



Colostomy/Ileostomy

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WHAT IS AN OSTOMY

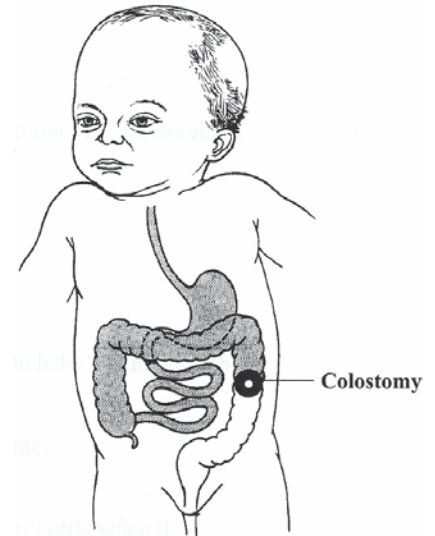
1. An ostomy is an opening made in the belly. The gut (intestines) is brought to the outside of the body and attached to the skin. The baby's bowel movements (stool) come through the opening.
2. The opening is called a **stoma**.
3. He will not have bowel movements (BMs) or stool from his bottom.
4. His intestines may be put together again later.
5. Babies may need an ostomy for several reasons:
 - **Imperforate anus** – the intestines are not connected to the outside of the body.
 - **NEC (necrotizing enterocolitis)** – the intestine becomes sick and may die in areas. The sick and dying part is removed.
 - **Birth problems** – the intestines may be twisted, blocked or born on the outside of the baby's body.



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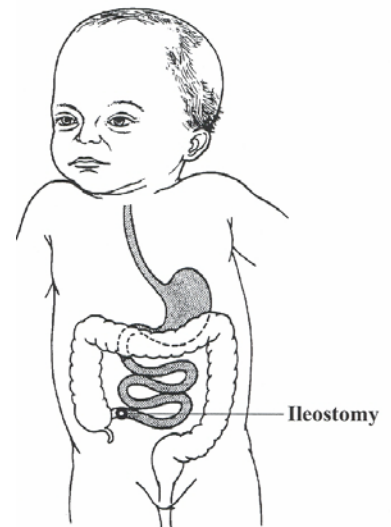
WHAT IS A COLOSTOMY

1. A colostomy is when part of the large intestine is brought outside the body through an opening on the belly.
2. A second opening called a “mucus fistula” may be made. This lets mucus out of the end of the intestine that is not used. BM does not come out of the opening for the mucus fistula.



WHAT IS AN ILEOSTOMY

1. An ileostomy is when part of the small intestine is brought outside the body through an opening on the belly.
2. The BM is liquid or like paste.
3. The BM is irritating to the skin.



My baby has a _____.



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WHAT IS A STOMA

1. A stoma is the part of the intestine brought to the outside of the body.
2. The stoma is shiny, red and wet. It looks like the inside of your mouth.
3. The stoma does not have nerves, so it has no feeling. However, it might bleed slightly when rubbed or irritated.
4. The stoma may shrink in size the first few months after surgery. You will learn to measure it regularly to make sure the pouch fits well.

BOWEL MOVEMENTS (BM)

1. BMs occur through the stoma many times during the day.
2. BMs are watery or thicker, depending on where the stoma is placed.
3. We will teach you when to be concerned about your baby's bowel movements.

THE BAG (POUCH)

1. A pouch is placed over the opening so stool does not get on your baby's skin or clothes.
2. Change the pouch every 3 days or when it leaks or starts to come off.
3. You are given pouches for your baby when you go home.
4. Clean and dry the skin each time a new pouch is put on.
5. Empty and rinse the pouch with a squirt bottle when the pouch is 1/3 full.

CHANGING THE POUCH

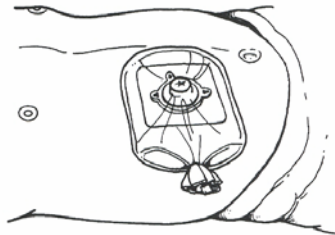
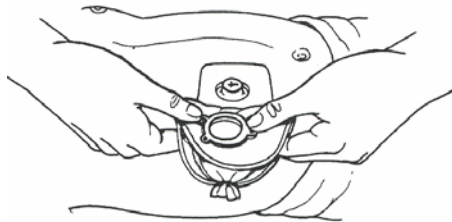
Supplies: Wash cloth/towel Scissors
 Soap Rubber Band
 Pouch

1. Gather supplies.
2. Wash your hands.
3. Use stoma guide to cut hole in pouch backing.
4. Remove paper backing.
5. Remove the old pouch.



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6. Wash skin with soap and water; rinse with water; pat dry.
7. Check skin for redness, blisters or sores.
8. Center pouch over stoma and gently press onto skin.
9. Close the end of the pouch with a rubber band.
10. Wash your hands.



