Stomas

Stoma exam

- **Patient**
  - Looks well
  - No acute abdomen

- **Abdomen**
  - Signs of acute abdomen
  - Scar from stoma formation operation

- **Stoma**
  - Site
  - Surrounding skin
  - Opening
    - Spout (iliostomy) or flush with skin (colostomy)
    - Loop (2 openings) or end (1 opening)
  - Contents: liquid faeces (iliostomy), 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

<table>
<thead>
<tr>
<th></th>
<th>Colostomy</th>
<th>Iliostomy</th>
<th>Urostomy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site</strong></td>
<td>LIF</td>
<td>RIF</td>
<td>RIF</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>Solid faeces</td>
<td>Liquid faeces</td>
<td>Urine</td>
</tr>
<tr>
<td><strong>Opening</strong></td>
<td>Flush with skin</td>
<td>Spouted (to protect skin from enzymes)</td>
<td>Flush with skin</td>
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- **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 iliostomy**: whole colon removed.
    - **USES**: UC, FAP, Hirschsprung's disease
  - **Loop iliostomy**: 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.