

Te Whatu Ora

Health New Zealand

Waitematā

When nothing sticks.....

**Can you manage an Ileostomy without a
stoma bag?**

Angela Makwana
Stomal Therapist

“Sally”

- UC (Caesarean, Bi polar)
- STC Oct 22
 - MCS, retraction, convex bag, Loperamide
 - Discharged against my advice, readmitted
- April 2023 - early onset Alzheimer's Dementia (42)
- Elective pouch formation with plan to close 6 weeks
 - 3/5 - Pouch formation challenging due to thickened mesentery, stoma under tension
 - 4/5 - Bag leaked – flat bag, changed usual Dansac convex bag
 - 8/5 – output high (2.4-9L), Loperamide, high output system, 2 Eakin seals
 - 11/5 – stressful, wrote plan down
 - 12/5 – mobilising round ward – going into isolation room, nurses writing down things that are not true, very upset, she said bag not leaked, but then said only a little, drinking +++,
 - Aloe vera seal and usual Dansac convex bag, belt (1.5L)

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After the weekend

- 15/5 – Monday – CEO of Hospital
- Skin improved since seen on Friday
- 16/5 – 5x 0700-1400
- Applying seals, peeling off
- Only leaking a little, refused change for several hours
- Jumped off bed half through a bag change
- Showered as soon as I got a bag on
- Eakin wound manager
- Evening & overnight multiple bag changes

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Email to surgeon – 16/5

Sally's bag has leaked 5 times since 7am today. Trialling different things and asked for advice from colleagues. Bag I spent over an hour on lasted probably a whole 10mins. So going to Eakin wound manager to try and get through the night and I will come in tomorrow to try and get something to stick.

Issues are

- Stoma opening pointing at 7 o'clock onto skin
- Stoma in crease
- She won't let us change it, sometimes for long periods
- Skin is terrible, using hairdryer to try and dry
- Output is liquid
- Stoma works constantly while doing bag change
- Her mental state and inability to follow advice

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- 17/5/23 – decision made to leave bag off for 24hrs
 - Flamazine, combines changed every 1-2 hours, when she would let us
 - 1:1 watch
 - 18/5 – skin looked better
 - Bag, crusting, seal, hair dryer, timed with her medication, if bag leaked within 1 hour to return to barrier method over weekend
 - 22/5/22 – skin deteriorated, ward had persisted with bags over weekend, foley into stoma
 - Flamazine stopped - concerns with silver absorption and maceration of healthy skin, Argyria (skin turns blue/grey)
 - Beclomethasone inhaler

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Management

- Sectioned under MHA (CEO, Pink, God)
- Daily psychiatry team review
- Regular and PRN meds for agitation (oral – IM/IV, IV AB's, UTI's)
- 1:1 watch
- RN – reduced workload / rotated
- Loperamide 8mg QID
- Limit oral intake to 2L – St Marks
- Trolley outside room





- Large soft wipe
- Eakin paste around hole
- Various creams - Zinc
- Nappy over top
- Plastic bag – good seal on top of cream
- Changed frequently
- Showered

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- 23/5 – skin better, tried bag again
 - 23/5 – CT rectal contrast – no leak (closure could be 14th June)
 - 25/5 – bag intact 24hrs
 - 26-27/5 - Sally removed bag several times evening and overnight, barrier method

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- Good and bad days
 - Improving Mental health
 - More compliant
 - Still drinking
 - 1/6/23 – bag applied
 - Changed every 24hrs
 - Pt doing care – does rush
 - Emailed surgeon – asking closure to be done on another list
 - 20/6 - reversed

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Reflection

- Mentally challenging
- Follow me down the corridor
- No rotation for me
- Everyone looked to me to “solve” this problem
- Surgical team wanted to transfer Sally to mental health unit
- Follow plans

