Stoma Surgery step by step

dansac

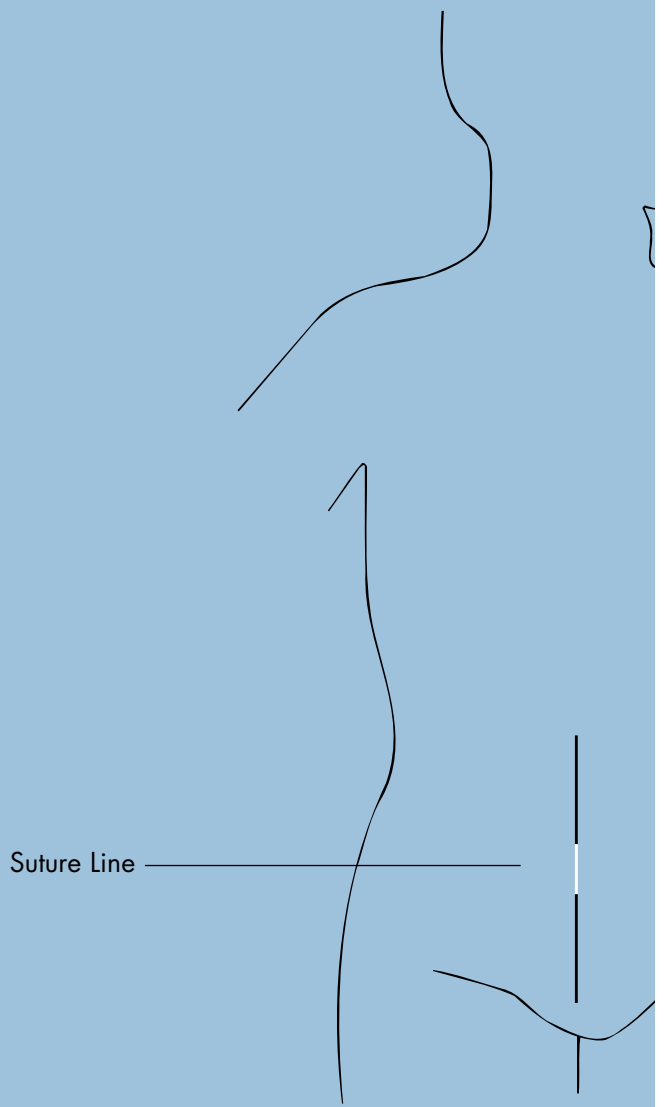
"One doesn´t get the right answers, because one can´t ask the right questions – until afterwards
Rikke, 27, years of age, Ileostomy surgery

Introduction

Most people are surprised by the extent of a stoma operation. Many feel unsure about what they will wake up to when the operation is over. This is why we have prepared this pamphlet that illustrates and describes the anatomical aspects of stoma surgery. We hope that it will provide you with insight and knowledge regarding your surgery, and help you to understand some of the dialogue the doctors and nurses may use when speaking about your operation.

The word ‘stoma’ comes from Greek language, and means an opening or mouth. A stoma is formed surgically when a part of your small or large bowel is brought through an opening in the abdominal wall. The part that is brought through the surface is called the stoma. Body waste exits the body through the stoma and is collected in a stoma pouch.

