Problem Solving for the IBD Patient with an Ostomy

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Ostomy Primer:
Fecal Diversion

<table>
<thead>
<tr>
<th>Ileostomy</th>
<th>Colostomy</th>
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<tbody>
<tr>
<td><img src="image1" alt="Ileostomy Diagram" /></td>
<td><img src="image2" alt="Colostomy Diagram" /></td>
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</tbody>
</table>
Ileostomy

- **Small Intestine Function:**
  - 1000 ccs/24 hours of output
  - Pasty consistency
  - Little gas
- **Management:**
  - Drainable pouching system worn 24 hours a day
  - Skin protection VIP

Colostomy

- **Large Intestine Function:**
  - Dependent upon location of stoma
    - 800 ccs/24 hours: right sided
    - 500 ccs/24 hours: mid colon
    - 300 ccs/48 hours: left colon
  - Gas
- **Management:**
  - Pouching system: drainable or closed end/24 hours a day
Drainable Pouching System

- Skin barrier
  - Skin protection
  - Adhesive seal

- Pouch
  - Collection of output
  - Disposal of output

- Principle
  - Predictable wear time
  - Skin protection

Non Drainable Pouching System

- Skin Barrier

- Pouch
  - Removed from skin barrier
  - Discarded
Problem: Bowel Obstruction

- Patient reports no output for over 8 hours

Assessment:
- Type of stoma
- Reason for stoma
- Normal output
- Pain:
  - Present
  - Type
    - Intermittent
    - Constant
    - Intensity

Problem: Bowel Obstruction

- Gastrointestinal Assessment
  - Well being
  - Output
  - Change in output
    - Explosive output
    - Excessive gas
    - Periods of no output
### Problem: Bowel Obstruction

#### Assessment:
- Intake in last 24 hours
  - Food
- Medications
  - Medications

### Bowel Obstruction Causes

- Post operative ileus
- Food blockage
- Adhesions
- Peristomal hernia
Bowel Obstruction: Interventions

- Bowel Rest
- Flat Plate
- Decompression
  - NG tube
  - Red rubber tube in stoma

Problem: Bowel Obstruction

- Interventions
  - Colostomy
    - Laxatives?
  - Ileostomy
    - Increase in fluids
    - Reduction of edema
  - General
    - Ambulation
    - Warmth: relaxation

- Patient education
  - Edematous stoma for 48 hours
  - Liquid output for @ least 24 hours
  - Repeat of obstruction: indication of disease?
Problem: Bowel Obstruction

- Recurrence of disease
  - Narrowed area
  - Documented by x-ray/scope
  - Surgical intervention

My Pouch is Leaking!

- Predictable wear time
- Average wear time = 4 days
- Factors that contribute to decreased wear time:
  - High liquid output
  - Flush stoma
Common Cause: Improper Fit of Skin Barrier

- Skin barrier must be cut to the stoma size.
- Skin barrier cut too large

Measuring a Stoma
Skin Barrier Fit & Wear Time

- Skin barrier covers all of the peristomal skin
- Is changed when erosion begins

Shape of Skin Barrier

- Flat
Shape of Skin Barrier

- Convex

Problem: Pouch Leaking

- Assessment
  - Size of opening in skin barrier
  - Length of wear time
  - Shape of skin barrier

- Treatment of skin
  - Skin barrier powder
  - Anti inflammatory spray
Reimbursement Issues

- **Medicare Reimbursement**
  - Up to 20 drainable pouches/month
  - Up to 20 skin barriers/month
  - 80% of allowable is covered
  - 20% is patient’s responsibility

- **State Insurance**

- **Private Insurers**
  - Similar coverage

Reimbursement Issues

- **Non prescription items**

- **Documentation of medical necessity**

- **Documentation to include**
  - Diagnosis
  - Type of ostomy
  - Type of equipment (order numbers)
Pain in the Peristomal Area
Peristomal Abscess

**Possible etiology**
- Abscess-fistula-Crohn’s disease

**Surgical Intervention**
- Bowel resection
- Stoma re-sited

Case Presentation
28 year old male, with ulcerative colitis, unresponsive to medical therapy

Undergoes a three step surgical procedure

Ileal Pouch Anal Anastomosis

Stage One: Colon and rectum removed, Hartmann’s closure, end ileostomy

Stage Two: Construction of J Pouch, and a loop ileostomy
Given the altered anatomy, what is the most common problem that this patient may encounter?

1. The development of a fistula in the J pouch.
2. High output from a shortened small bowel.
3. Inability to keep the pouching system sealed.

High Output: Shortened Small Bowel

• Assessment includes:
  - The amount of output
  - The consistency of the output

• Interventions to correct this problem include:
  - Use of antidiarrheals
  - Dietary manipulation
Inability to Keep the Pouching System Sealed

- Assessment includes:
  - The amount & consistency of output
  - The shape and size of the skin barrier

- Interventions
  - Control output
  - Treat skin
  - Match shape of skin barrier to stoma size and protrusion

Symptom: Lack of Output

- Patient calls to report no output for 6 hours. He is 17 days out from surgery.
  - Assessment to include:
    - Presence of cramps/abdominal pain/nausea?
    - Review of oral intake for last 24 hours
    - Meds in last 24 hours

- Reports Asian food for dinner
  - Took narcotics for abdominal pain
## Possible Diagnosis

<table>
<thead>
<tr>
<th>Possible Diagnosis</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>• Food obstruction?</td>
<td>○ Ambulation</td>
</tr>
<tr>
<td>○ Why??</td>
<td>○ Warmth to abdomen</td>
</tr>
<tr>
<td>• Bowel obstruction?</td>
<td>○ Trip to emergency room</td>
</tr>
<tr>
<td>• Normal?</td>
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## Problem Solving for the Ostomy Patient

### Assessment:
- ○ Type of stoma
- ○ Reason for stoma creation
- ○ Stoma function
- ○ Stoma management

### Management:
- ○ Identification of etiology
- ○ Consult with certified ostomy care nurse