

IN THE KNOW

The Inservice Club for Nursing Assistants

Instructions for the Learner

We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession!



After finishing this inservice, you will be able to:

- Describe at least three different kinds of ostomies.
- Discuss at least four different complications that are common for people with ostomies.
- Discuss the personal care, skin care and nutritional needs of people who have ostomies.
- Assist your clients with their ostomy care—as permitted by your workplace policy and state regulations.

If you are studying the inservice on your own, please:

- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least eight correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to _____ no later than _____.
- Show your Inservice Club Membership Card to _____ so that it can be initialed.

THANK YOU!

IN THE KNOW

The Inservice Club for Nursing Assistants



Inside this issue:

Ostomy Q & A	2
Interesting Facts about Ostomies	3
Bowel & Bladder Anatomy	4
Colostomies, Ileostomies & Urostomies	5
Common Ostomy Complications	6
Ostomy Care Tips	7-9
Nutrition Tips	10

What is an Ostomy?

An “ostomy” is a surgical procedure that creates a special opening in the body. This opening—called a *stoma*—connects an internal organ with the surface of the body. The stoma allows the body to:

- Keep breathing...*if the ostomy is in the neck.*
- Take in food...*if the ostomy is in the stomach.*
- Eliminate waste...*if the ostomy is in the abdomen.*

Most ostomies are created to treat bowel or bladder problems that have been caused by injury, disease or birth defects.

After ostomy surgery, most people need an ostomy *appliance* to collect bodily waste. The appliance consists of a plastic pouch attached to the skin by an adhesive wafer.

Ostomy surgery may sound like an extreme procedure, but it’s important to remember that it saves lives...and often *improves* the quality of life for people suffering from digestive disorders.

People who have had ostomy surgery are known as *ostomates*. Most ostomates learn to care for their stomas by themselves, but you may work with clients who require assistance.

All ostomates must make certain physical and emotional adjustments in their daily lives. Keep reading to learn how you can help your clients deal with having an ostomy.



IMPORTANT NOTE:

In many states, only nurses are allowed to perform ostomy care. However, some states permit CNA’s to empty ostomy bags and to change ostomy pouches that are not stuck to the skin. (The CNA may be required to complete a special training program first.) Be sure you know the ostomy care regulations in *your* state.

Ostomy Q & A

Q: How many different types of ostomies are there?

A: There are many different kinds of ostomies. Each type is named after its location in the body. For example, a **colostomy** is located in the colon (the large intestine). An **ileostomy** is located in the ileum (the small intestine). A **urostomy** is located in the urinary system. An ostomy in the stomach is called a **gastrostomy** and an ostomy in the trachea (the windpipe) is called a **tracheostomy**.

Q: Only old people have ostomies, right?

A: No. There are people of all ages with ostomies. For example, some babies are born with defects in their bowels or bladders that require them to have permanent ostomies. And, many young adults have had ostomy surgery as a treatment for chronic digestive diseases like ulcerative colitis.



Q: Isn't odor a big problem for people with ostomies?

A: Well, odor can be a problem, but keep in mind that you've probably met a number of people with ostomies—and haven't even known it! There are a number of ways to deal with the odor issue. It helps to use an odor-proof ostomy appliance. And, there are personal care and nutrition tips for dealing with odor. (See pages 8 & 10.)

Q: What's an enterostomal therapist?

A: An enterostomal therapist—or ET for short—is a health care professional who has been specially trained to work with people *before* and *after* ostomy surgery. They assist with the physical and emotional needs of ostomates.

Time for a Laugh!



Why did Mary buy a dishwasher and a refrigerator before her ostomy surgery?

Because the doctor told her she'd need to get some appliances.

Q: Is an ostomy always permanent?

A: No. Sometimes, surgeons create an ostomy with the hope of reversing the procedure in the future. The ostomy gives the digestive or urinary system a chance to heal (from either disease or trauma). After a few months, another operation is performed to “hook up” the normal anatomy again. An ostomy is *permanent* when parts of the digestive or urinary system have been removed or were never present in the first place.

