COLOSTOMY CARE

INTRODUCTION

A colostomy is defined as the surgical creation of an opening between the colon and the surface of the abdomen. The suffix ostomy is a medical term that means an opening created between two organs or two different areas of the body: there are many different types of ostomies that can be created, and they are named after the part of the body that is involved. Depending on the patient’s clinical condition, colostomies can be permanent or temporary and there are different types of colostomies that can be performed. A colostomy is not very complicated to manage and many patients who have a colostomy can provide self-care. However, some patients, because of age, disability, or other limiting factors cannot, and certified nursing assistants (CNAs) and Home Health Aides (HHAs) may be asked to provide colostomy care.

OBJECTIVES

After completing this module, the learner will be able to:

1. Identify the primary function of the colon.
2. Identify the correct definition of a colostomy.
3. Identify the two basic reasons for performing a colostomy.
4. Identify the two basic types of colostomy.
5. Identify the correct definition of a stoma
6. Identify complications associated with a colostomy.
7. Identify basic CNA/HHA responsibilities of colostomy care.
8. Identify the infection control practices needed when providing colostomy care.
9. Identify a procedure used to establish regular passage of feces.
10. Identify diet restrictions that should be followed by patients who have a colostomy.

ANATOMY AND PHYSIOLOGY OF THE GASTROINTESTINAL TRACT

The gastrointestinal tract is essentially a continuous tube that starts with the mouth and the oral cavity and ends with the anus, and the two basic functions of the gastrointestinal tract are: 1) intake of food and fluids, and; 2) elimination of wastes. Digestion and breakdown of food and absorption of nutrients begins in the stomach. After the stomach, the gastrointestinal tract continues with the small bowel. The small bowel is a long, relatively narrow tube and most of the nutrients we eat such as carbohydrates, proteins, vitamins, etc. are absorbed through the small bowel. The small bowel connects with the colon - also called the large bowel - and the colon connects with the rectum and the anus.

The colon is approximately five feet long, it is located in the abdomen (below the navel and above the pubic area), and it is divided into four sections: 1) ascending colon; 2) transverse colon; 3) descending colon, and; 4) sigmoid colon.

Learning Break: The primary function of the colon is to form and eliminate feces.
After food has been broken down by the stomach and after the nutrients and most of the fluids have been absorbed by the small bowel, the remainder of what we eat (and what cannot be digested) passes from the small bowel into the colon. At that point, most of the remaining water is absorbed through the wall of the colon and feces are formed.
COLOSTOMIES

As mentioned in the introduction, a colostomy is the surgical creation of an opening between the colon and the surface of the abdomen. Colostomies can be done in two ways. A loop colostomy is performed by taking a loop of the colon, making a surgical opening in that loop, and attaching the colon (with sutures) at the point of that opening to an exit point on the abdominal wall. A terminal colostomy is performed by completely cutting through the colon, taking the end that has been created by this cut and attaching this (with sutures) to an exit point on the abdominal wall. Some colostomies are temporary and some are permanent. Colostomies are performed for various reasons; the two most common reasons for a colostomy are:

- Rest: If the colon becomes obstructed feces cannot pass through and be eliminated. Also, there may be times when the colon is infected or injured and needs time to rest and heal. A temporary colostomy can be done to allow the feces to be passed while the cause of the obstruction is being corrected, while the injury to the colon is repaired, or while an infection is being treated.

- Diversion: Some times a part of the gastrointestinal tract is too damaged or diseased to be repaired, and a part of the colon needs to be removed. If the patient needs to have part of the colon permanently removed - perhaps because of cancer in the colon - a colostomy will be performed in order to allow the colon to function and for feces to be eliminated. This type of colostomy is permanent.

After the colostomy has been performed, feces are eliminated through the opening in the colon that is attached to an opening in the abdominal wall; this opening in the colon is called the stoma. Depending on what part of the colon was used to create the colostomy, the stoma will be located on the right side of the stomach, the upper part of the stomach and near the mid-line, or the lower left side of the stomach. The stoma is covered with an appliance. This appliance is actually a flat, transparent, flexible bag made of plastic (most are about 5 inches wide and about 8-10 inches long) that has an opening in one side. The opening fits over the stoma, and the feces is passed through the stoma, through the opening, and into the bag.

COLOSTOMY CARE

People who have a colostomy do not have any significant limitations on what they can do and aside from managing the colostomy, they live life exactly as they did before the colostomy was done. Because the feces is passed through the colostomy into an appliance instead of being evacuated through the rectum, someone who has a colostomy should make sure they drink plenty of fluids to avoid being constipated, avoid foods that can cause constipation, and avoid foods that can cause gas. Apart from those simple rules, someone who has a colostomy can eat a normal diet and exercise as tolerated.

But even though a colostomy does not put any serious limitations on life style, a colostomy does require specific care. The person who has a colostomy is no longer
passing feces through the gastrointestinal tract. The feces is being passed through the stoma in the abdomen and collected in a pouch and because of that there are certain considerations. When you are providing colostomy care for a patient, you should plan on focusing on the following issues.

**Emptying and Changing the Bag**

There are several different types of bags that can be used to collect feces. Depending on where the colostomy is, what type of feces is formed, and how regularly the feces is formed, the bag can have an opening at one end so that it can be emptied when the need arises, or it can be a disposable bag that is removed and discarded when this is needed. If the patient has a lot of liquid feces that is formed irregularly and unpredictably, a bag that can be emptied is best. The bags are attached to the skin around the stoma by using an adhesive ring that has a hole that fits over the stoma, and the bag is attached to the ring. The adhesive ring can be separate from the bag or part of the bag.

