

## Stoma exam

- **Patient**
  - Looks well
  - No acute abdomen
- **Abdomen**
  - Signs of acute abdomen
  - Scar from stoma formation operation
- **Stoma**
  - Site
  - Surrounding skin
  - Opening
    - Spout (ileostomy) or flush with skin (colostomy)
    - Loop (2 openings) or end (1 opening)
  - Contents: liquid faeces (ileostomy), solid faeces (colostomy) or urine (urostomy)
  - Patient cough: look for signs of herniation
- **Palpate**
  - Abdomen
  - Around stoma: also get patient to cough while feeling over stoma (**herniation**)

## Types of stoma

	<b>Colostomy</b>	<b>Ileostomy</b>	<b>Urostomy</b>
<b>Site</b>	LIF	RIF	RIF
<b>Content</b>	Solid faeces	Liquid faeces	Urine
<b>Opening</b>	Flush with skin	Spouted (to protect skin from enzymes)	Flush with skin

- **COLOSTOMY**
  - **End colostomy:** all of distal bowel removed, so proximal opening brought to surface.  
**USES:** A-P resection of low rectal tumours (anus is removed so can't re-anastomose) or Hartman's procedure
  - **Loop colostomy:** two holes made in a central part of intact large bowel and brought to the surface to form a stoma. This is performed to stop faeces passing through distal bowel to protect a distal anastomosis while bowel sutures heal. Usually reversed after 6 weeks.  
**USES:** to protect anastomosis after a segment of bowel removed e.g. tumour resection
  - **Barrel colostomy:** a segment of bowel removed and both ends brought to the surface to form a stoma.  
**USES:** sigmoid volvulus
- **ILIOSTOMY**
  - **End ileostomy:** whole colon removed.  
**USES:** UC, FAP, Hirschsprung's disease
  - **Loop ileostomy:** as loop colostomy.
- **UROSTOMY**
  - **Ileal conduit:** short segment of ileum removed to act as bladder. One end sutured to skin, other end sutured to ureters.  
**USES:** cystectomy for bladder carcinoma

## Complications of stoma

- EARLY: high output stoma (→dehydration, hypokalaemia), retraction, bowel obstruction, ischaemia of stoma
- LATE: parastomal hernia, prolapse, fistulae, psychological complications, skin dermatitis, fistulae formation

## Stoma care

- Stoma nurse is best to help
- Most bags have an emptying tap. These are emptied when 2/3 full, irrigated with water daily, and changed every 2-4 days.
- Some bags are temporary and are changed whenever they are full
- Diet: take lots of fluids, small amounts of fibre for first 2 months. Avoid: nuts, coconuts, sweetcorn, celery (cause blockage); broccoli, beans, fizzy drinks (cause flatulence).
- Bag can be left on in the shower.