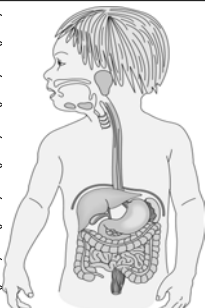


Why would an ostomy be needed?

To bypass a diseased bowel because of trauma, cancer, ulcerative colitis, Crohn's, diverticulitis

Gastrointestinal (GI) Tract Involved



- * Extends from mouth to anus
- * Lined with mucus membrane
- * **Ilium- sm. intestine (diameter approx. 1 inch) approx. 20 ft. long. Approximately 12X per min peristalsis is heard.**
- * **Three main sections to ilium:**
 1. **duodenum** - approx. 12 inches long semiliquid form (chyme) enters from the stomach. Enzymes from pancreas and bile from liver helps absorption of nutrients.
 2. **jejunum** - Approximately 8 feet long, absorption is completed here.
- * **Colon - lower GI tract - large intestine, (diameter) only 5-6 ft. long. Several sections:**
 1. Cecum (appendix located at end), 2. ascending colon, 3. transverse colon, 4. descending colon, 5. sigmoid colon (stores feces until elimination), 6. rectum (6-8 in.), 7. anus.
- * Colon absorbs water sodium and chloride. Secretes mucus , bicarbonate and potassium.
- * Finally the colon eliminates waste products and gas (flatus) through the rectum.

Definitions

- + **Incontinent Ostomies - when an external , appliance is worn, includes most ileostomys and colostomys.**
- + **Continent Ostomies - don't require external appliances, IAR's and Kock reservoir. See definitions later.**
- + **Stoma- an artificial opening on the surface of the skin which is made surgically.**
- + **Colostomy- colon brought through abd. Wall**
- + **Ileostomy- A section of ileum (sm. Intestine)**
- + **May be temporary or permanent.**
- + **Location of colostomy determines consistency**
- + **Ascending colostomy- fluid/semifluid feces**
- + **Transverse colostomy- mushy feces**
- + **Descending colostomy- semimushy to solid**
- + **Sigmoid colostomy - solid (formed) feces**

Types of colostomies

Ascending colostomy ---- shown here - (single barrel) liquid effluent. RLQ.

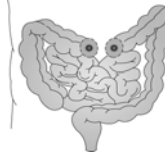
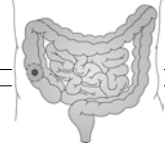
Transverse Colostomy - Usually temporary

Descending Colostomy - Usually temporary to rest a diseased or injured bowel.

Sigmoid Colostomy - Usually permanent (cancer)

Loop Colostomy - Loop of bowel brought to the abdomen, bowel opened and sutured to the skin, med. emer. lg. Usually temp. in transverse or ascending colon. Rod needed to prevent bowel from slipping back. After 5-7 days when bowel adheres to abd. wall, rod is removed. Has two openings, proximal drains stool, distal drains mucus. Not shown here.

Double-Barrel Colostomy - Rarely done, palliative to relieve pain/pressure. Shown here in the transverse colon - Unlike the loop, the bowel is severed and two ends brought out. Two distinct stomas. Proximal functions, distal doesn't.



Loop Colostomy

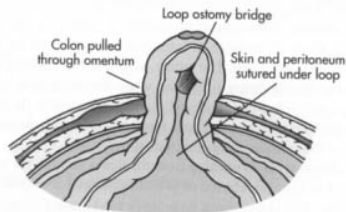
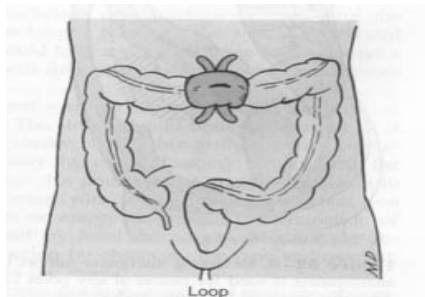


FIG. 41-12 Loop colostomy.

Loop colostomy with rod in place



Continent Ileostomies

Usually performed for clients with Ulcerative colitis

• **Ileoanal reservoirs, (also called restorative proctocolectomy, ileal pouch-anal anastomosis, or pelvic pouch) Fairly new procedure that creates an internal pouch by joining one limb of the ileum to the anus after the colon is removed. May be s, J, or lateral shaped. No external stoma.**



• **Kock Reservoir- Two limbs of ileum – one forms an internal pouch . Low on the abdomen an external stoma is formed which consists of a one way valve. It is intubated with a catheter.**



Nursing Care

- **Skin care around ostomy, CLEAN AND DRY.**
- **Odor control, tablets in bag.**
- **Empty pouch in bedpan, and irrigate bag, replace clamp.**
- **Only nurse can irrigate colostomy. Rarely done now.**
- **Irrigations put patient @ risk for electrolyte imbalance and vagal stimulation. Contraindicated in patients receiving radiation and chemotherapy.**
- **C.N.A.'s can't change wafer and bag. ACNA's can.**
- **Document characteristics of effluent.**

Disposable Ostomy Bag