

Problem Solving

Common Problems

The most common problems you may experience when you are home are:

- ▶ Irritated and red skin
- ▶ Barrier not sticking
- ▶ Dehydration
- ▶ No output from the stoma
- ▶ Medical emergencies
- ▶ Stoma issues (bleeding, prolapse, retraction)
- ▶ Infection (urinary tract or other source)
- ▶ Long-term problems

Let's talk about each one of these so that you can know what to watch for, what you can do, and when to reach out for help.

Irritated and Red Skin

The skin around the stoma can become irritated and red. This is the most common problem for new ostomy patients. It is most often due to urine on the skin or from tape and barriers pulling off the top layer of skin.

WHAT YOU CAN DO

- ▶ Check your skin with each pouch change. Use a mirror if needed to see all of the skin around your stoma.
- ▶ Measure the stoma and cut the barrier to fit the stoma.
- ▶ Do not wear the skin barrier too long. Suggested wear time is 3 to 5 days. Wear time can depend on how often you empty your pouch, how much you sweat, your level of activity, and your body shape.
- ▶ 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.
- ▶ If there is seepage of urine under a specific area of your skin or by a skin fold, you may need skin barrier paste or a moldable ring to fill in any gaps.
- ▶ Measure your stoma during each pouch change for the first 3 months after your operation. Your stoma will change in shape and size as your body heals. It is best not to buy pre-cut barriers until at least 3 months after your 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.

RECOGNIZING COMMON SKIN PROBLEMS

SAMPLE

It can be hard to recognize why you are having skin problems. Here are some common problems and what you can do first. If there is no improvement in a few days—get help. Call your WOC nurse or other provider for assistance.⁴

Skin redness directly above the stoma site

This might happen because the barrier is not cut to the correct size. If your skin is weepy, apply stoma powder, resize the barrier, and apply to your stoma. The site should look better with the next pouch change in 3 to 5 days.



Irritated and red skin around the entire stoma site

This may happen because your skin is sensitive or you are stripping the top layer of skin away when you remove the barrier. You may need to be more gentle when removing the barrier. You can also use an adhesive remover or try a different barrier.



Fungal skin infection

This occurs most often in damp sites, such as in skin folds or under an ostomy barrier. The rash starts as red raised bumps and then becomes more red, sometimes with a white coating. Itching and burning are common. Check the barrier and keep your skin dry. Contact your WOC nurse or doctor for an antifungal powder.



Hair follicle infection

You will see redness around the hair entry. This can be caused by moisture—so the first step is to make sure you have a dry area under the pouch. Be sure to keep the hair around your stoma trimmed. It is best to trim using scissors or a dry electric shaver. It is not recommended to wet shave the skin.



Barrier Not Sticking

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



Flat stoma



Inward stoma



Outward stoma

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For the first week or so, you will have ureteral stents (think colored tubes) protruding from your stoma. The stents will have to be threaded through the opening of your pouch barrier. This takes a bit of practice. They will be removed at your follow-up visit.

WHAT YOU CAN DO

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

- ▶ Cleaning the skin with water. If you use soap or any adhesive removal wipes, rinse the area well with water to make sure there is no residue left on your skin.
- ▶ Make sure your skin is totally dry.
- ▶ Warm the barrier before putting it in place. Some patients find using a hair dryer on low for a few seconds may help.
- ▶ Remove any hair on the skin surface by trimming with scissors or using a safety razor.
- ▶ If you perspire a lot, it may help to use a light dusting of skin barrier powder to absorb perspiration.
- ▶ Try a support belt or empty your pouch more often. This will decrease the weight and pull on the barrier.

If you are having trouble getting your barrier to stick or you are using 2 to 3 barriers daily because of leakage, contact your doctor or WOC nurse for additional help.

Dehydration

SAMPLE

Dehydration is a common reason why patients with a urostomy return to the hospital. Dehydration occurs when your body loses more fluid than it takes in.

Diarrhea is common—this is because part of your intestine was removed and re-routed to make the urinary diversion. This can affect the absorption of fluids from your intestine, resulting in watery stools. Vomiting and nausea are also common in the first few weeks following a urostomy. Patients often report having a loss of appetite and experience weight loss.

