

ADRIAN POLGLASE

Professor of Surgery

MB BS (Hons), MS, FRACS, FRCS (Eng), FRCS Ed, FACS

CABRINI MONASH UNIVERSITY DEPARTMENT OF SURGERY

COLORECTAL SURGERY
LAPAROSCOPIC SURGERY
COLONOSCOPY

A. L. POLGLASE PTY. LTD. A.C.N. 062 956 843

Colorectal - Malvern

SUITE 20, CABRINI MEDICAL CENTRE
ISABELLA STREET, MALVERN 3144
TELEPHONE 9509 8233 FACSIMILE: 9509 0812
PROVIDER NO 216484K
AFTER HOURS: HOME 9824 7525
CALL SERVICE: 9387 1000

EMAIL: alp@colorectalmalvern.com.au
WEBSITE: www.colorectalmalvern.com.au
www.colonoscopymalvern.com.au
www.laparoscopymalvern.com.au

STOMAS - WHAT ARE THEY?

A **stoma** is an artificial opening of an organ onto the abdominal wall. In general, for patients requiring stomas because of bowel conditions, they will have either an **ileostomy** (opening of the small bowel onto the abdominal wall), or a **colostomy** (opening of the large bowel or colon onto the abdominal wall). The quality of life for people with stomas have improved dramatically in the past two decades for two main reasons:

1. The introduction of disposable adhesive appliances which has ensured a very safe reliable seal around the stoma.
2. The training of specialised registered nurses as stomal therapists who are available to help with practical and psychological difficulties.

Appliances

Appliances consist of a plastic bag and a flange, which is attached to the skin around the stoma. Appliances can be in either a one piece or two piece attachment. They are often inseparable in a one-piece appliance, but can be detached from each other in a two-piece appliance. The two-piece appliance has the advantage that the flange is left attached to the skin while the bag is changed, and if a satisfactory seal is maintained, it can be kept in place for several days. This makes management easier, as it is less time consuming and less damaging to the skin. Most flanges have attachments for a supporting belt for added security. Disposable bags have largely replaced non-disposable appliances.

Long term management of stomas

Ileostomy function is less predictable than colostomy function, and therefore ileostomies are usually permanently managed by allowing them to empty into an appliance.

Colostomy management may involve one of three methods.

1. **Natural method** – occasionally the colostomy can be relied upon to act at a predictable time each day, often in response to a stimulus such as a hot drink. Between actions, a covering such as a plastic cap supported by a belt may be all that's required.
2. **Appliance methods** – most times bowel activity is not predictable and many patients find a permanent appliance satisfactory. One or two-piece non-drainable bags are most commonly used, being disposed of and changed after each action.
3. **Irrigation method** – in the irrigation method the colon is emptied by irrigation every 24-48 hours. Advantages include freedom from a bag between irrigations and perhaps some saving in time and cost. This technique involves the patient sitting on a toilet and passing an irrigation tube into the colostomy. Approximately 1000ml of water usually acts after 10-30 minutes. A substantial amount of faecal material is passed, and the bowel may well then not act again until the next irrigation. The stoma may be covered by a small pad or bag between irrigations.