Q: I've heard of irrigating a colostomy. What's that all about?

A: Colostomy irrigation involves rinsing out the colon. Some colostomates perform this procedure as a way to control the timing of their bowel movements. (However, they still wear an appliance in case of a “surprise”.) Irrigation can be risky and should only be performed according to doctor's orders.

Q: The stomas I've seen are so red. Is that normal—and does a stoma hurt?

A: Most stomas are created from a piece of the intestines. Intestinal tissue is normally very red, but it has no nerve endings—so a stoma does not hurt.



Interesting Facts

- More than 15 million Americans have had ostomy surgery.
- Many ostomates refer to their stoma as a “rosebud” due to its red color and layered appearance.
- Veterinarians were the first medical professionals to attempt abdominal surgery—piercing animals “guts” to relieve pressure. The early attempts at ostomy surgery on humans were disastrous!
- In 1793, the first successful colostomy surgery was performed by a Swiss doctor. The patient was a three day old infant. Not only did the baby survive...he lived to be 45 years old!
- “Stoma” comes from the Greek word for mouth.
- Have you ever heard of *borborygmi*? That’s the official name for the growling sounds made by the stomach and intestines.



Ostomies Around the World

- In *Russia*, there are almost no skin barrier products or odor-proof pouches available.
- In *China*, ostomy care after surgery is considered a low priority when compared with other health care issues.
- The *French* government offers free ostomy supplies to patients. However, the free supplies are not the best quality. If people can afford it, they purchase premium supplies on the “black market”.
- In *Japan* and *Africa*, there aren’t many ostomates—probably because the typical diet is low in fat and high in fiber. For people who do have ostomies, supplies are limited. Some ostomates just use regular plastic bags and gauze.
- In *Mexico*, people who need ostomy surgery are considered terminally ill. Most of them die. Only wealthy people are able to afford ostomy surgery.

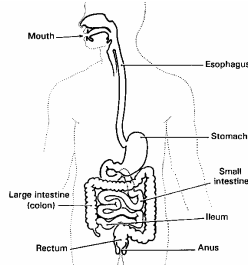


Famous People with Ostomies

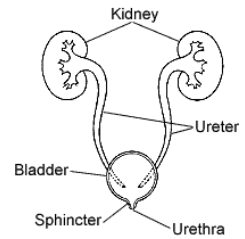
- Ed Sullivan, *TV host*
- Red Skelton, *comedian*
- Tip O’Neil, *former US Speaker of the House*
- Bob Hope, *entertainer*
- Loretta Young, *actress*
- Al Geiberger, *professional golfer*
- Marvin Bush, *brother of President George W. Bush*
- Fred Astaire, *dancer*

Bowel & Bladder Anatomy

- The **digestive tract** is a hollow tube that begins at the *mouth* and ends with the *anus*. In between are the *esophagus*, the *stomach*, the *small intestine*, the *large intestine* and the *rectum*.
- Food is swallowed down the esophagus, mixed in the stomach and digested in the small intestine. Waste enters the large intestine as a *liquid* and any excess water is absorbed by the colon. The remaining waste is eliminated as *solid feces*.



- The **urinary system** consists of two *kidneys*, two *ureters*, the *bladder* and the *urethra*.
- The kidneys filter waste products from the blood and change them into urine. From the kidneys, the urine travels down each ureter tube and settles in the bladder. When the bladder fills up, the urine is eliminated from the body through the urethra. In males, the urethra is about 9 inches long while, in females, the urethra measures only 1.5 inches.



Before Ostomy Surgery...

To assist clients who are facing ostomy surgery:

- Remember that it's important for the digestive tract to be "cleaned out" before surgery. You may be asked to help by providing a special diet or by assisting clients with frequent trips to the toilet.
- Let your supervisor know if a client asks for spiritual counseling before surgery.
- Listen to your clients' concerns about having an operation and their fears about how the surgery will change their bodies.
- Keep in mind that the surgeon and/or enterostomal therapist may mark the spot where the stoma will be. You may see a "tattoo" that won't wash off during a bath or shower. Be sure your client knows why the mark is there.

