

Common Problems

The most common problems you may experience when you are home are:

- ▶ Irritated and red skin
- ▶ Barrier not sticking/leakage
- ▶ Dehydration
- ▶ No output from the stoma
- ▶ Medical emergencies
- ▶ Stoma issues (bleeding, retraction)
- ▶ Infection (urinary tract or other source)
- ▶ Long-term problems

Let's talk about each one of these so that you can know what to watch for, what you can do, and when to reach out for help.



WATCH VIDEO

*Urostomy Home Skills
Program: Problem Solving*



Irritated and Red Skin

The skin around the stoma can become irritated and red. This is the most common problem for new ostomy patients. It is most often due to urine on the skin or from tape and barriers pulling off the top layer of skin.

WHAT YOU CAN DO

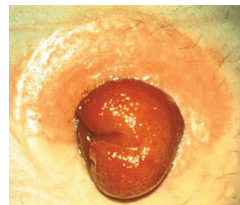
- ▶ Check the skin with each pouch change. Red skin can be due to a poor fit of the skin barrier (wrong size or shape).
- ▶ Measure the stoma and cut the barrier to fit the stoma skin junction. The stoma size will change during the first several months after surgery.
- ▶ Do not wear the skin barrier too long. Suggested wear time is 3 to 5 days. Wear time can depend on how often the pouch is emptied, the amount of sweat, level of activity and body shape.
- ▶ If the skin is irritated or weepy (wet), apply skin barrier powder.
- ▶ If there is seepage of urine under the stoma barrier, or by a skin fold, you may need a moldable ring to fill in any gaps or a convex pouch.
- ▶ Don't delay in asking for help. One visit with an ostomy nurse could save you from going through extensive trial and error.

RECOGNIZING COMMON SKIN PROBLEMS

It can be hard to recognize why you are having skin problems. Here are some common problems and what you can do first. If there is no improvement in a few days—get help. Call your ostomy nurse or other health care provider.⁴

Skin redness directly around the stoma site

The barrier may not be cut to the correct size. If the skin is weepy, apply stoma powder, resize the barrier, and apply it to the stoma. The site should look better with the next pouch change.



Irritated and red skin around the entire stoma site

The skin may be sensitive, or the top layer of skin is being stripped away when you remove the barrier. Be gentle when removing the barrier. You can also use an adhesive remover or try a different barrier.



Fungal skin infection

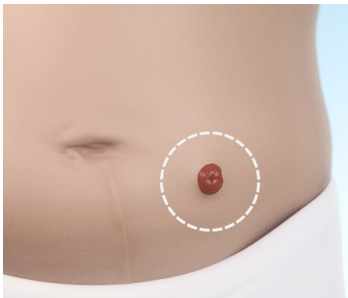
This occurs most often in damp sites, such as in skin folds or under an ostomy barrier. The rash starts as red raised bumps and then becomes more red, sometimes with a white coating. Itching and burning are common. Check the barrier and keep the skin dry. Contact your ostomy nurse or doctor for an antifungal powder.



SAMPLE

Leakage under the Barrier

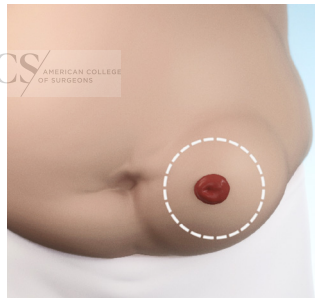
The shape and position of the stoma determines which barrier your child will need. The abdomen shape around the stoma may be flat, sink in, or extend outward. The stoma itself may be protruding above the skin, at level with the skin, or below the skin. Your ostomy nurse can help you with the correct fit.



Flat stoma



Inward stoma



Outward stoma

Images © Coloplast Corp.

WHAT YOU CAN DO

If there is urine under the barrier, you may want to try:

- ▶ Remeasure the stoma to be sure that you are using the correct size in the skin barrier.
- ▶ Check the skin around your child's stoma while they are in a sitting position to see if there are any creases or dips around the stoma. If the skin is creased, the urine may be able to lift the skin barrier and damage the peristomal skin. This may mean that you need to use a convex pouching system. Contact your ostomy nurse for suggestions.
- ▶ Clean the skin with water. If you use soap or any adhesive removal wipes, rinse the area well with water to make sure there is no residue left on the skin.
- ▶ Make sure your child's skin is totally dry.
- ▶ Try a support belt or empty your child's pouch more often. This will decrease the weight and pull on the barrier.

If you are having trouble getting your child's barrier to stick or you are using 2 to 3 barriers daily because of leakage, contact your doctor or ostomy nurse for additional help.

Diarrhea and Dehydration

Dehydration occurs when the body loses more fluid than it takes in.

Diarrhea is common—this is because part of your child's intestine was removed and re-routed to make the urinary diversion. This can affect the absorption of fluids from the intestine, resulting in watery stools.

WHAT YOU CAN DO

Prevent dehydration

- ▶ Keep track of how many times you have to empty your child's pouch. If you notice that the urine is darker and more concentrated or your child is having frequent liquid stools, your child is at a higher risk of becoming dehydrated.
- ▶ Watch for signs of dehydration. These include dry mouth and tongue, feeling thirsty, low urine output (dark yellow urine in the pouch) dizziness, or weight loss of more than 2 to 3 pounds over a few days.
- ▶ Call your doctor or nurse. They will guide you on what oral solution your child should drink and how to adjust his or her diet. Medication may be prescribed that decreases the amount of stool loss.
- ▶ For children, encourage drinking 8 to 10 four-ounce glasses of water per day as part of their regular routine.
- ▶ Avoid foods that can cause diarrhea, such as spicy, fried, greasy foods and high sugar drinks.

