Problem Solving

Irritated and Red Skin

The skin around your child’s stoma can become irritated and red. This is the most common problem for new ostomy patients. It is most often due to stool or urine 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.
- If there is seepage of stool or urine 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 the 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

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. Some patients find 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.

- If your child has redness, tenderness, and pain that extends 1/2 inch around the incision or stoma, or white/beige fluid draining in the area, call your surgeon or WOC nurse.

- If your child has redness, itchiness, and small dots under your barrier without any signs of leakage, he or she may have a fungal infection. Contact your doctor or WOC nurse for medication to treat the infection.
Diarrhea

Stool is watery because it passes through the intestine very quickly, before the water and electrolytes are absorbed. This is a primary concern for ileostomy patients.

WHAT YOU CAN DO

- 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, 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 can slow down your child’s intestines and decrease the amount of stool loss.
  
  - Common oral replacement fluids include Pedialyte®, Gatorade®, and salted vegetable or chicken broth.

- Risk of dehydration and salt loss are especially concerning for the infant ileostomy patient.

- For children, encourage drinking 8 to 10 four-ounce glasses of water per day as part of their regular routine.

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 urine or 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

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

- Ileostomy: 4 to 6 hours
- Urostomy: 2 to 4 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 or urine from a urostomy, 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.