

## Stoma Care

### 1st few days

- The stoma (s) is initially managed without adhesive dressings or a stoma bag. This is to facilitate primary healing of the surgical incision site.
- The stoma is not cleaned unless debris is present.
- To clean the stoma, irrigate the area with sterile water that has been warmed within the infant's incubator. The stoma and surrounding area should be gently patted dry with sterile gauze.
- Cut a hole (s) in a double sheet of paraffin gauze through which the stoma/mucous fistula (s) can protrude and drain. Apply the paraffin gauze.
- Loosely lay a single sheet of paraffin gauze over the stoma then cover with a double layer of sterile gauze. Alternatively, if the baby is very active and the paraffin gauze is not staying in place Mepatil may be used in place of paraffin gauze.

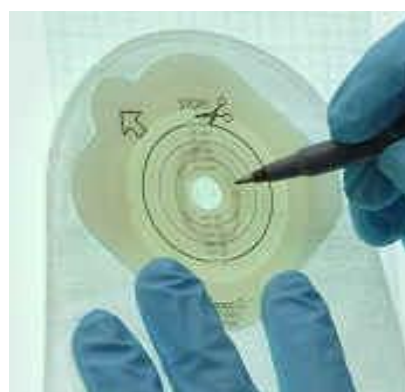
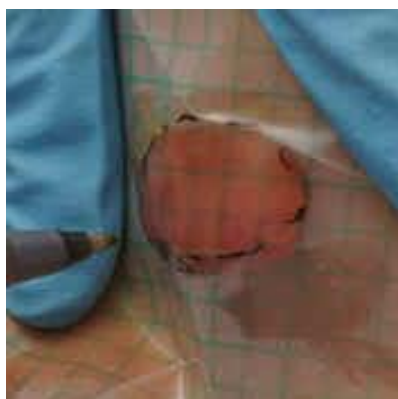
### Subsequent management

#### Basic stoma care plan

The bag is changed every 3 days unless the edges are peeling away from the skin or there is leakage from the bag.

#### Choosing the hole size

- Create a template of the size and shape of the stoma by placing the grid sheet (from an Opsite packet) over the stoma and drawing around it. Indicate on the template the position of the umbilicus, and direction of head and feet.
- Place the stoma bag flange on the template and mark the stoma position on the flange.



- Cut out this area and smooth out any sharp areas by running your finger around the cut edge of the flange. Place the stoma bag to the side.



### Preparing the skin

- To clean the stoma, irrigate the area with sterile water that has been warmed within the infant's incubator. The stoma and surrounding area should be gently patted dry with sterile gauze.
- Apply Cavilon wipe to the skin; allow to dry for 30-60 seconds.



### Applying the pouch

- Close off the open drainage end of the bag. Remove the backing from the stoma flange and prior to placing the flange/bag over the stoma, dab away any new effluent.
- Centre the pouch over the stoma ensuring that the drainage opening of the bag is pointing downwards, below the stoma.
- Smooth the flange onto the skin; hold in place with your hand for about 50seconds - the warmth of your hand will increase the adherence properties of the flange.

### Removing the pouch

- To remove stoma bag, wet the edges of the flange with warmed water and roll back the edge of the flange. If the pouch is difficult to remove, wet the fabric layer of the flange with an Appeel wipe. Wait 30-60 seconds for the adhesive bonds to loosen before peeling the flange away from the skin.

### **Other products that can be used for more complicated stoma dressings:**

**Stoma Adhesive Powder:** Powder can be used on excoriated skin around the stoma (s) to facilitate adherence of the dressing. It should be applied directly to excoriated skin and not onto dry skin. It works by using moisture from excoriated skin to improve the bond.

**Stoma paste:** Stoma paste can be used around an irregular shaped stoma or where there has been a history of bags not staying place. It should only be used in very small quantities directly at the junction between the stoma and the flange or hydrocolloid dressing. First apply the flange/dressing then carefully smear the paste into position.

**Stoma paste and Vaseline mixture:** In cases where there is little or no protruding stoma, it may be very difficult to apply a bag. In this situation, skin surrounding the stoma is prone to breaking down. To treat the damaged skin and prevent further harm, apply Cavilon to healthy skin and a mixture of equal parts Vaseline and stoma paste to the excoriated area. The Vaseline and stoma paste should be combined just prior to being used; it must not be stored in a galipot in the baby's incubator/cot. A double layer of gauze is then placed on top of the stoma. The mixture should be removed with gauze and warmed sterile water at each nappy change.

**Appeel medical adhesive remover:** Appeel tissues should be removed from the sachet and rubbed over the stoma adhesive dressing. Once the adhesive bonds are broken the flange will come away from the skin without pulling on the skin.

### **Contacting the Stoma Care Specialist**

The Stoma Care team can be contacted at the RHCYP. It is important that the team become involved with the baby and family so that there is continuity of care as the baby is discharged from the NICU and followed up by the team in the community.