

Problem Solving

Common Problems

The most common problems you may experience when you are home are:²

- ▶ Irritated and red skin
- ▶ Barrier not sticking/leakage
- ▶ Dehydration
- ▶ No output from the stoma
- ▶ Stoma issues (bleeding, prolapse, retraction)
- ▶ Medical emergencies
- ▶ 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.²⁻³



WATCH VIDEO

*Ostomy 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 stool on the skin, or from tape and barriers pulling off the top layer of skin.

WHAT YOU CAN DO

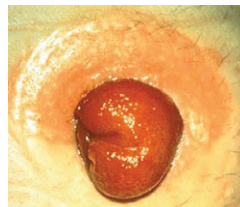
- ▶ Check your skin with each pouch change. Use a mirror if needed to see all of the skin around your stoma.
- ▶ Red skin can be due to a poor fit of the skin barrier (wrong size or shape). Measure the stoma and cut the barrier to fit at the stoma/skin junction. Remember the stoma will change for the 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 any creases or dips around your stoma. If the skin is creased, stool may be able to lift the skin barrier and damage the peristomal skin. A convex pouching system may help. Contact your ostomy nurse for suggestions.
- ▶ Do not wear the skin barrier too long. Suggested wear time is 3 to 5 days. Wear time can depend on how often you empty your pouch, the amount of liquid stool, how much you sweat, your level of activity, and your body shape.
- ▶ If the skin is irritated or weepy (wet), apply skin barrier powder. 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 on top of the powder to seal the area before applying the pouching system.
- ▶ 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 provider for assistance.

Skin redness directly around the stoma site

The barrier may not be cut to the correct size. If your skin is weepy, apply stoma powder, resize the barrier, and apply to your stoma. The site should look better with the next pouch change in 3 to 5 days.



Irritated and red skin around the entire stoma site

Your skin may be sensitive to the barrier, or you are stripping the top layer of skin away when you remove the barrier. You may need to be extra 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 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.



SAMPLE

Leakage under the barrier

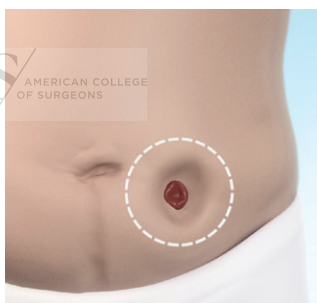
Leakage can happen because the barrier is not securely sealed around the stoma.

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

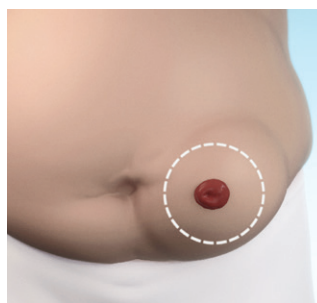
As your body and stoma heal, you may need to change your barrier type. Your ostomy nurse can help you with the correct fit. Check the skin and stoma while standing, as well as in a sitting position.



Flat stoma



Inward stoma



Outward stoma

Images © Coloplast Corp.

WHAT YOU CAN DO

If you see stool on the skin 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 stoma in sitting position to see if you have any creases or dips around your stoma. If the skin is creased the stool 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 your skin.
- ▶ Make sure your skin is totally dry.
- ▶ Try a support belt or empty your pouch more often. This will decrease the weight and pull on the barrier.

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

Liquid Stool and Dehydration

Dehydration occurs when your body loses more fluid than it takes in. If you have high volumes of output (diarrhea) from your ostomy or are vomiting, you may be at risk of dehydration. Dehydration is the most common reason why patients with an ileostomy return to the hospital.

WHAT YOU CAN DO

Prevent dehydration

- ▶ Drink at least 8-10 glasses of water or liquids each day (avoid sugary drinks).
- ▶ Minimize food and drink that is high in sugar, caffeine, and alcohol.
- ▶ Keep track of how many times you have to empty your pouch in 24 hours. If you empty your pouch when it is 1/2 full more than 8 times per day, you need to start replacement fluids.
- ▶ **Watch for signs of dehydration. These include:**
 - Being thirsty
 - A dry mouth
 - Decreased urine output and or dark urine
 - Dizziness when standing up
 - Muscle or abdominal cramps

Manage high output (diarrhea)⁴⁻⁵

- ▶ **Call your doctor or nurse. They will guide you on how much and what type of oral solution you should drink.** They may prescribe medication that can slow down your intestine. Let your health professional know if you are losing weight and how often/how much you are urinating.
- ▶ Drink replacement fluids, such as broth, an oral electrolyte drink (Pedialyte®, Rehydralyte®, or Ceralyte®), or a low-sugar drink (Gatorade® or Powerade®).
 - If you drink regular Gatorade, dilute it with equal parts water and add in 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.

SAMPLE

Rehydration Drink Recipes

These are examples of solutions your doctor or nurse may prescribe to prevent dehydration.⁵⁻⁷ Drink in small amounts throughout the day.

| 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 <i>Recipe from World Health Organization</i> | 5 cups water 1 cup orange juice 8 teaspoons sugar ½ teaspoon baking soda ½ teaspoon salt | 1½ cups Gatorade® Thirst Quencher 2½ 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 |

Reduced Output from Your Stoma

Your ostomy is usually active. You may have an obstruction if you have cramps or nausea and no output for:

- ▶ Ileostomy: 4 to 6 hours
- ▶ Colostomy: 24 to 36 hours

There may be blockage from food or adhesions (internal scar tissue).

WHAT YOU CAN DO

- ▶ Chew foods well, especially high-fiber foods such as corn, raw vegetables, celery, coleslaw, skins, and seeds. You may see these appear in the pouch undigested.
- ▶ If you think the blockage might be due to food, gently massage your abdomen right around the stoma site. This may help increase pressure and help the food blockage to come out.
- ▶ Stop eating and only drink fluids. Go for a walk, as walking can stimulate bowel function.

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

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 Prolapse

Stoma prolapse means the stoma becomes longer and sticks out (protrudes) higher above the surrounding skin.

WHAT YOU CAN DO

- ▶ If the stoma remains red and stays moist, this is not a medical emergency.
- ▶ **Contact your surgeon or nurse to let them know this has happened.** Let them know if you need help with applying your pouch.

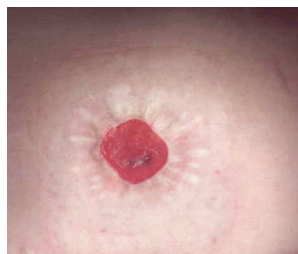


Stoma Retraction

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 stool, 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 pouch system.



SAMPLE

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.⁷ 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 hernia. Your pouch system may have to change to keep a good seal around the stoma. A parastomal hernia is repaired surgically.

Medical Emergencies

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

- ▶ A deep cut in your stoma
- ▶ 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 four 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 around the stoma that is not improving
- ▶ Continuous watery stools 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 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

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SAMPLE

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