



WOCN[®] Wound, Ostomy, and
Continence Nurses Society[®]

BASIC OSTOMY SKIN CARE

A GUIDE FOR PATIENTS AND HEALTHCARE
PROVIDERS



Contents

Acknowledgments	3
Introduction.....	4
The best approach is to keep pouching simple	4
Caring for Yourself.....	5
How do I choose a pouching system?.....	5
What kind of skin barrier is best?	5
How often should I change my pouching system?	5
When is a good time to change my pouching system?	6
How do I take off the pouching system?.....	6
How do I clean around my stoma?.....	6
What should I do with my soiled supplies after I change my pouching system?	7
Can I get my pouching system wet?.....	7
What are some ways to keep my skin from getting irritated?	8
Will the pouching system irritate my skin?.....	8
How can I prevent infection?	8
Is it okay to patch the pouching system if there is a leak?	8
How can I prevent leakage?.....	9
How can I get the pouching system to stick better if I sweat?	9
How do I remove hair from around my stoma?.....	9
Ostomy Care Products	9
Should I use a skin sealant?.....	9
Should I use extra tape or elastic barrier strips to hold my pouch on?	9
Should I use adhesive remover?	9
Do I need to use a skin barrier product (tube paste, strip paste, powder or rings)?	10
What are ostomy adhesive products?	10
When do I need to use an ostomy skin barrier powder?	10
Glossary	11
References	12

Acknowledgments

Basic Ostomy Skin Care: A Guide for Patients and Health Care

Providers Originated By:

Wound, Ostomy and Continence Nurses Society's (WOCN) Clinical Practice Ostomy Subcommittee in 2007 and updated in 2012.

Updated/Revised:

From January 2018 – October 2018

Contributing Authors:

Mary F. Mahoney, MSN, RN, CWON, CFCN
Wound and Ostomy Nurse
UnityPoint at Home
Des Moines, Iowa

Barbara J. Rozenboom, BSN, RN, CWON
Wound Ostomy Nurse
UnityPoint at Home
Des Moines, Iowa

Introduction

People who have a stoma often have many of the same questions and concerns. This resource document gives answers to some of the questions that people ask about the care of a stoma and the skin around the stoma. The answers are for the person who has a stoma but may be helpful for the nurse as a teaching tool.

People with a stoma may think it is normal that the skin around their stoma could get sore from the stool, urine, or the pouching system. The skin around the stoma should look the same as the rest of the skin on the abdomen.¹ It is important to protect the skin from stool, urine, and chemicals by treating the skin gently and using products correctly. This will decrease the chance for skin problems.

The best approach is to keep pouching simple.

The best approach to pouching is to start with a basic pouching system. Extra products should only be added when needed to get consistent wear time and to keep the skin healthy.² It is important to follow your wound, ostomy, continence (WOC) nurse or health care provider's recommendations and to follow the directions from the product manufacturers.

If you have questions about the information in this document, problems with leakage, or skin problems around the stoma, contact your WOC nurse or your health care provider.

Caring for Yourself

How do I choose a pouching system?

Pouching system means the products used to collect stool or urine. The skin barrier includes a sticky backing that adheres to the skin and a pouch that holds the urine or stool. This system should provide a secure seal and protect the skin around the stoma.³

- There are three basic types of ostomies.
 - Urostomies are for drainage of urine.
 - Colostomies are for drainage of stool from the large bowel.⁴
 - Ileostomies are for drainage of stool from the small bowel.

What kind of skin barrier is best?

The best barrier is a solid skin barrier that creates the seal and protects the skin around the stoma.

There are several unique ingredients in the skin barrier. The sticky backing of your pouching system is made of different types of materials. Your WOC nurse or health care provider will tell you which sticky backing is best for you.⁴

- A standard wear barrier is used for semi-formed or formed stool.
- An extended wear barrier is used for urine or stool that is loose or liquid. The extended wear barrier does not break down like a standard wear barrier when it comes in contact with loose or liquid drainage.⁴
- Some types of barriers may have added ingredients that can be used when the skin around the stoma is sensitive.⁴
- When choosing an ostomy pouching system, consider which products your insurance covers.⁵

How often should I change my pouching system?

