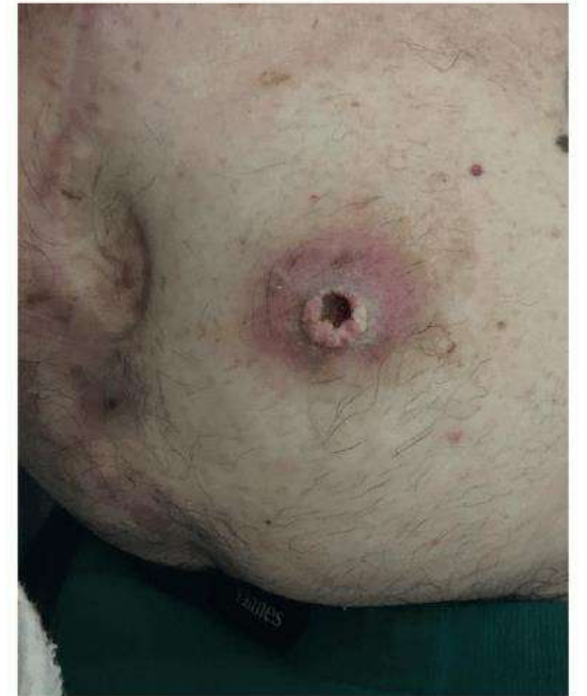
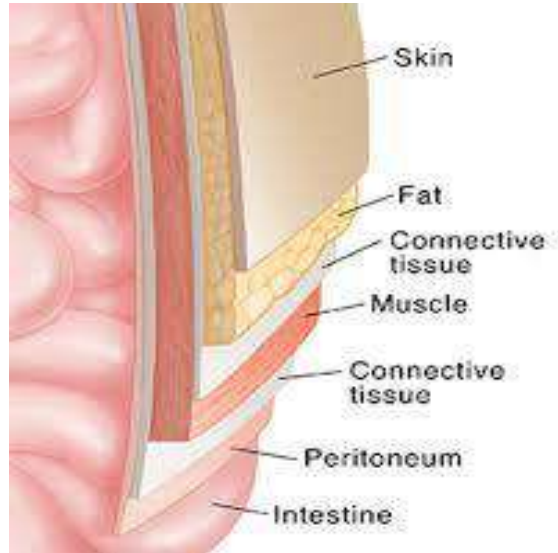


Stomal Stenosis and Dilation

Definition

Stoma stenosis is the narrowing of a stoma at the trephine (skin opening) or fascial level.



Prevelence

Rates of overall post-operative stoma complications ranging from 10-70% ¹

Clinically significant stenosis occurs with an incidence of 2-15 % ^{1,2}

Colostomies have a higher rate of stenosis

Nil statistical difference between ethnicity or sex.

Occurs more commonly in the late recovery period (>30 days postoperatively)



Aetiology

Mucosal Ischemia above the fascia is the usual underlying factor ⁵

- Prior Infection
- Significant MCJ separation
- Stomal retraction
- Inflammatory Bowel Disease



Presentation

- Pain when passing output
- Passing thin and ribbon like stool'
- Constipation followed by very large amount evacuation
- Noisy flatus
- Urostomy patients may have frequent Urine Infections, projectile urine stream, flank pain.
- **Patients with a stenotic stoma are at risk for complete obstruction**



Treatment

Purpose: Management of stenosis until surgically safe to refashion

Diet

- Maintain adequate hydration
- Care with high residue foods
- Discuss with physician laxative/stool softeners

Pouching systems

- Monitor for peristomal skin irritation



Dilation

The image features a dark blue vertical stripe on the left side. The rest of the background is a light teal color with a white geometric pattern. The pattern consists of repeating diamond shapes, each containing a smaller diamond, and is surrounded by a series of parallel lines that create a sense of depth and movement. The overall effect is a modern, abstract design.

Digital

Stoma requires dilating to avoid bowel or urinary obstruction

Literature supports daily dilation initially

Patients in most cases will move to self-care.

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Procedure: Insert name
Page 1 of 3
Procedure: Digital dilation of stoma (Colostomy/Ileostomy/Urostomy)

Background/Overview
A stoma is a surgically created opening in the body that allows faeces or urine, either from the intestine or from the urinary tract to exit. It occurs as a result of an operation because of disease, obstruction, or an injury to the digestive or urinary system.

Stoma (ileostomy) is the opening of a stoma at the sigmoid colon opening in the rectal wall, which affects stoma output discharge. The most common form is a protrusion of the sigmoid. It is activated that 2-15% of stoma can develop stenosis at any time during the post-operative period. Stoma stenosis occurs most commonly in the early post-operative period, more commonly in the late recovery period (more than 30 days postoperative).

In clinical practice to both the clinician and patient the patient may experience:

- Pain when passing output.
- Output that is difficult to pass.
- Constipation followed by very large amounts of excretion.
- Heavy flatulence.
- High output (output) at the stoma, the skin opening will appear small, and the mucosa of the stoma will be better tolerated.
- Stoma patients may have frequent urinary tract infections, prostate or ureter stones, flank pain.
- Patients with a stenotic stoma are at risk for complete obstruction.

Stoma stenosis requires dilation to avoid bowel or urinary obstruction. Patients in whom stenosis will be difficult to dilate by the Ostomy Care (Ostomy Nurse Specialist), however for functional or psychological reasons assistance may be required. Ostomy Care will educate patients in self-dilation using mechanical dilation. Registered Nurses (RN) and Exercise Nurses (EN) are able to perform digital dilation (insertion of a finger), they are not to perform mechanical dilation.

Indication
The purpose of this procedure is to provide guidance for Registered Nurses and Exercise Nurses who are providing assistance to patients to address narrowing or stenosis of a fecal or urinary stoma.

Implication
A physician order for dilation must be obtained prior to procedure. Physician orders must be documented in the patient's clinical notes and include frequency, depth, and diameter of digital dilation by RN/EN and the depth of dilation. The patient Ostomy Care or surgical physician will contact the Community Ostomy Care and complete a referral to Community Health Services.

Do not proceed with procedure if patient is unstable or exhibiting any symptoms of stress, sweating, fever, pain, absence of bowel output for the previous 24 hours or additional obstruction. Contact self-care response on ostomy care for advice.

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Procedure	Community Health Services (CHS)	Local Review Date	24/11/2020
Document Owner	Community Health Services	Next Review Date	24/11/2020
Approved by	Professional Practice Committee	Date First Issued	24/11/2020

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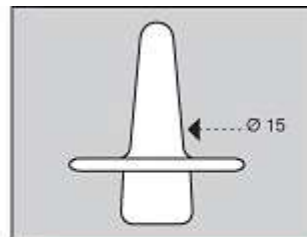


Dilastom

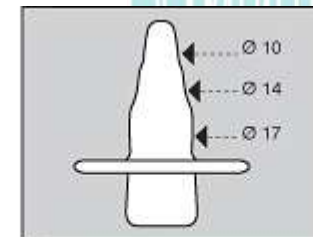
Initial Dilatation is digital

Cutaneous/fascial stenosis

Dilation Therapy begins with the smaller diameter Dilastom



Smaller calibre dilator
DILASTOM



larger calibre dilator
DIALSTOM



Direction for use of
dilator DIALSTOM

Hager Dilation

Developed and introduced by Alfred Hager in 1879

Typically – set of curved metal rods of increasing diameters from a few mm – 26mm

Tissue trauma caused during mechanical dilation invokes fibrosis which in turn, may result in further stenosis



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