After Ostomy Surgery...

To assist clients who are recovering from ostomy surgery:

- Make note of your client's intake and output as ordered so the doctor can know how much waste is being eliminated through the ostomy.
- Watch for signs of infection including fever, pain and redness at the stoma site.
- Help your clients follow any special diet that has been prescribed for them. (Doctors usually recommend a bland, low fiber diet for a month or two after surgery.)
- Understand that your clients may be grieving over the loss of their "normal" bodies. It may be difficult for them to adjust to a new self-image.

Colostomy Facts

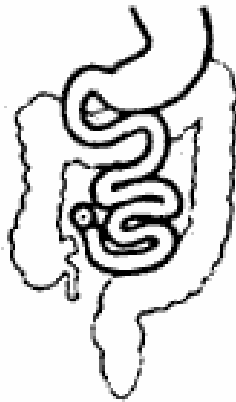
- A colostomy involves the large intestine. The closer the stoma is to the end of the large intestine, the firmer the stool will be.
- Some people with left-sided colostomies only need a *pad* over their stoma...not a pouch.
- Colostomies are by far the most common type of ostomy surgery.



- Colostomy surgery may include removal of the rectum and anus.
- Early colostomy appliances included leather bags, tin boxes and sponges.
- Common reasons for colostomy surgery include colon cancer, injuries, intestinal blockages and birth defects.

Ileostomy Facts

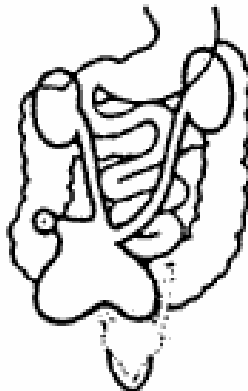
- Ileostomy surgery connects the last part of the small intestine with the surface of the abdomen.
- The stool from an ileostomy is usually loose because it contains a large amount of water.
- An ileostomy produces about one pint of waste every day.



- People with ileostomies find that they produce stool anywhere from twenty minutes to several hours after eating.
- Common reasons for ileostomy surgery include ulcerative colitis, Crohn's disease, ileitis and abdominal injuries.

Urostomy Facts

- Another name for a urostomy is a urinary diversion—because the urine is *diverted* from its usual path.
- The stoma for a urostomy is created from a section of the small intestine.
- Many people who have a urostomy have had their bladders removed.



- Some people with urostomies have an *internal* pouch made from a piece of the intestines. The urine collects in this surgically-created "bladder" which is emptied several times a day by inserting a catheter through the stoma. Wearing an ostomy bag is not necessary.
- Common reasons for urostomy surgery include birth defects, bladder cancer, kidney disease and injury.

Common Ostomy Complications

Skin problems. Skin irritations or infections are the most common complication of an ostomy. (See page 9 for some skin care tips.)

Dehydration. Many ostomates are at risk for dehydration—especially if they have a urostomy or an ileostomy. Be sure you follow any orders regarding fluid intake and offer fresh fluids to your clients frequently. Tell your supervisor if you see signs of dehydration (especially during warm weather). These signs include:



- Dry, warm skin.
- Increased thirst.
- Abdominal cramps.
- Decreased urine output and/or dark, smelly urine.
- Shortness of breath.
- Confusion.

Itching. If your clients complain that their skin itches under the appliance, it could be a sign of dehydration. Offer them some water to drink. (The itching could also mean the pouch is leaking, so be sure to report the problem to your supervisor.)

Prolapse. A prolapsed stoma protrudes out from the abdomen. (It looks like the stoma is *growing*, but, actually, it's falling out of the body!) The only cure for a prolapsed stoma is surgery.

Retraction. A stoma can retract (pull into the body) if an ostomate gains too much weight. Help your clients follow a balanced diet and report weight changes as ordered.



