

## TYPES OF STOMA

### ILEOSTOMY



**AN ILEOSTOMY** is an opening in the small intestine (ileum), usually on the right side of the abdomen and it should protrude from the body.

There are two main types:

- **End ileostomy** – the colon may have been removed; the stoma acts several times a day and the output is liquid.
- **Loop ileostomy** – may be formed to direct faeces away from a problem area of bowel.

Both of these types can be either permanent or temporary.

#### Type of appliance:

An ileostomate will wear either a one or two-piece drainable appliance with an integral fastening or clip.

#### Additional information:

- Patients may have problems with dehydration due to high stoma output – salt and rehydration supplements may be recommended.
- The output from the ileostomy is highly irritant, so good skin care is necessary.
- Medication needs to be in tablet or liquid – **not capsule or slow release** – form due to possible reduced absorption.
- If the patient experiences high output from their stoma, (in excess of 1.5 litres over 24 hours), anti-diarrhoeal medication may be required.

### COLOSTOMY



**A COLOSTOMY** is an opening from the large bowel (colon), and may be temporary or permanent.

The main types of colostomy are:

- **End colostomy** – formed when part of the colon and/or rectum is removed and the large bowel is not rejoined. Usually on the left side of the abdomen and flush with the skin.
- **Loop colostomy** – normally formed to divert faeces away from a problem area in the bowel.

continued overleaf....

## COLOSTOMY continued

### Type of appliance:

A colostomate will wear either a one-piece or two-piece appliance. The output may vary from semi-liquid to a fairly firm stool. A patient would normally wear a non-drainable appliance but a drainable one is recommended if the output is loose.

### Additional information:

- Patients can experience either diarrhoea or constipation
- Laxatives may be given orally or suppositories given via the stoma
- Patients can take anti-diarrhoeal medication as per normal recommendation
- Patients may pass mucus from their rectum if their rectum is still present
- Patients who have had their rectum removed may experience 'phantom' rectal discomfort

## UROSTOMY



**A UROSTOMY** (also called an ileal conduit) is an opening into the urinary tract. The bladder may have been removed; a small section of small intestine is used to form the stoma. It is usually on the right side of the abdomen and should protrude from the body. Urinary stomas are permanent.

### Types of appliance:

A urostomate will wear either a one-piece or two-piece appliance, which will have a 'tap' outlet and a non return valve.

### Additional information:

- An overnight drainage bag can be used to facilitate sleep.
- Leg bags can be used on long journeys.
- The urine should be observed for colour and smell as there is increased risk of urinary tract infection (UTI).
- If UTI is suspected a urine sample should be taken using a catheter or a sterile pot held under the stoma, but ensuring that the pot does not touch the stoma. It must be noted on or with the sample that it is from a urostomy.
- Patients should be encouraged to drink at least 1.5-2 litres of fluids per day to reduce the risk of UTI.
- Patients should be encouraged to drink cranberry juice to break down mucus produced by the stoma (contraindicated if taking Warfarin).

## SUPPLEMENTARY PRODUCTS FOR ALL STOMA TYPES

- Water is sufficient to clean the stoma and surrounding skin.
- Supplementary products such as barrier cream, skin protector wipes/spray, powders, adhesive remover, washers and pastes, deodorants, retention strips and support garments may be necessary for problem solving with stomal complications or to extend wear time and increase confidence.

Anyone wishing to use this material is requested to acknowledge the source: "PIPs Forum, Types of stoma".