



# Ostomy

## Your child's ostomy

An ostomy is a surgery to make an opening on your child's stomach. The opening is called a stoma.

### What is an ostomy?

An ostomy is an opening made surgically on your child's abdomen. The opening is called a stoma. The stoma is a new way for waste material (stool) and gas to leave your child's body. A plastic bag or pouch is placed over the stoma to collect the stool output.

During intestinal ostomy surgery, your child's bowel is cut and one or both ends of intestine are brought out to the abdomen surface to make the stoma. The stoma may be either permanent or temporary, depending on the reason for your child's surgery. Temporary stomas may be made to allow unused bowel to heal so that it can be used later on.

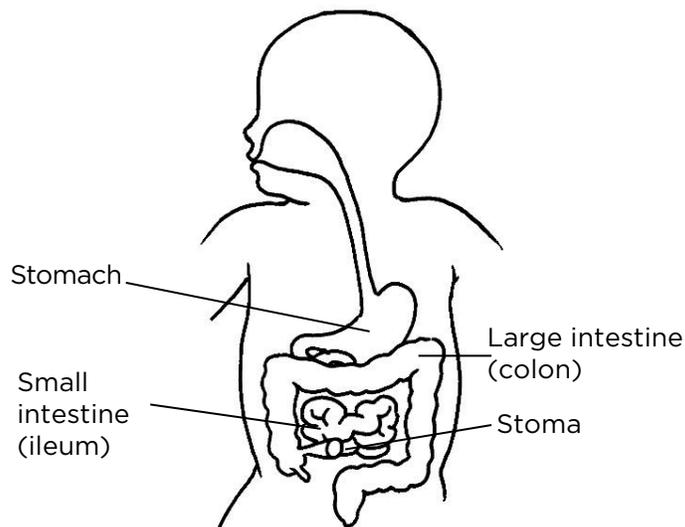
### What are the different types of ostomies?

Ostomies can be done on different parts of the intestine. The types of ostomies are named based on their location in the intestine.

#### Ileostomy:

A stoma is made from the small intestine. Your child's stool may be liquid or thick, depending on how far down the bowel the ostomy was done. Stool gets thicker as it travels through the intestine because more water from the stool is able to be absorbed back into the body. Stool will leave through the stoma.

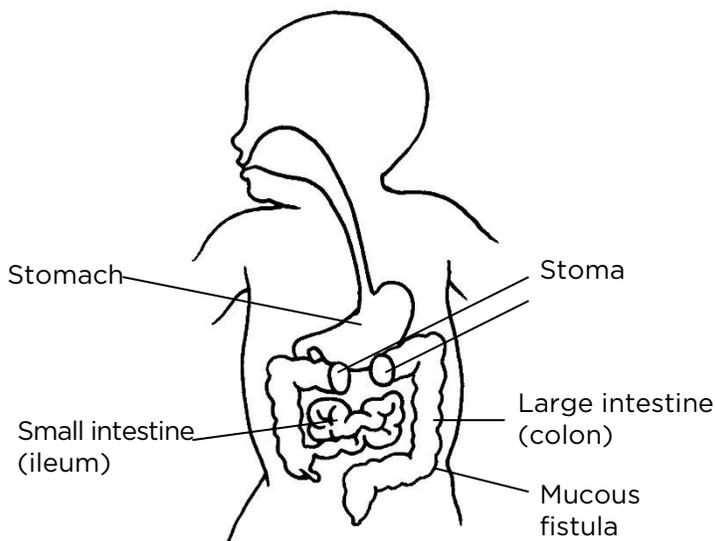
#### Ileostomy



### Colostomy:

A stoma is made from the large intestine (colon). The stool may be partially to fully formed and will leave through the stoma.

#### Colostomy



### Mucous Fistula:

A mucous fistula is when a small piece of bowel that doesn't have feces go thru it, is pulled through an opening in the skin and stitched on the stomach. It drains small amounts of mucus from your child's body. It may only need to be covered by a piece of Vaseline gauze, instead of needing a pouch. Your child may have a mucous fistula in addition to an ileostomy or colostomy.

