Emptying the Pouch SKILL

Watch and Review

- Emptying the pouch is the first skill that you will need to do after the operation. You will use this skill most often.
- Watch the DVD, and then follow each of the steps.

SKILL: CHECK THE POUCH LEVEL

Empty or change the pouch when it is 1/3 to 1/2 full. A pouch that is too full may start to pull away from the skin. Your child will not feel when urine or stool comes out of his or her stoma. You will need to check for fullness by placing your hand over the pouch and feeling it.

SKILL: ASSUME THE PROPER POSITION

For infants or toddlers wearing diapers:

- It is easy to empty the pouch directly into the diaper when changing a wet diaper. Remove the wet diaper and empty the pouch. Wipe the end of the pouch with a piece of toilet paper or diaper wipe. Close the pouch and put on a clean diaper.

For children who are old enough to empty into the toilet:
There are several positions that can be used, depending on the child’s level of comfort and skill.

- Sit far back on the seat with legs spread wide.
- Sit or stand alongside the toilet.

**SKILL: EMPTY THE URINE (UROSTOMY ONLY)**

Sit far back on the seat or stand over the toilet.

1. Raise the pouch opening.
2. Open the pouch by twisting the nozzle, removing the nozzle plug, or folding down the nozzle.
3. Before lowering, pinch together the nozzle.
4. Lower the nozzle toward the toilet.
5. Release your pinched fingers and let the urine drain.
6. When empty, tap the nozzle to remove any last drops.
7. Close the pouch by twisting the nozzle into the closed position, replacing the nozzle plug, or folding up the nozzle.

**Note:** For children in wheelchairs, your pediatric or WOC nurse can provide other suggestions for emptying the pouch.
SKILL: EMPTY THE STOOL  
(COLOSTOMY/ILEOSTOMY ONLY)

Sit far back on the seat or stand over the toilet.

1. Make sure to have a piece of toilet paper within reach.
2. If your child stands while emptying the pouch, he or she may want to flush the toilet as the pouch is drained or place a few pieces of toilet paper into the toilet bowl on the surface of the water. Doing so prevents the stool and toilet water from splashing up when draining from a high distance.
3. Raise the pouch so the opening faces up.
4. Open the pouch. Unclamp or unroll the integrated drainage outlet.
5. Lower the opening into the toilet. Slide your hands down the pouch to push out the stool.
6. Wipe the opening off inside and out with toilet paper or tissue.
7. If used, add pouch deodorant.
8. Reseal the pouch.
Who Needs an Ostomy?

In infants, birth conditions or disease may prevent the normal flow and drainage of stool. In children, diseases such as inflammatory bowel disease, cancer, injury, or trauma can block the flow of stool. If the segment of the intestine cannot be repaired, then the surgeon will perform an ostomy operation. The ostomy will reroute the stool to a new opening on the abdomen. Many ostomies in children are temporary until the problem can be repaired or treated.
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Change the Pouch SKILL

Watch and Review

- The entire system (skin barrier and pouch) will need to be changed every 2 to 4 days. Moisture and sweat, a full and heavy pouch, and uneven skin around the stoma can decrease the length of time the system will stick to the skin. If any output leaks under the skin barrier or if there is burning or itching under the barrier, change the pouch.

- If your child has an ileostomy or colostomy, it is easier to change the pouch when the stoma is less active. Ideal times include first thing in the morning, before eating, or two hours after eating.

- If your child has a urostomy, your child will always be producing urine, so the pouch and barrier can be changed any time.

- Watch the DVD, and then follow each of the steps.

SKILL: GATHER YOUR SUPPLIES

- New pouch
- Washcloth/wipes/paper towel to clean the skin
- Sizing template to measure the size of the stoma opening
- Pen to trace the size of the stoma onto the skin barrier
- Scissors to cut the opening
- A small plastic bag for the soiled pouch
- Skin barrier paste (optional) to fill uneven areas in the skin
- Skin barrier powder (optional) to absorb the moisture from weepy skin
- Pouch deodorant (optional) to decrease the odor when emptying the pouch
- Skin prep if skin barrier powder is used
SKILL: REMOVE THE OLD POUCH

1. Begin by peeling away one corner of the barrier.
2. Work around the rest of the barrier. Push down on the skin at each point and pull the barrier away from the skin at the same time. Some people use adhesive remover or a piece of wet paper towel or washcloth to help remove the pouch barrier from the skin. For children, it may be best to avoid any additional products that could cause a reaction.
3. Place the old pouch in a plastic waste bag.
4. If the pouch has a closure clip, do not throw it in the trash. The clamp can be reused.

