

Helping patients overcome ostomy challenges

Physiologic, psychological, and psychosocial issues demand careful planning, monitoring, and creativity.

By Beth Hoffmire Heideman, MSN, RN

No one wants an ostomy, but sometimes it's required to save a patient's life. As ostomy specialists, our role is to assess and intervene for patients with a stoma or an ostomy to enhance their quality of life. We play an active role in helping patients perform self-care for their ostomy and adjust to it psychologically, starting even before surgery.

process the life changes it will entail. They can learn about anticipated postsurgical changes in the patient's diet, clothing, and sexuality, and family members can become more sensitive to the change in their loved one.

Assessment

On initial assessment, evaluate your patient's body configuration, stoma placement, skin integrity, physical limitations, psychological needs, and home caregiving system. Then develop a plan of care to mitigate problems that could impede the patient's ability to maintain and manage the ostomy system.

The human body comes in many configurations and sizes. Because each person's body is unique, clinicians may need to get creative to adapt the ostomy system to a patient's body. Options for adapting it to your patient's physical characteristics include using:

- a one-piece vs. a two-piece system
- a flexible flange, clear drape flange, or moldable flange.

Factors affecting decisions about an ostomy include its location, skin integrity, and physical ability. (See *Decision guide for ostomy products*.)

Location

The stoma may be located near an incision, under a peniculum, or in an ab-



Preoperative considerations

Preparation for the ostomy is the most critical aspect of a healthy adjustment. When the ostomy is planned, the patient and family members are more likely to

Decision guide for ostomy products

The chart below suggests appropriate products to use based on your patient's physical condition or ostomy characteristics. It applies to patients with ileostomies, urostomies, or colostomies. Refer patients with special challenges to a certified wound clinician.

OSTOMY SYSTEM BASICS

Description	What to use
Retracted stoma (below abdominal plane)	<ul style="list-style-type: none"> • Convex flange • Convex ring • Strip paste
Protruded stoma (above abdominal plane)	<ul style="list-style-type: none"> • Flat flange • Flat ring
Acidic effluence (ileostomy or urostomy)	<ul style="list-style-type: none"> • Extended-wear flange • Extended-wear skin protector • Convex adaptor ring
Basic (neutral) effluence (colostomy)	<ul style="list-style-type: none"> • Standard-wear flange • Standard skin protector • Stoma paste, adaptor rings • Adhesive strips

PERIWOUND SKIN

Eroded or denuded	<ul style="list-style-type: none"> • Stoma powder • Use crusting method: Apply powder, dust off, apply skin prep; repeat three times.
Fungal rash	<ul style="list-style-type: none"> • Antifungal powder and skin protectant • Skin protectant product • Use crusting method: Apply powder, dust off, apply skin prep; repeat three times.
Infection or ulcer	<ul style="list-style-type: none"> • Calcium alginate silver powder • Hydrofera blue • Silver hydrofiber • Calcium alginate silver sheet

SPECIAL SITUATIONS

Stoma located in abdominal fold or abnormal position	<ul style="list-style-type: none"> • One-piece system • Extended-wear products • Convex adaptor rings • Silicone tape • Pectin ring
Stoma located on a flat surface (regardless of body position)	<ul style="list-style-type: none"> • One- or two-piece system • Standard ostomy system
Difficult adherence	<ul style="list-style-type: none"> • Consider using ostomy belt, medical adhesive spray, or latex bonding cement.
Stoma near incision line	<ul style="list-style-type: none"> • Offset flange opening to right or left.
Hernia	<ul style="list-style-type: none"> • Ostomy hernia belt (requires physician order and prescription specifying ostomy hernia belt)
High-output stoma	<ul style="list-style-type: none"> • Adaptor valves connected to night drainage bag (for urostomy or ileostomy); acquire through patient's ostomy supply vendor.

Additional recommendations

If your patient's ostomy problems aren't resolving:

- Assess for patterns.
- Determine what occurred and identify related issues.
- Evaluate for changes in the patient's psychosocial status.
- Carefully observe the stoma as the patient passes effluent.

Case study 1: Stoma location challenge

When the patient declines to participate in the plan of care, solving a stoma location problem can be difficult, as this case study illustrates.

History

Mary, a 25-year-old moribund, obese, bedbound patient, had a colostomy to assist with healing a stage IV pressure ulcer adjacent to her anus. The stoma was placed under the pannus, and Mary's family was responsible for ostomy care.

