


Ostomy Care and the Role of the Occupational Therapist

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Role of the OT

- ▶ OTPF defines toilet hygiene as "obtaining and using supplies; clothing management; maintaining toileting position; transferring to and from toileting position; cleaning body; and caring for menstrual and continence needs (including catheters, colostomies, and suppository management)."
- ▶ Ostomy care is directly related to OT as a self care task.
- ▶ Most facilities manage ostomy care and training through nursing or Certified Ostomy Specialist, but falls within the role and scope of an OT with training.



Occupational Therapy Practice Framework: Domain and Process 2nd Edition, 2008

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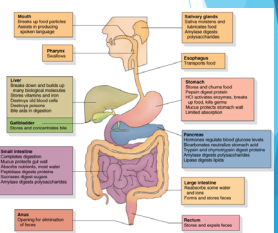
Anatomy of the Gastrointestinal System

Two divisions of the GI System

- Alimentary Canal—begins at the mouth and ends at the anus
- Accessory Organs—Organs that function to assist with the digestive process are the salivary glands, liver, gallbladder and pancreas

Structure and function of the alimentary canal

- Mouth
- Esophagus
- Stomach
- Small Intestine
- Colon (large intestine)



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Breakdown of the Intestinal Tract

- ▶ Small Intestine-3 parts
 - ▶ Duodenum
 - ▶ First 25cm
 - ▶ Neutralizes acids
 - ▶ Jejunum
 - ▶ 3-5 feet in length
 - ▶ Most nutrient absorption occur here
 - ▶ Ileum
 - ▶ 5-8 feet in length
 - ▶ Finalizes absorption
 - ▶ Ends with ileocecal valve

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Breakdown of the Intestinal Tract

- ▶ Large Intestine
 - ▶ AKA: Colon
 - ▶ 5-6 feet in length
 - ▶ Diameter varies 2.5 cm-5.5 cm
 - ▶ 4 Parts
 - ▶ Ascending colon
 - ▶ Transverse colon
 - ▶ Descending colon
 - ▶ Sigmoid colon

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Gastrointestinal Disorders That May Require Ostomy Surgery

- ▶ Bowel Obstruction
 - ▶ Adhesions or scar tissue after a surgical procedure
 - ▶ Hernia
 - ▶ Tumor or abnormal tissue growth
 - ▶ Stool or fecal impactions
 - ▶ Volvulus (kninked or rotated intestine)
- ▶ Inflammatory Bowel Disease
 - ▶ Diverticulitis
 - ▶ Ulcerative Colitis
 - ▶ Crohn's Disease
- ▶ Gastrointestinal Cancers
- ▶ Traumatic events involving the small intestine or colon
 - ▶ Blunt force injury-compression or deceleration forces
 - ▶ Penetration injury-stabbing, GSW, Cavitation, introduction of foreign bodies

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Types of Gastrointestinal Ostomies

- ▶ Colostomy
 - ▶ Involves the colon or rectum
 - ▶ May be temporary or permanent
 - ▶ Ascending colostomy
 - ▶ Not common
 - ▶ Stoma is on the right side of the abdomen
 - ▶ Effluent is high volume with liquid-mufty consistency
 - ▶ Evacuation is frequent and irregular
 - ▶ Transverse colostomy
 - ▶ Largest segment of the colon, stoma located in mid-upper abdomen or on the right side
 - ▶ Effluent is paste-like, soft
 - ▶ Evacuation is at irregular intervals
 - ▶ May be permanent or temporary

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Types, continued...

- ▶ Descending Colostomy
 - ▶ Begins and encompasses the distal end of the colon, including the rectum or sigmoid colon
 - ▶ Descending and sigmoid ostomies are the most common type
 - ▶ May be permanent or temporary
 - ▶ Stoma is usually located on the left side of the abdomen
 - ▶ Effluent becomes thicker and more soft-formed
 - ▶ After the initial post-operative period, stool evacuation may be regulated with intensive schedule and prolonged training

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Types, cont...