- The type of pouching system you wear and how often you will need to change your pouching system depends on:
 - The type of stoma
 - The location of the stoma
 - The drainage from the stoma⁴
- Using the right type of pouching system and putting it on right will also affect how long you can wear it. Wear time may be affected by other factors such as:
 - Activity level
 - Body shape³
 - Perspiration
- The length of time you are able to wear a pouching system depends on you and the type of stoma you have. Some people may be able to leave a system in place for 3-7 days. Some systems are made to be changed daily.³
- Your pouching system should be changed as soon as possible when leakage is noted or if your skin is sore or itching.³
- Contact your WOC nurse or health care provider if:
 - You are changing your pouching system more often than expected
 - You are suddenly changing more often than your normal wear time
 - Your skin is red or sore.

When is a good time to change my pouching system?

The best time to change the pouching system is different for everyone. Choose a day and time that works best for you. Try to choose a time when your stoma is not producing a lot of urine or stool. For most people, the stoma is less active before eating or drinking in the morning. Some people will change their pouching system after they take their bath or shower. Other people may choose to do their change at the end of the day or at least two hours after a meal.⁶

How do I take off the pouching system?

- Take your time when you remove your pouching system. Take it off gently and in the direction the hair grows. Taking off your pouching system too fast may cause damage to your skin.^{3,6}
- As you take off the pouching system, loosen and lift the edge with one hand and press down on the skin near the sticky backing with the other hand. You may find it helpful to start at the top and work down to the bottom so you can see what you are doing. This will also allow the pouch to catch any urine or stool the stoma produces.^{1,6}
- If needed, you may use warm water or adhesive remover to remove the pouching system. If you use adhesive remover it is very important to wash off all of the adhesive remover from your skin with non-oily soap and water. Then, dry the skin completely before you put on your new pouching system.¹
- Your skin may look more pink, red or darker than your normal skin color right after you take off your pouching system. This color should fade away within a few minutes after removing the pouching system.⁷

How do I clean around my stoma?

- Wash your hands before and after caring for your stoma.
- The best way to clean the skin around your stoma is to use warm water and a washcloth, or soft paper towels. The use of gauze or gloves is not needed.^{3,8}
- It is not necessary to use soap to clean around your stoma. If you prefer to use soap, use a mild soap and rinse well. Avoid using soaps and cleansers with oils, perfumes, or deodorants as these may cause skin problems or keep your pouching system from sticking.⁸
- Pre-moistened towelettes made just for cleansing around the stoma are okay but add cost. Do not use pre-moistened wipes, baby wipes or towelettes not made just for cleaning skin around a stoma. Many of these products contain products that can interfere with the pouching system sticking. These also may irritate your skin.³
- If paste is part of your pouching system, remove the paste from your skin using a dry paper towel before you cleanse. Do not be concerned if a little bit of paste is left on your skin.⁹ It will not harm your skin or keep the new pouching system from sticking.
- Sometimes you may see a small amount of blood when you are cleaning around the stoma. The stoma has small blood vessels that may bleed for a short time when cleansed. Any bleeding that does not stop should be reported to your health care provider.^{10,11}
- Be gentle when cleaning around the stoma. The stoma does not have nerve endings so you usually are not able to feel if you are rubbing too hard.¹²
- Do not use alcohol or any other harsh chemicals to clean the skin around your stoma. This will be irritating to your skin.⁹

- Unless recommended by WOC or health care provider, do not apply powders or creams to the skin around your stoma as they can keep your pouching system from sticking.⁴
- Always dry your skin well before you put on a new pouching system.^{3,13}

What should I do with my soiled supplies after I change my pouching system?

- After emptying your pouch into the toilet, take off the pouch and put your soiled pouching system and used paper towels into a plastic bag. It is ok to throw it away in your household garbage.⁸
- When away from home, carry plastic bags in a pocket or purse to throw away a used pouching system.
- If you use washable items such as a washcloth to clean your skin, they may be washed with your household laundry.
- People who wear a two-piece pouching system³ may choose to take off the pouch to empty it and then attach a clean one.
- If your pouching system has a clamp to close the pouch, carry an extra clamp with you in case it breaks or gets lost. If your pouching system has an interlocking closure, avoid getting stool on this area. If the closure does get soiled, wash with soap and water, then blot dry.
- If you wear a urostomy pouching system, the connector used to attach the pouch to a drainage bag for use at bedtime should be saved, washed, and used again.⁴
- Clamps and connectors should be washed with soap and water and allowed to air dry.

Can I get my pouching system wet?

