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Ileostomy Care

Patient name: _____

Admission: _____

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- I. **The client/caregiver can define ileostomy.**
 - A. An ileostomy is a surgical opening between the ileum and the abdominal wall.
 - B. A small portion of the intestine is sewed to the surface of the abdomen to create a "stoma."
 - C. The purpose of an ileostomy is to bypass a diseased colon and rid the body of wastes.

- II. **The client/caregiver can describe the basic anatomy and physiology of the small intestine.**
 - A. The small intestine is approximately 18 feet long and is divided into three sections.
 - B. The ileum is the last section of the small intestine and is connected to the large intestine at the ileocecal valve.
 - C. Digestive enzymes are secreted and fluid is absorbed in the small intestine.

- III. **The client/caregiver can demonstrate emptying a pouch.**
 - A. Empty when one third full.
 - B. Sit on toilet or place on chair with the pouch opening placed in the toilet.
 - C. Put toilet paper on the surface of the toilet water to avoid splashing.
 - D. Remove clamp and let contents empty into toilet.
 - E. Squeeze the remaining contents out of the pouch.
 - F. While holding up the end of the pouch, pour a cup of water into pouch, swish, and empty. Do not get the stoma or adhesive seal wet.
 - G. Use toilet paper to clean around opening of pouch and clamp pouch shut.

- IV. **The client/caregiver can demonstrate procedure of changing the pouching system.**
 - A. Change pouch every 5 to 7 days or as needed.
 - B. Assemble all of the equipment.

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- C. Hold skin taut, and peel off the pouch being worn.
 - D. Wash the skin thoroughly with soap and water, rinse, and pat dry.
 - E. Inspect the stoma for any change in size or color.
 - F. Inspect the skin for signs of irritation and apply skin barrier.
 - G. Apply pouch over the stoma, being sure that it is the appropriate size and fits closely around the stoma.
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- V. **The client/caretaker can list dietary measures for management of ileostomy.**
 - A. Chew food slowly and completely for better digestion.
 - B. Drink at least six to eight glasses of fluids per day.
 - C. Avoid foods that may cause blockage such as celery, corn, lettuce, popcorn, nuts, coleslaw, and seeds.
 - D. Decrease fiber in diet if stools are excessively loose.
 - E. Limit or avoid foods such as eggs, fish, onions, and cabbage, which can increase odor.
 - F. Eat foods such as spinach, parsley, yogurt, or buttermilk, which can decrease odor.

 - VI. **The client/caregiver can list general measures for management of an ileostomy.**
 - A. Avoid laxatives, enteric-coated pills, and timed-release pills.
 - B. Avoid stress and smoking.
 - C. Assess for skin irritation caused by enzymes in stools, and provide skin care.
 - D. Avoid contact sports and weight lifting.
 - E. Avoid tight, constrictive clothing.
 - F. Keep extra ileostomy supplies on hand.
 - G. Wear a Medic Alert bracelet.
 - H. Report to physician any signs of bleeding, persistent diarrhea, change in size or color of stoma, and continued skin irritation.

(Continued)

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VII. The client/caregiver is aware of possible complications.

- A. Dehydration
- B. Bowel obstruction
- C. Electrolyte imbalance

RESOURCES

United Ostomy Associations of America, Inc.
www.uoaa.org

Wound, Ostomy, Continence Nurses
www.wocn.org

REFERENCES

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