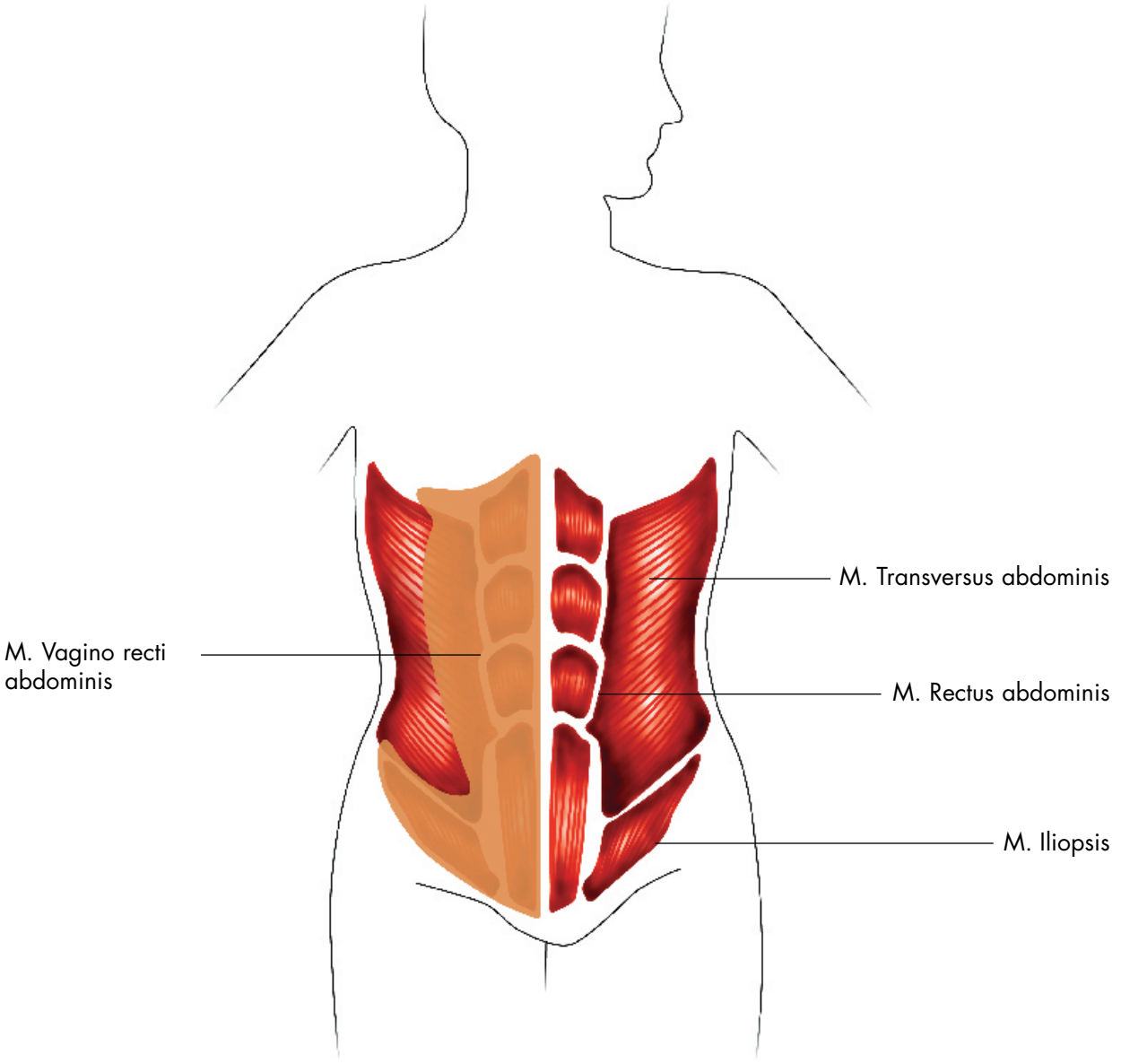
There are many reasons why people might need stoma surgery, but it is always done to improve your current situation.


Suture Line

Abdominal wall

The abdominal wall extends from the base of the chest to the top of the hip-bone. Under the skin, there is fatty tissue, connective tissue, and the superficial abdominal muscles. These muscles form the framework of the abdominal wall. The umbilicus and surgical scars are some of the sites of weakness of the abdominal wall.

Abdominal Muscles



The Digestive System

The digestive system, also known as the gastrointestinal tract, is the part of the body that digests food and eliminates body waste. The different parts of this system are: the mouth, oesophagus, stomach, gall bladder, pancreas, liver, small and large intestine and rectum. Accessory organs along the way aid the digestion and assimilation processes.