### What does a stoma look like?



A stoma looks red, wet and shiny, like the inside of your cheek. It feels soft when touched and can be either flat against your child's skin or raised a little above it. It will grow larger as your child grows. It may lose its color for a few minutes when your child cries. This is normal as long as the color returns to normal within a few moments.

The stoma is rich with blood vessels and so it bleeds easily when it is touched. Don't be alarmed. Although it may look strange, your child will not feel any pain when the stoma bleeds because there are no nerve endings in the stoma. The bleeding should stop within a few minutes.

### What is used to catch the stool?

Going to the bathroom is completely different when your child has an ostomy. Your child will not have control over when stool or gas comes out of the stoma. The stools move along through your child's digestive tract and come out of the stoma and into a pouch, rather than traveling out through your child's bottom.

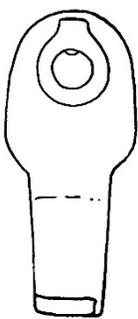
The pouch is called an “ostomy pouch” and you will learn how to put an ostomy pouch over your child’s stoma. The pouch will protect your child’s skin and clothing. You will be able to easily open and empty the pouch of stool and gas without having to completely remove it. Before you go home, we will make sure you are comfortable emptying and changing your child’s pouch. We will also tell you how to get more supplies from a home-care agency. Pouches come as one or two-piece systems, and in many sizes.

### When should I empty the pouch?

It is a good idea to empty the ostomy pouch whenever it is one-third full of stool or starting to fill with gas. When pouches get heavy, they can pull at the skin barrier and begin to leak, which is messy and uncomfortable. For babies, it works well to empty the pouch into the diaper with each diaper change. Older children can just sit far back on the toilet and empty the pouch directly into the toilet.

### How do I change the pouch?

Pouches need to be changed right away if they start leaking. You will know that the pouch is leaking if you smell stool or you notice moisture or stool on your child’s clothing. If the child is older, they may mention they feel pain, stinging, or burning under the pouch system. Before starting to change your child’s ostomy pouch, gather all of your supplies and set up your work space. Be sure to bring these supplies with you whenever you go out so that you can change the pouch at the first sign of a leak. At home, it is easy to set up a changing station in the bathroom where all of your supplies are within reach. The steps involved in changing your child’s ostomy pouch might look complicated to you right now, but don’t worry. After a time or two, it will feel as easy as changing a regular diaper.



Ostomy pouch

The supplies you’ll need:

- Ostomy pouch and wafer
- Measuring guide
- Scissors
- Washcloth
- Adhesive remover
- Skin protectant

How to change the ostomy pouch:

1. Carefully remove your child’s old pouch. Use a clean washcloth to clean the area with soap and warm water. Cover the stoma with the washcloth to catch stool until you place a new pouch on your child.
2. Measure the size of your child’s stoma with the measuring guide in your ostomy kit, making sure that the guide circle fits (up to the base of the stoma) but not too tightly.



Wafer

3. Trace the size of the stoma from the measuring guide onto the wafer (the sticky part of the pouch that goes directly on the skin). The stoma may not be perfectly circular, so you will have to adjust your tracing to match up.
4. Cut a hole in the wafer along the tracing and smooth out any rough edges with your finger. Check that the wafer fits up to the base of the stoma, so the skin around the stoma is completely protected and not exposed.
5. Take a good look at the skin around the stoma and at how the stoma itself looks. Watch for skin irritation, rash or redness spreading out from the stoma.
6. Warm the wafer between your hands. Make sure the skin around the stoma is clean and dry. Apply the wafer to the skin around the stoma. Gently lay your warm hands on the wafer for about 30 seconds after you put it on so that it really sticks.
7. Double-check to make sure the pouch is closed. This will look different depending on what size and brand of ostomy pouch your child uses.
8. Wash your hands with soap and warm water.

