

What Is a Colostomy or Ileostomy?

An ostomy is a surgically created opening in the abdomen for the discharge of body waste. After the ostomy is created, your child will expel or release stool through a stoma.

- ▶ Ostomies that discharge stool are called ileostomies or colostomies.
- ▶ An ileostomy is an opening in the small intestine.
- ▶ A colostomy is an opening in the large intestine.

The stoma is the end of the small or large intestine that can be seen protruding or sticking out of the abdominal wall. It is the new site where stool will leave the body and be collected in the ostomy pouch. The size and location of the stoma depend on the specific operation and the shape of the abdomen.

Most stomas are similar and will:

- ▶ Stick out of the body, usually an inch or less above the skin
- ▶ Vary in size and be round or oval in shape.
- ▶ Be red and moist (similar to the inside of your mouth)
- ▶ Your child will have no control over stool passing through, so a pouch will have to be worn over the stoma.
- ▶ Be slightly swollen for the first weeks after the operation and then shrink to their permanent size



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*Ostomy Home Skills
Program: Welcome*



ACS / AMERICAN COLLEGE
OF SURGEONS



Your Child's Ileostomy/ Colostomy Operation

Who Needs an Ostomy?

In infants, birth conditions or disease may prevent the normal flow and drainage of stool. In children, diseases such as inflammatory bowel disease, cancer, injury, or trauma can block the flow of stool. If the segment of the intestine cannot be repaired, then the surgeon will perform an ostomy operation. The ostomy will reroute the stool to a new opening on the abdomen. Many ostomies in children are temporary until the problem can be repaired or treated.



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Ostomy Home Skills
Program: Your Child's
Colostomy/Ileostomy



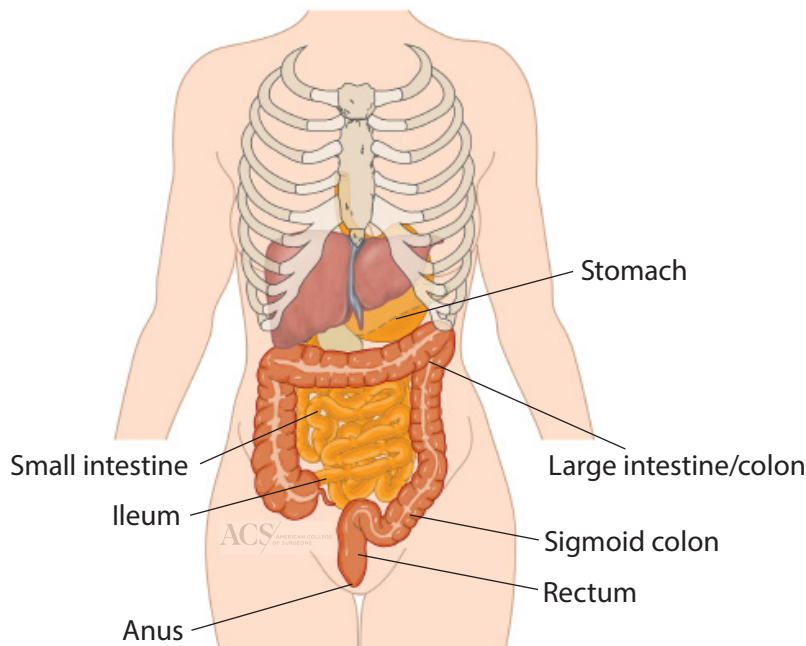
SAMPLE

Ileostomy/Colostomy

Understanding Your Child's Digestive System

Food passes from the mouth, through the esophagus, and to the stomach. The stomach breaks down food into small pieces that move into the small intestine.

In the small intestine, enzymes break down food into a thick liquid. The intestine absorbs nutrients, vitamins, and water. The material moves into the large intestine, also called the colon. In the colon, water is absorbed from the stool. It becomes thicker as it moves through the parts of the colon. Stool passes from the colon into the rectum and is expelled through the anus. Your child's operation will bring either the small or large intestine to the surface of the abdomen.



