

SKILL: Empty the Pouching System



Watch and Review

- ▶ Emptying your pouch is the first skill that you will need to learn after your operation.
- ▶ Watch the video and then follow each of the steps.



WATCH VIDEO

*Ostomy Home Skills
Program: Emptying a Pouch*



SKILL: CHECK THE POUCH LEVEL

Empty a drainable pouch when it is 1/3 to 1/2 full. A pouch that is too full may start to pull away from your skin. You will not feel stool coming out of your stoma. You will need to check for fullness by looking at the pouch or placing your hand over your pouch and feeling for fullness.



SKILL: ASSUME THE PROPER POSITION

Most people sit on the toilet to empty their pouch. You will need to have a clear view of the water in your toilet and ensure you have enough space to empty your pouch (to avoid soiling your clothes). There are several positions depending on your size, the layout of the bathroom, and your comfort level.

- ▶ For the forward position, sit far back on the seat with legs spread wide.
- ▶ For the backwards position, sit or stand facing the toilet.
- ▶ For the side position, sit or stand alongside the toilet.



Forward Position



Backwards Position



Side Position

SKILL: EMPTY THE STOOL

Sit far back on the seat or stand over the toilet.

1. Make sure to have a piece of toilet paper within reach.
2. Raise the end of the pouch so the opening faces up.
3. Open the end of pouch.
4. Lower the opening into the toilet. Slide your hands down the pouch to push out the stool.
5. If you stand while emptying the pouch, you may want to flush the toilet as you drain the pouch or place a few pieces of toilet paper into the toilet bowl. This prevents the stool and toilet water from splashing up when draining from a high distance.
6. Wipe the opening off inside and out with toilet paper or tissue.
7. If used, add pouch deodorant.
8. Close the pouch.



SKILL: Change the Pouching System

Watch and Review

- ▶ Your pouching system will need to be changed every 3 to 5 days. Moisture and sweat, a full and heavy pouch, and uneven skin around the stoma can decrease the length of time the system will stick to the skin. If you see any output, leakage, or if you feel any burning or itching under the skin barrier, change your pouching system right away.
- ▶ It is easier to change the pouch when the stoma is less active. Ideal times include first thing in the morning, before eating, or two hours after eating.
- ▶ Watch the video and then follow each of the steps.
- ▶ To practice, use the supplies in your skill kit and the stoma practice model.



WATCH VIDEO

*Ostomy Home Skills
Program: Changing a Pouch*



SKILL: GATHER YOUR SUPPLIES

- ▶ New pouch (One-piece or two-piece)
- ▶ Washcloth/wipes/soft paper towels to clean your skin
- ▶ Stoma measuring guide to measure your stoma and size the opening
- ▶ Pen to trace the size of your stoma
- ▶ Scissors to cut the pouch opening
- ▶ A small plastic bag for the soiled pouch
- ▶ Accessories such as adhesive releaser, skin barrier rings, skin barrier powder and pouch deodorant (as instructed by your ostomy nurse)



SKILL: REMOVE THE OLD POUCH

1. Begin by peeling away one corner of the barrier.
2. Gently remove the barrier, working first around the outer edge. Work around the rest of the barrier, pushing down on the skin at each point while at the same time pulling the barrier away from the skin.
 - ▶ If using an adhesive release spray: pull a small area of the barrier away from your skin, spray, and then push the skin down as you gently remove the adhesive. A piece of wet paper towel, or a washcloth with warm water, may also help to remove the pouch barrier from the skin.
3. If you have a two-piece system, you can remove the pouch piece only and leave the barrier in place (if the barrier is still sticking). After about 3-5 days, you will remove both the barrier and the pouch.
4. Place the old pouch in a plastic waste bag, and then in the trash.



SKILL: CLEAN AND INSPECT

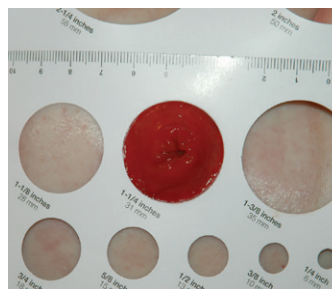
1. Inspect your stoma color. The stoma should be red and moist.
2. Inspect the skin for redness or irritation. The skin should look like the rest of the skin on your abdomen. You can use a mirror to check the skin around the stoma.
3. Clean the skin around the stoma with warm water. Oils may keep your skin barrier from sticking. Do not use:
 - Soaps/cleansers with oil or lotion
 - Baby wipes that have oil, moisturizing cream, or alcohol
4. Gently pat the skin dry.
5. If the skin around the stoma is irritated or weepy, you can apply a small dusting of skin barrier powder. The powder will absorb the moisture. Remember that the new barrier will not stick well if your skin is moist. You may need to dab or spray the powder with skin sealant/skin prep.



