



## **STOMAS**

**Edited by Dr Franco Catuogno ([francocatuogno@aliceposta.it](mailto:francocatuogno@aliceposta.it))**

### **WHAT IS A STOMA?**

The term “stoma” derives from the Greek word *στόμα* (*stoma*), which means opening, as it truly is an opening of the abdominal wall, which connects the bowel or the bladder to the outside. Due to the absence of sphincters, stomas do not control either stool frequency or micturition.

### **WHY TO PERFORM A STOMA?**

A stoma is often a life-saving procedure in case of bowel obstruction, peritonitis, or trauma. It leads to an alteration of the body image, which, however, is necessary for complete recovery from a serious illness. This alteration may either be temporary, or permanent, in case of a disease which, for its location, severity, or for other patient-related conditions, does not allow to re-establish the original anatomic features.

### **HOW MANY TYPES OF STOMAS DO EXIST?**

**ILEOSTOMY:** connects the ileum to the abdominal wall. By excluding the colon and the rectum, the ileal effluent is liquid and potentially irritating.

**COLOSTOMY:** connects the colon, or large bowel to the abdominal wall. Only the progression of faeces to the rectum is excluded, while the absorption of water and of solid food remains unaltered, and the faeces stay solid.

**UROSTOMY:** diverts the normal flow of urine from the kidneys and ureters into a specially created stoma (totally isolated). Urine continues to flow through the stoma, thus completely bypassing the bladder.

### **IN RELATION TO THEIR FUNCTIONS, STOMAS ARE DIVIDED IN:**

**TERMINAL STOMAS** (which completely divert the transit), with only one orifice, perpendicular to the abdominal wall.

**LATERAL STOMAS** (which, by means of partial diversion, achieve decompression), with two orifices, afferent and efferent, usually temporary.

### **WHAT FOOD CAN PATIENTS WITH STOMA EAT?**

If no other metabolic illness is present, the stoma carrier is advised to compensate for the loss of liquids, electrolytes, and vitamins.

Patients with stoma should limit the intake of gas-producing food (e.g. beer, walnuts, chocolate, onions, broccoli, cabbage, mature cheese, gristle part of meat, etc.).

The carrier of an urostomy should drink two litres of water daily, without any food restrictions. However, they are advised to avoid sparkling drinks and spices, to eat little and often but at fixed intervals, to eat well cooked food, and to watch their own weight by practicing physical exercise regularly.

### **HOW IS A STOMA CLEANED?**

A stoma is cleaned delicately without any fear or embarrassment. As it is not a wound, it does not need to be cleaned by using sterile material. Neutral detergents, a sponge, a soft cloth for drying and a fresh bag (to apply after the peristomal skin has been delicately dried) are employed. It is strongly discommended to use any aggressive products, such as surgical spirit, or chlorine-containing disinfectants.



## **ENTEROSTOMAL REHABILITATION**

There are more than 140 centres for stoma therapy in Italy, where, with the help of dedicated doctors and stoma-therapist nurses, patients are followed and given personal advice. These centres take care of the management of stomas, prevention and treatment of stoma-related complications, dietary advice, and provide information on how to obtain stoma bags and other necessary medical supplies subsidised by the Italian National Health Service. Specialists show the technique of bowel irrigation, which helps the patients to evacuate regularly and, consequently, to reduce the consumption of bags. Psychological support to help reintegration into families, society and work environment is given, thus helping the patients to accept their new body image.

To find the nearest centre, you can log into the following websites:

- [www.fais.info](http://www.fais.info)
- [www.aistom.org](http://www.aistom.org)
- [www.siccr.org](http://www.siccr.org).

### ***Bibliography:***

- 1) *Borwell B.* = “*Role of good nutrition ineffective stoma care*” – *Community nurse*. 1999 Sep;5(8):54-6.
- 2) *Doughty* = “*Role of the enterostomal therapy nurse in ostomy patient*” – *Cancer*. 2000 Sep1;70(5 Suppl):1390-2.
- 3) *Collect K.* = “*Practical aspects of a stoma management*” – *Nurs stand* . 2002 Nov 6-12;17(8):45-52.
- 4) *Van den Bulk R.* = “*Stomatherapy*” – *Rev Med Brux* 2001 Sep;22(4):A228-33.
- 5) *Cottam J.* = “*Knowing how. Recovering after stoma surgery*” – *Community Nurse*. 2001 Oct;5(9):24-5.
- 6) *Brown H., Randle J.* = “*Living with a stoma*” – *J Clin Nurs*. 2005 Jan;14(1):74-81.
- 7) *La Torre F.*: *Nuovo trattato delle stomie*. CESI. Roma. 2002