

Lesson 57: Emptying and Changing a Colostomy Bag

I. Introduction to Caring for an Ostomy Appliance

- A. A **colostomy** consists of an opening of some portion of the colon to the abdominal surface.
- B. A surgical colostomy is performed when it is impossible for the feces to pass through the colon and exit the anus.
- C. Anatomic location influences the character and management of fecal drainage.
- D. An ileostomy empties from the distal end of the small intestine. The drainage is constant, and has digestive enzymes. Residents must wear an appliance. Odor is minimal.
- E. Temporary colostomies are performed to divert the fecal flow from an inflamed area or from an operative area.
- F. An ascending colostomy empties from the ascending colon (right side). The drainage is liquid and contains digestive enzymes. Odor is a major concern.
- G. The transverse colon extends from the end of the ascending colon (right side), across the upper mid-abdomen and joins the descending colon on the upper left side of the abdomen.
- H. The descending colon extends from the end of the transverse colon (on the left side of the abdomen), down to the beginning of the sigmoid colon.
- I. The sigmoid colon is the portion of the colon that extends from the end of the descending colon in the pelvis to the juncture of the rectum.
- J. A double barrel colostomy is a temporary colostomy that has two openings into the colon; one into the distal end and another into the proximal end of the colon.
 - 1. Elimination occurs through the proximal stoma.
 - 2. This allows the distal end of the colon to rest and heal.
 - 3. When the healing is complete, the two ends are rejoined and normal function resumes.
- K. A terminal colostomy has the proximal end of the colon cut and formed into a **stoma**. The distal end of the colon is either surgically resected or closed.
- L. A wet colostomy is on the right side of the colon or in the ileum (small bowel). The drainage from this type of colostomy is liquid.

NOTE* The resident will have specific orders following placement of a colostomy regarding products to be used. Review the instructions provided by the enterostomal therapist of the hospital carefully. If irrigation or instillation of medications is to be conducted, this must be performed by the licensed nurse as these procedures are NOT in the scope of practice of the QMA.

II. When to Change Appliance

- A. When the stool leaks on the resident's skin.
- B. When the stool cannot be rinsed effectively from the appliance.
- C. At least 2 x per week or per physician's order.
- D. Every 48-72 hours if the skin is reddened.
- E. Every 24-48 hours if skin is eroded or ulcerated.

III. Changing the Appliance

- A. Recommended Technique:
 - 1. Arrange all needed equipment within reach.
 - 2. Perform INITIAL STEPS.
 - 3. Open clamp, cuff the tail of the pouch and empty contents of bag into receptacle (basin) or toilet. Note character and amount of drainage. Do not discard plastic clamp.
 - 4. Locate the stoma size pattern. With a pen, trace this size hole on the paper backing of the pouch adhesive. Cut out the opening.
 - a. If stoma is round, use stoma guide to measure stoma. Use a size that is 1/8 inch larger than the stoma.
 - b. If the stoma is not round – make a pattern. Use a piece of plastic transparent material and place over stoma or wound. Trace stoma or wound on transparency. Cut it out and label pattern head, feet, pouch side, skin side.

- c. Trace the pattern on the back of the faceplate. Be sure to line it up so that the tail of pouch will be in the appropriate direction.
 5. Remove the paper backing from the pouch adhesive wafer. Apply a thin bead of stomahesive paste to the edge of the cut adhesive.
 6. Remove the old appliance gently, and wipe around the stoma with tissue.
 7. Dispose of the old appliance in a biohazardous plastic bag. Save the plastic clamp.
 8. Inspect the skin. Wash the area with warm water; do not use soap.
 9. Dry the skin carefully. A skin prep may be ordered to protect skin and enhance adherence of the product. If so, follow instructions on can or package.
 10. Apply the new appliance or paste at the base of the stoma on the skin. Hold in place for approximately 2 minutes.
 - a. Line opening of pouch up with stoma and press down – being sure to clear the stoma.
 - b. Use fingertips to seal down face plate immediately around stoma first, then around the paper border.
 11. Add a few drops of deodorant to the pouch, if available, and clamp it to close.
 12. Dispose of waste material and gloves.
 13. Perform FINAL STEPS.
- B. Maintenance of the Pouch
1. Assess the pouch for leakage.
 2. Empty the pouch when 1/3 full. If changing of appliance is not indicated, the pouch can be flushed with water using a bulb-syringe, then re-clamped. It may be necessary to empty the contents of the ostomy pouch frequently without changing the entire appliance if the resident has excessive excrement.
 3. Change the pouch as needed, with leakage, 2 x per week or per physician's order.
- C. Reporting and Documentation:
1. Information to report to the nurse includes:
 - a. change in the skin at the stoma site.
 - b. discoloration of the stoma.
 - c. amount and type of drainage from the stoma.
 - d. resident reaction.
 2. Document information in the resident's clinical record regarding observation of change in the skin at the stoma site, discoloration of the stoma, amount and type of drainage from the stoma and any adverse resident reaction observed during the procedure.

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