SKILL: MEASURE AND CUT THE OPENING

It is important to measure the stoma and make sure the opening of the barrier fits where the skin meets the stoma (called the **skin stoma junction**). For the first three months after surgery, your stoma will continue to shrink in size as swelling goes down. In the beginning, you will have to measure your stoma with each pouch change to make sure you have the right size opening. After that, you will be able to cut the pouch opening based on your stoma size or order pre-cut pouches.

1. Cover the stoma opening. Place a piece of tissue or gauze pad over the stoma while you are measuring to catch any leakage.
2. Measure the stoma. Use your stoma measuring guide and find the size that fits close to the edge of the stoma where the skin and stoma meet. If your stoma isn't round, your ostomy nurse or doctor can make you a custom template.
3. Place the stoma measuring guide on the back of the pouch barrier and trace the correct size.
4. Use scissors to cut an opening in the skin barrier, closely following the traced shape. If you are using a one-piece system, place your finger into the small pre-cut opening and push away the pouch before you start to cut. Be careful not to cut through the front of the pouch. If you cut the pouch, do not tape it closed. It will leak and give off an odor.
5. Center the new pouch opening over the stoma to make sure it fits along the stoma edge. Re-cut and adjust the opening as needed.



To practice:

- Gather your supplies in the skills kit.
- Use the stoma practice model, measuring guide, and pouch to:
 - Measure and cut an opening.
 - Apply a new pouch to the model.

SKILL: APPLY THE NEW POUCH

1. Remove the paper from the back of the skin barrier.
2. Check the skin around the stoma, be sure that it is dry and no stool is in contact with the skin.
3. Center the cut opening in the pouch's barrier over the stoma.
 - ▶ If used, a barrier ring may be placed before application.
4. Place the barrier on the skin around the stoma. Press down on all sides for 30 to 60 seconds, starting at the area nearest to your stoma. Make sure it is firmly applied.
5. Close the opening tail end of the pouch if you are using a drainable pouch.
6. If you use a two-piece pouch system, apply the new barrier first, then apply the pouch to the barrier.



To practice:

- ▶ Take out your sample pouch.
- ▶ Close the drainage opening at the bottom of the pouch.
- ▶ At the top opening in the skin barrier, fill it 1/3 full with water.
- ▶ Remove the paper backing and place the pouch on your skin on your lower abdomen.
- ▶ Empty the pouch sitting on or standing by the toilet.



Stoma Supplies

Keep your stoma care simple. Only use skin barrier paste or rings, powder or liquid skin barrier if recommended by your doctor or ostomy nurse.

SKIN BARRIER PASTE AND RINGS

Skin barrier rings are used to help secure the seal around a stoma, especially when there is liquid stool.

To apply ring, the inner diameter is stretched to the stoma size/shape. It is then placed on the back of the pouch at the cut edge or around the stoma.

To apply paste, place directly on the skin in the deep folds. If needed, you can smooth using a moist finger. Paste can also be applied directly to the back of the adhesive ostomy barrier.



SKIN BARRIER POWDER

Skin barrier powder is used to help treat moist, red areas on the skin around the stoma.

To apply, gently clean the irritated skin with water and pat dry. Lightly dust the irritated skin with the powder and brush off the excess. You can use liquid skin barrier to seal the area before applying the pouching system.

LIQUID BARRIER

A liquid skin barrier provides a protective plastic-like coating on the skin.

To apply, wipe the skin with the liquid skin barrier (or if you are using a spray, apply to the skin). Be sure the skin barrier dries completely before applying the pouching system.

POUCH DEODORANT

The ostomy pouch is odor-proof. The only time an odor should be noticeable is when you empty the pouch. Pouch deodorant decreases odor. It comes in drop, tablet, and spray form. The deodorant is placed in the pouch after emptying to decrease odor. A lubricating deodorant can be used to stop odor and keep stool at the bottom of the pouch. The lubricant keeps stool from staying up around the stoma and seeping between the barrier and skin. It can also make it easier to empty.

ADHESIVE REMOVER

Adhesive removers are used to remove the skin barrier, tape, and sticky residue.

To apply, spray or use the adhesive remover wipe around the outer edge of the barrier. Wait a few seconds and then gently push the skin down and the adhesive up, releasing the skin from the barrier.



