

# Summary of the Q & A Talk by Wendy Sansom

## Stomal Therapy Nurse Box Hill Hospital

Wendy has worked at Box Hill Hospital for the past 36 years, much of that time as a stoma nurse. The hospital constructs approx. 150 stomas a year & Wendy is fortunate that she is regarded as part of the colorectal team running her own Outpatient Clinic, this does not happen in every hospital where stomas are constructed. In the past, following stomal surgery people stayed in hospital for 7-10 days, not so now therefore when a new person with a stoma goes home it is imperative to let them know this might not be the bag you have to use forever but just an early option.

**Reasons for a change of appliance:** Stoma changes shape, size, shrinks, hernia, follow up treatments e.g. chemotherapy, weight gain, life style. There are so many different appliances that in the early stages displaying all the appliances can be overwhelming but it is so important for the new ostomate to have a good relationship with their STN. People who have had a stoma for many years are often unaware of newer appliances, however there is no need to change the type of appliance just for the sake of change. All the companies encourage people to trial their products, Wendy recommends that all ostomy appliances are used with discretion & economy. In Australia we are blessed with the Stoma Appliance Scheme that is funded by the Federal Govt., approx 3 years ago the scheme was reviewed and Wendy was part of this review & could understand the complexities presented to the govt. For Example when a new appliance is submitted maybe as the most skin friendly flexible pouch, why then does the ostomate require adhesive removers, skin barriers etc. In addition people are living longer, which puts an extra load on the scheme. However the role of the stoma nurse is to do an individual assessment on each patient, including type of work, body contours, lifestyle etc.

## Questions & Answers

**Q: Why do so many doctors & medicos think having a stoma is the final option?**

**A:** A stoma may well improve quality of life. This needs to be considered as an option when discussing other treatment and management.

**Q: Living with a J Pouch:**

**A:** There are pros & cons as some people may have real issues with their pouches however within YOU there are members who have successfully lived with a J Pouch for many years, one who has had hers since 1994, she has had a few problems but still is happy with her pouch.

**Q: Colostomy Irrigation, why are stomal therapy nurses reluctant or unable to teach people with an end permanent colostomy how to irrigate?**

**A:** The main reason being lack of facilities to teach the ostomate, need to wait 4-6 weeks post surgery & very few STN'S have the necessary facilities at their workplace, the District Nurses generally don't do it & there are now very few Stomal Therapy District Nurses.

**Q: Can every person with a colostomy irrigate?**

**A:** No, if a person has a remaining cancer and if undergoing treatment, particularly not during radiotherapy because certain parts of the bowel maybe be weakened, hence irrigation could cause perforation. However majority of people with an end sigmoid colostomy can irrigate successfully.

**Q: How long after surgery can you irrigate?**

**A:** Normally wait 6 weeks post surgery and or wait till follow up treatments are completed

**Q: Where can you go to see a stomal therapy nurse if you have a problem & require support**

**A:** If there is a STN where you had your surgery you should be able to go back there, if not most associations have a part time stoma nurse. However some work is being done to have more STN's in the community. If you have not seen a stoma nurse for 5+ years it may be necessary to get a referral from your GP.

**Q: If visiting from interstate or moving states or immigrating to Australia how can I get supplies & see a stoma nurse?**

**A:** An appointment is necessary for a review with a stoma Nurse and a referral may be necessary for this visit. Please check the AASTN website and look for 'Find a Stomal Therapy Nurse'. An ostomate registered with an Ostomy Association in Australia can visit any association with their membership card.

**Q: Regarding the stoma appliance scheme why does the government not allow members to reuse supplies that are returned or donated?**

**A:** Because we do not know how they have been stored, although Wendy admitted the waste is huge.

**Q: Why are there so few Stomal Therapy Nurses in the Community or working in the hospitals as dedicated stoma nurse?**

**A:** The training is very expensive, costing \$11-12,000 & once qualified very rarely is a job available, in a designated role.

**Q: What can I use for excoriated skin around my stoma?**

**A:** Need to identify why? Is it caused through leaking or reaction to an appliance? If the bag is leaking & skin excoriated & burning you will know why. If when you remove the bag and your skin is red, blistered or weeping in exactly the same shape as the base plate that may be reaction. It can be caused from a Fungal infection, however very rarely does an established ostomate develop a fungal infection if they are fit & healthy. An assessment of the skin condition is required, so visit your stomal Therapy Nurse.

**Q: What causes leakage?**

**A: 1/** Body contours, loss of weight & also increase in weight. Other reasons are a change in output and/or pancaking.

**2/**As a result of surgery, the bowel reacts to being handled & becomes oedematous/swollen but then settles down, it might shrink, a poor fitting bag causes leakage & excoriation.

**3/** Temporary loop stoma, which has 2 openings, one will discharge faeces while the other will discharge mucous & usually sits closer to the skin particularly when the oedma/swelling subsides.

