Management Review

A review of your stoma and stoma care by a STN should be conducted:
  - within 2 – 6 weeks after discharge from hospital
  - at any time if problems occur
  - at least every 1 – 2 years

For further information or help with any stoma questions contact your STN or visit www.stomaltherapy.com and click on “Find a STN”

Disclaimer
The information in this brochure:
  • has been developed as a general guide only
  • relates to adults only

Any concerns need to be discussed with your STN or doctor.

Prepared by the Australian Association of Stomal Therapy Nurses Inc. Education and Professional Development Subcommittee www.stomaltherapy.com

References:
  • Dansac (n.d) Hints & Tips – Urostomy (Booklets)

Review due 2019
Level 1V Evidence (Expert Opinion)
Your stoma:

- may change in size over the weeks following surgery as the swelling subsides: measure your stoma periodically during this time to ensure that your appliance continues to fit snugly
- may move or wiggle from time to time. This is due to the normal movement of the bowel forming your stoma
- has no sensation when you touch it and may bleed a little at times when you clean it – **this is normal**
- will drain urine almost continuously

Your skin around the stoma:

- **should be the same colour and texture as the rest of skin on your stomach** so if you notice:
  - redness, unusual irritation, itching, in-growing hair or an uncomfortable feeling around the stoma, check your skin as these could be the first signs of a problem. Ask your Stomal Therapy Nurse for advice
  - changes in the stoma length or a bulge around your stoma – make a prompt appointment with your STN or doctor for review

Your Stomal Therapy Nurse (STN)

- Know where your nearest STN is based – community or hospital
- A follow-up appointment is usually made prior to your discharge
- A copy of your discharge letter may be provided
- Always ring for an appointment prior to attending the hospital if you are having problems
- Take your emergency kit with you to the appointment

Resuming activities:

- Increase activities gradually as energy improves
- Wear hernia prevention garments if suggested by your STN
- Engage in your usual social activities as soon as possible – it increases your confidence and self esteem
- You can swim with your appliance on

Travelling:

- Always carry an emergency stoma care kit with you when you go out anywhere. Include a spare appliance, wipes and plastic bag
- Rotate the products in your kit regularly to keep them ‘in date’
- A ‘nappy sack’ is a scented disposal bag ideal for disposing of pouches if in a public toilet. These can be purchased from a supermarket or chemist
- Use the disabled toilet to make changing easier – a card confirming your eligibility is available from your Association
- Ask your STN or Association for a **TRAVELLING OSTOMY CARD** with your details, appliances used and contact number of your nearest STN
- Divide your ostomy supplies between your hand luggage and regular luggage in case your luggage is lost
- Do not put scissors in your hand luggage when flying. You may need to pre-cut spare base plates if you use these
- When travelling overseas, take more supplies than you expect to use. Arrange this with your Association in good time
Ordering your appliances:
- Learn the name, diameter, type of appliance and skin protection you are wearing, as it makes ordering easier
- Always keep some supplies on hand in case of delays with your order
- **Do NOT over-order** – products are too costly to stockpile
- See *Managing your stoma supplies* for more information (available from AASTN website, your STN or Association)

Storing supplies:
- When you first arrive home from hospital, put all of your supplies and any written instructions for changing your appliance in one area
- Store your appliances in a cool place away from direct sunlight
- Rotate your stock to keep them fresh, including in your emergency stoma kit, **but don’t stockpile**
- You may be able to change to a pre-cut base once your stoma size settles so you don’t want extra, unused supplies on hand

Going into hospital:
- If you are being admitted to hospital, take your equipment and supplies with you as the appliance you are using is unlikely to be available
- Ask nursing staff to advise the Stomal Therapy Nurse of your admission

Medications:
- Always advise your doctor and pharmacist that you have a stoma
- Ask what effects any new medication may have on your stoma
- Some medications change the colour of urine

Your appliance may be:
- one piece (base plate / wafer and pouch as one)
- two piece (base plate / wafer and separate pouch)
- changed every one to five days

Emptying your appliance:
- Wash your hands before starting and when finished
- Should be emptied into the toilet when a third to a half full
- You may notice some mucus in the urine – this is normal but watch that it doesn’t block the outlet when emptying
- Note the colour of your urine – it should usually be pale lemon to indicate good hydration

Changing your appliance:
- Frequency of changing varies – follow the instructions of your Stomal Therapy Nurse
- Establish a regular routine for changing your appliance. First thing in the morning prior to a drink may be when your stoma will be least active
- You can bath or shower with your appliance ON or OFF
- Never wait for leakage to occur before changing your appliance
- Always wash your hands before and after attending to your stoma
- If you choose to bath / shower with your appliance off, empty and remove the appliance and clean around the site with soap and water using a clean washcloth
- Check that the skin around your stoma is the same colour and texture as the rest of the skin on your stomach
- You may notice a trace of blood when cleaning the stoma – this is normal
- The stoma should be re-measured regularly to ensure the correct size of opening is still being used

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• Remember that the opening on the base plate / wafer or appliance should expose no more than 2mm of skin around your stoma. Too large an opening can cause skin soreness and leakage under your base plate / wafer. Too small an opening may cause the stoma to become swollen or ulcerated.
• Avoid the use of bath oils, talcum powder or creams as they will interfere with the adhesion of the appliance. Plain soap and warm water is the best cleanser around the stoma.
• Keep hairs around the stoma trimmed or shaved (electric or razor). Hold a tissue, toilet paper or soft cloth over the stoma whilst shaving to protect it. Note any ingrowing hairs and ask your STN to review.
• Clothes pegs are ideal for holding your clothes away while changing.

Removing sticky residue
• Adhesive remover wipes or sprays may be used.
• A capful of vinegar in a cup of water is useful to remove residue and build-up on the skin if pouches are not sticking well.
• This is also useful for washing crystal build-up from around your stoma.

Disposal of your appliance
• Empty the contents into the toilet.
• Place the appliance in a plastic bag or disposal bag and in the bin with other rubbish.
• It is not recommended that the appliance is burnt.
• Do not flush it down the toilet: it will cause a blockage.

Overnight drainage
• Connecting a drainage bag to your appliance may reduce sleep disturbance.
• Wash hands before and after connecting your appliance to drainage.
• When connected, ensure appliance tap is open and drainage bag tap is closed.
• Ensure the drainage bag does not pull on the appliance when you position it over the side of the bed on a hanger or in a clean bucket on the floor.
• A catheter strap (available from the Association) may be used to help prevent twisting of the tubing overnight.

Cleaning your overnight drainage bag
• Disconnect your drainage bag from the urinary pouch and empty into the toilet.
• Rinse tubing and bag through with warm water and detergent – a "squirty" bottle or small funnel is ideal or rinse them in the running shower water.
• Rinse the night drainage bag well and hang to dry.
• Ideally, change the drainage bag weekly, place in a disposal bag and in the bin with other rubbish.