

Ostomy A to Z

From the Phoenix Magazine March 2010 & Robyn Home, RGN, BSN, WOCN, DMU

Adhesions: Scar tissue from an abdominal surgery can generate adhesions, which are fibrous bands that may attach to the bowel. These can sometimes cause blockages in the intestine, though this is a rare occurrence.

Anti-Reflux Bags: all urostomy pouches are anti-reflux which means that the urine that has gathered into the pouch cannot flow backwards up to the stoma whilst patients are asleep to cause a UTI urinary tract infection

Appliance: The formal term for an ostomy pouch or ostomy bag.

Bedside Drainage Bags: These products can be used by both Ileostomates and Urostomates. These are extended drainage options for both urine and fecal waste to collect in larger systems overnight. The systems can be emptied or thrown away. This allows the patient with a high output to have a full night sleep, without having to monitor and empty their pouch.

Caps Patches Stoma: these are small absorbent devices for Urostomates and irrigating Colostomates to wear instead of a pouch. Commonly used for swimming, romantic adventures or for when drainage is minimal normally skin toned and low profile.

Colectomy: The surgical removal of the colon (also known as the large intestine), often due to cancer, or non-cancerous conditions such as severe inflammatory bowel disease or ruptured diverticulitis. Depending on what's necessary, a colectomy can be a partial or a total removal of the colon.

Colostomy: A type of Ostomy in which part of the colon is brought to the surface of one's abdomen, through a surgical procedure, to eliminate stool. Reasons for a colostomy include cancer of the rectum, ruptured diverticulitis, trauma to the bowel, or disease/damage to the spinal cord resulting in little or no bowel control.

Convexity: A type of pouching system that is typically used for stomas that are recessed into or flush with the abdominal surface.

Crohn's Disease: One type of inflammatory bowel disease. It affects the gastrointestinal (GI) tract anywhere from the mouth to the anus (although the small and large intestines are the most common sites). Crohn's affects all layers of the GI tract. Symptoms can include abdominal pain, diarrhea, fever, fatigue, and weight loss. Surgery for this condition may result in one having an ostomy.

Cystectomy: The surgical removal of the bladder. A cystectomy can be partial, of, more commonly, total. The most common reason for this is bladder cancer.

Diet Nutrition Hydration: Each Ostomate must learn what he/she can tolerate to manage their output volume, consistency and lifestyle. Learn from others and keep a diary. Hydration is part the most important health factor for every ostomate.

Diverticulosis/Diverticulitis: A condition of the colon in which small sacs or pouches form in the wall of the colon, often asymptomatic. Diverticulitis occurs when these small pouches become inflamed. Ruptured or perforated diverticulitis often requires the creation of a temporary colostomy.

Enterostomal Therapy (ET) Nurse: A Nurse specializing in Ostomy care. Refer to WOCN for the updated version of “ET Nurse.”

Faceplate: The part of the pouching system that adheres to the skin around the stoma. The faceplate can be separate from a pouch (two-piece system), or a pouch and a faceplate can be one unit (one-piece system). See also “Wafer.”

Familial Adenomatous Polyposis (FAP): A hereditary disorder that is characterized by the development of multiple polyps (growths) in the colon that generally begin in the teenage years. There is a high risk for developing colon cancer in any of these polyps over time. Surgery to remove the large intestine is the typical treatment for this disorder.

Folliculitis: An inflammation of the hair follicles. This condition sometime occurs on one’s skin around his stoma due to the physical trauma involved with repeatedly removing ostomy appliances adhered to one’s skin. It may also occur as a result of frequent shaving of the skin around the stoma, resulting in a rash or eruptions of the skin.

Flange: A plastic ring on the faceplate (wafer) that allows a pouch to snap onto the faceplate. Some manufacturers also refer to their wafer /faceplate as a “flange.”

Hernia: Occurs when the intestine “bulges” through a weak area in the abdominal muscle. When this happens next to a stoma, it’s called a peristomal hernia. The presence of a hernia may result in a fullness or prominence around or behind the stoma. Repairing a hernia requires a surgical procedure.

