

# Problem Solving

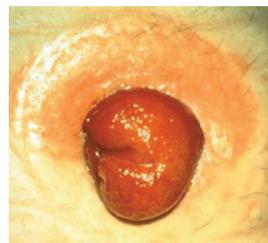
## Irritated and Red Skin

The skin around the 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 skin with each pouch change. Use a mirror if needed to see all areas of your stoma skin.
- ▶ Size the stoma and cut the barrier to fit the stoma.
- ▶ Do not wear the skin barrier too long. Suggested wear time is 3 to 5 days. Wear time can depend on how often you empty your pouch, how much you sweat, and your 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 under a specific area of your skin or by a skin fold, you may need skin barrier paste to fill in any gaps.
- ▶ Measure your stoma during each pouch change for the first 3 months after your operation. Your stoma will change in shape and size as your body heals. It is best not to buy pre-cut barriers until at least 3 months after your 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 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 more gentle when removing tape, use an adhesive remover, or try a different barrier.



## Barrier Not Sticking

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### WHAT YOU CAN DO

If the barrier is not sticking, you may want to try:

- ▶ Cleaning the skin with water. If you use soap or any wipes, be sure to rinse the area well with water to make sure there is no residue left on the skin.
- ▶ Make sure the 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.
- ▶ Remove any hair on the skin surface by trimming with scissors or using a safety razor.
- ▶ If you perspire a lot, it may help to use skin barrier powder to absorb perspiration.
- ▶ If you are using 2 to 3 barriers daily because of leakage or the barrier is not sticking, contact your doctor or WOC nurse for additional help.

## Signs of Infection

Redness around the edges of the stoma while it is healing is normal.

- ▶ If you have redness, tenderness, and pain that extends a 1/2 inch around the incision or stoma, or white/beige fluid draining in the area, call your doctor or WOC nurse.
- ▶ If you have redness, itchiness, and small dots under your barrier without any signs of leakage, you may have a fungal infection. Contact your doctor or WOC nurse for medication to treat the infection.



## Diarrhea

The stool is watery because it passes through the intestine very quickly, before the water and electrolytes are absorbed.

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### WHAT YOU CAN DO

- ▶ Drink at least 8 to 10 glasses of water as part of your regular routine.
- ▶ Drink replacement fluids such as broth or an oral electrolyte solution. Examples include Pedialyte, Gatorade, and Powerade.

- ▶ Keep track of how many times you have to empty your pouch. If you are emptying your pouch when it is 1/2 full more than 6 times per day, you are at a high 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 6 pounds over a few days.
- ▶ Call your doctor or nurse. They will guide you on what oral solution you should drink and how to adjust your diet. Medication may be prescribed that can slow down your intestines and decrease the amount of stool loss.
- ▶ Risk of dehydration and salt loss are especially concerning for the ileostomy patient.

## Bleeding

You may see a spot of blood on your stoma, especially when cleaning or changing the pouch. The stoma has a good blood supply and no longer has the protection of your skin, so a spot of blood is normal.

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### WHAT YOU CAN DO

- ▶ Make sure the bleeding has stopped after your pouch change. The bleeding should stop within a few minutes.
- ▶ You can use a moist cloth and apply mild pressure for a minute.
- ▶ Contact your surgeon or nurse if you see blood in your pouch or the bleeding increases.

## Stoma Prolapse

Stoma prolapse means the stoma becomes longer and sticks out (protrudes) higher above the surrounding skin.

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### 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.

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### 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 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 pouch system so you have a good seal.



## No Output from the Ostomy

Your ostomy is usually active. If you have a 4 to 6 hour period without stool from an ileostomy/colostomy or urine from a urostomy, and you have cramps or nausea, you may have an obstruction. There may be blockage from food or internal changes, such as adhesions.

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### WHAT YOU CAN DO

- ▶ 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 the abdomen right around the stoma site. This may help increase pressure and help the food blockage to come out.
- ▶ Call your surgeon or WOC nurse or go to your local emergency department if you continue to have blockage or start to vomit.

## Medical Emergencies

Contact your surgeon or nurse immediately or go to the nearest emergency room if you have:

- ▶ A deep cut in your stoma
- ▶ A severe change in color in your stoma from a bright red color to a dark, purplish red color. A change in color could mean that there's not enough blood being supplied to the stoma. It is not likely that this will happen after discharge 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
- ▶ Severe skin breakdown that is not improving
- ▶ Continuous diarrhea with signs of dehydration
- ▶ Severe cramping and no output from the stoma for a period of 4 to 6 hours