This is a good indication for using a convex appliance.

**Q: What is Pancaking?**

**A:** Common when a person has a colostomy, the output is mushy and just sits around the stoma rather than dropping into the base of the pouch/bag. Usually diet related and may be rectified with increased bulk and fluid. It was questioned that pancaking can be caused by the vacuum in the bag particularly with the advent of filters, but Wendy said the chief reason is the **consistency of the stool**.

**Q: Is it OK to use soap & water to clean the skin around the stoma?**

**A:** Most definitely, some people use the wipes but if they contain lanolin can cause an issue with bag adhesion.

**Q: How does one maintain a healthy stoma?**

**A:** Ensure the fit of the bag is correct. If there is weight gain or a parastomal hernia present the stoma may enlarge and require a larger sized opening. Always check the peristomal skin for signs of irritation of pressure from convexity appliances. If in doubt re stoma and skin conditions contact your stoma Therapy Nurse.

**Q: What are Granulomas and the treatment?**

**A:** Granulomas are the over growth of healthy tissue on the stoma or peristomal skin. They present as little raised bobbles, bleed easily on contact, sometimes quite profusely. They are usually treated successfully with silver nitrate however occasionally there are extreme cases of multiple granulomas which can cause complications.

**Q: Can I have a Colonoscopy?**

**A:** A colonoscopy is a scope of the large bowel or colon, if you have a colostomy most certainly but will require bowel prep. However with an ileostomy you will never require a bowel prep but can have a scope.

**Q: What about diet?**

**A:** With a colostomy there should be no dietary restrictions, but with an ileostomy there is generally some foods to avoid that may cause some blockage **Rhubarb & Asparagus** have long fibers that can when chewed become a fibrous ball causing a blockage in the narrow small bowel. **Mushrooms** also are very fibrous as is the pith of **Oranges**. **Corn Kernels**, **Apple peel** should also be avoided. The key is to chew food well and to increase fluid intake to supplement output. This needs to be discussed with your stoma Nurse.

**Q: What about Fluids?**

**A:** **If you have an ileostomy** try to drink 2.5 - 3 litres of fluid daily, that includes jelly, soup, ice cream, etc. Having an ileostomy more fluid is lost so it is vital to maintain adequate fluid intake particularly during times of stress, illness and heat. You can drink anything but be aware that with bubbly/ carbonated drinks there will be an increase with wind/air. Please discuss fluid requirements with your Stoma Nurse and if on restrictions for a Medical condition this needs to be discussed with your Medical Practitioner.

**Q: What are the Signs & Symptoms of a Blockage?**

**A:** Cramping abdominal pain, vomiting and feeling unwell. Stop eating, and perhaps a warm bath & a crushed Panadol. If not resolved and vomiting profusely go to the Emergency Department, IV Fluids will prevent dehydration.

**Q: Does diet alter the consistency of the output?**

**A:** What you eat will alter the consistency of your output particularly if you have an ileostomy, it is desirable to have toothpaste consistency for an ileostomy. Be aware that if you have a beer the output may be watery but no need for concern. Carbonated drinks will increase wind in the bag. However if the output persists in being watery it might be a sign of a partial blockage.

**Q: Do you have to always wear a closed pouch/bag for a colostomy?**

**A:** No but majority of people with a colostomy will wear a closed pouch because the output is solid.

**Q: How do you prevent getting a Hernia?**

**A:** A hernia is caused by a weakness in the muscle wall. When a stoma is formed the abdominal wall is opened to bring out a piece of bowel, hence that muscle is weakened. Prevention is better than cure but sometimes a hernia is unavoidable, don't lift more than you need to, if lifting wear a hernia support garment, get fitted early, when coughing or sneezing hold your stoma.

**URINARY STOMAS**

**Q: Do I need to drink a certain amount ?**

**A:** Yes like others but not because you have a urinary stoma, however need to drink two & half litres a day.

**Q: How to avoid Urinary Tract Infections?**

**A:** Majority of urinary stomas are formed with an ileal conduit, where a small section of the small bowel (ileum) is resected, the ureters from the kidneys are implanted into this section of ileum which is brought out onto the abdominal wall as a stoma. Because it is small bowel the lining secretes mucous which often can be confused as a urinary tract infection. Urine will always contain flecks of mucous and this is normal with an ileal conduit

**Q: Do I need to use a night drainage bag?**

**A:** A night bag can be used to prevent disruption to sleep. If a night bag is not used it is often necessary to get up during the night to empty stoma appliance. Empty & wash overnight drainage bags under running water & if possible dry outside.

*Thanks to Wendy for her expert information and patience in answering all these pertinent & relevant questions.*

*This was précised by Lilian Leonard - September 2018*

*Reviewed by Wendy Samson with the attached disclaimer June 2019*

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