High Output Systems: these systems can be one or two piece design and used for those patients with minimal small bowel remaining. These systems are able to manage high volumes of liquid output and can be attached to night drainage bags.

Ileostomy: An ostomy in which the end of the small intestine (Ileum), through a surgical procedure, is brought to the surface of one’s abdomen to eliminate bodily waste. Reason’s for having an ileostomy may include severe cases of inflammatory bowel disease (i.e., Crohn’s Disease of the colon or ulcerative colitis), or as a method to provide a temporary diversion of the bowel while it heals from a surgical procedure.

Inflammatory Bowel Disease: (IBD) A general term used to describe chronic inflammation (consisting of redness, swelling, and ulceration) in the digestive tract. The two major forms of IBD are Crohn's disease (inflammation anywhere in the digestive tract affecting all layers of the GI tract) and ulcerative colitis (inflammation only in the colon affecting the innermost layer of the GI tract).

Irrigation: A procedure that people with colostomies undertake to regulate their bowel movements. Water is instilled through the stoma, which then triggers the colon to empty its contents. This process is much like taking an enema. It's typically performed every day or every other day. After irrigating regularly for about two months, the person with a colostomy may not need to wear an appliance any longer, as the colon is "trained" to only eliminate during irrigation.

J-Pouch: A surgical procedure that involves the removal of the colon and creation of an internal reservoir (shaped like a "j") made out of the end portion of the small intestine. People with a j-pouch eliminate their feces the regular way through the anus, though with much greater frequency. It's most commonly an option for people with ulcerative colitis that is not responsive to medical therapy or those with familial polyposis.

Kock Pouch: A surgical procedure that involves the removal of the colon and the creation of a continent internal reservoir made from the end of the small intestine. A valve is made and attached to the stoma that is sutured to and is flush with the abdominal surface. An ostomy appliance is not used. A catheter (drainage tube) empties the reservoir several times a day. A gauze dressing is generally worn over the opening.

Laparoscopic Surgery: A surgical procedure where several small incisions (.5 to 1.5 centimeters) are made at various points on the abdomen. A harmless gas is injected into the abdominal cavity to create a large working space that the surgeon views through a tiny, inserted camera. Surgical instruments are inserted through the small incisions, which the surgeon manipulates while viewing the surgery on a video monitor.

Obstruction: A blockage in the intestine. Obstructions can result from a variety of causes, including fibrous foods, cancerous growth, scar tissue/adhesions, or a severely inflamed lining of the intestines. Symptoms typically include abdominal pain, nausea, vomiting, or inability to pass gas or stool. Hospitalization often ensures to address the cause of the obstruction.

One-piece Pouching System: Consists of a pouch that is already bound to a faceplate (i.e., the skin barrier or wafer that sticks to your skin).

Ostomy: A surgical creation on an abdominal opening that allows the elimination of either feces or urine.

Ostomate: A person who has an ostomy. Another term sometimes used is ostomist (mostly in the UK).

Patch Test: A method of determining whether one is allergic or sensitive to an ostomy product, such as tape or adhesive barrier. It's done by placing a small amount of the product on the side of the abdomen opposite the stoma. If the skin becomes irritated within a day or two, then one likely has an allergy or sensitivity to the product and should avoid using that product.

Peristomal Skin: The skin around your stoma. Having healthy peristomal skin is important for quality of life for those with ostomies.

Pouch: An ostomy appliance consists of a skin barrier or wafer, and a pouch, either as separate products used together, or manufactured as a one-piece system. The pouch collects the effluent from the stoma, serving as a reservoir until the pouch is emptied by the wearer.

Pouchitis: The inflammation of an internal pouch made from the small intestinal tissue (such as the j-pouch or Kock Pouch). Pouchitis is treated with either probiotics (beneficial bacteria) or antibiotics plus increased fluid intake and prompt emptying of the full internal pouch. Pouchitis is the most common long-term complication of ileal-anal reservoir surgery.

