

Bowel stomas

1. What's in a name?

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In this, the first in a series of articles designed to dispel the myths and confusion that often surround stomas, Jill Dean goes back to basics and presents a no-nonsense overview of the subject.

Even when patients have had a stoma for some time they will often ask: 'What's the difference between a colostomy and an ileostomy?' To answer that question it might be easier to start at the beginning and define exactly what a stoma is. One definition is that a stoma is a surgically created opening in the body – denoting its difference from naturally occurring orifices such as the mouth. The mouth can suffer from a condition called stomatitis when inflamed, which can cause some confusion, but when we talk about a stoma we usually mean a surgically created opening that is raised on the abdomen, such as in colorectal or bowel stomas. Further confusion arises from the term 'ostomy', which is a word derived from stoma, and an 'ostomist', which is the term used to describe a person with a stoma. Stoma is Greek and means mouth or opening.

Types of stoma

When surgery is required, two main areas of the gastrointestinal tract are used to form a stoma. An understanding of the basic anatomy of the gut can be helpful (Figure 1). The position in the bowel where the stoma is formed is dependent on the reason for surgery, the diagnosis, and the surgical procedure performed. There are many different diagnoses that require surgery and every patient is individually

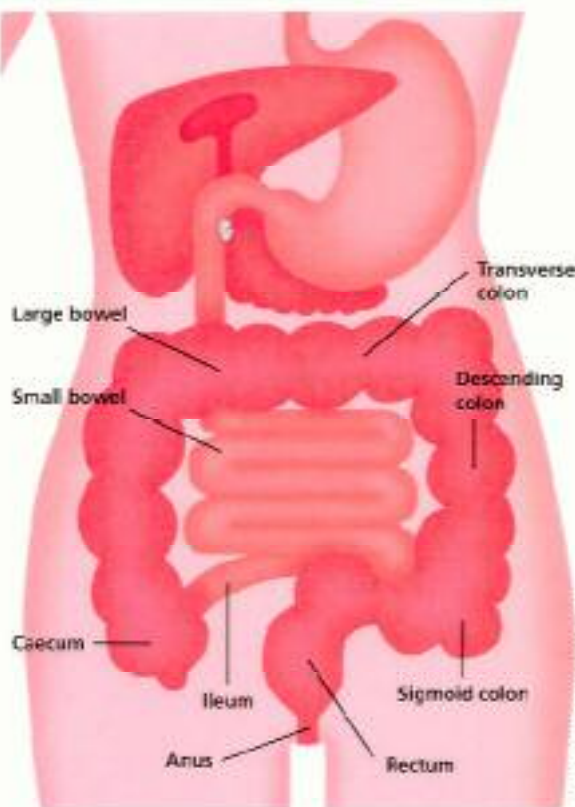


Figure 1. Basic anatomy of the gut

assessed and treated appropriately, so there can be exceptions to every rule.

However, there are a few basic rules that can easily be followed. The part of the bowel where a stoma is formed relates to the name given to the stoma – for example, a stoma raised in the colon (large bowel), is referred to as a colostomy, and conversely a stoma raised in the ileum (end part of the small bowel) is referred to as an ileostomy. These two types of stoma are quite different, although they are both bowel stomas.

There are also three ways to fashion a stoma – these are an end, a loop and a double-barrelled stoma.

The most common type of stoma fashioned is an 'end' – this name is used because the cut end of the bowel

is literally brought out through the skin on the abdomen and sutured into position. This type of stoma may be temporary or permanent depending on the surgical procedure performed and the reason for surgery. The second type of stoma is a 'loop', which is frequently but not always a temporary stoma. A loop is fashioned by cutting halfway across the bowel, leaving the posterior wall intact. The two bowel ends are then brought through the skin onto the abdomen and sutured into position as before. The third and least common type of stoma is a double-barrelled stoma, which is frequently temporary. This type is formed following excision of an area of bowel that leaves two cut ends which are then brought out together through the same site onto the abdomen and once again sutured into position.

Colostomy

There are several sites within the colon where a colostomy is formed. The most common site is within the sigmoid or

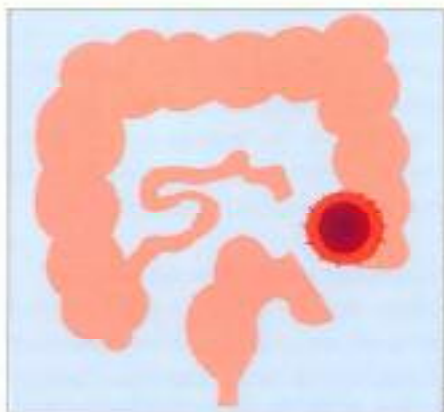


Figure 2. The most common site for colostomies is within the sigmoid colon

low descending colon (Figure 2). The position of this type of colostomy means that the stools should be similar in consistency to a normal bowel motion and a closed pouch can be used, which means that the appliance is changed one to three times in 24 hours, depending on output and lifestyle. There are many pouches designed for use by this group of ostomists, reflecting the individual needs and differences of each patient. Ostomists who have an 'end' stoma in this position may also have the option of performing colostomy irrigation as a method of management or using a plug. The second most common site to form a colostomy is within the transverse colon (Figure 3). The stools at this point in the gut may be softer and require either a closed or a drainable appliance, again depending on output and lifestyle.

Ileostomy

The usual site for formation of an ileostomy is in the small bowel in the terminal ileum, which is the last part of the ileum before the large bowel. As with all stomas this position depends on the diagnosis and the individual surgical procedure undertaken – Crohn's disease is a common reason why an ileostomy may be raised in another part of the small bowel.

There are several important points pertinent to an ileostomy. The stool from an ileostomy may be quite liquid or of a porridge consistency, both of which are quite normal, depending on the amount and type of food and drink taken. Whatever the consistency of the stools they will always contain enzymes from the completion of digestion. These proteolytic enzymes will act like acid on the skin and create ulcerated and excoriated, raw areas. To avert this it is extremely important that the type of pouch used fits correctly and maintains a good seal to prevent leakages onto the skin. To combat this problem an ileostomy is made with a small spout (Figure 4), approximately 3 cm is ideal, in a way that helps to ensure that the stools are collected in the pouch and leakage is prevented. Due to the nature and frequency of



Figure 3. The transverse colon is the second most common site for colostomies



Figure 4. Ileostomies are made with a small spout to protect the skin from leakage

output from an ileostomy, a drainable pouch is usually recommended.

Consult your stoma care nurse

Your stoma care nurse (whatever her current title!) is the best person to help choose the most appropriate appliance, whether one or two piece, drainable or closed, with or without accessories.

Use the specialist knowledge of your SCN to find a secure pouch system that fits your individual needs and lifestyle, especially as such a wide variety of appliances are now produced by the different manufacturers.

All stomas, whether colostomy or ileostomy, will be moist and a pinkish-red colour. This is normal and healthy. The moisture is created by mucous, which is a naturally occurring lubricant throughout the length of the gut. The bowel wall is called a mucous membrane where the blood supply is very close to the surface, giving the pinkish-red colour and ensuring easy exchange of nutrients, fluids and electrolytes along the gastrointestinal tract.

As individual as you

The purpose of this article is to unravel the mysteries of bowel stomas and the differences between colostomies and ileostomies, but the subject is a complex one, especially when colostomies and ileostomies at all of the sites discussed today could be 'end', 'loop' or 'double-barrelled', temporary or permanent! Other less common configurations have not been discussed at all.

One important thing to remember is that every stoma is as individual as you – some will follow the textbook appearance, but many will look very different. This does not mean that there is necessarily anything wrong with the stoma but rather that it reflects the uniqueness of the human body. There are, unfortunately, some 'problem stomas' and the difficulties related to their management will be discussed in a future issue.

Key points

- The position in the bowel where the stoma is formed is dependent on the reason for surgery, the diagnosis, and the surgical procedure performed.
- A stoma raised in the colon (large bowel) is referred to as a colostomy, and a stoma raised in the ileum (end part of the small bowel) is referred to as an ileostomy.
- Use the specialist knowledge of your stoma care nurse to find a secure pouch system that fits your individual needs and lifestyle.