

Problem Solving

SAMPLE

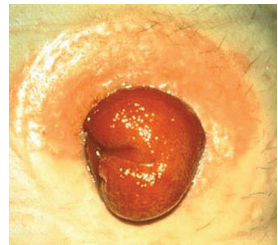
Irritated and Red Skin

The skin around your child's stoma can become irritated and red. This is the most common problem for children with a new ostomy. It is most often due to stool on the skin, or from tape and barriers pulling off the top layer of skin.

WHAT YOU CAN DO

- ▶ Check your child's skin with each pouch change.
- ▶ Measure the stoma and cut the barrier to fit the stoma.
- ▶ Do not let your child wear the skin barrier too long. Suggested wear time is 3 to 5 days. Wear time can depend on how often you empty your child's pouch and your child's level of activity.
- ▶ If the skin is irritated or weepy (wet), apply skin barrier powder. Lightly apply the powder and brush off the excess. You may have to use skin sealant/skin prep after the powder. Then apply the pouching system. For infants, always check first to make sure the product is approved for use.
- ▶ If there is seepage of stool onto your child's skin or by a skin fold, you may try skin barrier paste or moldable ring to fill in any gaps.
- ▶ Measure your child's stoma during each pouch change for the first 3 months after your child's operation. Your child's stoma will change in shape and size as his or her body heals. It is best not to buy pre-cut barriers until at least 3 months after your child's ostomy operation.
- ▶ Don't delay in asking for help. One visit with a WOC nurse could save you from going through extensive trial and error.

This image shows skin redness directly above the stoma site. This is possibly due to the barrier not being cut to the correct size. If your child's skin is weepy, apply stoma powder, resize the barrier, and apply. The site should look better with the next pouch change in 3 to 5 days.

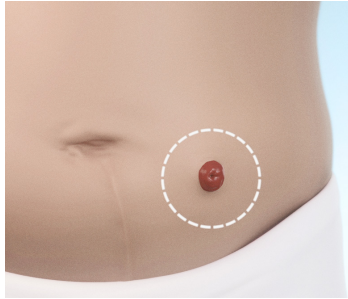


This image shows irritated and red skin around the entire stoma site. This is possibly due to sensitivity or stripping the top layer of skin away when removing the barrier. You may need to be gentler when removing tape, use an adhesive remover, or try a different barrier.



Barrier Not Sticking

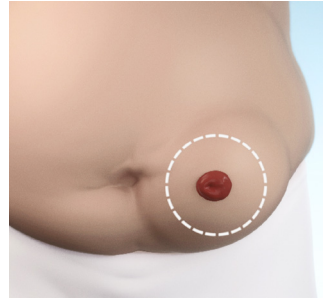
The type of stoma determines what pouch barrier your child will need. Some stomas lie flat with the body, others sink in (inward), and others push out (outward). You will need a pouch barrier that fits to your child's stoma type. Your WOC nurse can help you with the correct fit.



Flat stoma



Inward stoma



Outward stoma

Images © Coloplast Corp.

WHAT YOU CAN DO

If the barrier is not sticking, you may want to try:

- ▶ Clean the skin with water. If you use soap or any adhesive remover wipes, be sure to rinse the area well with water to make sure there is no residue left on the child's skin.
- ▶ Make sure the child's skin is totally dry.
- ▶ Warm the barrier before putting it in place. Sometimes using a hair dryer on low for a few seconds may help.
- ▶ If your child is using 2 to 3 barriers daily because of leakage or the barrier is not sticking, contact your WOC nurse or doctor for additional help.

SIGNS OF INFECTION

Redness around the edges of the stoma while it is healing is normal. Call your doctor or nurse for signs of infection around the stoma or wound site. Signs include:

- ▶ Redness, tenderness, and pain that extends 1/2 inch around the incision or stoma, or white/beige fluid draining in the area
- ▶ Redness, itchiness, and small dots under your child's barrier without any signs of leakage—these may mean your child has a fungal infection



Dehydration

Dehydration occurs when more fluid is lost than is taken in. If your child has high volumes of output (diarrhea) or is vomiting, they can become dehydrated. This is most common with an ileostomy.

SAMPLE

WHAT YOU CAN DO

Prevent dehydration

- ▶ Keep track of how many times you have to empty your child's pouch. If you notice that the stool is more liquid or you are having to empty the pouch more often than usual, your child is at a higher risk of becoming dehydrated.
- ▶ Watch for signs of dehydration. These include dry mouth and tongue, feeling thirsty, low urine output (for example, a dry diaper for most of the day, only going small amounts or going less than twice per day), dizziness, or weight loss of more than 2 to 3 pounds over a few days.
- ▶ Call your doctor or nurse. They will guide you on what oral solution your child should drink and how to adjust his or her diet. Medication may be prescribed that decreases the amount of stool loss.
- ▶ For children, encourage drinking 8 to 10 four-ounce glasses of water per day as part of their regular routine.

Manage dehydration

Your doctor or nurse can guide you on the best replacement fluids. Common replacement fluids include diluted Gatorade® and juices. If you use regular Gatorade, dilute it with equal parts water and add in a teaspoon of salt.

- ▶ One cup of apple or cranberry juice diluted with 3 cups of water and a teaspoon of salt is another option.
- ▶ Foods that help thicken stool: whole-grain pasta, rice, potatoes, applesauce, bananas, tapioca, creamy peanut butter, bread, and yogurt can also help.
- ▶ Medication may be prescribed, such as Imodium® (loperamide), that can decrease diarrhea. Imodium is not recommended for children less than 2 years of age.

Bleeding

You may see a spot of blood on your child's stoma, especially when cleaning or changing the pouch. The stoma has a good blood supply and no longer has the protection of your child's skin, so a spot of blood is normal.

WHAT YOU CAN DO

- ▶ Make sure the bleeding has stopped after a pouch change. The bleeding should stop within a few minutes.
- ▶ You can use a moist cloth and apply mild pressure for a minute.

Stoma Prolapse

Stoma prolapse means the stoma becomes longer and sticks out (protrudes) higher above the surrounding skin.

WHAT YOU CAN DO

- ▶ As long as the stoma remains red and stays moist, this is not a medical emergency.
- ▶ Contact your surgeon or nurse and let them know this has happened. Let them know if you need help with applying your pouch.

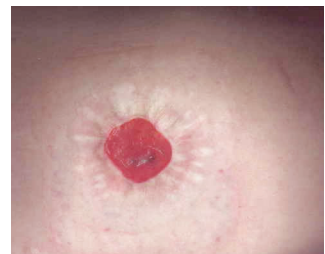


Stoma Retraction

Stoma retraction means the stoma is at or below the skin level. It looks like it is shrinking.

WHAT YOU CAN DO

- ▶ As long as the stoma continues to put out stool, this is not a medical emergency.
- ▶ Contact your surgeon or WOC nurse to let them know this has happened. Stoma retraction may make it difficult to keep a good seal on the pouching system. Your medical team will help you adjust your child's pouch system so you have a good seal.



No Output from the Ostomy

Your child may have an obstruction if you have cramps or nausea and no output for:

- ▶ Ileostomy: 4 to 6 hours
- ▶ Colostomy: 12 to 24 hours

Your child's ostomy is usually active. If your child has a 4- to 6-hour period without stool from an ileostomy, and he or she has cramps or nausea, your child may have an obstruction. There may be blockage from food or adhesions (internal scar tissue).

WHAT YOU CAN DO

- ▶ Encourage your child to chew foods well, especially high-fiber foods such as whole corn, Chinese vegetables, celery, coleslaw, skins, and seeds. You may see these appear in the pouch undigested.
- ▶ If you think the blockage might be due to food, gently massage your child's abdomen right around the stoma site. This may help increase pressure and help the food blockage to come out.
- ▶ Call your child's surgeon or WOC nurse or go to your local emergency department if your child continues to have blockage or starts to vomit.

Medical Emergencies

Contact your surgeon or WOC nurse immediately or go to the nearest emergency room if there is:

- ▶ A deep cut in the stoma.
- ▶ A severe change in the color of the stoma from bright red to dark, purplish red. A change in color could mean that there's not enough blood being supplied to the stoma. It is unlikely that this issue will happen after your child is discharged from the hospital.
- ▶ A large amount of continuous bleeding (more than four tablespoons) into the pouch.
- ▶ Continuous nausea and vomiting.
- ▶ Repeatedly finding blood in the pouch, or bleeding between the edge of the stoma and skin.
- ▶ Continuous diarrhea with signs of dehydration.
- ▶ Severe cramping and no output from the stoma for a period of 4 to 6 hours.