Assessment

On assessment, Mary weighed 365 lb. Her diet was high in fat and salt. The pannus hung below her knees, restricting effluence flow and stretching the stoma. Four assistants and mobility devices were required to move her.

Plan

- Reduce weight of the pannus to lessen pressure on the stoma.
- Promote weight loss.
- Instruct the family in ostomy management.

Actions

To address Mary's problems, the healthcare team:

- taught the family how to stop the pannus from applying pressure on the stoma by using a support binder
- educated the family on how to assess the effectiveness of pressure-reduction techniques for maintaining stoma function
- promoted weight loss by referring Mary to a registered dietitian
- referred Mary to a social worker for emotional counseling related to weight loss
- remeasured the stoma with each wafer change.

Outcome

Although the family responded well to teaching, Mary declined to follow through with the plan of care (which included weight reduction) and continued to gain weight. As a result, the stoma continued to stretch and flatten until it became level with the abdominal plane. As it kept enlarging, she chose to use an incontinence pad to collect effluence.



The stoma, 2.5 cm in height when first placed, became nearly level with the abdominal plane.

dominal fold. Ostomies in these areas can be hard to manage because of wound dressings, staples, adhesive strips, and body shape.

If the ostomy system is located *next to an incision*, you may want to adapt it by using stoma paste strips, moving the flange opening to the right or left, or using a pectin-ring stoma system without a flange. When the stoma is placed *under a peniculum*, pressure from the weight slows effluence (drainage) flow. To decrease pressure on the stoma and promote flow, an abdominal support binder can be used. (See *Case study 1: Stoma location challenge*.)

If the stoma is located *in an abdominal fold*, you can use a one-piece flexible ostomy system to increase adherence. When needed, add stoma paste strips and either medical adhesive spray or a bonding cement.

Skin integrity

Always consider skin integrity when choosing an ostomy system. Take into account the patient's fragility from such factors as age, medications, an irregular abdominal plane from previous surgeries or scarring, moisture or oily skin that limits flange adherence, and comorbidities (such as psoriasis, fungal infections, and ulcers). Options for maintaining skin and ostomy-system integrity include use of crusting, silicone flanges, stoma paste strips, or topical medication covered with hydrocolloid or extended-wear products.

Physical abilities

Be aware that a patient with limited muscle function may have limited gross and fine motor skills, which makes self-care a challenge. Expect patients with such conditions as multiple sclerosis and muscular dystrophy to have limited strength. Those with amyotrophic lateral sclerosis, Parkinson's disease, or stroke are likely to have limited muscle control. In each case, re-

habilitation support and physical or occupational therapy can help the patient learn how to adapt to the stoma.

Psychological adjustment

Hidden issues can make it hard for patients to adjust to the ostomy system. The patient who undergoes an unplanned ostomy has to relearn life skills while grieving the change in self-image and dealing with a sense of having an imperfect body, loss of control, or feeling like an infant. To this patient, the ostomy system may become the enemy, so to speak. The patient may refuse to learn about self-care and ignore ostomy complications. To help patients regain a sense of control, clinicians must address body image with them and provide education.

The following interventions can help the patient focus on the positive:

- Suggest that the patient keep a diary of daily activities.
- Listen actively as the patient expresses thoughts and feelings.
- Confront false ideations, such as “I’m a baby now,” “No one will ever touch me again,” or “I smell” with such positive statements as “I’m still an adult,” “My wife loves me,” or “I can use deodorizers to make sure the ostomy doesn’t smell.”
- Recommend ostomy support groups or spiritual or psychological counseling.

Mental illness

Mental illness also can cause ostomy management problems. Mentally ill patients may respond differently to an ostomy than other patients, leading to lack of proper ostomy self-care. If mental illness goes unrecognized and unaddressed, the stoma or peristomal skin may become damaged.

As a wound care clinician, be sure to carefully review reports of unresolving ostomy malfunction issues, note their frequency, and observe malfunction patterns. When these malfunctions occur consistent-

Case study 2: Effect of psychological distress on ostomy care

As this case study shows, psychosocial and physiologic problems may converge to cause stoma retraction and other ostomy challenges.

History

Jim, a 70-year-old man with a history of high anxiety and schizophrenia, had been managing his ostomy independently in his own home. Five weeks after moving to a senior apartment complex, his ostomy system began to constantly release (pull away) from his abdomen and the peristomal skin became denuded. Jim’s family decided to sever contact with him because of his multiple calls to them for help with the ostomy. At that point, the patient’s physician wrote a referral for home care.

