Problem Solving

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.

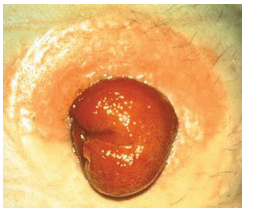
WHAT YOU CAN DO

- Check your skin with each pouch change. Use a mirror if needed to see all the skin around your stoma.
- 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 at the stoma skin junction. Remember the stoma will change for the first 6-8 weeks after surgery, and the size may need to be adjusted.
- Check the skin around your stoma in sitting position to see if you have creases around the stoma. If the skin is creased, the urine may be able to lift the skin barrier and damage the peristomal skin. A convex pouching system may help.
- Do not wear the pouching system for too long. Suggested wear time is 3 to 5 days. Wear time can depend on how often you empty your pouch, how much you sweat, your level of activity, and your body shape.
- If the skin is irritated or weepy (wet), apply skin barrier powder.
- Don't delay asking for help. One visit with an ostomy nurse could save you from going through extensive trial and error.

RECOGNIZING COMMON SKIN PROBLEMS

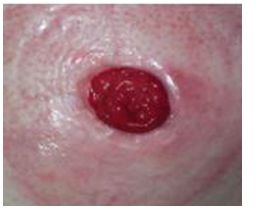
It can be hard to know why you are having skin problems. Here are some common problems and what you can do first. If there is no improvement in a few days—get help. Call your ostomy nurse or other health care provider for assistance.[5]

Skin redness directly around the stoma site



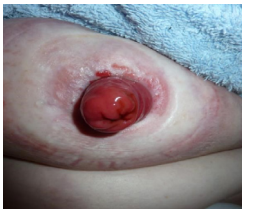
This might happen because the barrier is not cut to the correct size. Remeasure the stoma and adjust fit as necessary. If your skin is red and weepy, apply stoma powder. The site should look better with the next pouch change in 3 to 5 days.

Irritated and red skin around the entire stoma site



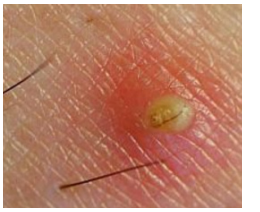
This may happen because your skin is sensitive, or you are stripping the top layer of skin away when you remove the barrier. You may need to be more gentle when removing the barrier. You can also use an adhesive remover or try a different barrier. If the skin becomes sensitive to a product you are using, it will be itchy and red. You will need to consider trying a different brand of product.

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 your skin dry. Contact your ostomy nurse or doctor for an antifungal powder.

Hair follicle infection



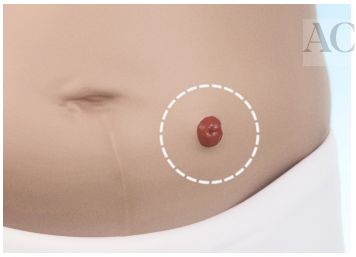
You will see redness around the hair. This can be caused by aggressive removal of the pouching system; consider clipping long hairs and the use of an adhesive releaser.

Leakage under the barrier

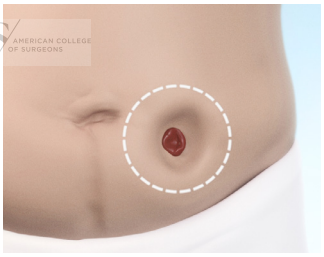
Leakage can happen because the barrier is not securely sealed around the stoma.

The area around the stoma can be flat, sink inward, or push outward. If you have leakage, your stoma dips inward, or you have creases and folds, a convex pouch system may be helpful.

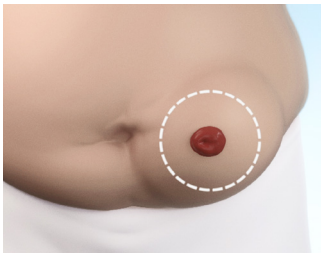
As your body and stoma heal, you may need to change your barrier type. Your ostomy nurse can help you with the correct fit. Check the skin and stoma while standing, as well as in a sitting position.



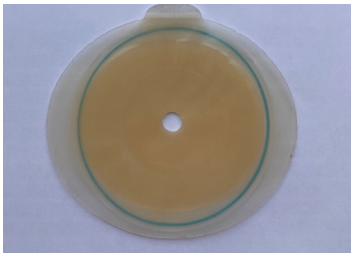
Flat stoma



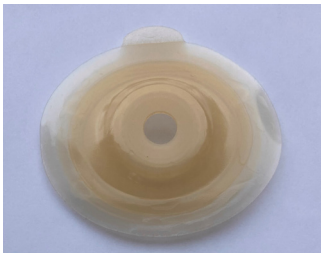
Inward stoma



Outward stoma



Flat barrier



Convex barrier

WHAT YOU CAN DO

If you have leakage under the barrier, you may want to try:

- If the opening in the barrier does not fit to where the skin meets the stoma, the urine can make contact with the skin and loosen the seal.
- Check the skin around your stoma in a sitting and bending position. If the skin is creased, or you see a lift in the skin barrier from the skin, the urine can leak and damage the peristomal skin. This may mean that you may need to use a convex pouching system or a barrier ring.[6]
- Clean the skin with water. If you use soap or any adhesive removal wipes, rinse the area well with water. Make sure there is no residue or oil left on your skin.
- Make sure your skin is totally dry.
- Apply barrier powder to any area where the skin is red and weepy. This will help the barrier stick to the skin.
- Decrease the weight and pull on the barrier. Try a support belt or empty the pouch more often.

