







# STOMA CARE and STOMA BAG CHANGE

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## Introduction

*Stoma is a word of Greek origin meaning mouth or opening. The most common underlying conditions resulting in the need for a stoma surgery are colon cancer, bladder cancer, ulcerative colitis and Crohn's disease. The aims of stoma care are:*















-  *to ensure peri-stomal skin is kept clean and dry*
-  *to observe the stoma and discourage skin excoriation*
-  *to ensure a safe and comfortable application of an appliance*
-  *to give advice for caring for stoma to the Individuals*
-  *to help an Individual in the acceptance of stoma (if a newly formed and permanent*





## Procedure

### 1. Equipment

-  Clean tray to hold the following,
-  Gloves and apron
-  Tissues, wipes
-  New appliance
-  Measuring device/template
-  Scissors
-  Disposable bag for waste
-  Adhesive remover, protective film, seals and washers
-  Bowl of warm water
-  Jug for contents of the appliance
-  Soap if wanted.

### 2. Stoma care











-  Explain the procedure with the Individual and gain consent before proceeding
-  Assist the individual to a comfortable position respecting their dignity and privacy.
-  If you are teaching them to manage their own stoma care ensure they can see what you are doing. A mirror is sometimes used to aid visualisation.
-  Protect the bed and the Individual by placing towel/tissue under stoma
-  If the bag is a drainable type then empty the contents into the jug before removing the bag.
-  Remove the appliance slowly, peel the adhesive off the skin with one hand while exerting gentle pressure on the skin with the other
-  Fold the appliance in two to prevent spillage and place in disposal bag
-  Remove any faeces or mucus from the stoma with a damp tissue
-  Observe stoma size, shape and colour to determine bleeding, prolapse, retraction, necrosis, infection
-  Observe surrounding skin area to determine excoriation, redness, allergy or herniation.
-  Wash the stoma and surrounding skin with warm (soapy) water. Dry thoroughly to ensure that adhesive will stick
-  If the skin is unblemished and the stoma is a healthy colour proceed, if not seek advice.
-  Measure the stoma and cut appliance leaving 3mm clearance
-  Fix the appliance into position, (different methods being used for a variety of appliances), ensuring that no peri-stomal skin is exposed to body fluids. Ensure also a "snug" fit so that leakage does not occur




-  Dispose soiled materials and used appliance.
-  Remove gloves and apron, then wash and dry hands.
-  Reassure the Individual, answer any questions they may have and ensure they are comfortable.
-  Record results in Care Plan

***Further Guidance***

*Ulcerative Colitis NICE guidelines [CG166] Published date: June 2013*  
*Faecal incontinence NICE guidelines [CG49] Published date: June 2007*

***For Stoma Care Procedure refer overleaf***

<b>WHEN THE STOMA BAG SHOULD BE CHANGED?</b>	<ol style="list-style-type: none"> <li>The Service User will be able to let staff know if hers / his stoma bag requires changing. If the Service User is agitated please ensure that the first thing is check is if the stoma requires changing. The bag will require changing if it is a 3<sup>rd</sup> full.</li> <li>If the Service User is unable to inform the staff, then the signs to look for are: <ol style="list-style-type: none"> <li>Discomfort</li> <li>Upon checking, the bag may be empty but inflated, this is because of wind. The bag should be changed if this is the case.</li> </ol> </li> </ol>		
<b>PROCEDURE FOR CHANGING THE STOMA BAG</b>	<b>STEP 1</b>	<b>PPE (Personal Protective Equipment)</b>	Dealing with stomas is not a sterile procedure but is a clean procedure, and staff must ensure to wear clean gloves and aprons and wash their hands prior to commencing the procedure and after.
	<b>STEP 2</b>	<b>REQUIRED MATERIALS</b>	<p>Staff must ensure that all the materials needed for the procedure are ready and within reach as follows:</p> <ul style="list-style-type: none"> <li> 1 towel</li> <li> A bowl of warm water</li> <li> Some soft gauzes (supplied with the stoma bags and need to be ripped into 2)</li> <li> A disposable bag (supplied with the stoma bag, looking like a nappy sacks)</li> <li> A fresh / new stoma bag</li> </ul>
	<b>STEP 3</b>	<b>REMOVING THE FULL / EXISTING BAG</b>	<ul style="list-style-type: none"> <li> It may be easier if the Service User is in a lying position</li> <li> Put the towel on Service User's lap, or tuck part of the towel into his / hers underwear</li> <li> Wet the gauze</li> <li> With the damp gauze try to gently unstuck the existing bag from his / her abdomen area, it is like pulling off a plaster, use the damp gauze with one hand and gradually ease the bag off with the other hand. The wet gauze should help ease the stickiness away so it is more comfortable for Service User.</li> <li> Once the bag has been removed place it into the nappy sack to be disposed of in the usual yellow clinical waste bin</li> </ul>
	<b>STEP 4</b>	<b>CLEANING THE AREA</b>	<ol style="list-style-type: none"> <li>Cleaning the area is not a sterile procedure but is a clean procedure. Staff to ensure that is wearing clean gloves and apron and wash their hands prior to cleaning the site and after.</li> <li>Staff to use the soft white gauze and warm water to gently clean the site. The skin should be normal and healthy, should there be any redness or rashes inform the nurses in charge to arrange for some Cavilon sticks or similar.</li> <li>If there is any faecal matter coming from the colostomy area ease it out gently with the gauze</li> <li><u>Do not</u> use cotton wool or tissue paper to clean the area as they may disintegrate, the pharmacy should supply ample gauzes. If there are no gauzes left it may be used kitchen roll staff should ensure that there are enough gauzes at all times.</li> <li>Put all materials used in the nappy sack for disposal into clinical waste bin</li> </ol>

	<b>STEP 5</b>	<b>APPLYING THE NEW BAG</b>	<ol style="list-style-type: none"> <li>1. The bags have been cut of the correct size for the Service User, a top tip for applying the bag is to fold the bag in two (horizontally) to find the middle of the hole</li> <li>2. Staff to remove the backing paper around the hole to expose the sticky surround which is to be applied directly to the skin</li> <li>3. Staff to start applying the bag from the bottom upwards</li> <li>4. Once applied staff should run their fingers around the application to ensure it is sealed</li> </ol>
<b>PROCEDURE FOR CHANGING THE STOMA BAG</b>	<b>STEP 6</b>	<b>COMMUNICATION WITH THE SERVICE USER</b>	<ul style="list-style-type: none"> <li> Ensure good communication with the Service User throughout the procedure to reduce any anxieties he / she may have.</li> <li> If the Service User asks for his / her bag to be changed it should be done immediately.</li> <li> Ensure to record the emptying of the bags on the appropriate record form</li> </ul>
<b>QUESTIONS AND ANSWERS</b>	<b>HOW OFTEN THE STOMA BAG NEEDS TO BE CHANGED?</b>		Can be up to 3 times a day. The Service User may not pass anything in 24 hours. That should not be a cause for alarm but should this be the case for 48 hours the GP should be contacted. Staff should ensure that the Service User is drinking and eating well.
	<b>WHAT TYPE OF STOOL SHOULD BE EXPECTED?</b>		The Service User should pass normal stools, due to a change of food and environment his / her initial stools may be a little more watery
	<b>ARE THERE ANY FOOD TO AVOID?</b>		Generally, the Service User should be able to eat a normal diet. However, peas and beans should be avoided as they cause wind and making the Service User uncomfortable.