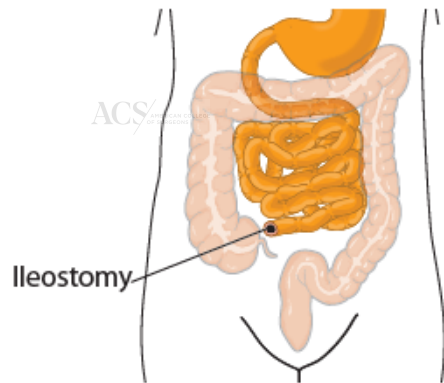
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*Ostomy Home Skills Program:
Your Child's Operation*



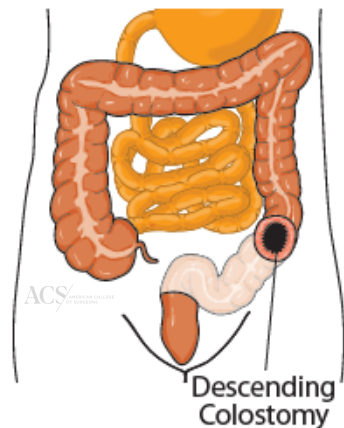
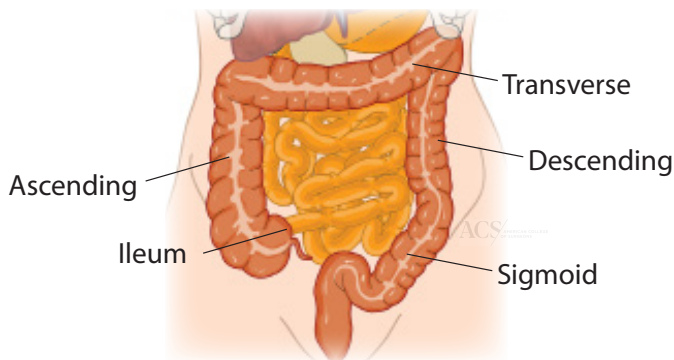
Ileostomy

An ileostomy is the opening created by the surgeon to bring the small intestine (ileum) to the surface of the abdomen. An ileostomy may be temporary or permanent. With ileostomies, less water is absorbed from the stool, so output is more liquid (like oatmeal or applesauce). The output may get thicker over time.¹



Colostomy

A colostomy is the opening created by the surgeon to bring the colon (large intestine) to the surface of the abdomen. There are various kinds of colostomies, each named for the location in the colon where the ostomy is formed. They are: ascending, transverse, descending, or sigmoid colostomy. A colostomy may be temporary or permanent. The stool consistency and activity (how often the stool will pass) depends on the location of the stoma. When the stoma is closer to the rectum, the stool is more formed, and it may only pass once or twice per day.



Ileostomy/Colostomy Output

The stool that comes out of your child's stoma will be liquid after the operation. It will get thicker within several days. If your child's rectum or colon have not been removed surgically, it is common to have mucus discharge from the anus. Sometimes the mucus becomes firm enough to look like stool. This type of anal discharge is not a cause for concern.

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Pouching Systems

ABOUT THE POUCH

The stool will exit from a new opening called a stoma and be collected in an odor proof pouching system. Your child will not be able to feel or control the stool as it leaves the body through the stoma. He or she will need to wear an ostomy pouching system at all times.

The pouching system sticks or adheres to the skin around the stoma. The pouch:

- ▶ Collects stool
- ▶ Contains the odor
- ▶ Protects the skin around the stoma

Stool on the stoma will not cause any problems. Stool on the skin surrounding the stoma can cause the skin to get red or irritated.

Ostomy pouching systems are lightweight and lie flat against the body. Pouching systems come in different sizes and styles. Your doctor or ostomy nurse can help you choose which one is best for your child. You may try different pouches before finding the one that works best for your child.