WHAT YOU CAN DO

Prevent dehydration

- ▶ Drink at least 8 glasses of water or liquids each day (avoid sugary drinks).
- ▶ Stay away from foods that can cause diarrhea, such as spicy, fried, or greasy foods. Also avoid food that is high in sugar, sugary drinks, caffeine, and alcohol.
- ▶ **Watch for signs of dehydration. These include:**
 - Being thirsty
 - A dry mouth
 - Decreased urine output
 - Dizziness when standing up
 - Muscle or abdominal cramps

Manage diarrhea

- ▶ Increase your fluids. Drink replacement fluids, such as broth, an oral electrolyte drink (Pedialyte®, Rehydralyte®, or Ceralyte®), or a low-sugar drink (Gatorade® or Powerade®).
 - If you do drink regular Gatorade, dilute it with equal parts water and add in a teaspoon of salt.
 - You can also drink apple or cranberry juice diluted with 3 cups water and a teaspoon of salt.
- ▶ Eat foods that help thicken stool: whole-grain pasta, rice, potatoes, applesauce, bananas, tapioca, creamy peanut butter, bread, and yogurt.
- ▶ **Call your doctor or nurse. They will guide you to what is the best management option for you.**

Manage Nausea/Vomiting

Following a urostomy, patients sometimes report weight loss, tasting food differently, and feeling nausea or full soon after eating. It is not unusual to lose 15 to 20 pounds after surgery.

- ▶ Eat small, frequent meals throughout the day rather than 3 large meals
- ▶ Eat a well-balanced diet to help with healing

**Contact your doctor if you have nausea and vomiting.
You will need to be evaluated.**

Rehydration Drink Recipes

These are examples of other solutions your doctor or nurse may prescribe to prevent dehydration. Always check first before using.⁵⁻⁷

Number 1	Number 2	Number 3
5 cups water ½ teaspoon salt ¼ teaspoon salt substitute that contains potassium (such as NoSalt®, Morton Salt Substitute®, or Nu-Salt®) ½ teaspoon baking soda 2 tablespoons sugar <i>Recipe from World Health Organization</i>	5 cups water 1 cup orange juice 8 teaspoons sugar ½ teaspoon baking soda ½ teaspoon salt	1½ cups Gatorade® Thirst Quencher 2 ½ cups water ¾ teaspoon salt
Number 4	Number 5	Number 6
4 cups Gatorade G2® ¾ teaspoon salt	½ cup grape or cranberry juice 3½ cups water ½ teaspoon salt	1 cup apple juice 3 cups water 1 teaspoon salt

No Output from Your Stoma

SAMPLE

A urostomy is always active. You may have an obstruction in your stoma if you have no output for over 30 minutes.

WHAT YOU CAN DO

Mucus blockage

- ▶ To keep mucus thin, drink at least 8 glasses of fluid each day. Some ostomates report that it's helpful to use a two-piece pouch system, remove the pouch in the morning and evening, and wipe off the mucus.
- ▶ If you think the blockage is due to mucus, take a gauze and clean the mucus from around your stoma. Remember that there is a thick, white mucus coming from your stoma because your stoma was created from a piece of your intestine. Your intestine is always producing mucus.

Call your surgeon or WOC nurse or go to your local emergency department if you continue to have blockage or start to vomit.

Bowel Obstruction/Intestine Blockage

Since a part of your intestine was removed and used to create your stoma, a bowel obstruction can occur. If a section of your bowel becomes blocked, you will have bloating, abdominal cramping that can come and go, no bowel movements, vomiting, and loss of appetite.

WHAT YOU CAN DO

Call your surgeon or WOC nurse or go to your local emergency department if you continue to have blockage.

Stoma Bleeding

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

WHAT YOU CAN DO

- ▶ Make sure the bleeding has stopped after your 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 to 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 urine, this is not a medical emergency.
- ▶ **Contact your surgeon or 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 pouch system so you have a good seal.



Urinary Tract Infection (UTI)

SAMPLE

About 25% of patients with a urostomy have a urinary tract infection (UTI) each year. The symptoms usually are fever, pain, and strong-smelling urine. Diabetes increases the risk of a UTI.

WHAT YOU CAN DO

- ▶ Drink at least 8 glasses of fluid each day.
- ▶ Eat foods and drink fluids that inhibit the growth of bacteria. Examples include cranberry juice, blueberries, peppers, cherries, tomatoes, and sweet potatoes.

Call your health care provider if you think you are having a UTI.

Long-Term Complications

These are the problems that can occur in the 10 years following your operation. You may never have these problems, but they are reported in 10% or more of patients who have a urostomy operation.⁸

Problem	What to Watch For
Blockage of your bowels	Cramping, no stool, and vomiting
Renal failure	Your doctor will monitor your blood chemistry for any increase in your blood creatinine level.
Kidney stones	You will see these pass in your urine. You may see blood in the urine and you may also have abdominal pain.
Metabolic acidosis (a higher amount of acid in your blood)	The symptoms are faster breathing, fast heart rate, headache, confusion, and feeling weak and tired.

WHAT YOU CAN DO

Call your health care provider if you experience any long-term complications.

Medical Emergencies

Contact your surgeon or nurse immediately or go to the nearest emergency room if you have:

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