- You can shower, bathe, swim or get in a hot tub with your pouching system on. It is recommended to empty the pouch before showering, bathing or other water activities.³
- You can bathe or shower every day. On the day you plan to change your pouching system, you can either leave the pouching system in place or you can take it off to take your bath or shower.³
- Water will not hurt your stoma or get inside you through the stoma. Use a gentle spray of water when showering and if the water pressure is strong do not let it spray your stoma directly.³
- Check your pouching system before and after water activities. If you are in the water for a long time, the pouching system may start to loosen from your skin. You may find it helpful to wait an hour or so after changing the pouching system before swimming.¹
- Pouching systems are waterproof. You may feel more secure if you wear an ostomy belt or put waterproof tape around the edges of your pouching system when you are in the water. If you do tape around the edges, do not take off the tape after water activities. Removing the tape may cause the pouching system to loosen.¹⁴
- Some people wear tight 'biking style' shorts or garments made specifically for persons with an ostomy when swimming to keep their pouch close to the body.¹⁵
- Gas filters on a pouch should be protected by covering with waterproof tape before water activities. Gas filters do not work well after they get wet.³
- To prevent skin irritation from moisture after bathing or swimming, use a towel or a hairdryer on the cool setting to dry the tape and cloth backing of the pouching system.¹³

What are some ways to keep my skin from getting irritated?

- The best skin protection is a well-fitted and comfortable pouching system. Your WOC nurse or health care provider will help you choose the system that works best for you.³
- The opening of the barrier on your pouching system should be the size of the stoma unless otherwise instructed by your WOC nurse or health care provider.³
- Measure your stoma each time you change your pouching system for the first 6 to 8 weeks after your ostomy surgery.¹⁰
- Re-measure your stoma occasionally if you notice that your stoma has changed shape or size.¹⁶
- Your stoma may change and you will need to change the size of the opening in the pouching system when your stoma size changes.^{3,10}
- Hold your skin smooth as you put your pouching system on to avoid wrinkles in the skin that may lead to leakage.
- Each time you remove your pouching system, check your skin for signs of irritation. Check the sticky backing of your pouching system for signs of moisture leakage.¹⁷
- Use a mirror to check your skin around the stoma. Look for any places where stool or urine may have leaked under the pouching system and onto your skin. When you apply your next pouching system, these areas may need extra reinforcement with skin barrier strips, rings or paste. There are a variety of these barrier products available. Your WOC nurse or health care provider will advise you when this is needed.¹⁷

Will the pouching system irritate my skin?

- For the most part, the ingredients in the pouching systems do not cause skin irritation. Tell your WOC nurse or health care provider if your skin is sensitive to adhesives. A skin patch test may be necessary to see if you have any reaction to the adhesive backings and tapes.^{9,18}
- If your skin reacts to the pouching system or tape, you will likely see skin changes that match the shape of the product. Tell your WOC nurse or health care provider so they can determine the cause of the irritation and recommend another product if needed.^{9,11,17}
- Itching or burning sensation under the pouching system may indicate that you have leakage, a skin rash, or a skin infection. You should remove your pouching system as soon as possible and check your skin for irritation.³
- If you develop skin irritation around your stoma there is a tool available that you can use if you do not have a WOC nurse available to look at your skin. The “Peristomal Skin Assessment Guide” <http://psag-consumer.wocn.org/#home>.¹⁹

How can I prevent infection?

- The best way to prevent a skin infection is to properly cleanse and protect the skin around your stoma with a correct fitting pouching system. Change the pouching system 1- 2 times per week or as directed by your WOC nurse or health care provider.⁹

Is it okay to patch the pouching system if there is a leak?

- Always change your pouching system at the first signs of leakage. Do not try to patch the pouching system with tape. A leaking pouching system can cause skin irritation and create an odor.³

How can I prevent leakage?

- Leaking can be avoided by choosing a proper fitting pouching system and by using ostomy accessories as needed to fill in areas of the skin where leakage could occur. Check with your WOC nurse or health care provider to assist you in finding a pouching system that will work well for you.³
- Always empty your pouch before it is half-full.¹⁰
- Gas should be released before the pouch fills with air. If you have a lot of gas, you may want to consider using a pouch with a vent or filter.³
- There are medications that may be used to reduce gas. Check with your WOC nurse, health care provider or pharmacist to learn more about these medications.¹

How can I get the pouching system to stick better if I sweat?

- To help absorb perspiration and allow the pouching system to stick better, dust the skin with an ostomy skin barrier powder then dab skin sealant on top of the powder before applying the pouching system.¹⁷

How do I remove hair from around my stoma?