It is important to measure the stoma often since it will grow as your child grows. The stoma may also shrink over the next few weeks after surgery as the swelling goes down.

### Accessory Ostomy Products

There are many accessory ostomy products available to help manage and improve pouch wear time. It is best to start with the fewest number of products and add them as needed. Infant wear time is usually 1 to 2 days. Children and teenager's wear time is about 2 to 5 days. Please call the General Surgery Nurse Practitioners for help using the products below:

- Skin barrier paste: helps protect the skin around the stoma. It can be applied on the skin around the stoma as a thin ribbon to fill in any gaps or creases that the wafer does not cover. It should not be used as glue to attach the wafer. Never apply it to the entire wafer.
- Skin barrier powder: to be used when there is skin breakdown around the stoma. Dust onto the open skin and dust off the extra. Place wafer on top.
- Belts and binders: help support the pouch.
- Liquid skin barrier: protects the skin from frequent pouch changes. Apply to skin around the stoma and let it dry before applying the wafer.
- Adhesive remover: used to remove leftover paste or the wafer. You must clean off the left over adhesive remover, the leftover past and the wafer before the next bag is applied or the wear time will decrease.
- Barrier rings: helps reduce leaks at the stoma. They increase wear time when the stoma output is high or the output is more caustic and breaks down the wafer. The ring is applied around the stoma and under the wafer.
- Convex barrier rings: used for a flush or retracted stoma. Helps push the stoma up and into the pouch.

### **How do I bathe my child?**

You can bathe your child either with or without the ostomy pouch. Water will not hurt the stoma or get pulled into the stoma. Because stool may leak out of the stoma into the bathwater, some parents prefer to bathe their children with the pouch on, and then change the pouch after the bath. Oily soap makes it hard for the wafer to stick to your child's skin, so choose a mild, non-oily soap. Be sure to rinse and dry the skin well before placing the new wafer.

### **Will my child need to eat a special diet?**

Children with stomas are usually allowed to continue eating like normal. Encourage your child to chew their food up well and to drink lots of water to help the food digest. You may notice that certain foods change the consistency or color of your child's stool.

### **What is a food blockage?**

Certain foods, such as nuts, seeds, popcorn, dried fruit and celery can cause food blockages in your child's intestine. This is more common in children with ileostomies because the small bowel is narrower than the large bowel. Signs of food blockage include:

- Stomach pain or cramping
- Swelling of the stomach or the stoma
- More watery stool output than normal
- Little or no stool output over 4 hours
- Nausea
- Vomiting
- Not being able to eat or drink
- Changes in behavior or irritability

If you notice that your child is showing signs of a food blockage, call your child's healthcare provider right away.

### **When should I call for help?**

You should call the General Surgery Nurses at 206-987-0237 if your child:

- Starts having diarrhea or a large amount of stool output in only a few hours
- Has no stool output for longer than usual
- Is having stomach pain or cramping
- Has a firm, bloated stomach
- Vomits green
- Is not peeing (urinating)
- Is more tired or sleepy than usual
- Has a fever of 101.5 degrees Fahrenheit or higher

### To Learn More

- General Surgery  
206-987-2794
- General Surgeon on-call evenings and weekends  
206-987-2000
- Your child's healthcare provider
- [seattlechildrens.org](http://seattlechildrens.org)

- Starts to bleed a lot or will not stop bleeding
- Changes color and doesn't return to normal within a few minutes, looks very pale/gray or dark purple or black
- Starts to pull back into the stomach (retracts)
- Starts to have intestine or bowel come out through it (prolapses)

### Who can I call for help?

Call any time if you have questions or concerns about your child's ostomy. During the week, you can reach the General Surgery nurses at 206-987-2794.

If you have an urgent need at night or on the weekend, you can call the General Surgeon on-call at 206-987-2000.

### Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

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Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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