Te Whatu Ora Health New Zealand Waitematā

When nothing sticks.....

Can you manage an lleostomy 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)

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

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.

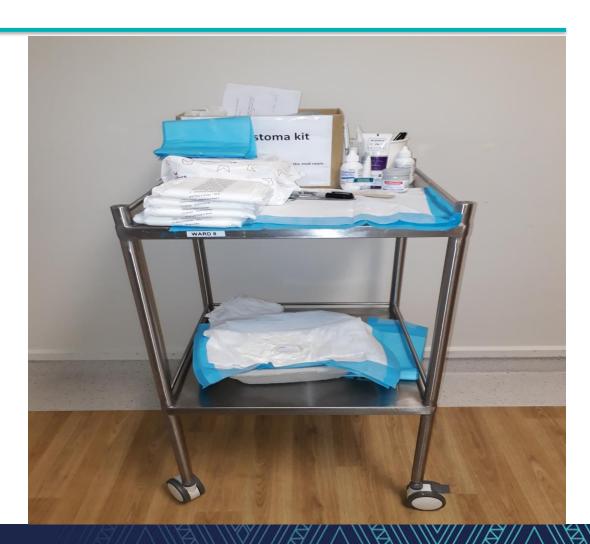
Issues are

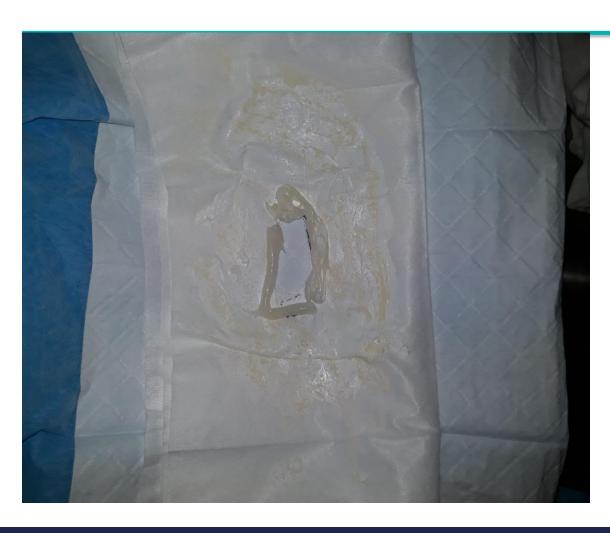
- Stoma opening pointing at 7 o'clock onto skin
- Stoma in crease
- She won't let us change it, sometimes for long periods
- Skin is terrible, using hairdryer to try and dry
- Output is liquid
- Stoma works constantly while doing bag change
- Her mental state and inability to follow advice

- 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

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

- 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

- 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

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

