

<p>Status: Guideline: Offers direction and guidance on good practice, need not necessarily be strictly adhered to.</p>	<p>Policy No: CLG 34 Revision No: Date Approved: 01/03/11 Review Date: 01/03/13</p>
<p>Title: Guidelines for the Care of Stoma of Cheshire Ireland Service Users.</p>	
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<p>Approved by:</p>	
<p>Cross Reference: BPH 02, ICOG 1, ICOG 2</p>	

1.0 Purpose

The purpose of these guidelines is to provide direction on good practice in the care of stoma of Cheshire Ireland service users.

2.0 Scope

All Cheshire services where Cheshire service users may require care of stoma by Cheshire Ireland staff.

3.0 Responsibility

- It is the responsibility of all staff who manage stoma care to follow these guidelines.
- It is the responsibility of service managers to ensure staff are familiar with the guidelines and to monitor compliance.

4.0 Definitions

‘Stoma’ originates from the Greek word meaning ‘mouth’ or ‘opening’.

A bowel or urinary stoma is created by bringing a section of the bowel out on to the abdominal wall. This is normally done in cases where the urinary or bowel tract beyond the position of the stoma is no longer viable.

Colostomy: This type of stoma is formed from a section of the large bowel opening from the large intestine to the abdominal wall, so faeces bypass the anal canal.

Ileostomy: This is formed from a section of the small bowel opening from the small intestine to the abdominal wall, so faeces bypass the large intestine and the anal canal.

Urostomy: Connection between the urinary tract and abdominal wall leading to a 'urinary conduit' so urine passes straight into a stoma bag and thus bypasses the urethra.

See Learning Notes (Appendix 3) for further information.

5.0 Guidelines

Equipment

- Gloves
- Paper towel
- New appliances
- Disposable bag
- Relevant accessories
- Bowl of warm water and disposable cloth
- Soap
- Jug for contents of appliance
- Incontinence sheet.

Procedure

- Ensure privacy for the procedure.
- Explain the procedure to the service user.
- Ensure the service user is in a comfortable position.
- Place incontinence sheet over clothes and bedclothes to protect them.
- If the bag is drainable, empty contents into a jug prior to changing it.
- Gently remove the bag from the flange with one hand while securing the flange with the other, (if only the bag is being changed) otherwise remove both gently, while exerting gentle pressure on the surrounding skin to prevent skin breakdown.
- Gently remove excess faeces/adhesive from the skin and stoma with damp tissue.
- Examine the skin for soreness/redness/ulceration.
- Wash and dry the stoma and surrounding skin.
- Apply a new appliance.
- Dispose of all soiled materials appropriately.
- Wash and dry hands thoroughly.
- Record in the Best Possible Health Stoma Record and report and record on Daily Continuation Sheet any adverse changes; loose watery stool, change in consistency, lumps, itchiness, infection or sensitivity to lead clinical person/line manager/GP. Contact Stoma Care Nurse Specialist.

Troubleshooting:

- The stoma is not a wound and should be regarded as a re-sited anus or urethra. Mild soap and water or water only is sufficient for cleaning the area. Detergents, disinfectants and antiseptics can cause dryness and should not be used.
- In some cases adhesive can adhere to the skin when the flange is removed, this can build up and cause irritation. In severe cases an adhesive remover solution can be used. This should not be used on broken skin.

6.0 References

Mallett, J. & Dougherty, L. (2000). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*, Blackwell Publishing, Oxford.

Nicol, M., Bavin, C., Bedford-Turner, S., Cronin, P. & Rawlings-Anderson, K. (2004). *Essential Nursing Skills*, Mosby, United Kingdom.

Robertson, B. & O’Kell, S. (1995). *Study Guide for Health and Social Care Support Workers*, First Class Books Pub., Bristol.

Stoma Care Guidelines for Nurses Caring for Patients with a Stoma, 2010, Royal Free Hampstead, London NHS.

7.0 Appendices

Appendix 2: Elimination Learning Pack