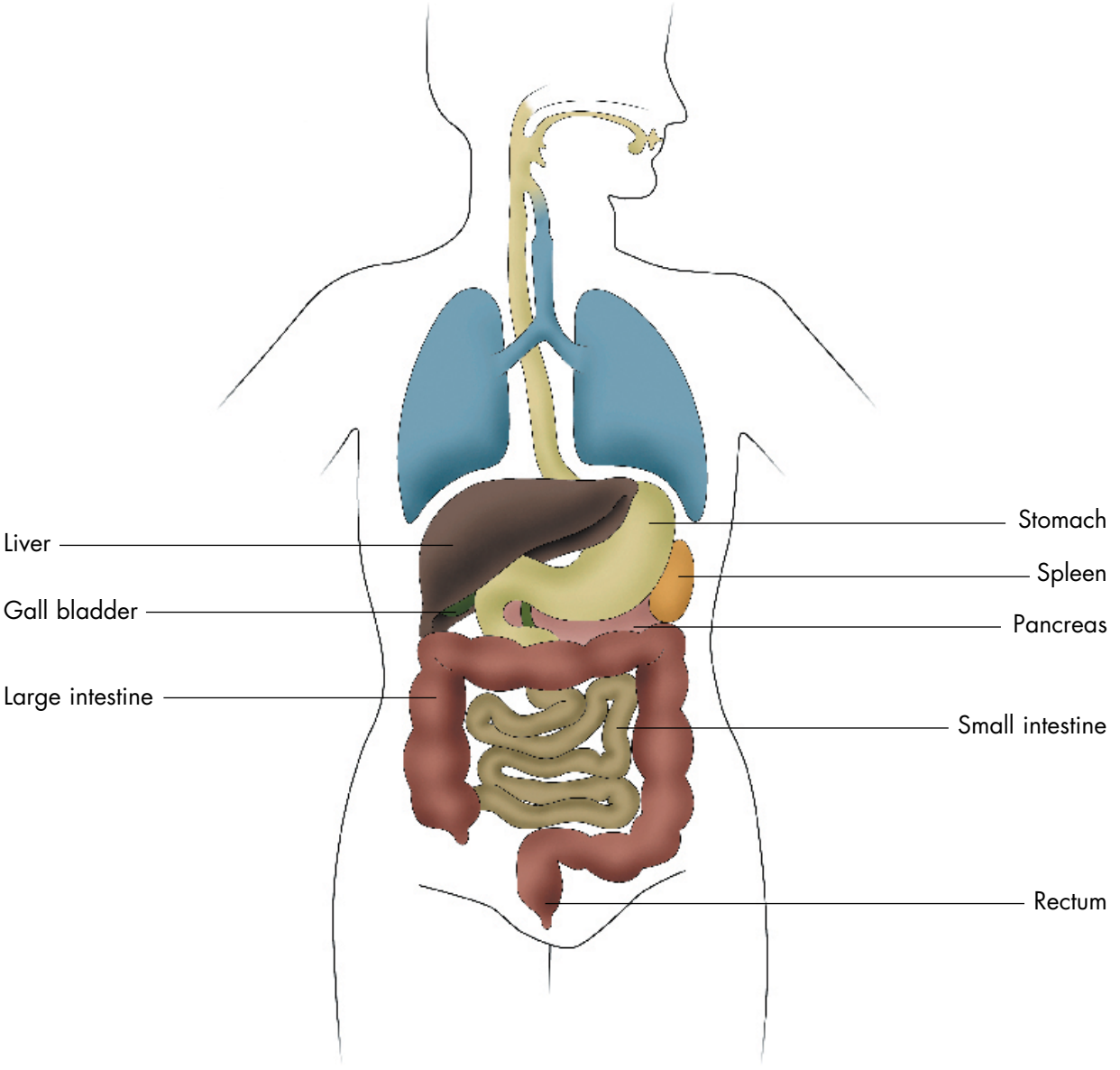
The digestive system is important in maintaining life and health. The alimentary canal is the tube that extends from the mouth to the anus. Food enters the body through this canal, and is swallowed, digested and assimilated by the digestive system, after which the waste products are eliminated. Assimilation of nutrients takes place in the small intestine. The contents of the small intestine are liquid in substance. Elimination of waste products takes place in the large intestine. Here, moisture is absorbed from body waste, which then exit the body as solid stool.

Thus, a stoma on the small intestine (an ileostomy) has fluid output, whereas a stoma on the large intestine (a colostomy) has solid output.

The peritoneum

The peritoneum is a membrane, or flexible sheet of tissue, that holds the organs of the digestive tract in position, and conveys nerves, blood vessels and lymphatic ducts to the organs.