Herniation. A hernia is a common complication because surgery causes the abdominal muscles to be weaker. If you notice a large, painful, bulging area around the stoma, report the problem immediately. Hernias may be prevented by performing exercises that strengthen the abdominal muscles.



Rectal mucus. Ostomates who still have their rectums may develop excess mucus that causes pain or a "full" feeling in the rectum. If your client complains of rectal discomfort, let your supervisor know right away.

Blockage. A blockage can occur from eating a high fiber food such as peanuts. Signs of a blockage include a sudden increase in odor along with cramping pain, watery stools, fever and/or nausea.

Prescription and over-the-counter medications may cause the following problems:

- Ostomates may have problems absorbing medications. Some pills may pass through the body before they've had a chance to dissolve. If you notice all or part of a pill in a client's ostomy bag, report the incident right away.
- Some medications cause digestive side effects such as constipation and diarrhea—and should be avoided if possible.



NOTE: Some people used to put aspirin in their pouches to help control odor. This is not a good practice since it can cause the stoma to bleed.

Basic Ostomy Care Tips

- Tell your clients to leave a little bit of air in their ostomy pouch after emptying it. The air encourages urine or stool to flow *down* into the pouch—instead of running sideways or underneath the adhesive wafer.
- Ostomy pouches may be applied while your client sits, stands, or lies down. However, make sure the client's skin isn't wrinkled under the new pouch—or the pouch's seal may be broken when the skin is stretched out.
- Encourage your clients to carry an extra pouch clip with them. (But, remember, in an "emergency", a rubber band will do the trick!)
- If the scissors get sticky when your client cuts adhesive wafers, try cleaning the scissors with rubbing alcohol—then lubricating them with KY Jelly.
- Are you responsible for cleaning out *reusable* ostomy appliances? Try using a watering can with a long curved spout. Then, consider soaking the pouch in denture cleaner.
- Some people find that spraying the inside of a pouch with non-stick cooking spray helps the contents slide easily out of the pouch.
- Help your clients remember to put the lid back on their ostomy paste after an appliance change. If left open, the paste will dry up.



Here's a tip from a young ostomate: **Never let your dog jump on you when your bag is full!**



Time for a Laugh!

Why wouldn't John's urostomy pouch stay on?

It was "dissed off".

- Make sure your clients store their ostomy supplies away from warm, humid places. If exposed to heat, the appliances may "melt".
- If you are present when an ostomate changes his or her pouch, make a note of the date. You might write the date on a piece of tape around the appliance.
- Remember that weather has an impact on ostomy appliances. During the hot summer months, most ostomates find that their appliances need to be changed more often since the warm weather tends to "melt" the skin wafer.
- Keep in mind that it's better to use lukewarm water for rinsing an appliance. Hot water tends to seal the odor into the plastic.
- Most ostomates need to empty their pouches from three to six times each day. (Ileostomy pouches must be emptied more often than colostomy pouches due to the looser stool.)
- Tell your clients to fold the end of the ostomy bag inside-out before emptying the contents. This keeps the end of the bag clean and odor-free.
- Intestinal gas can inflate an ostomy pouch like a balloon! Encourage your clients to empty the gas from their pouches on a regular basis.

Personal Care Tips

- If you help an ostomate get dressed, be careful with zippers. It's easy for a pouch to get caught in a zipper!

- Encourage your clients to be careful what they put in their pockets. A ball point pen, keys, nail files, tooth picks or other sharp objects can puncture an ostomy pouch.



- Depending on the location of the stoma, some people may find belts uncomfortable. If this is a problem for your client, suggest clothing with a high or loose waistband.
- Pantyhose and girdles won't hurt the stoma but they may slow the normal flow of waste—causing the pouch to lose its seal or to break.
- If a male ostomate complains that his pouch "collides" with his genitals, encourage him to attach the bag so it angles slightly toward the side instead of straight down. In addition, suggest that he wear briefs (not boxers) to hold the pouch in place.
- If you notice that a client's pouch is leaking, report the problem right away. If you are not allowed to change the bag, then make arrangements for someone else to do it. Leaving it on the client's skin is asking for trouble!

