stoma

- Is normally pink or red color. However, sometimes when your child is crying you may notice that it changes colour. The normal colour should return when your child stops crying.
- Bleed easily when rubbed or bumped (for example when washing), but should resolve quickly
- Are not painful
- They can be located on different parts of the body
- Stoma may be different shapes and sizes
- Some children have more than one stoma

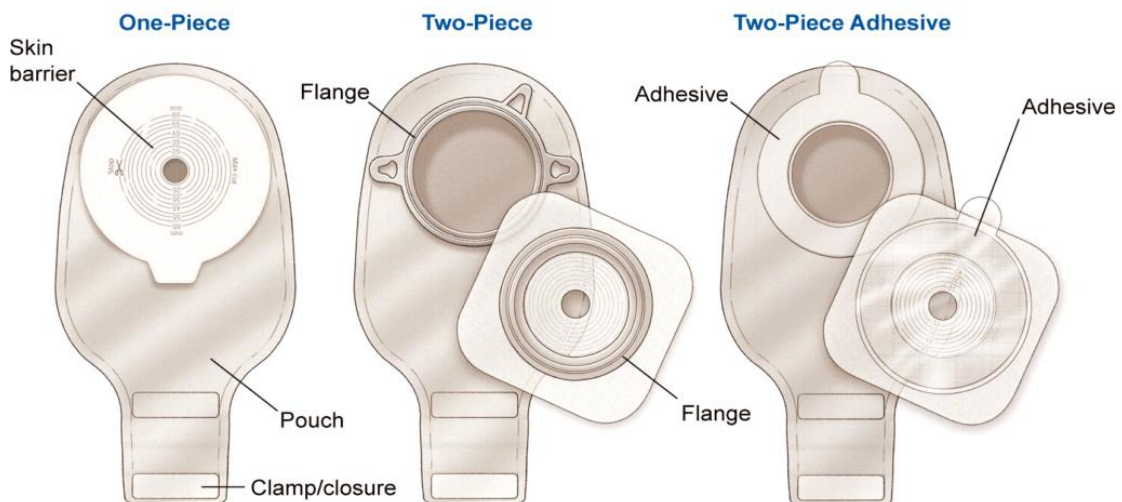
## Pouching Systems

The pouching system consists of two main parts — the skin barrier and the pouch.

- The skin barrier is the portion of the pouching system that fits immediately around the stoma. It protects the skin from contact with stool, urine, or enzymes and holds the pouching system in place.
- The pouch is the bag that collects output (stool or urine) from the stoma. It is made of a material designed to contain the odor. The type of pouch will use depend on the type of stoma. If child has a colostomy or ileostomy.



### Types of Ostomy Pouches



## Procedure

Gather equipment:

1. Gloves and Gown
2. Bedpan (if needed)
3. Washcloths
4. Guze
5. Scissors cut-to-fit or precut size
6. Pouch closure device, such as a clip, if needed
7. Ostomy measuring guide
8. Adhesive remover (optional)
9. Waterproof bag for disposal of pouch



1. Perform hand hygiene and apply clean gloves.
2. Observe existing skin barrier and pouch for leakage and length of time in place.
3. Position the patient so that no skin folds occur along the line of the stoma.
4. With one hand, gently remove the old wafer from the skin, beginning at the top and proceeding in a downward direction. At the same time, use the other hand to hold tension on the skin in the opposite direction of the pull.
5. Empty the existing ostomy pouch into a bedpan. Save the clamp for re-use (note that some pouches cannot be drained).
6. Place the old pouch and wafer in a plastic bag for disposal. If the pouch is non-drainable, dispose of it according to agency protocol.
7. Use warm water and mild soap to cleanse stoma and surrounding skin.

8. Allows it to dry
9. Reports excess bleeding to the physician.
10. Measures the size of the stoma in one of the following ways:
  - A. Using a standard stoma measuring guide placed over the stoma.
  - B. Re-using a previously cut template.
  - C. Measuring the stoma from side to side (approximating the circumference).
11. Place wafer to the skin or pouch, loves and washes hands.
12. Instruct the parents about control of gas and odor of colostomy care during bathing and travel with attention to clothing should be informed .
13. Inform the parents about increased fluid intake ,diet ,possible complications, necessary medical help ,follow up ,good hygiene,





## **Stoma care do's and don'ts**

### **Do**

- 1) Always carry extra supplies. This can include pouches, stoma powder and extra clothes in case of a leak.
- 2) Empty the pouch when it is 1/3 full (almost halfway) full of stool or gas. Change the pouch if it leaks or if the skin is red, itchy or burning.
- 3) Change the pouch 3-4 times a week. Change it in the morning or before breakfast. The stoma is less active at that time.
- 4) Have child take a stool softener. This keeps stool soft and moving, especially while taking pain medication.
- 5) Check the skin around the stoma for redness or irritation. The skin around the stoma should not be red, raw, swollen or burning.
- 6) Keep in touch with child's stoma nurse. The nurse can teach you about the stoma and how to change the pouch. The nurse can also adjust the pouch size as your child grows.

### **Do not**

1. Do not let child lift or carry anything heavy after surgery.
2. Do not let child soak in the bath or swim until the incision is healed. The incision is where the surgeon cut into the skin.
3. Do not rinse the pouch. It can make the seal around the skin weak and cause leaks. It can also bother the skin.
4. Do not use baby wipes on the skin around the stoma. They can make it harder for the next pouch to seal tightly.

## When to Empty an Ostomy Bag

**Looking for trouble?**

**3/4**

**Living on the edge!**

**1/2**

**You're still good!**

**1/3**

**The ideal time to  
empty.**

© 2010 Coloplast Inc. All rights reserved.