Pouching Systems

Pouching systems are made up of the skin barrier and the pouch. The skin barrier protects the skin around the stoma and provides an adhesive seal. The pouch collects and holds the stool. Your ostomy nurse can help you decide on the best fit for your child. They are available as a one-piece or a two-piece system.

Pouching systems are available as:

- ▶ One- or two-piece systems
- ▶ Pouches that are clear (transparent) or opaque (cannot see through)
- ▶ Pouches that are drainable (for long term wear) or not drainable (one-time use)
- ▶ Skin barriers that are cut-to-fit (often used immediately after surgery) or pre-cut
- ▶ Skin barriers are available as flat or convex (shaped)

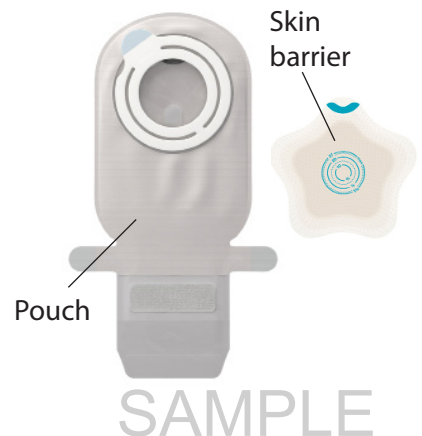
One-Piece System

In a one-piece pouch, the pouch and skin barrier are attached together.



Two-Piece System

In a two-piece system, there is a skin barrier with a flange (rim) and a separate attachable pouch. The skin barrier adheres to the skin. The pouch attaches to the barrier with a snapped flange or adhesive seal. Flange sizes are made to fit exactly to a specific pouch.



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Ostomy Home Skills
Program: Pouching System



Drainable Pouch

A drainable or open pouch allows stool to be emptied at the bottom. You do not need to remove a drainable pouch to empty it. The pouch can remain in place for several days.



Closed-End Pouch

A closed-end pouch has no opening at the bottom. The pouch is removed when 1/3 to 1/2 full and you throw it away. A new pouch is applied. It is generally used with a colostomy. Closed-end pouches are available in one-piece or two-piece systems.

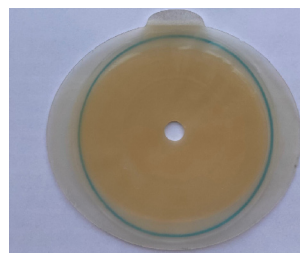
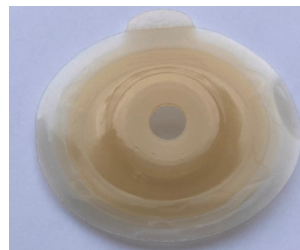
A closed-end pouch is often used:

- ▶ When the pouch does not have to be emptied often
- ▶ For convenience while traveling
- ▶ While swimming



Barrier Shape

You will need a pouch barrier that fits your stoma type. Some stomas lie flat with the body, others sink in or extend out. Your barrier (convex or flat) will help provide the best seal around the stoma. Your ostomy nurse can help you with the correct fit.



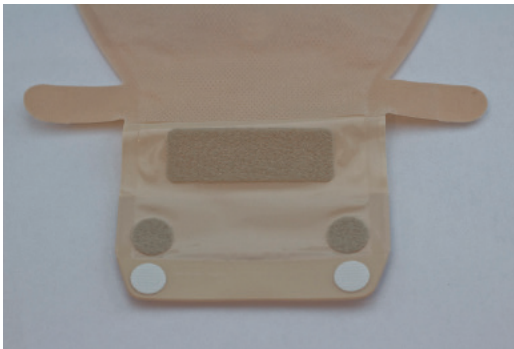
Pouch Closure

ILEOSTOMY AND COLOSTOMY

A clip or roll-up-and-seal method is used to close a drainable pouch.