Manage diarrhea

- ▶ Increase fluids. Drink replacement fluids, such as broth, an oral electrolyte drink (Pedialyte®, Rehydralyte®, or Ceralyte®), or a low-sugar drink (Gatorade® or Powerade®).
 - If you use regular Gatorade, dilute it with equal parts water and add in a teaspoon of salt.
 - You can also use apple or cranberry juice diluted with 3 cups water and a teaspoon of salt.
- ▶ Add foods that help thicken stool: whole-grain pasta, rice, potatoes, applesauce, bananas, tapioca, creamy peanut butter, bread, and yogurt.
- ▶ **Call your doctor or nurse. They will guide you to what is the best management option for your child.**

Lack of Appetite and Nausea/Vomiting

Following a urostomy, patients sometimes report weight loss, tasting food differently, and feeling nausea or full soon after eating. It is not unusual for there to be some weight loss after surgery.

WHAT YOU CAN DO

- ▶ Provide small, frequent meals throughout the day rather than 3 large meals
- ▶ Provide a well-balanced diet to help with healing

Contact your doctor if your child is having nausea and vomiting.



No Output from Your Stoma

A urostomy is always active. Your child may have an obstruction in the stoma if there is no output for over 30 minutes.

WHAT YOU CAN DO

Mucus blockage

- ▶ To keep the mucus thin, keep your child drinking enough fluids. Your surgeon or pediatrician will tell you how many bottles or glasses of fluid are needed each day.
- ▶ If you think the blockage is due to mucus, take a gauze and clean the mucus from around the stoma. Remember that there is a thick, white mucus coming from the stoma because it was created from a piece of the intestine. The intestine is always producing mucus.

Call your surgeon or ostomy nurse or go to your local emergency department if your child has blockage.

Bowel Obstruction/Intestine Blockage

Since a part of the intestine was removed and used to create the stoma, a bowel obstruction can occur. If a section of the bowel becomes blocked, your child will have bloating, abdominal cramping that can come and go, no bowel movements, vomiting, and loss of appetite.

WHAT YOU CAN DO

Call your surgeon or ostomy nurse or go to your local emergency department if your child has blockage.

Stoma Bleeding

You may see a spot of blood on your child's stoma, especially when cleaning or changing the pouch. The stoma has a good blood supply and no longer has the protection of the skin, so a spot of blood is normal.

WHAT YOU CAN DO

- ▶ Make sure the bleeding has stopped after the pouch change. The bleeding should stop within a few minutes.
- ▶ You can use a moist cloth and apply mild pressure for a minute.

Stoma Retraction

Stoma retraction means the stoma is at or below the skin level. It looks like it is shrinking.

WHAT YOU CAN DO

- ▶ As long as the stoma continues to put out urine, this is not a medical emergency.
- ▶ **Contact your surgeon or nurse to let them know this has happened.** Stoma retraction may make it difficult to keep a good seal on the pouching system. Your medical team will help you adjust your child's pouch system so they have a good seal.



Parastomal Hernia

A parastomal hernia is a bulge in the muscle around the stoma site. The hernia develops over time and can increase in size. The hernia can become uncomfortable.

WHAT YOU CAN DO

Tell your surgeon or ostomy nurse if you notice a bulge in the muscle around the stoma. The pouch system may have to change to keep a good seal around the stoma. A parastomal hernia is repaired surgically.

Urinary Tract Infection (UTI)

About 25% of patients with a urostomy have a urinary tract infection (UTI) each year. The symptoms usually are fever, pain, and strong-smelling urine. Diabetes increases the risk of a UTI.

WHAT YOU CAN DO

- ▶ Have your child drink at least 8 four-ounce glasses of fluid each day. For infants, your medical team will tell you how many bottles each day. This increases as your child grows.
- ▶ Serve foods and drink fluids that inhibit the growth of bacteria. Examples include cranberry juice, blueberries, peppers, cherries, tomatoes, and sweet potatoes.

Call your health care provider if you think your child has a UTI.

Long-Term Complications

These are the problems that can occur in the 10 years following a urostomy operation. Your child may never have these problems, but they are reported in 10% or more of patients who have a urostomy operation.⁷

Problem	What to Watch For
Blockage of your bowels	Cramping, no stool, and vomiting
Stoma stenosis	Narrowing of the stoma site that can limit urine flow into the pouch
Urine backup into the bladder (ureteric reflux)	Watch for signs of a urinary tract infection – fever, bad smelling urine, pain in the back. Have blood work done annually to check kidney function.
Vitamin B12 and Folate deficiency	Watch for signs of anemia – tired, lack of energy. Have blood levels checked annually. Provide foods high in folate and B12.

WHAT YOU CAN DO

Call your health care provider if your child has any long-term issues.

SAMPLE

Medical Emergencies

Contact your surgeon or nurse immediately or go to the nearest emergency room if your child has:

- ▶ A deep cut in the stoma
- ▶ A severe change in the color of the stoma from a bright red color to a dark, purplish red color. A change in color could mean that there's not enough blood being supplied to the stoma. It is not likely that this will happen after discharge from the hospital.
- ▶ A large amount of continuous bleeding (more than 4 tablespoons) into the pouch
- ▶ Continuous nausea and vomiting
- ▶ Repeatedly finding blood in the pouch, or bleeding between the edge of the stoma and skin
- ▶ Severe skin breakdown that is not improving
- ▶ Continuous diarrhea with signs of dehydration
- ▶ Severe cramping and no output from the stoma

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 Urological Association (AUA)

auanet.org

American Pediatric Surgical Association (APSA)

apsaped surg.org

American Pediatric Surgical Nurses Association (APSNA)

apsna.org

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SAMPLE

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