- ▶ Ileostomy
 - ▶ Involves the small intestine
 - ▶ Most are created at the distal end of the ileum
 - ▶ May be permanent or temporary
 - ▶ Temporary-all or part of the colon is removed, but part or the entire rectum is left intact
 - ▶ Permanent-the colon, rectum and anus are removed (total proctocolectomy)
 - ▶ Effluent is semi-liquid to soft, semi-fluid, paste-like consistency, may contain food particles and digestive enzymes or caustic elements-most damaging effluent
 - ▶ Peristomal skin requires maximal protection
 - ▶ Fecal contents or effluent expulsion is frequent and at irregular intervals
 - ▶ Fluid and electrolyte balance must be closely monitored
 - ▶ Pts often require Vit B12 replacement for life

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Key Terminology

- ▶ Ostomy-surgical procedure to treat disorders of the gastrointestinal/urinary system
- ▶ Ostomate-person having an ostomy surgery
- ▶ Stoma-mucous membrane or lining of the intestine that is exposed to the abdominal surface
- ▶ Effluent-the discharge, output from a stoma (waste material)
- ▶ Diversion-surgical creation of an alternative route for effluent
- ▶ Lumen (O₂)-opening in the stoma where the effluent exits the body
- ▶ Peristomal skin-skin area surrounding the stoma
- ▶ Mucocutaneous Junction-suture line connecting the stoma to the abdominal wall
- ▶ Fistula-an abnormal passage or opening that forms and connects two or more body organs or spaces
- ▶ Ileus-absence of motion for fecal movement due to obstruction or muscular inadequacy

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OT Goals


- ▶ Ultimately, the goal of OT is for the patient or caregiver to be independent with all aspects of ostomy care.
- ▶ Sample Goals:
 - ▶ The patient will be independent with removing ostomy system, cleansing and inspecting skin, measuring stoma and reapplying ostomy system within 2 weeks.
 - ▶ The patient will independently verbalize steps to managing skin irritation/breakdown to peristomal skin within 2 weeks.
 - ▶ The patient will be independent with opening, emptying, cleansing tail and redosing ostomy bag within 1 week.
 - ▶ The patient will independently verbalize potential symptoms necessitating medical intervention within 1 week.



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Client Factors to Consider

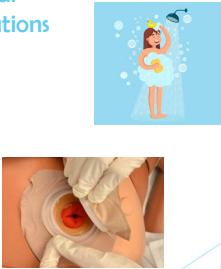
- ▶ Physical Capabilities
- ▶ Environmental Access and Restrictions
- ▶ Support
- ▶ Psychosocial Aspects



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Physical Considerations

- ▶ Patients' physical capabilities
 - ▶ Gross motor control
 - ▶ Range of Motion
 - ▶ Fine motor dexterity
 - ▶ Strength/Endurance
 - ▶ Visual deficits
 - ▶ Self Care Independence Level



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Environmental Access and Restrictions

- ▶ Space
- ▶ Lighting
- ▶ Accessibility
- ▶ Positional Needs



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Support Considerations


- ▶ Who does the patient have that may participate in ostomy care?
- ▶ Who else will need training?
- ▶ Will the patient have to be completely independent if there is no one else available?
- ▶ Are they able to get to doctor appointments independently?
- ▶ Do they have insurance that will cover Home Health Services?
- ▶ Do they have insurance or financial means to pay for ostomy supplies?



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Psychosocial Aspects: Adjusting to Ostomy Surgery


- ▶ Phases of adjustment
 - ▶ Impact Phase, aka "shock and panic phase"
 - ▶ Lasts days to weeks
 - ▶ Initial denial
 - ▶ Health care provider should express a supportive and caring attitude while encouraging self care
 - ▶ Negative displays from others affect the patient's ability to adjust
 - ▶ Retreat phase, aka "defense or denial phase"
 - ▶ May present with irritation, anger, denial and even isolation.
 - ▶ Patient most likely will not be ready for training, and may not retain preoperative training
 - ▶ Health care provider should not respond to patient's attitudes but remain supportive
 - ▶ Pt may start asking questions when retreat phase is subsiding



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Psychosocial, Cont...


- ▶ Acknowledgement phase
 - ▶ May present as sadness, mourning time for the loss of a body part and the addition of the stoma
 - ▶ May experience significant stress dealing with the stoma and altered body image, but realize that the situation requires attention
 - ▶ Family must focus on the patient and not the stoma or expressions of anger, sadness, complaints or unwillingness to participate in tasks related to the acceptance of the stoma
 - ▶ Healthcare provider must recognize the patient is experiencing emotional pain
 - ▶ An empathetic clinician may stimulate a willingness to learn
- ▶ Reconstruction phase
 - ▶ Periods of acceptance noted by independence or alternate with periods of dependence
 - ▶ Patient engages coping mechanisms and willingness to learn
 - ▶ Patient assimilates the role of the return to the new normal
 - ▶ May last months or as long as two years



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Interventions for Adaption


- ▶ Determine what the patient **ALREADY** knows!
- ▶ Determine what the patient **WANTS TO** know!
- ▶ Determine when the patient **IS READY TO** know!
- ▶ The goal of successful recovery is
 - ▶ Independent self care
 - ▶ No peristomal skin or stoma complications
 - ▶ Regaining a positive quality of life