Here's a tip from an 11 year old ostomate:

If your hands are cold, try warming them up on your ostomy bag!

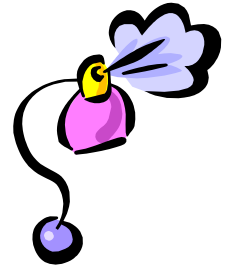


Time to Laugh!

Susan says the worst thing about having a colostomy is that she just can't seem to find shoes to match her bag!



- In hot weather, ostomates may be more comfortable if they wear protection between the pouch and their skin. This prevents skin rashes caused by sweat. A pouch cover may be "handmade" or may be purchased.
- Remember that it's normal for odor to occur when an ostomy pouch is open. However, if the appliance is sealed, help your client locate the source of the odor. It may be coming from stained clothing, bacteria growing in an old pouch or a soiled pouch clip.
- There are ways to deodorize an ostomy. Some deodorizers are taken orally and some are put into the ostomy pouch. However, remind your clients that it's possible to overdo the deodorants. (They may be so worried about smelling bad that they end up smelling too much like air freshener!)
- Keep in mind that some ostomates shouldn't lift anything heavy. Some may be restricted from lifting more than ten pounds. Some may be allowed to lift up to fifty pounds.
- Regular exercise is good for all your clients—including those with ostomies. Encourage them to exercise as tolerated. Taking several short walks every day is a great way to begin an exercise program.



Skin Care Tips

- Keep in mind that it's normal for a stoma to shrink during the first few months after surgery. Your client's stoma may need to be re-measured so that appliances continue to fit well.



- Remember that most stomas are not perfectly round. They come in all shapes and sizes!
- If you see a client's "bare" stoma, be sure to observe it for any changes in color or shape. In addition, use this opportunity to look at the skin *around* the stoma.
- Remember that stomas are naturally bright red and tend to bleed easily. Your clients should be very gentle when cleaning their stomas. If you notice more than a drop or two of blood, tell your supervisor immediately.
- Keep in mind that most stoma-related skin problems come on *gradually*. The most common cause of skin problems is a poorly fitted pouch.
- To allow for better viewing of a stoma, hold a hand mirror up to a client's ostomy site. This helps the client see the *underside* of the stoma.
- Your clients may bathe with or without their ostomy pouches. Soap can't hurt a stoma...but it's important to rinse the area well.
- If your clients prefer to bathe *without* their appliances, try to schedule the bath for a time when their bowels are less active. This reduces the risk of an accident.



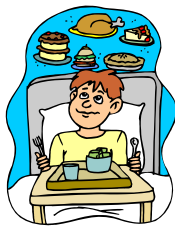
Clients with sensitive skin probably need to perform a "patch test" before using a new ostomy product. This involves taping a small piece of the wafer or the pouch to a patch of skin (away from the stoma) to see if an allergic reaction develops.

- Be sure to report any weight changes in your ostomy clients. Losing or gaining weight can cause an ostomy appliance to fit improperly.
- Changing an appliance too frequently or wearing the same one for too long may damage the skin. The average length of time between pouch changes is three to seven days.
- Encourage your clients not to yank the sticky part of their appliance away from the skin. They should use warm water or a special adhesive remover to loosen the wafer and prevent tearing the skin.
- People who have hairy abdomens might find it very uncomfortable to remove an ostomy pouch. Suggest that they shave the area—preferably with an electric razor.
- Remember that if an appliance doesn't fit correctly, the skin around the stoma will be exposed to stool or urine. This can lead to serious skin infections.
- If your clients complain about any of these stoma-related skin problems, tell your supervisor right away:
 - Painful, moist lesions.
 - Red, itchy patches.
 - Raised "warts" around the stoma.
 - Swollen, bleeding areas.
 - Skin that feels warm and tender to the touch.