- You can shave hair around your stoma with an electric razor. Some people may choose to dry shave with a safety razor and an ostomy skin barrier powder. You may choose to use a safety razor with mild soap and water. If shaving foam is used it is important to avoid foam that has moisturizers or perfumes that may irritate the skin or keep the pouching system from sticking to the skin. Always rinse the skin well with water after shaving.^{3,18}
- Shaving or clipping excess hair around the stoma in the direction of hair growth may limit skin irritation. Carefully shave the skin outward away from the stoma to avoid accidental injury.^{3,18}

Ostomy Care Products

Should I use a skin sealant?

- Skin sealants are available in the form of sprays, wipes, roll on, and gels.³
- A sealant may help by adding a protective coating on the skin if your skin is sensitive to adhesives.^{5,16}
- Some people who have dry or oily skin find that their pouching system sticks better when they use a skin sealant.⁹
- Most skin sealants contain alcohol. If the skin has an open area, the sealant will cause a burning sensation when applied. Alcohol-free (non-sting) skin sealants are available.^{8,20}
- Make sure the skin sealant dries completely before putting the pouching system on your skin.^{6,9}

Should I use extra tape or elastic barrier strips to hold on my pouch?

- Waterproof tape and elastic barrier strips are available to use on the outer edge of the pouching system for added security such as while swimming, increased activity, or for larger abdomens.³

Should I use adhesive remover?

- If your pouching system can be gently removed, then you do not need to use adhesive

remover.¹⁵

- Use adhesive remover if you have skin that tears easily.⁹
- Sometimes people use adhesive remover to clean sticky residue off their skin. Adhesive remover often contains alcohol and feels oily.^{5,9}
- After using adhesive remover always wash well with water and a mild soap to remove the oily coating on the skin. Rinse the skin well with water and dry completely.^{9,15}

Do I need to use a skin barrier product (tube paste, strip paste, powder or rings)?

- Skin barrier rings or strips can be used to fill in creases around your stoma to prevent drainage from leaking through these areas. Rings or strips can be applied as a whole or in small pieces that can be molded and placed where they are needed.^{2,9,15}
- Skin barrier rings or strips can be applied directly to the skin or on the back of the pouching system. They are available in various sizes and thicknesses.^{5,14}
- Ostomy skin barrier tube paste can be used as a filler for small uneven areas and creases around the stoma. Skin barrier paste is not to be used as glue and should only be used in small amounts. A small amount of paste may improve the seal and prevent leakage.^{9,14}
- Skin barrier strip paste is a different form of paste that can be molded to fit around the stoma to fill in uneven areas.³
- You do not need to use paste if the skin around your stoma is smooth, you are getting a good fit with your pouching system, or you are not having any problems with leakage. Paste is not recommended for persons with a urostomy.³
- Some pastes contain alcohol and will cause a burning sensation if used on open skin.¹⁵
- Apply paste around the opening that is cut in the pouching system, unless instructed otherwise. Use only a small bead of paste. Let the paste sit for one minute (this gives the alcohol in the paste the chance to evaporate). Do not spread the paste or use too much. When trying to remove paste from the skin let it dry first. Do not worry if a little bit of paste is left on your skin.^{9,15}

What are ostomy adhesive products?

- Ostomy adhesive products, are rarely used with the pouching system. Adhesives come in the form of cement or spray. These products may have latex and may be flammable. Ostomy adhesives are used to increase the stickiness between the pouching system and the skin.³
- Adhesives are NOT USED very often.
- It is important to follow the manufacturer's directions. Only a light, even coating of an adhesive product should be used. Give the adhesive time to dry completely before applying the pouching system. Many adhesives need to dry for three to five minutes. This helps to decrease the chance of chemicals hurting the skin.⁹

When do I need to use an ostomy skin barrier powder?

- Ostomy skin barrier powder is used to heal an irritated weepy area on the skin. You only need to use powder if you are having problems with skin irritation.^{15,21}
- Ostomy skin barrier powder should be dusted lightly over the area of skin irritation and the excess powder should be brushed off to avoid caking. To form a crust, dab or spray a no-sting skin sealant over the powder and allow it to dry before putting on your pouching system.^{3,4}

Glossary

Pouching system: A pouching system is comprised of two components: a flat or convex skin barrier (cut-to-fit or precut) that attaches to the skin, and a pouch (open or closed-end) that collects the urine or stool from the stoma. There are several types of pouching systems: adherent or non-adherent and one or two-piece. In a one-piece system, the skin barrier and pouch are manufactured as a single unit. In a two-piece system, the skin barrier and pouch are separate units, so that the pouch can be removed while leaving the skin barrier in place.⁹

