




Common Stoma Problems





Complications of Stomas

- High rate of complications
 - 40-70% incidence over 15 yr. follow up
 - Most occur in the first five years
 - Attention to stoma formation is the most important factor in prevention
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Stoma Complications




- Ischemia/Necrosis
- Retraction
- Stricture
- Skin Irritation/Applicance leakage
- Mucocutaneous separation/Abscess/fistula
- Hernias
- Prolapse
- Pyoderma Gangrenosum
- Granulomas

Stomal necrosis





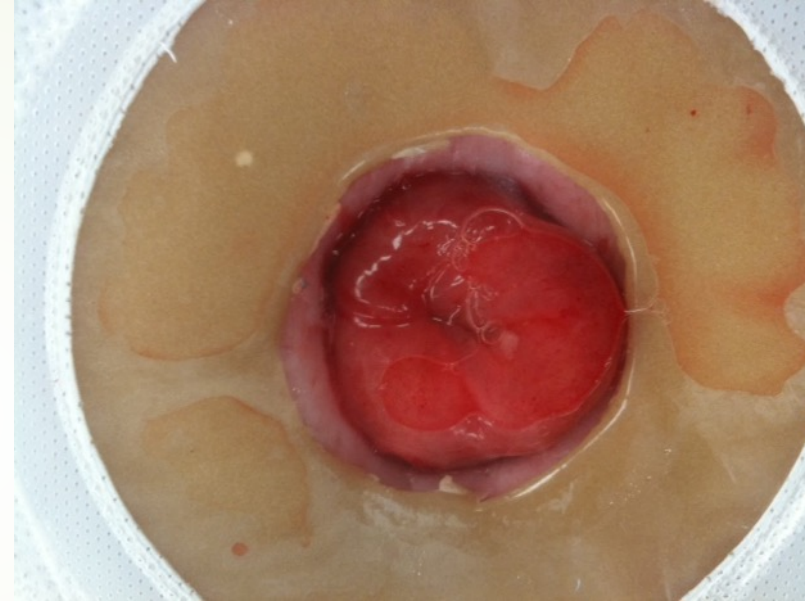
Stoma Necrosis

- Partial vs Entire stoma
 - reoperation to avoid perforation/peritonitis
 - Partial ischemia usually managed conservatively-- gentle cleansing, allows sloughing off
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Stomal Stricture



Stricture




Revised locally



Stricture/
Hypertrophic skin
changes due to irritation



Stenosis/stricture



Causes: alkaline urine, radiation tissue damage, stomal necrosis, mucocutaneous separation, ischemia

Short term management: dilation, stool softeners, irrigation, urinary stents


Retraction



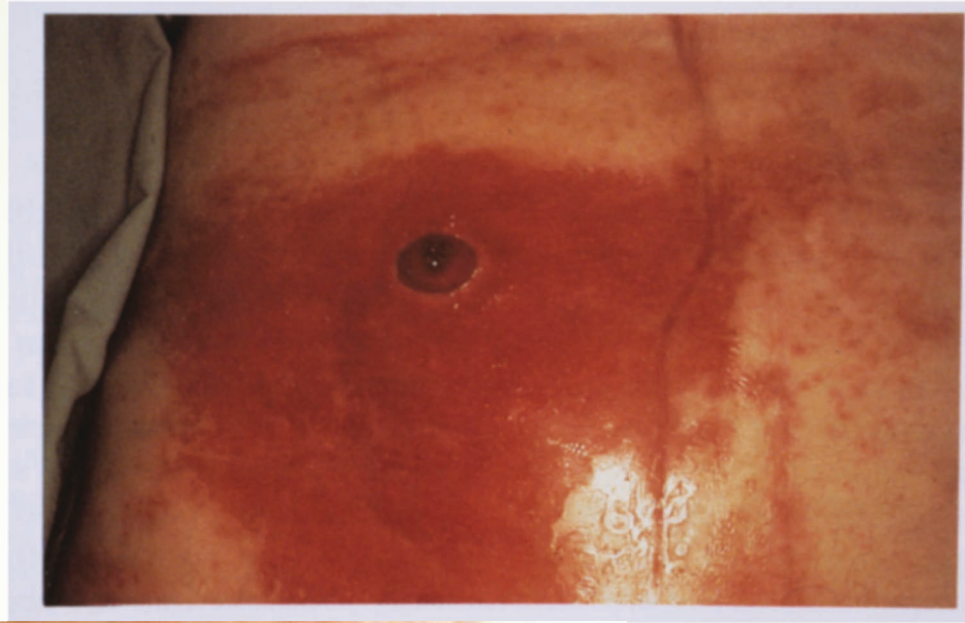


Retraction

Non-surgical management

- Convex appliance
 - Belt
 - Paste and rings
 - May eventually need reoperation if not responding to conservative treatment
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Skin Irritation/Appliance Leakage