If you are having trouble getting your barrier to stick or you are using 2 to 3 barriers daily because of leakage, do not wait, contact your doctor or ostomy nurse.

Diarrhea and Dehydration

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

Diarrhea is common because part of your intestine was removed and re-routed to make the urinary diversion. This can affect the absorption of fluids from your intestine, resulting in watery stools.[3,4,8]

WHAT YOU CAN DO

Prevent dehydration

- Drink at least 8-10 glasses of water or liquids each day (avoid sugary drinks).
- Stay away from foods that can cause diarrhea, such as spicy, fried, or greasy foods. Also avoid food that is high in sugar, sugary drinks, caffeine, and alcohol.
- **Watch for signs of dehydration. These include:**
  - Being thirsty
  - A dry mouth
  - Decreased urine output
  - Dizziness when standing up
  - Muscle or abdominal cramps

Manage diarrhea

- Increase your 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 do drink regular Gatorade, dilute it with equal parts water and add a teaspoon of salt.
  - You can also drink apple or cranberry juice diluted with 3 cups of water and a teaspoon of salt.
- Eat 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 you.**

Rehydration Drink Recipes

These are examples of other solutions your doctor or nurse may prescribe to prevent dehydration. Always check first before using.[5-6]

Number 1	Number 2	Number 3
5 cups water ½ teaspoon salt ¼ teaspoon salt substitute that contains potassium (such as NoSalt®, Morton Salt Substitute®, or Nu-Salt®) ½ teaspoon baking soda 2 tablespoons sugar *Recipe from World Health Organization*	5 cups water 1 cup orange juice 8 teaspoons sugar ½ teaspoon baking soda ½ teaspoon salt	1½ cups Gatorade® Thirst Quencher 2 ½ cups water ¾ teaspoon salt
Number 4	**Number 5**	**Number 6**
4 cups Gatorade G2® ¾ teaspoon salt	½ cup grape or cranberry juice 3½ cups water ½ teaspoon salt	1 cup apple juice 3 cups water 1 teaspoon salt

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 to lose 15 to 20 pounds after surgery.

MANAGE LACK OF APPETITE

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

Reduced Output from Your Stoma

A urostomy is always active. If you notice a decrease in the stoma output, call your surgeon.

WHAT YOU CAN DO

Mucus blockage

- To keep mucus thin, drink at least 8 glasses of fluid each day. Some ostomates report that it's helpful to use a two-piece pouch system, remove the pouch in the morning and evening, and wipe off the mucus.
- If you think the blockage is due to mucus, take a gauze and clean the mucus from around your stoma. Remember that there is a thick, white mucus coming from your stoma because your stoma was created from a piece of your intestine. Your intestine is always producing mucus.

Call your surgeon/ostomy nurse or go to your local emergency department if you continue to have blockage or start to vomit.

Bowel Obstruction/Intestine Blockage

Since a part of your intestine was removed and used to create your stoma, a bowel obstruction can occur. If a section of your bowel becomes blocked, you 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 you continue to have blockage.

Stoma Bleeding

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

WHAT YOU CAN DO

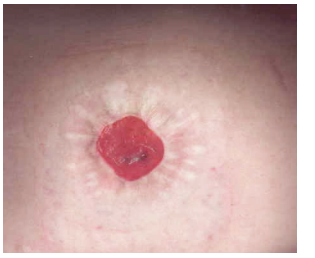
- Make sure the bleeding has stopped after your pouch change. The bleeding should stop within a few minutes.
- You can use a moist cloth and apply mild pressure for a minute.

Stoma Retraction

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

WHAT YOU CAN DO

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



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. Your 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.[3] The symptoms usually are fever, pain, and strong-smelling urine. Diabetes increases the risk of a UTI.

WHAT YOU CAN DO

- Drink at least 8 glasses of fluid each day.
- Eat 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 you are having a UTI.

Long-Term Complications

These are the problems that can occur in the 10 years following your operation. You may never have these problems, but they are reported in 10% or more of patients who have a urostomy operation.[3-5,8]

Problem	What to Watch For
Blockage of your intestines	Cramping, no stool, and vomiting
Renal failure	Your doctor will monitor your blood chemistry for any increase in your blood creatinine level.
Kidney stones	You may see these pass in your urine. You may see blood in the urine, and you may also have abdominal pain.
Metabolic acidosis (a higher amount of acid in your blood)	The symptoms are faster breathing, fast heart rate, headache, confusion, and feeling weak and tired.
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

Keep your schedule of appointments with your urologist. You will need to be watched for all long-term complications.

Medical Emergencies

Contact your surgeon or ostomy nurse immediately or go to the nearest emergency room if you have:

- A severe change in color in your 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
- 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
- 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)
apsapedsurg.org

American Pediatric Surgical Nurses Association (APSNA)
apsna.org

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