![Image of colostomy bag](image.png)

It is recommended to change or empty the bag when it is about 1/3 to 1/2 full. The weight of a bag that is too full can be distracting to the patient and although it is not likely to happen, a bag that is full can pull down on the adhesive attachment and become loose. Emptying the bag is very easy.

1) Wash your hands, put on disposable gloves; 2) open the end of the bag (most bags are closed at the end by a simple plastic clip); 3) let the feces drain into an acceptable container; 4) if desired, the bag can be rinsed out with a large disposable syringe; 5) close the bag, and; 6) properly dispose of the feces and document the amount that was emptied.

If the bag needs to be changed, use the following process. Wash your hands, put on disposable gloves, detach the bag from its attachment and put on a new one., inspect the area around the stoma, clean the area with a mild soap and water, disconnect the old bag from the adhesive ring and put a new bag in place. If the adhesive ring is separate from the bag, this can be changed, as well.

There is a wide variety of colostomy appliances - adhesive rings, bags, skin protectors, etc. - that can be used, and it is not possible here to provide detailed information about how to work with every type of colostomy appliance. However, the *basic process* of changing and emptying a bag is the same regardless of the brand. *Changing* the bag will
be done on a schedule that is determined by the nurse or the physician. Checking the bag should be done at least once every eight hour shift or according to the schedule that is specific to where you work. Emptying the bag should be done on an “as needed” basis. One step that is very important and should not be missed is skin inspection, and this will be covered in the next section.

Irrigation

Patients who have a colostomy in the descending or sigmoid colon may need to have the colostomy irrigated. Irrigation can help these patients establish a regular pattern of elimination. Irrigation is a relatively simple procedure that instills fluid into the colon and stimulates the passage of feces. It can be done in several different ways, but the basics of the procedure are as follows.

- Assemble the equipment. You will need a container to catch the irrigating solution and the feces; irrigating solution; an irrigation bag and tubing; water-soluble lubricant, and; a cone that is placed into the stoma. Wash your hands and put on disposable gloves.

- Fill the irrigation bag with irrigation solution (there should be instructions on the patient’s chart for the amount) and let it flow so that the attached tubing is filled. The bag should then be placed approximately 18 inches or so above the stoma.

- Remove the colostomy bag, lubricate the cone and gently place it into the stoma, and then place the irrigating tubing into the cone.

- Let the irrigating solution flow through the stoma (there should be instructions on the patient’s chart for the irrigation time). The irrigating solution should be comfortably warm and it should not be instilled too quickly.

- After the solution has all been instilled, you will need to wait for 20 minutes or so for the feces to be evacuated.

- Finish the procedure by cleaning and drying the area around the stoma, inspecting the skin around the stoma, and placing the bag.

Learning Break: Providing colostomy care does not require you to use sterile technique. However, you should always use standard precautions.
Stoma Complications

Stoma complications are common, but fortunately most of them are not serious. Probably the most common stoma complication is irritation on the skin surrounding the stoma. The skin irritation can be from the adhesive attachment or from slight leakage of feces or other gastrointestinal contents.

Whenever you are providing colostomy care - changing a bag, emptying a bag, or simply checking the bag to make sure it is in place and not too full - always make sure to inspect the skin in the area. If the skin is red or irritated, make sure you report this to a nurse or your supervisor. Skin irritation may seem to be a minor issue, but if the problem is not corrected, skin breakdown and infection can occur.

Hernias are a more serious complication. A hernia is defined as a protrusion of part of the bowels through an opening in the abdominal wall. In someone who has a colostomy, the loop or section of the bowel that has been attached to the opening in the wall of the stomach can push laterally into the abdominal wall. The skin of the stomach around a stoma should be flat, but if there is a hernia, you may see a bulge, bump, etc. in the abdominal wall near the stoma. When you are changing or emptying a colostomy bag, inspect the skin around the stoma for irritation, but also make sure the skin around the stoma is smooth and flat. If you suspect that the patient has a hernia, ask a nurse or your supervisor to check.

Another serious complication is a prolapse. A prolapse occurs when the section of the bowel that has been surgically attached to the abdominal wall lengthens and protrudes. The typical stoma should be even with the surface of the stomach, or just slightly above or below the surface. But if the stoma has prolapsed, it bulges out and is noticeably
bigger than it normally would be. If you suspect the patient’s stoma has prolapsed, notify a nurse or you supervisor immediately.

A stoma may also become retracted or develop a stenosis. Retraction occurs when the stoma is pulled back below the surface of the skin on the stomach wall and into the abdominal cavity. A stenosis occurs when the opening of the stoma becomes abnormally narrowed. A retraction is very obvious and easy to detect; a normal stoma should be even with the skin or just slightly above or below the surface. A stenosis is more difficult to see, but if the patient complains of pain when passing feces or there has been an abnormally long time since feces has been passed, then there might be a stenosis of the stoma.

**SUMMARY**

- A colostomy is the surgical creation of an opening between the colon and the surface of the abdomen.
- A colostomy allows the patient to evacuate feces if the bowel is temporarily or permanently unable to do so.
- A colostomy can be temporary or permanent.
- Colostomies are performed to 1) allow the bowel to rest, or 2) to allow for the passage of feces if part of the bowel has been removed.
- The opening of the colon that is attached to the stomach wall is called a stoma.
- Feces are collected in a colostomy bag; bags can be disposable or reusable.
- Complications of a colostomy include: 1) skin irritation; 2) hernia; 3) prolapse; 4) stenosis, and; 5) retraction.