

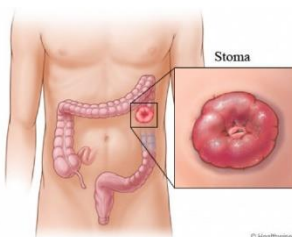
Stoma Care - A Challenge to Nurses



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Intestinal ostomy is a procedure that is implemented to treat several conditions, viz, acute diverticulitis, rectal cancer, trauma, or inflammatory bowel disease. This therapeutic approach can be temporary or permanent and creates many challenges in terms of quality of life and functioning. In colostomy and ileostomy surgeries, normal bowel function is interrupted, and waste is passed through the abdominal wall through an opening called a stoma into an appliance that must be emptied periodically.



Although every effort is made to preserve the intestinal tract and its tissue integrity, a large number of patients are scheduled to undergo ostomy surgery every year. The purpose of ostomy is to treat and reduce patients' pain and discomfort, but in many cases, ostomy leads to intensified distress and suffering for patients, and causes severe stress as a result of skin irritation, pouch leakage, offensive odour, reduction in pleasurable activities, and anxiety/ depression.



Nurses are important members of the health care team and have a significant role in caring for patients with cancer, in particular in identifying the needs of patients and their families, limiting complications of the disease, and improving quality of life. During the postoperative period, the patient needs frequent assessments of stomal viability and meticulous care of the pouching system. Conservative management of stomal necrosis involves frequent assessments and watchful waiting through a transparent pouch to visualize the progression of injury.



Surgery resulting in faecal or urinary diversions, whether planned or emergent, may result in stomal complications. Mucocutaneous separation should be irrigated with normal saline and filled in with an absorptive material such as a calcium alginate, skin-barrier powder. Prolapse is common in the temporary loop stoma, and conservative management is recommended. A prolapsed stoma often becomes chronic and necessitates surgical revision if it is complicated by obstruction, chronic bleeding, ischemia, or stomal ulceration. Patients' with stomal retraction benefits from convex stoma appliance which help achieve a good seal.



A reduction in the absorption of fluids and electrolytes following an ostomy and prolonged diarrhea may lead to dehydration. food thoroughly and are advised to weeks because high fiber may cause especially after surgery. Urostomy water daily to reduce the risk for as fish, asparagus, and spices yogurt, and buttermilk has reverse



Ileostomy patients must chew their avoid high fiber foods for 6 to 8 blockage in the small intestine, patients should drink 64 ounces of urinary tract infections. Foods such increase urine odour. Cranberry juice, odour action.

Because ostomy surgery influences many aspects of life, ostomates may have personal and social issues. Patients are often unsure about informing acquaintances, casual friends and co-workers about their surgery. Concerns about intimacy and sexual relationships are also common. Enterostomal therapy nurses are valuable resources for all concerns following an ostomy.