Skin barrier film: Contains a polymer and plasticizer that form a breathable, clear coating on the skin; protects the skin from body fluids, adhesives, and friction; is alcohol free (no-sting product), noncytotoxic and hypoallergenic; can be used on intact or damaged skin.⁹

Skin barrier powder: A hydrocolloid/pectin-based powder that is used to absorb moisture and protect the skin; can be used on peristomal skin.⁹

Skin barrier products: Are pastes, powders, rings used to protect skin or enhance adhesion of the pouching system.⁹

Skin barrier (wafer): A solid square or round piece of adhesive material that is used to protect the skin from urine and stool.⁹

Skin sealant: A type of plasticizing agent that provides a thin protective film to the skin; acts as a moisture barrier; protects from ostomy effluent, incontinence, tape stripping and friction; available with or without alcohol (no-sting products), and as a wipe, spray, gel, liquid or roll-on product.⁹

WOC nurse: A nurse with specialized education in caring for people who have wounds, stomas, and/or bladder and bowel problems.⁹

References

1. Goldberg, MT. Patient Education Following Urinary/Fecal Diversion In: Carmel JE, Colwell JC, Goldberg MT, eds. *Wound, Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management*. Philadelphia, PA: Wolters Kluwer; 2016:131–139.
2. Black P. Supporting patient care with appropriate accessories. *B J Nurs*. 2017; 26(17):20–22.
3. Colwell, JC. Selection of Pouching System In: Carmel JE, Colwell JC, Goldberg MT, eds. *Wound, Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management*. Philadelphia, PA: Wolters Kluwer; 2016:120–130.
4. Wound, Ostomy and Continence Nurses Society. WOCN Society Clinical Guideline: Management of the Adult Patient with a Fecal or Urinary Ostomy-An Executive Summary. *J Wound Ostomy Continence Nurs*. 2018;45(1):50–58.
5. Black P. Accessories in stoma care nursing and residential care. *Nursing and Residential Care*. 2015;17(2): 68–70.
6. Black P. The correct use of stoma skin protectors and appliances. *Nurs and Residential Care*. 2014;16(3):130–134.
7. Colwell JC. Postoperative Nursing Assessment Management. In: Carmel JE, Colwell JC, Goldberg, M, eds. *Wound, Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management*. Philadelphia, PA: Wolters Kluwer; 2016:113–130.
8. Readding L. Practical guidance for nurses caring for stoma patients with long-term conditions. *B J Nurs*. 2016;21(2):90–98.
9. Wound, Ostomy and Continence Nurses Society. *Peristomal skin complications: Clinical resource guide*. Mt. Laurel, NJ: Author; 2016.
10. Schreiber M. Ostomies: nursing care and management. *Med Surg Nurs*. 2016;25(2):127– 130.
11. Burch J. Care of patients with peristomal skin complications. *Nurs Stand*. 2014;28(37):51–57.
12. Jordan R, Burns J. Understanding stoma complications. *Wound Care Advisor*. 2015;3(5):43–47.
13. Boyd K. Innovations in care: Managing severely excoriated peristomal skin using a hairdryer. *Gastrointest Nurs*. 2014/2015;12(10):21–27.
14. Hayles K. Getting it right the first time: How to select stoma accessories. *Gastrointest Nurs*. 2014;12(7):36–46.
15. Evans S, Burch J. An overview of stoma care accessory products for protecting peristomal skin. *Gastrointest Nurs*. 2017;15(7):25–34.
16. Stelton S, Zulkowski K, Ayello E. Practice implications for peristomal skin assessment and care from the 2015. World Council of Enterostomal Therapists International Ostomy Guideline. *Adv in Skin and Wound Care*. 2015;28(6):275–284.
17. Salvadalena G. Peristomal skin conditions. In: Carmel JE, Colwell JC, Goldberg MT, eds. *Wound, Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management*. Philadelphia, PA: Wolters Kluwer; 2016:176–190.
18. Ratliff C. The DIME approach to peristomal skin care. *Wound Care Advisor*. 2015;3(5):19–22.
19. Wound, Ostomy Continence Nurses Society. Peristomal Skin Assessment Guide. <http://psag-consumer.wocn.org/#home>. Published 2018. Accessed October 11, 2018.

20. Hopkins G. Stoma care: changing and removing ostomy pouches. *Gastrointest Nurs.* 2015;13(7):20–22.
21. Burch J. Current nursing practice by hospital-based stoma specialist nurses. *B J Nurs.* 2014;23(5):31–34.

Note: Another good source of information is product literature from ostomy manufacturers.