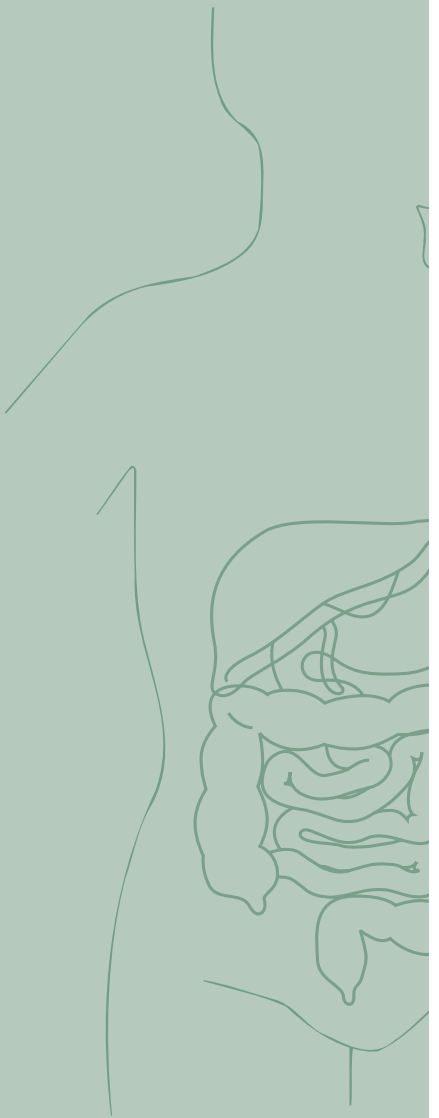
The Digestive System



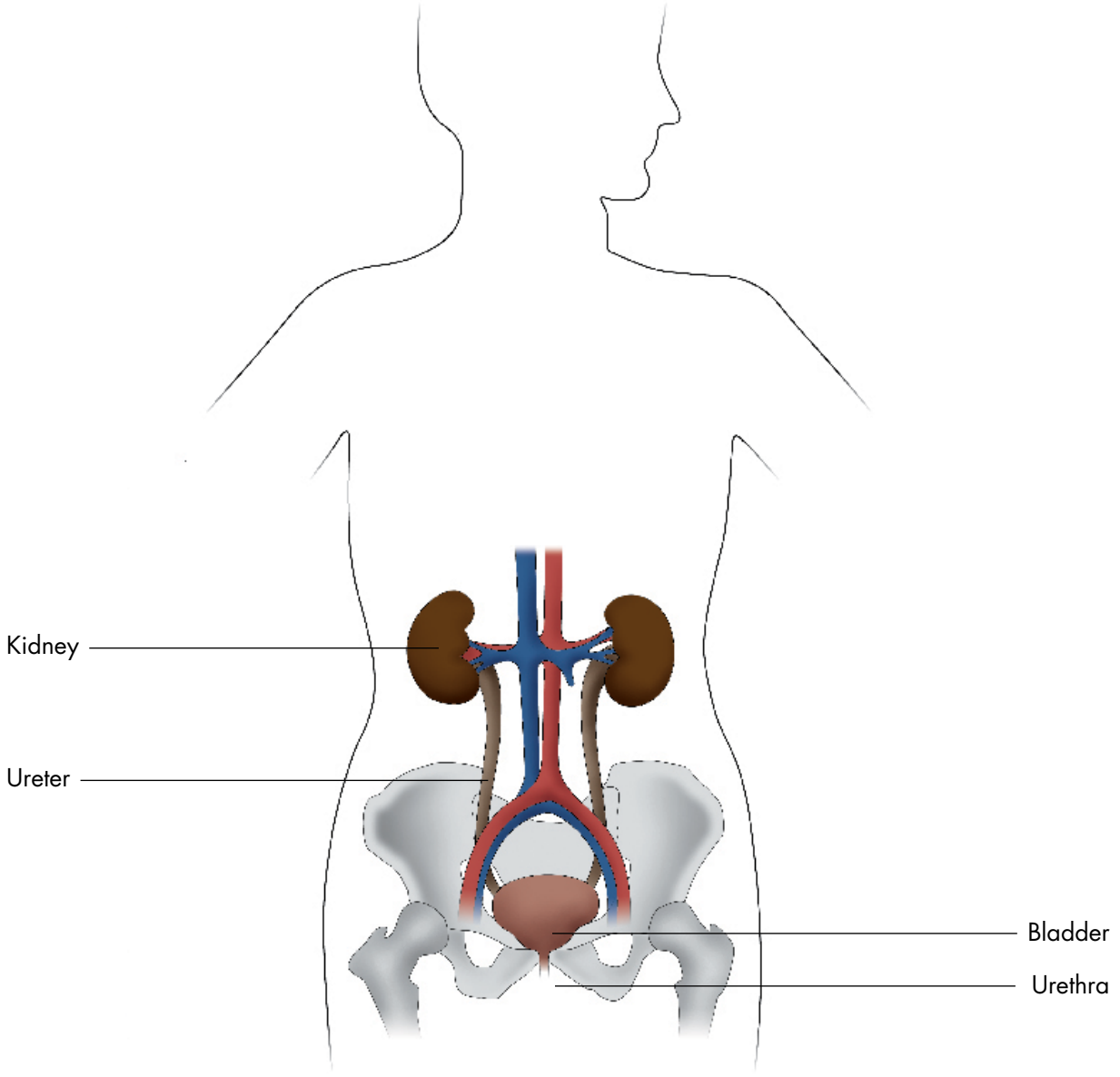
The Renal System

The moisture that is absorbed from body waste enters the renal system. The kidneys and ureters form the upper urinary tract of the renal system, while the bladder and urethra form the lower urinary tract. Here, the steps in eliminating waste liquids from the body are as follows: the kidneys excrete waste while regulating the acid-base and fluid-electrolyte balance. Then, the ureters transport urine from the kidneys into the bladder. Urine is stored, then ultimately eliminated by the bladder. The urethra passes urine from the bladder to outside the body.

