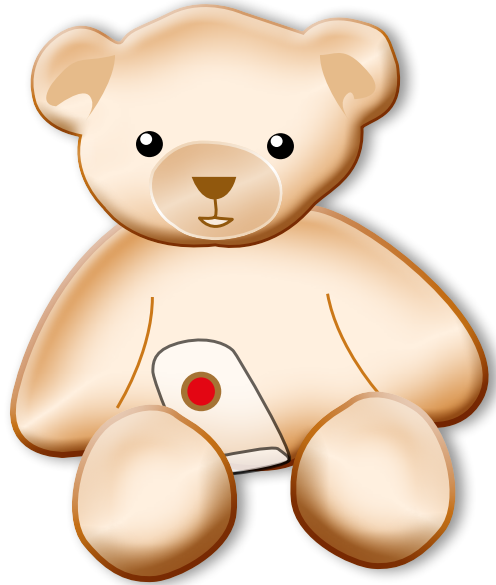


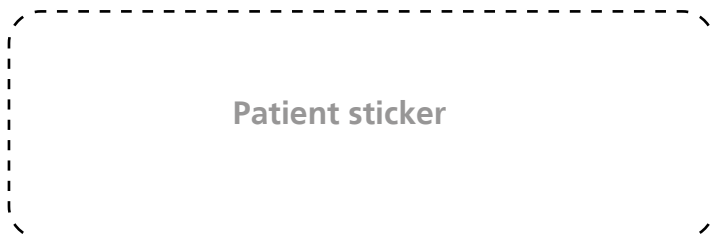
Caring for an infant with a stoma

Information for parents and carers



leeds children's
hospital

caring about children



Name of parents/carers

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.....
.....
.....

Date booklet given

...../...../.....

Your surgical outreach nurse is:

.....

* This page **must always** be completed

What is a Stoma ?

The word stoma comes from the Greek word meaning mouth.

The most common reason for stoma formation within the neonatal period is due to anorectal malformations, meconium ileus, Hirschsprungs disease and necrotising enterocolitis (NEC).

Formation of a stoma includes a surgical procedure to create an opening on the abdomen where the bowel is brought out.

The two most common stomas in the neonatal period are:

- **Colostomy;** part of the large bowel/colon are brought out to skin level.
- **Ileostomy;** part of the small bowel /ileum are brought to skin level.

Neonatal infants will often have two openings brought to skin level. The active (proximal) stoma will produce stool (poo). The non-active (distal) stoma goes down to the anus or where the anus should be, this may occasionally produce mucous.

Step by step procedure to change a stoma bag.

What you will need:

- Warm tap water (no soap)
- Dry wipes for washing and drying
- Stoma scissors
- Stoma appliance
- Syringe (10/20ml)
- Waste bag



1. Wash your hands correctly using soap and water
2. Prepare the new stoma bag. Cut the hole using the scissors so that the stoma fits snugly into the hole. There should be no more than a 2mm gap all the way round the stoma.



3. Use a syringe to empty the contents of the stoma bag. Dampen a few dry wipes in warm water.



4. Gently remove the bag using adhesive removal spray/ wipe. Slight redness to the skin may be evident.



5. Place the old bag into a disposal waste bag.



6. Clean the stoma and surrounding skin thoroughly. Dry with clean dry wipes. It is important that the surrounding skin is completely dry before applying a new bag.



7. Warm the flange of the bag by placing it between your hands, this will make the flange more flexible and helps it to stick better. It also reduces possible leakages.



8. Remove protective covering from the flange immediately before application.



9. Apply the new stoma bag, ensuring you gently press the flange to the skin from the centres to the edges. Gently place your flat hand over the stoma bag and flange area for a short time to help it stick. Ensure the bag is in a downwards position to allow drainage.



10. Apply a fastening device, applicable to the stoma bag, to the bottom end. When the task is complete, dispose of all rubbish into a bin (please note in hospital this will be clinical waste, at home this will be household waste.)



Teaching Plan

| Skill |
|--|
| Parents / Carers have observed stoma bag change? |
| Parents / Carers can correctly identify equipment necessary to change stoma bag. |
| Parents / Carers have removed appliance and cleaned the skin. |
| Parents / Carers have cut and applied a new stoma bag with supervision |
| Parents / Carers have performed total stoma care without nursing supervision. |
| Parents / Carers have been warned about prolapse, retraction and bleeding. |

Skills assessment log

| Date | Session length | Record of specific education & training covered |
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| | Parent/Carer 1 | Parent/Carer 2 | Key trainer |
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| | Date practiced | Date Practiced | Date Practiced | Date Practiced | Key trainer Signature |
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Feeds

Your baby will be fed by breast/expressed breast milk or formula if tolerated. Some babies may require lactose free formula e.g. Pepti-Junior this will be discussed with you before starting.

Babies on special formula feeds may require milk/ lactose free weaners in the future and all oral medication to be sugar free. Please discuss this with your outreach nurse, consultant or dietician if unsure.

Medications that may be needed

Sodium supplements: salts may be lost in the stoma output

Loperamide: slows down stool output

Babies with stomas who develop diarrhoea can become dehydrated very rapidly and require fluid and electrolyte replacement.

If your baby is at home and the stoma is an ileostomy hospital admission may be required.

Problems you may see with the stoma

Retraction/stenosis Stoma goes below skin level at each stoma bag change. Observe colour, size and output.

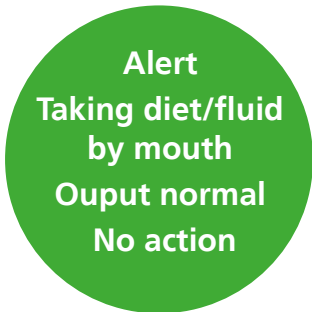
Prolapse A small prolapse is unimportant if the stoma remains pink and functional, please inform the outreach nurse or consultant. If extensive refer back to paediatric surgeon.

Bleeding Small amount of bleeding from the exposed mucosa. If the bleeding does not stop, please seek medical advice.

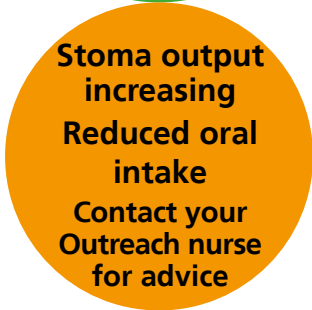
Sore skin - check appliance, ensuring all skin is protected. Ask your outreach nurse for advice about suitable products to use.

Perforation - make sure the stoma bag fits correctly with a little space all around the stoma. Prevent the stoma bag rubbing against the stoma.

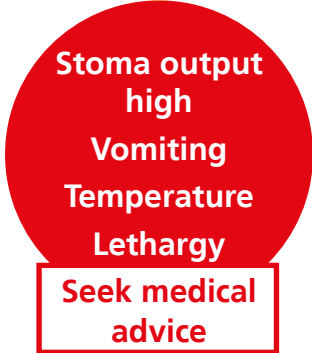
Dehydration



Alert
Taking diet/fluid
by mouth
Output normal
No action



**Stoma output
increasing**
Reduced oral
intake
Contact your
Outreach nurse
for advice



**Stoma output
high**
Vomiting
Temperature
Lethargy

**Seek medical
advice**

Why is it important to measure Stoma Output ?

- So you know what your babies normal stoma volume and consistency are.
- So you know how much your babies stoma output is in 24 hours. This should be no more than 20ml/kg.

You should know signs of dehydration

- Lethargy
- Reduced oral intake
- Dry lips
- Bilious vomiting

If stoma output is high vital salts and water can be lost. These salts are monitored by obtaining urine samples to check sodium levels.

If sodium levels are low an oral sodium supplement may be started.

Products that you might need to use.

Adhesive remover - silicone based adhesive removers come in an aerosol spray or as wipes. They aid removal of the bag without causing damage to the skin.

Barrier films - barrier films can be used when a bag is changed. These non-sting clear films create a protective barrier for the skin. The product can be used on sore or broken skin. The skin must be completely dry before application of barrier film and then the product must be fully dry before application of the new stoma bag.

Powder - powder is for use on wet excoriated skin. It is pectin-based and absorbs moisture and protects the skin from damage. It is also used to facilitate application of stoma bags. Apply a light sprinkle of powder to the affected skin, ensuring the healthy skin is powder free.

Pastes - pastes act as a filler and are for use on skin requiring absorption of moisture and protection from damage. The paste does not contain alcohol and is suitable for use. To aid application, it can be applied using a syringe and moulded with a wet finger.

Seals - seals are mouldable alcohol-free hydrocolloid disks used around the stoma to create a flat surface to aid bag adhesion. Seals absorb moisture, lengthening the wear time of the bag.

Re-Ordering supplies.

Your surgical outreach nurse will order your first delivery of stoma supplies from delivery company CHARTER. You will receive stoma bags, dry wipes, wet wipes, waste bags and any accessory products as necessary.

It is your responsibility to make sure all future orders are placed so you receive the order before you run out of supplies.

CHARTER will contact you by text, phone or email as a reminder.

Please be aware a prescription needs to be obtained from your GP before the stoma supplies are delivered but the delivery company will request this direct with your GP.

Support Groups & Financial help.

| | |
|--------------------|---------------|
| Bliss | 0808 801 0322 |
| Family Fund | 01904 550 055 |
| CHARTER | 0800 374 654 |

Contact details

Neonatal & Paediatric Surgical Outreach nurses office

0113 392 3826

Neonatal Surgical Ward

0113 392 7165

L42 Paediatric surgical ward

0113 392 7442

Leeds Children's Hospital Switchboard

0113 243 2799

Stool/Output Diary

Total in 24 Hours:Weight:

Start Time: Finish Time:

| Date (Week 1) | Total in 24 hours | Bag changed Yes/ No |
|---------------|-------------------|---------------------|
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| Date (Week 2) | Total in 24 hours | Bag changed Yes/No |
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| Any concerns |
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| Any Concerns |
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Space to write down any questions

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What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter

