

Practical Care

What is a bag?

A bag is an appliance made of a special plastic designed to fit around the stoma, protect the skin and collect the faeces or urine. There are different types of bags suitable for babies and children, and a trained nurse will assist in choosing the most appropriate appliance. The bag can be changed daily or every third day. In between times it will be necessary to empty the bag by opening the clip at the bottom and emptying the contents into the nappy or suitable container. If the stoma is a urinary stoma, the bag will need to be emptied more frequently, and attached to a larger drainage (catheter) bag at night.

How do you change the bag?

A day or two after surgery, if a bag has been applied in theatre it will be removed by a trained nurse. The stoma and surrounding skin is then cleaned with warm water and a soft wipe. A new bag is then applied after being cut to fit the stoma. The nurse will make a template of this size, so it can be used as a guide to cut out further bags.

Parents only

After this, the bag may be changed most days for teaching purposes, where you can help as much as you feel able. The Ward Nurse or the Stoma Care Nurse will be able to support and help you care for your child/baby's stoma as necessary until you feel confident to do it on your own. The number of days it takes to learn and feel confident about changing the bag varies from parent to parent. It is not difficult but obviously it is something new and different, similar to when you first change a nappy it takes a bit of getting used to.

Many parents are frightened they will harm their baby /child and the stoma, but there is very little you could do that would cause harm.

Think of it like your baby's bottom and care for it in a similar way. Obviously as your baby/child begins to develop and learn new skills, it is recommended that their involvement in stoma care is encouraged.

What is needed to change a bag?

The same things you would need for a nappy change and some extras:

1. Changing mat or towel.
2. An adhesive remover can be used to dissolve any adhesive left on the skin from the previous pouch, if necessary (not recommended in the premature baby).
3. Warm water to clean the skin.
4. Disposal bag or nappy sack.
5. Any special wipes or paste you may be using.
6. Your new bag already cut to size.
7. Soft wipes (not baby wipes).



Will the stoma always stay the same size?

No, initially the stoma will be swollen and inflamed from the operation but over the next few days and weeks it will shrink in size. When a baby cries or holds their breath, the stoma may appear bluish in colour, this is because the baby is using some oxygen to cry. Once the baby has calmed down the stoma should return to its usual red/pink colour.

What do you do if the skin gets sore?

Remember, when a bag is first removed, the skin under the adhesive will appear red for the first few minutes, due to the pulling action when removing the bag. Ideally, the skin around the stoma should not get sore. Occasionally when you clean around the stoma you may see a small amount of blood on the tissue. This is a normal healthy sign and should not worry you.

Listed below are some possible causes:

- ▶ If urine or faeces come into contact with the skin, rather like nappy rash. Skin which has become sore due to contact with faeces/urine will appear red at first, then moist and may begin

to weep if contact continues. If the baby's skin does look sore, call your specialist nurse, it will probably be easily remedied.

- ▶ Allergies to the bags can occasionally occur.
- ▶ Too frequent bag changes or rubbing too hard when cleaning the skin will cause red/sore skin. It is worth noting that when any child is teething, sore skin may be more apparent whether it's around their stoma or anal area.
- ▶ Rashes can be caused by excessive sweating under the bag, or by a fungal infection such as Thrush. If this occurs, the use of a barrier wipe, powder or paste can be used to protect the skin, but any infection will need to be treated appropriately so it is advisable to contact your local specialist nurse.

Pancaking

This is when stool collects around the top of the bag and does not drop. It is caused by a negative vacuum within the bag itself. If this occurs it is sometimes helpful to put a little baby oil on the inside of the bag or try placing a cotton wool ball in the bag, alternatively you could try partially blocking the filter.

Ballooning

This is when the bag "blows up" due to wind being passed and unable to exit the bag. This can be released by opening the bottom of the bag (being very careful not to release any stool already in the bag), or releasing the bag from the flange if a two piece system is being used. If this problem continues further advice should be sought.

Retraction

Retraction of the stoma is when the stoma is below skin level. The use of a convex product on a retracted stoma, as well as pastes or washers, may be helpful with leakage problems.