SKILL: CLEAN AND INSPECT

1. Inspect the color of the stoma. The stoma should be red and moist.
2. Inspect the skin for redness or irritation. The skin should look like the rest of the skin on your child’s abdomen.
3. Clean the skin around the stoma with warm water. Oils may keep the skin barrier from sticking. Do not use:
   - Soap/cleaners with oil or perfume.
   - Baby wipes that have oil, moisturizing cream or alcohol.
4. Gently pat the skin dry.
5. If the skin around the stoma is irritated or weepy, you can apply a small dusting of skin barrier powder. The powder will absorb the moisture. Remember that the new barrier will not stick well if the skin is moist. You may need to dab or spray the powder with a skin sealant/skin prep.
SKILL: MEASURE AND CUT THE OPENING

It is important to measure the stoma and make sure the opening of the barrier fits right to the edge of the stoma. For the first three months after your child’s operation, the stoma will continue to shrink in size as the swelling goes down. In the beginning, the stoma will have to be measured with each pouch change to make sure the opening is cut to the right size. After that, the pouches can be precut from your template. Pouches with precut openings to fit the stoma can also be ordered.

1. Cover the stoma opening. Place a piece of tissue or paper towel over the stoma to catch any leakage while you are measuring.

2. Measure the stoma. Use the measuring grid and find the size that fits close to the edge of the stoma where the skin and stoma meet. If your child’s stoma isn’t round, your WOC nurse or doctor can make you a custom template.

3. Place the measuring grid on the back of the pouch barrier and trace the correct size.

4. Use scissors to cut an opening in the skin barrier, closely following the traced shape. If you are using a one-piece system, place your finger into the small pre-cut opening and push away the pouch before you start to cut. Be careful not to cut through the front of the pouch. If you cut the pouch, do not tape it closed. It will leak and give off an odor.

5. Center the new opening over the stoma to make sure it fits along the stoma edge. Recut and adjust the opening as needed.

To practice:

- Gather your supplies in the skills kit.
- Use the stoma practice model, measuring guide, and pouch to:
  - Measure and cut an opening.
  - Apply a new pouch to the model.
SKILL: APPLY THE NEW POUCH

1. Remove the covering from the back of the skin barrier.
2. Center the cut opening in the pouch’s barrier over the stoma.
3. Place the barrier on the skin around the stoma. Press down on all sides for 30 to 60 seconds, starting at the area closest to your child’s stoma. Make sure it is firmly applied.
4. Close the opening if using a drainable pouch.
5. Lower the pouch.
6. If you use a belt to secure your child’s pouch, clip it in place.
7. Date and keep the paper backing to use as your template for the next pouch change.
Stoma Supplies

Keep your child’s stoma care simple. Only use powder, paste, prep, or seals if recommended by your WOC nurse or doctor.

SKIN BARRIER PASTES

Skin barrier paste is used to fill body folds or uneven areas around the stoma. It can create a better seal between the skin and the skin barrier.

How to Apply

Pastes are generally placed directly onto the barrier. Paste should be applied in a very thin layer to areas where skin folds may need to be filled in. Since most pastes contain alcohol (which may cause a stinging feeling), it is a good idea to let the paste sit on the skin barrier for approximately 30 seconds before attaching to the skin so that the alcohol evaporates. If it is difficult to get the paste on the skin barrier, then place the paste directly onto the child’s skin. Pastes should not irritate your child’s skin. If your child develops a reaction to any type of paste, then try another brand.

Skin Barrier Rings

A barrier ring may be used to fill gaps where the pouch skin barrier may leak. Barrier rings are easy to work with and contain no alcohol. While they can be cut or molded into any shape, the more they are touched, the less sticky they become.

SKIN BARRIER POWDER

Skin barrier powder is used to help protect the skin when the skin around the stoma becomes red or weepy. It is placed on the skin around the stoma.

How to Apply

Clean the skin with water, then pat dry. Lightly dust the irritated skin with the powder and brush off the excess. You may have to use skin sealant/skin prep after the powder in order for the pouching system to stick to the skin. Dab on the skin prep. Do not wipe, as doing so removes the powder. Then apply the pouching system.
SKIN BARRIER/SEALANT

Skin barrier/sealant is a liquid skin barrier. It comes in a spray, wipe, or gel. It is used to put a protective, plastic-like coating on the skin. It may help the pouching system stick better. Make sure the barrier dries completely before applying the pouching system on the skin.

POUCH DEODORANT

The ostomy pouch is odor-proof, so the only time an odor will be noticeable is when you empty the pouch. Pouch deodorant comes in drop and spray form. The deodorant is placed in the empty pouch after draining/emptying.

ADHESIVE REMOVER

Adhesive removers are used to remove skin barrier tape and sticky residue. You will need to wash the oily residue from your child’s skin with soap and water before applying the new pouch.