



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- Ensure that the person's staffing preference is applied to this procedure, as detailed in their [NDIS LWB 5531 Personal Care - Plan](#).

This procedure should be read with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing - Procedure](#), [Medication Administration Procedures](#), [NDIS LWB 5531 Personal Care - Plan](#) and in consultation with the person.

An AQHP should document the person's support requirements in the [NDIS LWB 5613 HIDPA Complex Bowel Care - Plan](#). In addition, bowel movements should be charted in the [NDIS LWB 5590 Bowel Movement - Recording Chart](#). The AQHP is to provide training in any required bowel care and is in the scope of practice of a Disability Support Worker (DSW).

Type of Ostomy	
<p>Colostomy</p> <p>Stoma</p>	<p>Urostomy</p> <p>Kidney</p> <p>Ureter</p> <p>Stoma (urostomy opening)</p> <p>Ileal conduit (small piece of bowel used to carry urine)</p>
Ostomy Pouch	

## Ostomy Support Procedure



### Check

- Check and follow the person's Complex Bowel Care Plan/Protocol.
- Check what type of pouch the person uses, a one-piece or two-piece system.

### Sealed System



**One Piece**



**Two Piece**

The one-piece closed system is a sealed system that is completely removed each time the pouch is changed. The two-piece closed system has a separate base plate/flange that remains on the skin for a period of time. The pouch can be attached and removed from the base plate/flange as required.

### Drainable System



**One Piece**



**Two Piece**

The drainable pouch has an opening at the bottom which is sealed by a clip or Velcro fastening.

- Check that required equipment and consumables are available and ready for use.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level.

Explain the procedure to the person and seek their consent to proceed.

### Constipation and bowel obstruction.

- People with stomas can become constipated and suffer bowel obstruction. If there is no output during a 6 hour period, **seek medical advice immediately**.

### Rectal discharge

- The lining of the bowel produces mucus to help the passage of stools. This process continues following the formation of an ostomy, even though it no longer serves any purpose.
- The mucus can vary from an apparent "egg white" to a sticky, glue-like consistency. It can either leak out of the anus or build up into a ball, making it uncomfortable.

- The amount of rectal discharge varies for each person. For example, some may have rectal discharge every few weeks, while others have several daily episodes.
- Blood or yellow discharge is a sign of infection or trauma. **Seek medical advice immediately.**

### **Wind**

Foods such as beans, peas, onions, lentils, unripe bananas and spicy food can cause gas in the bowel. Fizzy drinks and artificial sweeteners can also increase the production of gas. This can cause abdominal bloating and discomfort. If affected, the person should avoid eating such foods or only eat them in small quantities. Eating meals slowly at regular times will help to reduce wind. If the problem continues, consult the Stoma Nurse or Dietician.

### **Preventing a blockage**

To reduce the risk of developing a stoma blockage, encourage the person to:

- Eat food slowly and thoroughly.
- Eat regular meals.
- Drink plenty of fluids.
- Avoid eating large amounts of food at one time.
- Follow the Dietician's recommendations.

### **Stoma blockage**

Some people develop a blockage in their stoma due to a build-up of food. **Seek medical advice immediately.**

Signs of a blockage include:

- Not passing many stools or passing watery stools.
- Abdominal bloating and swelling.
- Stomach cramps.
- A swollen stoma.
- Nausea or vomiting, or both.

### **Dehydration**

When a person has an ileostomy, faeces does not pass through the colon (large bowel). The colon plays an important part in hydration, so an ileostomy increases dehydration risk. Encourage the person to drink at least two litres of water every day.

### **SYMPTOMS OF DEHYDRATION**

- Dry mouth and lips.
- Decreased urine output.
- Dark, concentrated urine.
- Tiredness & fatigue.

- Cramps.
- Dizziness.
- Poor concentration.

If a person is showing signs of dehydration, **seek medical advice immediately.**

### **Diet and weight**

A person should be supported to focus on eating to stay healthy, with a diet that provides daily nutritional needs.

Some foods are hard to digest and may cause blockages for people with an ostomy.

These foods include:

- Nuts.
- Seeds.
- Popcorn.
- Dried fruit.
- Mushrooms.
- Crunchy, raw vegetables (like broccoli, cauliflower, and kale).

Monitoring weight loss or gain is important. A Stoma measurement can change in size due to weight loss and gain.



## **Support**

- Follow the person's Complex Bowel Support Plan

### **One Piece Sealed System**

#### **Changing the Pouch**

- A one-piece pouch must be changed when the bag is **one-third to half full**. The baseplate/flange of a two-piece pouch is changed every three to five days, according to the person's HIDPA Bowel Care Plan.
- Explain the procedure to the person and seek their consent.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Ensure privacy.
- Gather equipment required: replacement pouch with the adhesive baseplate cut to the correct size for the stoma, gloves, bag for rubbish (used pouch must be put in rubbish – not into the toilet), clean wipes - wet and dry, adhesive remover spray, barrier wipes if used and a protective sheet or towel.