Nutrition Tips

- Many people find that their stomachs gurgle less if they eat solid food *first* at mealtime...and *then* drink fluids.
- The *less* a person eats, the *more* gas he produces. So, encourage your clients to eat regular meals. (However, they should avoid overeating at any one meal. Six small meals a day may be better than three large ones.)
- Encourage recent ostomates to add new foods into their diet in *small* quantities—just in case their bodies won't tolerate a certain food.

Many ostomates find that they can eat nearly any type of food—in **small amounts**—especially if they drink plenty of water at the same time.



- Remind your clients to drink plenty of fluids—about two quarts per day. (This is especially important for people with urostomies and ileostomies.)
- The amount of odor produced by bodily waste is affected by the foods a person eats. Certain foods are known for *increasing* odor. These include cabbage, onions, egg yolks and fish. If odor is a problem for your clients, suggest that they avoid these “problem” foods.

When you were a kid, did your mother ever tell you to take more time chewing your food? Well...chewing each bite thoroughly is a good idea, *especially for ostomates*. Large, unchewed pieces of food can cause a blockage at the stoma site.



- There are certain foods that help *control* odor, too. Your clients may notice a pleasant difference if they eat daily servings of yogurt, parsley, cranberry juice or buttermilk.
- Some foods have a reputation for increasing gas—so your clients may want to limit how much they eat. These foods include cabbage, green beans, onions, beer, peas, melons, carbonated beverages and cucumbers.
- Tell your ostomy clients that they can avoid excess gas by *not* chewing gum or gulping their food.
- If your clients enjoy the taste of carbonated beverages but are afraid of getting “gassy”, try sprinkling a dash of sugar into the drink before serving it. This causes the beverage to fizz up quickly...and then go flat.
- A high fat diet can make stool more liquid and harder to control. It may also produce more gas.
- Some people find that buttermilk soothes an irritated digestive tract without causing diarrhea or constipation.

People with ostomies may be upset or embarrassed by the noise, odor or activity of their stomas. You can help by telling your clients that you are knowledgeable about ostomies and that their stoma activity is perfectly normal. By maintaining a positive attitude, a professional manner and a sense of humor, you'll help your ostomy clients feel good about their bodies.

And, remember...the bottom line is that ostomies save lives!



Are You "In the Know" About Ostomies?

Circle the best choice and then check your answers with your supervisor!

1. An enterostomal therapist's job is to:

- A. Teach people special exercises so they won't need to have ostomy surgery.
- B. Sell ostomy appliances to ostomates.
- C. Prescribe anti-diarrhea medications to ostomates.
- D. Help people learn to deal with their ostomies.

2. TRUE or FALSE

Ostomy surgery prevents thousands of deaths in America every year.

3. TRUE or FALSE

People should always remove their ostomy appliance before taking a bath or shower.

4. While bathing a client with a colostomy, you notice blood in her ostomy bag. You should:

- A. Ask her what she has eaten recently.
- B. Change the ostomy bag.
- C. Notify your supervisor immediately.
- D. Empty the ostomy bag.

5. Ostomy surgery:

- A. Always involves some part of the digestive tract.
- B. Creates an artificial opening in the body.
- C. Can only be performed on adults.
- D. Is always permanent.

6. TRUE or FALSE

People who have urostomies no longer produce urine.

7. TRUE or FALSE

The skin around a stoma is at risk for irritation and infection.

8. TRUE or FALSE

An intestinal blockage can be prevented by doing exercises that strengthen the abdominal muscles.

9. TRUE or FALSE

Most ostomy appliances may be left on the body for a month at a time.

10. TRUE or FALSE

Certain foods help control the odor of bodily waste...and other foods make it worse.

EMPLOYEE NAME _____

DATE _____

I understand the information presented in this inservice. I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature _____

Inservice Credit: 1 hour

Supervisor Signature _____

Self Study _____

Group Study _____

File completed test in employee's personnel file.