Stoma Care - A Self Help Guide

(Endorsed by ASCN UK)

The aim of this leaflet is to enable patients to solve a number of potential stoma care issues whilst there is limited stoma care support due to the COVID-19 pandemic. It contains general advice and is not intended to replace any specific advice given to you directly by a healthcare professional. If in doubt, please consult NHS111, your GP or stoma care nurse directly.

Stoma Care Nurse (SCN) contact details: Please email if possible & attach a photo if appropriate

Email Address:______ Tel. No.: _____

Sore Skin				
Poor fitting appliance		Recommended Action		
The stoma may change size and shape leading to exposed skin. Exposed skin can become sore.	(Salts, 2020)	Remeasure the stoma and cut the correct sized hole to ensure a good fit. Fitting the appliance correctly will protect the skin and allow healing to take place.		
Skin Sensitivity		Recommended Action		
The skin may discolour when the appliance is changed. If the skin remains discoloured in the shape of the appliance's adhesive then this may be due to a sensitivity.	(ASCN UK, 2016)	Please email photo to the SCN for review. Often, using an alternative appliance will help resolve the issue. Sometimes a mild topical steroidal treatment is needed to treat the area.		
Appliance Leaking		Recommended Action		
Leaking underneath and out from the appliance can cause sore skin.	See Appliance Leaking section below.			
Appliance Leaking				
Appliance left in place for too long		Recommended Action		
An increased wear time can sometimes lead to the appliance leaking.	If using one-piece appliance change at least every 1-3 days. If using two-piece appliance change baseplate 2-3 times per week.			
Altered abdominal contours	Recommended Action			
For example: Skin creases Scarring Swelling behind stoma	Ensure skin is as flat as possible when applying products. If leakage issues continue email a photo of stoma and skin to your SCN or telephone your SCN.			
Appliance not applied correctly		Recommended Action		
Ensure skin is clean and dry before applying products. Ensure appliance sticks to the skin and does not sit on the stoma.				
Swelling behind/around stoma				
Parastomal hernia	Recommended Action			
The majority of hernias at the stoma site do not cause serious issues.	If the stoma stops working or pain, nausea & vomiting are experienced contact NHS111, GP or your SCN.			
Post-operative swelling	Recommended Action			
It can be normal to have swelling at the stoma site after surgery.	Monitor area. If there is pain, nausea, vomiting, inactive stoma or temperature - contact NHS111, GP or your SCN.			
Bleeding from stoma				
Bleeding on contact	Recommended Action			
Bleeding is not uncommon when cleaning around the stoma.	Bleeding should stop quickly. If bleeding continues apply pressure. If it does not stop contact NHS111, GP or your SCN.			



Bleeding out of stoma		Recommended Action			
Blood coming out from inside stoma.	Seek advice from NHS	Seek advice from NHS111, GP or your SCN.			
Stoma Not Working					
Colostomy: constipation	Recommended Action				
Constipation can occur with a colostomy	Increase fluid and fruit and fibre intake. If no improvement use a mild laxative. If experiencing pain, nausea or vomiting then contact NHS111, GP or your SCN.				
Ileostomy: blockage or obstruction	Recommended Action				
If an ileostomy is not working there may be a blockage or obstruction.	If an ileostomy has not worked for 6 hours and you are experiencing abdominal pain and nausea/vomiting - drink clear fluids and avoid food. A warm bath and abdominal massage may help resolve symptoms. If the problems continue or worsen and you feel unwell contact NHS111, GP or your SCN.				
High output stoma					
Usually ileostomy	Recommended Action				
A stoma output of over 1.5 litres in 24 hours increases risk of dehydration and acute kidney injury. The output from an ileostomy should be of a paste/porridge like consistency not watery. A high watery output may be caused by: Infection (you may be asked to produce a sample) Obstruction Quickly stopping some medicines e.g. steroids or strong painkillers Taking some medicines e.g. laxatives or magnesium	If you have a high stoma output: Reduce intake of water/tea/coffee to 500-1000ml in 24hrs Sip 1000ml of rehydration drink (see below) over 24 hours Sip your fluids as this will help the fluids to be absorbed Avoid drinking at the same time as eating Eat a high starch/carbohydrate, low fibre diet Take Loperamide (Imodium) 2-4mg (or your prescribed dose) 30-45 minutes before meals and at night (4 x daily). Please check contraindications prior to taking new medication and seek medical advice if required. Loperamide tablets work more effectively than capsules. Stop taking laxatives and anti-inflammatory medicines such as Ibuprofen Watch out for signs of dehydration (see below) Empty and change your appliance regularly to prevent leaking and damage to the skin around your stoma				
IF THESE STEPS DO NOT RESOLVE THE HIGH OUTPUT STOMA OR YOU FEEL UNWELL CONTACT NHS111, GP OR YOUR SCN AS YOU ARE AT RISK OF DEHYDRATION AND ACUTE KIDNEY INJURY					
Rehydra	tion drink recipes – (ts	sp = teaspoon)			
800ml tap water *Contains potassiu	cipe 2 m so use with caution, n heart problems*	Recipe 3 1000ml Sports drink (e.g. Lucozade) 1 level tsp salt	Recipe 4 6 level tsp sugar ½ level tsp salt 1000ml water		
	Signs of dehydration				
• Dizziness • [Feeling thirsty Dry mouth Feeling tired	Muscle cramps/weaknessReduced/no urine outputDark, concentrated urine			
Low on supplies					
Contact your local prescription service or home delivery company directly on the number below: Prescriber/Dispenser: Tel. no.:					
Additional Support and Advice					
Colostomy UK - <u>www.colostomyuk.org</u> Urostomy Association - <u>www.urostomyassociation.org.uk</u>					
Ileostomy Association - <u>www.iasupport.org</u> NHS111 online service - <u>www.111.nhs.uk</u>					