Additional Ostomy Resources

Resources

American College of Surgeons Ostomy Home Skills Program and E-Learning Course

facs.org/ostomy | 1-800-621-4111

Wound, Ostomy and Continence Nurses Society (WOCN®)

wocn.org | 1-888-224-9626

United Ostomy Associations of America (UOAA)

ostomy.org | 1-800-826-0826

American Society of Colon and Rectal Surgeons (ASCRS)

fascrs.org

American Urological Association (AUA)

auanet.org

American Pediatric Surgical Association (APSA)

apsapedsurg.org

American Pediatric Surgical Nurses Association (APSNA)

apsna.org

References

1. Kwaan MR, Stewart Sr DB, Dunn K. Colon, Rectum, and Anus. In: Brunicaudi F, et al, eds. *Schwartz's Principles of Surgery*, 11e. McGraw Hill; 2019. <https://accesssurgery.mhmedical.com/content.aspx?bookid=2576§ionid=216214595>
2. Steinhagen E, Colwell J, Cannon L. Intestinal Stomas—Postoperative Stoma Care and Peristomal Skin Complications. *Clin Colon Rectal Surg*. 2017 Jul; 30(3): 184–192. doi: 10.1055/s-0037-1598159.
3. Tsujinaka S, Tan, Kok-Yang, et al. 2019. Current Management of Intestinal Stomas and Their Complications. *J of Anus, Rectum and Colon*. 2020. 4(1): 25-33..
4. Nightengale JMD. How to Manage a High-Output Stoma. *Frontline Gastroenterology*, 2022. 13: 140-151.. doi:10.1136/flgastro-2018-101108.
5. Mountford CG, Manas DM, Thompson NP. A Practical Approach to the Management of High-output Stoma. *Frontline Gastroenterol*. 2014; 5(3) 203-207. doi:10.1136/flgastro-2013-100375.
6. Sherman, K., & Wexner, S. Considerations of Stoma Reversal. *Clin Colon Rectal Surg*, 2017 30(3): 172-177. doi: 10.1055/s-0037-1598157
7. Stylinski, R, et al. Parastomal Hernia - Current Knowledge and Treatment. *Videosurgery & Non-Inv Tech*. 2018 13(1):1-8. doi: 10.5114/wiitm.2018.72685

ACS SURGICAL PATIENT EDUCATION PROGRAM

Director:

Ajit K. Sachdeva, MD, FACS, FRCSC, FSACME

Assistant Director:

Kathleen Heneghan, PhD, MSN, RN, FAACE

Senior Manager:

Katie Maruyama, MSN, RN

Senior Administrator:

Mandy Bruggeman

PATIENT EDUCATION COMMITTEE

Ajit K. Sachdeva, MD, FACS, FRCSC, FSACME

Lenworth Jacobs, MD, FACS

Jessica R. Burgess, MD, FACS

David Tom Cooke, MD, FACS

Jeffrey Farma, MD, FACS

Nancy L. Gantt, MD, FACS

Lisa J. Gould, MD, PhD, FACS

Robert S. D. Higgins MD, MSHA, FACS

Aliza Leiser MD, FACOG, FACS

Karthik Rajasekaran, MD, FACS

John H. Stewart IV, MD, MBA, FACS

Cynthia L. Talley, MD, FACS

Steven D. Wexner, MD, PhD(Hon),
FACS, FRCSEng, FRCSEd, FRCSEd (Hon),
FRCSEdGlasg (Hon)

OSTOMY TASK FORCE

H. Randolph Bailey, MD, FACS

Colon and Rectal Surgery
The Methodist Hospital
Houston, TX

Teri Cocha, APN, CWOCN

Pediatric Surgery
Ann and Robert H. Lurie Children's Hospital
of Chicago
Chicago, IL

Janice C. Colwell, RN, MS, CWOCN, FAAN

Ostomy Care Services
University of Chicago Medicine
Chicago, IL

John Easley

Patient Advocate
Ostomy Support Group of
DuPage County
Clarendon Hills, IL

Kathleen G. Lawrence, MSN, RN, CWOCN

Wound, Ostomy and Continence Nurses
Society (WOCN®)
Mt. Laurel, NJ

Ann Lowry, MD, FACS

Colon and Rectal Surgery
Fairview Southdale Hospital
Minneapolis, MN

Mike McGee, MD, FACS

Colon and Rectal Surgery
Michigan Medicine/
University of Michigan
Ann Arbor, MI

Marleta Reynolds, MD, FACS

Pediatric Surgery
Ann and Robert H. Lurie Children's
Hospital of Chicago
Chicago, IL

David Rudzin

United Ostomy Associations of America,
Inc.
Northfield, MN

Nicolette Zuecca, MPA, CAE

Wound, Ostomy and Continence Nurses
Society (WOCN®)
Mt. Laurel, NJ