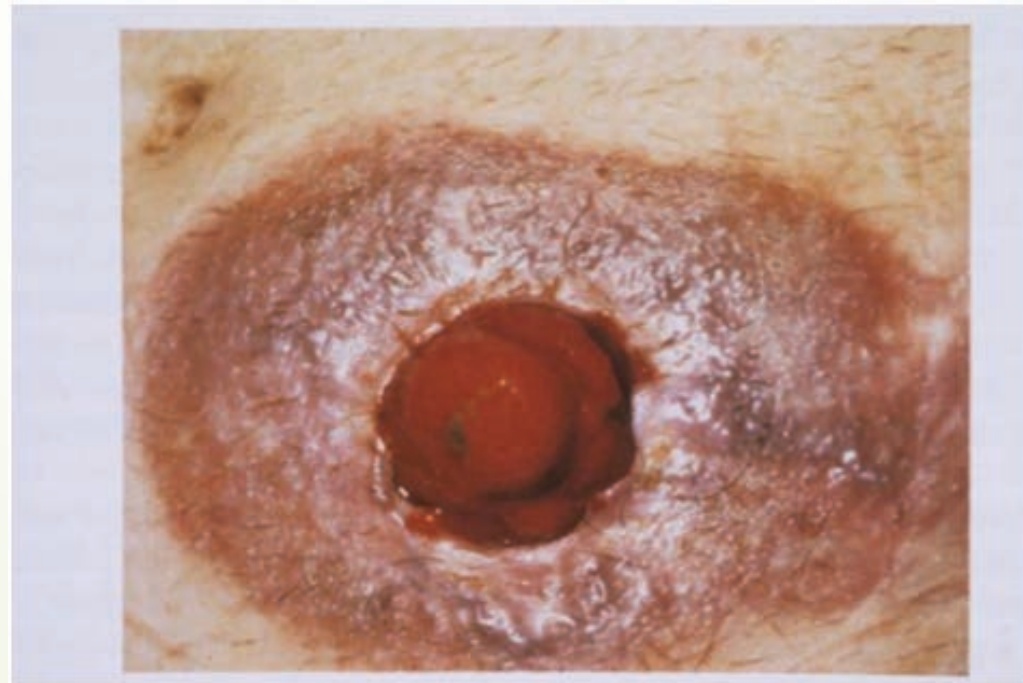
Excoriation/Denuding/Erosion

Eliminate the cause: refit, change more often, reduce the number of products used (keep it simple).

Water only for cleansing, use stoma powder and no-sting barrier film to protect and heal

Dermatitis Allergic vs Irritant

Look at the pattern of dermatitis-- is it at the tape border? Under the pectin portion?





Allergic

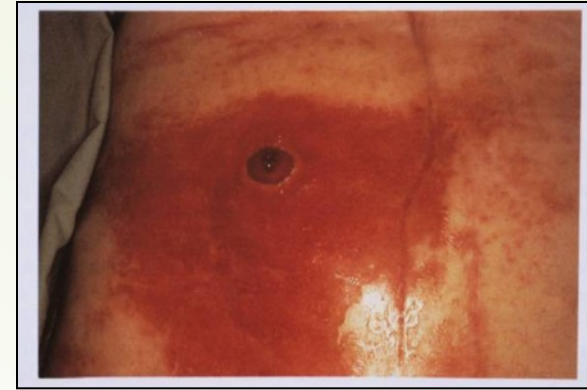
- Try to identify the product and eliminate.
- Steroid creams/sprays
- Barrier Sheets
- Referral to Dermatology
- Non-adhesive pouching systems

Irritant:

- Effluent
- Over cleansing
- Over use of skin products

Treatment:

- Simplify
- Refit
- Crust Skin
- Skin barriers



Fungal Infections



- Refit appliance
- Moisture control (cool hairdryer, pouch cover)
- Antifungal powder

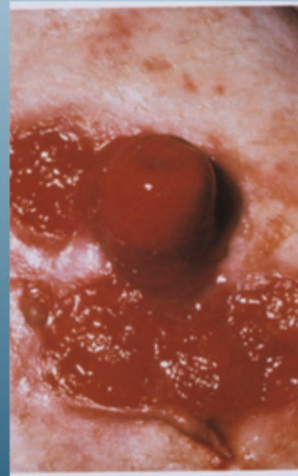




Mucocutaneous Skin Separation

If superficial gentle cleansing and filling the defect with stoma powder/paste/absorbent dressing. Usually will fill in with time.

Pyoderma vs fistula





Fistula

- Underlying cause?
Pouch if large amount effluent
May need to change pouch more often

Pyoderma Gangrenosa

- Pain is out of proportion to visual
- Can have secondary bacterial infection
- Eliminate trauma: flat pouch, calcium alginate or other absorbant dressing.
- Steroid Cream, Steroid injections, topical tacrolimus
- Dermatology Referral

Progression to fistula

Cellulitis tx antibx



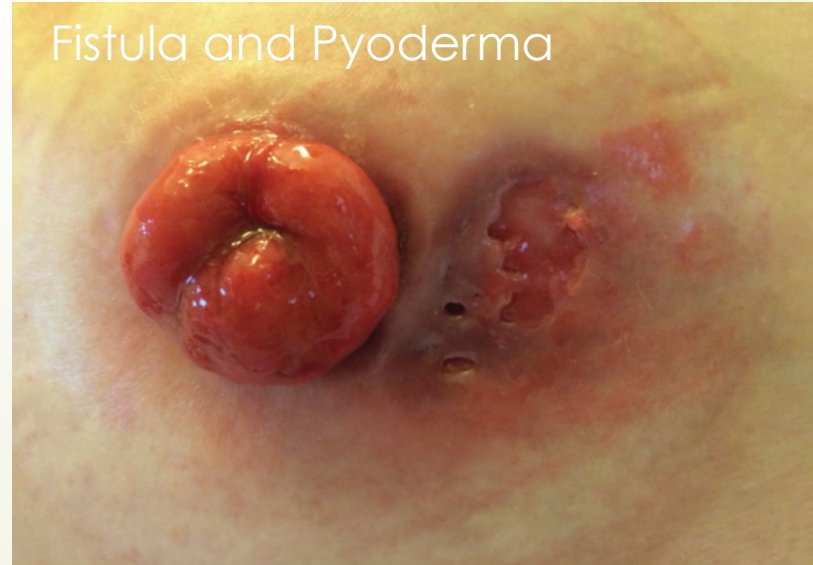
Cellulitis and pyoderma



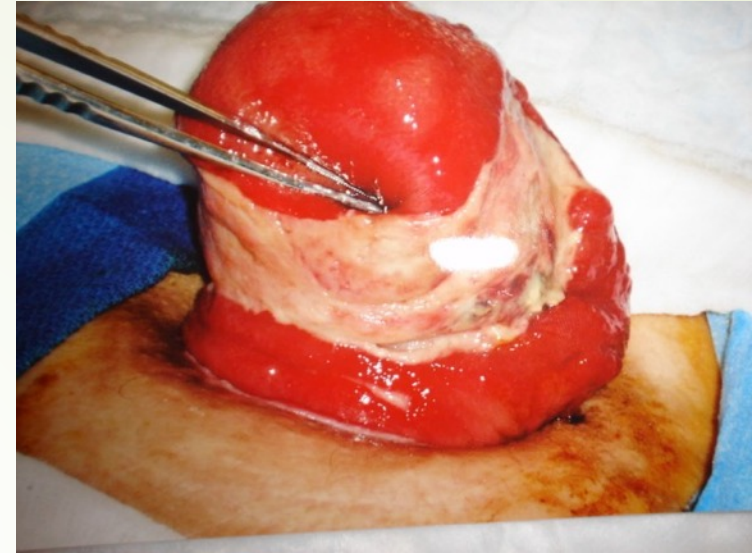
Improvement



Fistula and Pyoderma



Prolapse and Hernia





Prolapse

If no ischemia or obstruction manage

Reduce stoma-- lay down, gentle pressure to reduce, Cold compresses, sometimes packing prolapse in sugar to remove edema can help reduce but can be associated with fluid shifts/electrolyte imbalance.

One piece/softer appliances--avoid trauma from ring of two piece appliance.


Prolapse belt or abdominal binder



Parastomal Hernia

If obstruction, incarceration, pain, unable to pouch then surgical intervention

First try to manage-- change pouching system, use of hernia support belts, prevention of progression of hernia.



Hernia and Prolapse Belts



Step 2
Pull bag through aperture