CARE OF THE MUCUS FISTULA

1. Wash area with soap and water; rinse with tap water; pat dry.
2. Place a non-stick pad over the mucus fistula. (You may use a 2 inch x 2 inch gauze pad with a small amount of Vaseline® or K-Y® jelly.)



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EMPTYING THE POUCH

1. Open the bottom of the bag over a disposable diaper or container. Let the stool drain out.
2. Use a squeeze bottle filled with cool water to rinse the stool out of the pouch.
3. Dry the end of the pouch and close it with a rubber band.
4. Wash your hands.

SKIN CARE

WEEPY OR BLISTERED SKIN (Method 1)

1. If the skin is weepy or blistered, wash the area with soap and water. Rinse well and pat dry.
2. Apply a thin layer of calamine lotion using the following method:
 - Do not shake the bottle.
 - Let the lotion sit until the water comes to the top of the bottle.
 - Pour off the top water and use the thick pink cream that settles to the bottom.
 - Apply a **THIN** layer and let it dry to a pink powder.
3. Apply the pouch over the dried powder layer.
4. Change the pouch every 3 days or sooner if leaking occurs.
5. Call the doctor if the area is not better in 1 week.

WEEPY OR BLISTERED SKIN (Method 2)

1. If the skin is weepy or blistered, wash the area with soap and water. Rinse well and pat dry.
2. Sprinkle Stomahesive® powder on weepy skin.
3. Gently dust off the extra powder. Stomahesive® powder will stick to weepy skin.
4. Apply the pouch.
5. Change the pouch every 3 days or if leaking occurs.
6. Call the doctor if the area is not better in 1 week.



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RASH

1. If skin looks like it has “prickly heat” or “diaper rash”, wash the area with soap and water. Rinse well and pat dry.
2. A prescribed treatment may be needed, such as Nystatin powder for yeast infection or NoSting® barrier for irritation (infants > 36 weeks corrected age).
3. Apply the pouch.
4. Change the pouch every 3 days or if leaking occurs.
5. Call the doctor if the area is not better in 1 week.
 - **Do not** leave the pouch off to “air” the skin. The stool will irritate the skin more.
 - **Do not** apply ointments (like Vaseline, A and D ointment) to skin around the stoma. Ointments will not allow the pouch to stick on the skin.
 - **Do not** use a heat lamp to “dry” a rash. This can burn the stoma.

PROBLEMS

1. **Bleeding stoma:** The stoma has no feeling but it can bleed easily. When cleaning the stoma a small amount of bleeding is normal. If bleeding does not stop in a few minutes, apply a cold cloth to the stoma and call the doctor.
2. **Constipation:** If your baby does not have a BM every 24 hours, he may be constipated.
3. **Diarrhea:** You know your baby’s BM pattern, if there is more water or an increase in the amount of BM, your baby may have diarrhea.

CALL THE DOCTOR IF...

1. Bleeding from inside or outside the stoma occurs.
2. Stoma sticks out of belly 1 inch more than usual.
3. Blisters, rashes, weepy skin is not better in 1 week.
4. BM is different than usual – bloody, smells bad, different amount or color change.
5. Stoma sinks into baby’s belly (gets lower than skin level).
6. Soft spot on baby’s head is sunken, or he has dark circles around his eyes.
7. Baby acts different than usual: will not feed, is not active.
8. Baby’s belly is bloated or hurts when it is touched.



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HINTS

1. Carry extra supplies in your diaper bag to change baby.
2. Baby can be bathed with pouch on or off. Bath water will not get into the stoma. Do not use soap that contains cold creams, oils or lanolin.
3. Sleepers or overalls that snap at the neck and bottom stop your baby from pulling off the pouch.
4. Tuck the pouch in the diaper and pin the diaper to the undershirt to prevent your baby from pulling on the pouch.
5. Gas builds up in the bag. Open it to let the gas out. **Do not** make a pinhole in the pouch.
6. Empty the bag when it is ½ full.
7. Do not keep supplies in care or places where heat can damage them.

FEEDING

1. You may be told how much to feed your baby. The doctor will tell you when to increase the feedings.
2. Increasing the feeding too fast may give your baby diarrhea.

HELP

1. It is a lot of work taking care of a baby with special problems.
2. We ask that several family members learn the care so everyone can get some rest or go out.
3. Often it is hard to find people to babysit. They are afraid they will hurt your baby or not know what to do. It is important to teach several family members or friends to help so you can go out.

PLAY

1. You do not need to limit your baby's play.
2. Your baby can lay on his tummy and the pouch when awake.



University of Connecticut Health Center
John Dempsey Hospital
Department of Nursing
Neonatal Intensive Care Unit

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CLOSING THE OSTOMY

1. The surgery doctor will decide when the ostomy will be closed.
2. Closing the ostomy is an operation. Your baby is given anesthesia to make him sleep and not feel the surgery.

PARENT INFORMATION

The United Ostomy Association
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Suite 200
Irvine, CA 92612-2405
www.uoaa.org