

Article 2955

Overview

This is the specialized care required for a colostomy. For some medical problems involving the large intestine, also known as the colon, a new passage must be created to allow stool to leave the body. An opening in the abdominal wall is created by a surgeon. The surgeon connects the colon to the outside abdominal wall of the body. This is called a colostomy. The opening in the abdomen on the outside of the body is called a stoma.

Who is a candidate for the procedure?

A person may need a colostomy if he or she has had an infection, inflammation, or blockage in the bowel. The colostomy may also be part of treatment for colon cancer. Bowel defects or injuries might also result in a colostomy. The underlying condition that leads to a colostomy will affect a person's emotional, psychological, and physical recovery from surgery. A colostomy may be temporary or permanent.

How is the procedure performed?

Colostomy education begins before surgery. Diagrams, photographs, and examples of equipment are used to help to explain what the person might expect after surgery. Concerns about upcoming changes in body image, lifestyle, and sexuality are also addressed.

When a person has a colostomy, a team of healthcare professionals provides education and initial care. These may include a doctor, nurse, social worker, and dietitian. An enterostomal therapist, known as an ET, might also help with care. ETs are usually registered nurses who have had specialized training and certification in the care of ostomies and wounds. People with colostomies are given information and training specific to their needs. Ongoing care may often extend well beyond the initial hospital stay. The colostomy will begin to function 3 to 6 days after surgery. At first, a nurse or ET will take care of the colostomy. This person will also teach the person how to care for the colostomy on his or her own. Gradually, the individual will be able to take over the care of the stoma and the skin around the stoma.

The stoma is red and shaped in an oval. It resembles the skin on the inside of the lower lip. A drainage bag or pouch is attached to the skin around the stoma. The stool drains into this pouch. The stoma size determines the size of the pouch. The size of the stoma may vary at first due to swelling and weight fluctuation. The stoma is often checked 3 weeks after surgery, when swelling has subsided.

The final size and type of pouch used will be set about 3 months after the colostomy. This is when a person's weight and size are likely to be stable again. There are many types of pouches available. Most pouches are odor-resistant and disposable. The nurse or ET can help the person choose an appliance that fits well.

Good skin care around the stoma is critical. Before applying a fresh pouch, the skin around the stoma is washed gently with a mild soap. A gauze dressing may be used to cover the stoma while the skin is cleaned. The skin is patted completely dry with a gauze pad. Rubbing should be avoided. A healthcare provider may suggest using nystatin powder on the skin around the stoma to combat irritation or yeast growth. A skin barrier, which may be a wafer or paste, is then applied to protect the skin from bowel contents draining through the stoma. The backing of the adhesive surface of the pouch is removed. The bag is then pressed down around the stoma for 30 seconds. The pouch should be removed and drained when it is one-third to one-fourth full. If the pouch becomes too full, the weight could cause the bag to come off and spill. Colostomy irrigation, a procedure in which fluid is inserted into the bowel through the stoma, might be used to regulate the passage of stool. This helps avoid constipation. The healthcare provider will advise when and how to perform irrigation.

A dietitian can help a person with a colostomy choose a balanced diet. It may be helpful to avoid some foods, such as those that cause gas and odor. These foods include:

- » beans
- » eggs
- » fish
- » members of the cabbage family
- » nuts

Foods or fluids such as fruits, coffee, carbonated beverages, or high-fiber items may cause diarrhea. Foods with hard-to-digest kernels, such as popcorn, may need to be avoided as well. Nonirritating foods can be substituted for those that must be restricted.

What happens right after the procedure?

The person should be encouraged to talk about how he or she feels about having a colostomy. Questions about sexuality and body image are common. These can be addressed by the healthcare team. The pouch presents no physical reason to limit sexual activity. Some persons wear pouch covers, or smaller pouches, during sex. Concerns about lifestyle changes can be discussed with a healthcare provider.

What happens later at home?

Visits from homecare nurses or ETs can help the person adjust to day-to-day living. Some people may find it helpful to join support organizations such as the United Ostomy Association.

What are the potential complications after the procedure?

Specific instructions will be given about when to call the healthcare provider. Skin irritation and infection can result from stool that does not drain properly. Diarrhea, which is the passage of frequent watery stool, may occur. Stool may also get backed up in the bowel and require manual removal.