The Infant/Child with a Bowel Ostomy

Thank you for choosing the MCGHealth for your child’s health care needs. This information is to help answer some of the questions you may have about your child’s operation and to give instructions to follow during the recovery period. If you have any other questions, please ask your doctor or nurse.

An Ostomy is a surgically made opening which brings the bowel (intestine) to the skin surface on the abdomen. The child’s bowel movements will come from the ostomy. Stoma is another word for ostomy. There are several kinds of ostomies or stomas.

Your child has:

- _____ Ileosotomy - an opening from the last part (ileum of the small bowel. The stool will be liquid to mushy.
- _____ Colostomy - an opening from the large bowel or colon. The stool can be liquid, mushy, or formed.
- _____ Mucus Fistula - a second opening into the bowel. This opening goes to the rectum. It will have some mucus drainage.
- _____ Other ____________________________________________________________

Your child needed this surgery because:

___________________________________________________________________________

Don’t be scared if you get a little blood on the wash cloth when cleaning. This is normal. The stoma bleeds easily.

The stoma will get smaller during the first 6-8 weeks after surgery. Measure the stoma every 3-4 days. Cut the opening of the pouch on wafer so that it fits closely around the stoma. Dispose of soiled pouches by placing in a secure plastic bag and then putting in the regular garbage.

Don’t forget! Wash your hands after caring for the ostomy.

Skin Care:
The secret to good skin is keeping stool off the skin. You don’t want any skin showing between the ostomy and the pouch. Keep this skin covered with the pouch and/or a paste. Do not use soaps, creams, ointments, lotion, or oil on skin around the ostomy. All of these can keep the pouch from sticking well. It is normal for the skin to be a little pink when you take the pouch off. Call the ostomy nurse if the skin gets red, raw, or weepy.

Care of the Mucus Fistula:
Remember the mucus fistula goes to the rectum. If the mucus fistula is a part of the ileostomy or colostomy, it will be inside the pouch. It is separate from the ileostomy or colostomy, you will cover it with a small dressing. Change the dressing once a day and if it gets dirty. This gauzes and tape, cut up panty liners, etc, if you see a skin rash, call the ostomy nurse. It the dressing...
sticks to the stoma, put a little vaseline on the dressing. Remember to wash your hands after changing the dressing.

**Infants and Output:**

**Infants on breast milk or formula:** As long as your baby is on breast milk or formula, your doctor wants to keep a record of:

1. What and how much your baby drinks.
2. How much ostomy drainage the baby has.

A pouch is worn over the ostomy to keep the child clean and the skin healthy. You will learn how to remove a pouch, put on a clean pouch, and how to empty a pouch. None of these activities should hurt your child.

You will learn to care for your child’s ostomy before your child goes home. Let the nurses know when you can be here to learn. Please hold and cuddle your child as you normally would.

**Emptying the Pouch:**

Empty the pouch when it is 1/3 full of stool or full of air. Too much weight of fullness can cause the pouch to leak. **Always wash your hands after emptying the pouch.** There are a couple of ways to empty the pouch. They are:

**Babies:**

1. If the stool is liquid, open end of pouch as you hold it up. Put a large syringe or meat baster into pouch and pull out the stool. If needed, clean end of pouch with toilet tissue or paper towel and close.
2. If stool is thick, empty stool into a small bowl. Use a squeeze bottle with cool water to rinse lower part of pouch as needed. Clean end of pouch with toilet paper or paper towel and close.

**Children:**

Can sit or stand and empty pouch into the toilet. Use toilet paper to clean end of pouch. Close pouch.

**Putting on a New Pouch:**

Plan to change the pouch when there will be little drainage from the stoma. Pouches are often changed every 1-3 days but can stay on longer. The pouch will also need to be changed if it leaks.

With infants and small children who cannot cooperate with you, it is much easier to change the pouch with two people. One can entertain the baby/child and the other can put the pouch on.

Call your doctor if your baby has more than 100cc's (about 3 ounces) from the ostomy in 24 hours. If you cannot measure the drainage but believe that you baby has diarrhea, call the doctor.

**Children on Solid Food:**

Children with ostomies can eat regular foods. For the first 6 weeks after surgery remind your child to chew food well and to eat slowly.

Foods that are not digested in the small bowel should be eaten carefully by children with ileostomies. These foods include: popcorn, whole kernel corn, coconut, fruit and vegetable peelings, fruit and vegetable seeds. Most children will not have any problems, but some might and will need to avoid these foods.
Know the normal amount of food and fluid that your child eats and drinks, as well as the usual amount of ostomy drainage. Notify your doctor if you believe your child is having diarrhea. Children with ileostomies and some colostomies will get sick quicker than other children from diarrhea.

**Children with ileostomies should not be given laxatives.**

**Odor:**
The pouches are odor proof and odor usually is not a problem. If you have an odor problem, you can put a teaspoon of mouthwash and hydrogen peroxide (mixed half and half) in the pouch. If you are measuring drainage, remember to subtract what you add.

**Activities:**
Treat your child as normally as you can. Encourage him/her to take part in normal childhood activities such as playing with other children, swimming, and going to school.

**Bathing:**
Bathing can be done with a pouch on or off. Water will not go into or hurt the ostomy. Remember not to put oil in the bath water. If the bath or shower is taken with the pouch on, dry pouch well. You can do this with a towel or hair dryer on low setting.

**School:**
If your child is in school, encourage him or her to return as quickly as possible. Help him/her decide and practice how to answer questions about the surgery. Tell the teacher, principle, and school nurse about your child. Make arrangements for how to handle a leaking pouch. Is there a private place for the child to change the pouch? Is there someone willing to help if needed or will they need to contact you? Leaving a prepared pouch and change of clothing at school may be helpful.

**Clothing:**
Your child will be able to wear normal cloths. In infants, the pouch can be worn inside or outside the diaper. You may want to dress an infant and toddler in one-piece type clothes so he/she can not pull on the pouch.

An older child should wear the pouch tucked in the underwear. Clothes should be loose enough for the pouch to hold some stool and gas without being obvious. Younger children have a hard time remembering to empty pouch.

**United Ostomy Association:**
This is a group for people with ostomies. They have a group for parents of children with ostomies. They also sponsor a camp every year for children ages 12-17 with ostomies. Educational material includes:

- Youth Rally (Camp)
- My child has an Ostomy (Pamphlet)

For more information or to order, call or write:

**United Ostomy Association**
19772 Arthur Road, Suite 2000
Irvine, CA 92614-2405
1-800-826-0826

The local chapter in your area is:
### Supplies for Home:

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<td>Pouch</td>
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### Notify Doctor if Your Child:
- Has a fever of 101.5 °F (38.5) above.
- Is not eating well.
- Is inactive and doesn’t act like he/she feels well.
- Is having more liquid (watery) than usual stools. In infant more than 100cc (about 3 ounces) in 24 hours.
- Vomiting of:
  - Two feedings in a row.
  - Green (bile) liquid.
- Is not having drainage from ostomy.

### Check-Ups:
- Bring your record of intake and output.
- Write down and bring any questions that you have for the doctor or ostomy nurse.
- Bring enough supplies to change pouch.

### Medical Emergencies:
706-721-3941 and ask the operator to page the **Pediatric Surgeon** on call.

### Additional Information: