

**CONSIDERATIONS:**

1. There are a variety of products that are used for colostomies and ileostomies. There are one- and two-piece or non-adherent appliances. Manufacturer's directions should be followed when applying these devices. This procedure considers the following basic types:
  - a. One-piece, pre-cut pouch with attached skin barrier (wafer)
  - b. One-piece, cut-to-fit pouch with attached skin barrier (wafer)
  - c. Two-piece set including skin barrier (wafer) and Snap-on pouch
2. The other factor when choosing an appliance is the appearance of stoma and its location. There are flat skin barrier (wafers) and convex skin barriers (wafers). Convex is usually used with flat stomas or stomas located in creases. For hard-to-fit stomas, permanent face-plates with reusable pouches, convex inserts or other customized equipment may be recommended.
3. Effluent from an ileostomy is highly enzymatic and damaging to the skin and is more difficult to contain since it is semi-liquid. Use of extended wear skin barriers (wafers) such as Durahesive, Flexextend, Extended Wear are generally used for ileostomies, depending on manufacturer.
4. Special considerations for using a two-piece appliance set:
  - a. The barrier (wafer) should be changed every 3 to 7 days or when leakage occurs
  - b. The pouches can be cleansed and reused
  - c. Flatus is released by pulling up on the tab of the pouch and replacing the seal
5. Pin holes are never to be made in a pouch for release of flatus since it creates constant odor. Flatus can be released by emptying the pouch. Many manufacturers now make one-and two-piece appliances that have built in filters to release flatus automatically.
6. Whenever the appliance is removed, the stoma and peristomal skin should be inspected for breakdown, discoloration, epithelial overgrowth, rash, etc.
7. Stoma size changes for up to 3 months after surgery. The pattern should be measured for proper fit each time the appliance is changed.
8. The size of the wafer opening must be slightly larger (approximately 1/8 inch) than the stoma. An opening too small can lacerate the stoma and cause leakage under the skin barrier (wafer). An opening too large exposes the skin and causes leakage.
9. The pouch should always be emptied when it is 1/3 full.

**EQUIPMENT:**

Gloves

Small impervious bag  
Ostomy appliance - one or two pieces  
Adhesive remover pads (optional)  
Skin barrier gel (optional)  
Skin barrier film wipes (optional)  
Stoma paste/barrier rings and/or strips (optional)  
Mild soap without moisturizers (optional)  
Warm water  
Washcloth/towel  
Scissors  
Pouch clamp (if applicable)  
Appliance belt (optional)  
Toilet tissue  
Disposable apron (optional)

**PROCEDURE:**

1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Position patient in comfortable position, generally lying or standing.
4. Gently remove existing appliance using push/pull method and adhesive removers as indicated. Remove and save clip, if applicable. Discard disposable pouch in impervious bag.
5. Wipe drainage from stoma and skin with toilet tissue. Cleanse skin with warm water. Avoid using soap or skin wipes with moisturizers as moisturizers may interfere with obtaining a good seal on the barrier. Dry peristomal skin; shave, if necessary.
6. Using a pattern or measuring guide, measure stoma.
7. Draw pattern on paper backing of skin barrier, approximately 1/8 inch larger than stoma.
8. Cut opening. Remove paper backing.
9. Apply skin barrier gel or film, if needed, and let dry. Skin protectant and/or barrier wipes are not usually recommended by many manufacturers, as it may interfere with adhesion.
10. If stoma paste is used to create a better seal, apply around stoma or directly to skin barrier wafer at the cut edge. There are now skin barrier rings/strips that may replace the use of paste.  
**[Note:** These products are to act as a barrier to protect skin and/or a "caulking" to decrease leakage. It does not help the wafer to stick to skin. If it is spread around on skin or wafer, it will interfere with adhesion to the skin.]
11. Apply wafer and gently press over entire area, especially around stoma. Hold in place for 1 minute.
12. If using two-piece appliance, snap pouch onto wafer rim like Tupperware. Start at the bottom and apply pressure around the entire rim. Test by tugging in all directions. Many new appliances have a different connection of pouch and wafer, follow specific manufactures' instructions.

13. Place clamp on end of drainable pouch. Many new appliances have “Velcro–like” closing, follow specific manufacture instructions.
14. Secure pouch with belt if necessary. Encourage patient to stay in one position for about 10 to 15 minutes, with his/her hand over the newly placed wafer to improve adherence.
15. Discard soiled supplies in appropriate containers.

**AFTER CARE:**

1. Document in patient's record:
  - a. Procedure and observations
  - b. Patient's response to procedure
  - c. Appearance of peristomal skin and stoma
  - d. Instructions given to patient/caregiver
  - e. Communication with physician, when necessary

**REFERENCE:**

- American Cancer Society (2011). Colostomy Guide. Retrieved June 22, 2011 from <http://www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/Ostomies/ColostomyGuide/index>.
- American Cancer Society (2011). Ileostomy Guide <http://www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/Ostomies/IleostomyGuide/index>
- Lippincott Williams & Wilkins (2009). Lippincott's Nursing Procedures (5th Ed.) Philadelphia, PA.

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