- The ostomy baseplate should be cut to size. Use the person's template to cut the baseplate to the correct size. It needs to fit the diameter and shape of the stoma. The baseplate protects the surrounding skin, so covering as much skin around the stoma as possible without touching it is essential. Incorrect sizing can result in lacerating the stoma, skin excoriation, and possible infection. A Stoma nurse will check and change the template as required.
- If using a two-piece system, the pouch can be attached to the base plate/flange before applying to the skin. Ensure the opening at the base of the pouch is closed and firmly sealed.
- Wash your hands and put on the required PPE to prevent cross-infection and contamination (refer to the [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#)).
- Gently remove the ostomy appliance while applying slight pressure to the skin to reduce trauma. Use an adhesive remover wipe to ease the removal of the appliance.
- If using a closed bag, the contents can be flushed in the toilet, or the entire bag can be double bagged and placed in the rubbish, depending on the amount.
- If required, an adhesive remover can be used to remove any leftover adhesive. Again, do not touch the stoma.
- Gently clean the area using warm water or water wipes. Pat dry thoroughly. Apply skin barrier if required.
- Do not use soap, alcohol-based products, cream or powder around the site unless specifically designed to be used with a stoma.
- Examine the skin around the stoma for signs of redness, soreness or ulceration. Seek medical advice if any of these are observed.
- Peel the backing from the prepared base plate and gently apply it over the stoma.
- Place a gloved hand over the appliance for 30 seconds to aid adhesion. The hand's warmth can help mould the adhesive skin barrier into place.
- Apply the belt (if applicable).
- Remove and dispose of gloves and wash your hands.
- Ensure the person is clean and comfortable.
- Dispose of all materials.

### **Drainage System**

#### **Emptying a Drainage Pouch**

The drainable system can be emptied when it is **one-third to half full** or more often if the person wishes. **Therefore, the pouch should be, at most, half full.**

- Explain the procedure to the person and seek their consent.
- Ensure privacy.
- Gather equipment – gloves, container to collect pouch contents, disposable cloths and a rubbish bag.

- Wash your hands and put on the required PPE to prevent cross-infection and contamination (refer to the NDIS LWB 5507 Let's Talk About PPE for Support Activities). Next, place the waste bag/container under the pouch. Protect the person's clothing with a towel or disposable cloth if required. Alternatively, this can be done with the person positioned over the toilet.
- Open the end of the pouch and allow the contents to drain. Note the amount, colour and form of contents.
- Clean and wipe the end of the pouch with disposable cloths. Next, wipe inside the back of the pouch to remove any faeces.
- Expel air from the pouch, close the valve, and fasten it securely.
- Empty the contents of the container into the toilet, then wash the container and leave it to dry. If a waste bag is used, seal the end and dispose of it by placing it in a sealed plastic bag and dispose of it in the garbage.
- Remove and dispose of gloves and wash your hands.
- Ensure the person is clean and comfortable.

The entire two-piece system should be changed every three to five days.

### **Stoma Care**

A stoma should be a pink/red colour and will protrude slightly from the person's abdomen. The stoma has no sensation, so touching it should not be painful. The stoma may bleed a little when being cleaned. However, such bleeding is quite normal and should stop relatively quickly. Use a wet cloth to remove any blood if this should occur. If the bleeding increases or does not stop, **seek medical advice immediately**.

### **Cleaning the Stoma**

- Explain the procedure to the person and seek their consent.
- Ensure privacy.
- Gather equipment required:
  - warm water, clean wipes – wet and dry or wet wipes. Avoid using soap or alcohol-based products as these may irritate the stoma
  - dry cloths
  - stoma pouch, cream, accessories
  - watertight bag for rubbish
- Be aware that faeces might be passed during the procedure, as bowel movement through a stoma is involuntary.
- Use a wet cloth to wipe the stoma and surrounding skin working in a circular motion away from the stoma.
- Dry the stoma and skin well by gently patting with a clean, dry cloth.
- A protective cream or dry dressing may be applied to the skin if required. In addition, stoma powder can be used to absorb moisture if needed.
- Discard all equipment into a watertight bag.



### Report

- Report any concerns or issues related to the person's ostomy support immediately to the Disability Support Leader<sup>1</sup> or On Call.
- Record output from the Ostomy using the [NDIS LWB 5611a HIDPA Ostomy Output - Recording Chart](#)

## For Further Guidance and Advice

Contact the AQHP who developed the person's support Plan/protocol.

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<sup>1</sup> All references to Disability Support Leader (DSL) include all Frontline Leadership roles, including House Supervisor.