Assessment

Jim’s stoma height had been 2.5 cm. On assessment, the home care nurse found a rosy red stoma and found that hyperperistalsis caused it to retract deeply into the abdomen when the patient experienced anxiety or stress, most notably at night. Psychological assessment revealed Jim was lonely and felt rejected by his family.

Plan

- Monitor the stoma for physical changes.
- Assess the flange-release pattern.
- Observe the patient’s behavior.
- Provide emotional support to the patient.
- Consult a social worker to identify another caregiving option.

Actions

To address Jim’s problems, the nurse:

- used a convex flange to manage leakage of effluence under the flange, which occurred with stoma retraction
- used the crusting method (stoma powder and skin protectant) to promote healing and protect peristomal skin
- obtained an order for dicyclomine to reduce hyperperistalsis, which had caused the stoma to retract into the abdomen
- advised the patient to listen to music on the radio at low volume at night to decrease his sense of loneliness and anxiety.

Outcome

The social worker was able to connect Jim with an adult day-care program and activities taking place near where he lived. Over a 2-month period, he achieved an intact ostomy system and continued with community outreach supports.



Note that the stoma has retracted into the abdomen.

ly, assess the patient for mental illness and provide a referral to appropriate support services. (See *Case study 2: Effect of psychological distress on ostomy care.*)

Depressed patients may avoid the stoma or ostomy system. They may fail to apply the system or, conversely, leave it on for extended periods to avoid thinking about the body-image change it represents. On the other hand, highly anxious patients may be hypervigilant and remove the ostomy system frequently to check on the stoma. In patients with either depression or high anxiety, the stoma and peristomal skin may break down.

Bipolar patients may have difficulty learning about self-care because of their high or low affect. They should receive care from a mental health specialist, along with appropriate medications, to support their ability to learn and adjust to the ostomy.

Unmedicated schizophrenic patients may have trouble processing the presence of a stoma. They may perceive the stoma or ostomy system as alien and attack it, injuring themselves or damaging the stoma or peristomal skin. This response demands careful mental health observation and medication monitoring to prevent further bodily harm.

Home caregivers' behavior

The patient's home caregivers also may be a hidden cause of ostomy system problems. They may be unable to accept the change in their loved one, and their negative reactions may result in the patient's failure to perform self-care. This lack of self-care reflects the patient's distress. Observe carefully for disharmony among caregivers and address any issues. Through active listening or referral to a support group or counseling, you can help ease negative behaviors.

Financial constraints

If because of complications, your patient

needs additional ostomy supplies beyond what the insurance company allows:

- Ask the physician to write a letter of medical necessity to the insurance company and vendor that explains the reason for product overage.
- Contact the ostomy supply vendor to request free samples.
- Contact ostomy support group members, who may be able to provide samples.

Overcoming adversity

A patient with a malfunctioning ostomy system or a maladaptive response to it can pose a challenge for the ostomy management specialist or the wound, ostomy, and continence nurse. But with careful planning, monitoring, and creativity, such challenges can be overcome so the patient can have the highest possible quality of life. ■

Selected references

- Baranoski S, Ayello EA. *Wound Care Essentials: Practice Principles*. 3rd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2011.
- Johnson RJ. *Finding Health: A Search for Wellness and Longevity*. CreateSpace Independent Publishing Platform; 2011.
- Shulman L. *Brooks/Cole Empowerment Series: The Skills of Helping Individuals, Families, Groups, and Communities*. 7th ed. Brooks/Cole Cengage Learning; 2009.
- Taylor SG, Renpenning K. *Self-Care Science, Nursing Theory and Evidence-Based Practice*. Springer Publishing; 2011.
- Townsend MC. *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice*. 8th ed. Philadelphia, PA: F.A. Davis; 2105.
- Wound, Ostomy and Continence Nurses Society (WOCN). *Colostomy and Ileostomy Products and Tips: Best Practice for Clinicians*. Mt. Laurel, NJ: WOCN; 2013.
- Wound, Ostomy and Continence Nurses Society (WOCN). *Peristomal Skin Complications: Best Practice for Clinicians*. Mt Laurel, NJ: WOCN; 2007.
- Wound, Ostomy and Continence Nurses Society (WOCN). *Stoma Complications: Best Practice for Clinicians*. Mt. Laurel, NJ: WOCN; 2014.

Beth Hoffmire Heideman is a wound care nurse at McAuley Seton Home Care in Cheektowaga, New York.