Prolapse: Occurs when the stoma no longer adheres correctly to where it comes out of the abdomen as the bowel everts itself outward. This results in the stoma protruding significantly further out than the normal one-quarter to one-half inch. This complication is most commonly seen with transverse loop colostomies. Surgery may be necessary to correct this problem.

Short Bowel Syndrome: A malabsorption disorder, which means there is not enough small intestine or not enough functional small intestine to adequately absorb fluids and nutrients from the foods and beverages you eat and drink. Some define it as having more than 50 percent of your small bowel removed, while others point out that the functionality of the remaining small bowel is the key determinant.

Skin Barriers: Products, such as pastes and powders, that some people with ostomies use to protect the skin around their stoma before attaching their appliance. The faceplate or the wafer of an appliance is also considered to be a skin barrier as it protects the skin from the stoma's effluent.

Stoma: The part of an ostomy that is visible on the exterior of one's abdomen where body waste exits the body. It is bright red and ideally protrudes approximately one-quarter to one-half inch above the skin surface, although some stomas are flat or "flush" with the skin surface. The size of the stoma will decrease after surgery as the swelling goes down.

Tail Closure/Tail Clip/Tail Spout: Seals the bottom of a drainable ostomy pouch used for a colostomy or an ileostomy. Sometimes a tail closure is a separate plastic clamp that is attached to the pouch. Other pouches have a folding/Velcro system that keeps contents from coming out from the bottom of the bag. A tail spout is the closure mechanism found on the bottom of Urostomy pouches that can be opened and then closed to prevent leakage of urine.

Two-Piece Pouching System: Consists of a separate pouch and faceplate or wafer (i.e., the barrier that sticks to your skin) that comprises the ostomy appliance. Different styles of bags can be attached to the faceplate without having to remove the faceplate adhered to your skin. Using a two-piece system also allows for more frequent pouch-only changes or alternate methods of cleaning out the pouch contents (intestine) and affects its innermost lining. Symptoms can include abdominal pain, fatigue, weight loss, while the wafer stays in place.

Ulcerative Colitis: One form of inflammatory bowel disease. It targets the colon (also known as the large and bloody diarrhea. Surgery for this condition may result in one having an ostomy.

United Ostomy Associations of America (UOAA): An association of affiliated, non-profit support groups committed to improving the quality of life for people who have, or will have, an intestinal or urinary diversion. The UOAA can be reached at 800-826-0826 or www.ostomy.org.

Urostomy: The surgical creation of an opening in the abdomen that allows the elimination of urine. It's usually performed on people who have had their bladder removed because of cancer, or in people with spinal cord injuries who can no longer control their bladder function. A small section of ileum (small bowel) is used to create the urostomy; this small section of bowel is separated from the normal ileum which allows the two ureters to be attached to this small section. The open end of the ileum is fashioned into a stoma to allow the urine to drain continually into a pouch.

Wafer: A barrier or faceplate. It has adhesive on one side to stick to your skin around your stoma. The other side is designed to have a pouch attached to it.

Wound, Ostomy and Continence Nurse Society (WOCN): A professional, international nursing society of more than 4,200 health care professionals who are experts in the care of patients with wound, ostomy, and continence issues. WOC nursing is the sole nursing specialty in the United States that focuses on nursing management of patients with an ostomy. The WOCN can be reached at 888-224-WOCN (9626) or www.wocn.org.

Many ostomy-related terms are defined above, but there will always be more. Whether you are new to the ostomy world or have been involved with it for some time, you will always be on a path of continuous learning. By working with your health care team and arming yourself with the right knowledge, you will learn the best ways to take care of yourself and maintain your health. For more information, see a qualified ostomy nurse, contact an ostomy supply company, or call UOAA at 800-826-0826 or online at www.ostomy.org.

This is provided for you by the Silicon Valley Ostomy Support Group. It is just a guide to help you understand what you might be facing or to possibly answer a question that has been keeping you up at night!