ROLL AND SEAL

The pouch is sealed by folding or rolling the opening, usually three times in the same direction. Then, either press across the opening or use Velcro® tabs that secure around the closure.



CLAMP CLOSURE

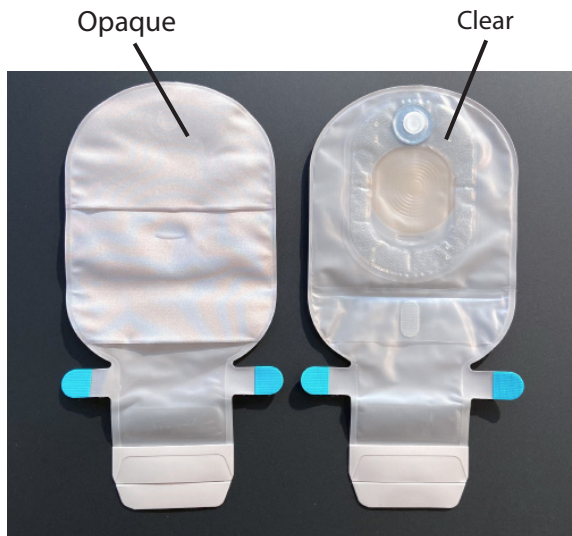
When using a clamp, be sure to wrap the end or tail piece around the clamp; tug on the clamp once while holding the bag to make sure it doesn't slip off. Clamps usually last a month or longer.



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Pouch Colors

Some pouches are clear or transparent, and others are opaque (you can't see through them). While in the hospital, the pouch will most likely be clear or transparent. When your child goes home, you may prefer to switch to an opaque pouch.



Pouch Size

Pouches can be small or large. The size needed depends on the size of your child and the amount of output that your child produces as well as personal preference. An ileostomy produces watery output and needs to be emptied more often, so a larger pouch may be needed. Colostomy output is more formed, so a smaller pouch may work. A mini pouch is smaller and less visible under clothes. The mini pouch may be convenient during exercise and swimming.



Pre-cut or Cut-to-Fit Barrier

A pre-cut barrier means that you order the size that fits closely around your child's stoma. A cut-to-fit barrier is measured and cut to the stoma size. Right after your child's operation, the stoma is swollen and continues to decrease in size over several weeks. A cut-to-fit is most common right after surgery as the stoma size changes.

Pouch with Filter

Some pouches have a small vent or filter. This allows gas to pass from the pouch and keep the pouch from expanding. The filter can eliminate odor. It may be helpful to use vented pouches for infants, since babies release air that has been swallowed when crying and sucking. Filters typically do not work well once they get wet. So, if your child bathes or swims, you may have to cover the opening with a cover or waterproof tape.



Pouch Belts and Wraps

A pouch belt or wrap may provide extra support. Some are made specifically for water sports. If you your child wears an ostomy belt or wrap:

- ▶ Attach the belt so that it lies evenly against your child's abdomen and lies level with the pouching system.
- ▶ The belt should not be so tight that it cuts into or leaves a deep groove in your child's skin.
- ▶ You should be able to place one finger between the belt and your child's abdomen.



Pouch Covers

Pouch covers are lightweight, soft coverings that go over the pouch. They come in a variety of colors and prints. The pouch cover may reduce heat and moisture caused by the pouch resting against the skin.



Additional Ostomy Resources

Resources

American College of Surgeons

Surgical Patient Education Program

facs.org/ostomy | 1-800-621-4111

Wound, Ostomy and Continence Nurses Society (WOCN®)

wocn.org | 1-888-224-9626

United Ostomy Associations of America (UOAA)

ostomy.org | 1-800-826-0826

American Society of Colon and Rectal Surgeons (ASCRS)

fascrs.org

American Pediatric Surgical Association (APSA)

apsaped surg.org

American Pediatric Surgical Nurses Association (APSNA)

apsna.org

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