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Stoma Characteristics

- ▶ The ideal stoma is:
 - ▶ Moist, round, beefy red, bud shaped
 - ▶ Budded above the skin surface, approximately 2-3 cm higher than the skin surface
 - ▶ Located on a smooth portion of the abdomen, away from beltlines, bony prominences, suture lines and umbilicus
 - ▶ Lumen in center of stoma
 - ▶ Adequate surface area surrounding stoma
 - ▶ Location easily seen by patient
- ▶ What you may see:
 - ▶ Flat to the skin surface
 - ▶ Oval shaped
 - ▶ Discolored: grey, dusky, brown or black
 - ▶ Retracted
 - ▶ Prolapsed



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So What Does It Look Like???



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Skin and Stoma Complications




Fig. 7. Stoma of the sigmoid colon. (A) Normal protruding stoma; (B) prolapsed; (C) retracted; (D) flush stoma. © Elsevier Health Sciences. C. H. Arledge. © 2013.

Situations where a convex skin barrier may improve fit

Flush stoma Off-centered stoma opening Retracted stoma

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Appliances, Pouches and Accessories

- ▶ Many types of systems:
 - ▶ One piece or two piece
 - ▶ Systems for fecal or urinary diversions
 - ▶ Flexible or rigid skin barriers
 - ▶ Flat or convex skin barriers
- ▶ Key definitions:
 - ▶ Appliance: refers to the entire containment system-the pouch and the skin barrier.
 - ▶ Pouch: AKA bag, designed to catch and contain stoma effluent.
 - ▶ Skin Barrier: AKA "barrier", "wafer", or "faceplate". It is adhesive and adheres to the skin around the stoma, helps to protect skin from stoma output, and attaches the pouch to the body.

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Ostomy Supplies

Wafers, pouches, and adhesive rings

Stomaheave powder and paste

Ostomy belt

Stoma measuring guide

Adhesive remover wipes

Suregrip Skin Barrier Wipes

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Appliance Goals

- ▶ Provide a predictable, reliable wear time: at least 3 days and not recommended more than 7 days
- ▶ Be comfortable, inconspicuous, easy to apply and remove, and odor proof.
- ▶ Protect the peristomal skin
- ▶ Be cost effective

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Let's Practice!



- ▶ Stoma Measurement
- ▶ System Application
- ▶ Crusting Procedure



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Ostomate Bill of Rights


- ▶ Identifies Patient Rights
 - ▶ During the pre-operative stage
 - ▶ During the operative stage
 - ▶ During the post-operative stage
 - ▶ During the lifespan
- ▶ Common Ostomy Discrimination Issues
 - ▶ Public swimming
 - ▶ Travel
 - ▶ Assisted Living Facilities
 - ▶ Home Health Care
 - ▶ Public Restroom Access



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Ostomy References & Support

- ▶ Ostomy care apps for Android and IOS
 - ▶ My Ostomy Journey-Convatec
 - ▶ My Ostomy Life-Coloplast
 - ▶ Hollister Fit Indicator
 - ▶ OstoBuddy: Ostomy Companion
 - ▶ Stoma Care
 - ▶ Ostomy 101
 - ▶ Ostomy Nurse Solutions
- ▶ Peristomal skin assessment guide: <https://psag.wocn.org/>



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Summary

- ▶ Ostomy care is directly related to OT as a self care task.
- ▶ The role of the OT is to train the patient, family or caregiver in the care of the ostomy, increase knowledge of when to seek medical attention and provide resources for supplies, care and support.
- ▶ Patients or caregivers need to be independent in ostomy care for successful ostomy function, comfort and lifestyle ease.
- ▶ Having an ostomy is a life changing event, but it does not need to effect how the patient leads their life. Having an ostomy should not prevent the patient from returning to any or all life activities.
- ▶ For additional videos on stoma care, check out YouTube!
- ▶ For questions, email Pam @ PamelaSOTR@gmail.com

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References

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- ▶ What is an ostomy? United Ostomy Associations of America (UOAA) Web site. http://www.ostomy.org/ostomy_info/whatis.shtml. Accessed January 18, 2020.
- ▶ WOCN. *Colostomy and ileostomy: Products and tips*. Mt. Laurel, NJ: WOCN; 2008.
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- ▶ *Ostomy Care and the Role of Occupational Therapy*. AOTA, OT Practice Magazine, Oct.2020. <https://www.aota.org/publications/ot-practice/ot-practice-issues/2021/ot-role-ostomy-care>.
- ▶ Ostomy and Continent Diversion Bill of Rights. www.ostomy.org. Website accessed July 25, 2022.

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