After the formation of a urostomy, the urine will leave the body through the stoma, which has been formed from a part of the ileum.



The Renal System



"No one mentioned anything about the scar"
Anne, 50 years of age, Colostomy surgery

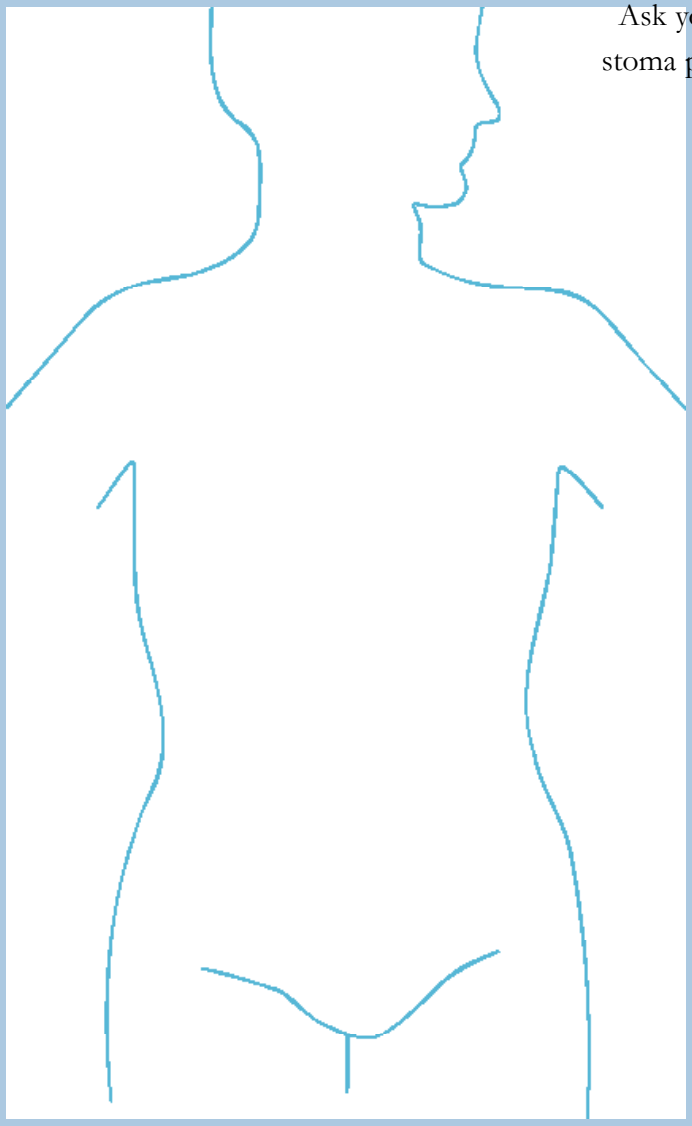
Positioning of the stoma

To ensure that the ostomy pouch will remain in place when you sit, stand or move about after surgery, surgeons and stoma nurses put careful thought into deciding the position of your stoma. If possible, they want to avoid bony prominences such as the hip-bone and iliac crest. They also attempt to avoid the navel, scars, creases in the skin, the waistline, and areas that might be exposed to rubs or friction. Important consideration is also given to ensure that you can see the stoma, your ability to move, bend, etc., as well as your lifestyle, body contours, and possible skin disorders.

What does a stoma look like?
The stoma looks red and moist, with the colour and texture similar to the inside of your mouth. It may protrude a few centimetres, but stomas are also often flush with the skin. With little or no sensation, your stoma will not be painful to touch, but with a multitude of small blood vessels, it can easily bleed if knocked or rubbed (when washing for example). This is quite normal. The stoma will be quite swollen immediately after the operation, but will usually shrink in size over the first 6-8 weeks after your operation.
Please note that the look of a stoma is very individual.

Stoma placement

Ask your nurse to point out your stoma placement and incision line.



Dedicated to Stoma care

Dansac is continually developing new solutions based on the wishes and requirements of ostomates and nurses. To encourage dialogue and break down taboos, new information is being compiled for patients and their families in collaboration with stoma professionals around the world.

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Dedicated to Stoma Care

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