Constipation

This usually occurs due to medication, diet lacking in fibre or poor fluid intake. Adequate fluid intake should actively be encouraged, but if the problem continues it is advisable to contact your specialist nurse. An ileostomy cannot become constipated.

Diarrhoea

Diet or medication again can cause this. Infection can also cause diarrhoea, but the treatment for infections are antibiotics, and antibiotics themselves are a common cause of diarrhoea. If your child has diarrhoea it is vital to have an adequate fluid intake, but it is more important in babies/children with a stoma as they are far more at risk of dehydration. Extra supplements should be used such as Dioralyte® (Aventis Holdings Inc.) or rehydration drinks. Medical advice should be sought if diarrhoea is persistent, and your baby/child is unwell.

NB: Leaks with bags may occur more frequently if suffering with diarrhoea. Emptying the bag more frequently may help.

Urinary Stomas

It is important to observe urine carefully. Urine should be clear and straw-coloured, any changes should be treated. If the urine appears dark in colour, concentrated, or has a fishy odour then a urinary tract infection is quite likely. Encourage your child to drink extra fluid, cranberry juice or barley water is recommended. A sterile specimen of urine may then be required by your doctor. In order to collect this it will be necessary to insert a catheter into the stoma and collect the urine directly into a sterile container. Please remember that if your child/baby's bag begins to leak it should be changed as soon as possible to prevent sore skin.



Immunisations

Having a stoma is not a contraindication for having all normal childhood immunisations. However if your baby/child is on steroid medication or suffering with Crohn's Disease, it is essential to seek medical advice before immunisation. Childhood illnesses will not be any worse for your baby/child, but in the case of chicken pox or measles the "spots" may also be visible on the stoma itself. Please seek advice from your surgeon regarding intended immunisations prior to surgery.

Lactose Intolerance

Lactose is a sugar found in a large number of baby feeds. The lining of the bowel may become injured during surgery especially if a large section of bowel has had to be removed, resulting in the bowel's inability to absorb lactose from the feeds.

Signs and symptoms

- ▶ poor or no weight gain
- ▶ large volume and loose stoma output
- ▶ sugar present in the stoma output on testing

This is often a temporary problem and is treated by giving a lactose free baby milk, (e.g. Pregestimil® (Mead Johnson & Company) or Pepti-junior® (N.V. Nutricia)). Your baby/child's dietician will advise you on this.

Excessive Sodium Losses

Babies require a certain level of sodium (salt) in the body to be able to utilise their feeds. Babies with a colostomy or more commonly an ileostomy may lose excess sodium in their stoma output and may have a low sodium level in their urine.

Signs and symptoms

- ▶ poor or no weight gain
- ▶ low sodium levels in the urine on testing

The treatment is to give oral sodium supplements. The problem usually resolves itself once the stoma is closed.



Prolapse

This is when a bit more of the bowel begins to come out via the stoma. This can initially be very alarming, but as long as the bowel is pink and healthy and the stoma continues to function, is not an emergency situation but contact your nurse or ward for advice. In children this can be fairly common (especially if they have a loop stoma) due to a greater diaphragmatic pressure when active.

Stenosis

This is when the opening of the stoma begins to narrow over a period of time, which can result in difficulty in passing stool, abdominal pain and the stoma can stop working. This occurs infrequently. Your Stoma Care Nurse will ask your surgeon to see your child.

Odour

There should be no smell from the bag if applied correctly, as the bags are made from a special plastic. If you can smell something then the bag is probably leaking or the clip is dirty and will therefore need to be changed. Obviously when you empty or change the bag there will be the usual smell of faeces.

Hernia

This is when there is a weakness in the muscle wall of the abdomen (tummy), usually a relatively infrequent complication following stoma surgery. It is more common in babies, but less so in an older child. If it does occur, there will be a lump around the stoma and it will look like the stoma is sitting on a "mole hill". It is not dangerous, but it is wise to let your specialist nurse know, so she can assess the severity of the hernia. Hernias can be surgically repaired.

Overgranulation Tissue

These are hard "lumpy" areas which can develop around the stoma. They can bleed fairly easily when touched, and are often quite painful. They are easily treated, but seek advice from your Stoma Care Nurse with regards to the appropriate treatment needed.