

Chapter 6:

Paediatric stoma products and accessories

Today, there are more paediatric stoma products available than ever before. However, the selection is still limited in neonates, as well as for children with high or liquid output, and/or a difficult location. For this reason, healthcare professionals working in paediatrics must be imaginative and creative. Often, we have to create what does not exist. Here, advocacy work is important. We need to speak for neonates and children with stomas and share our experiences with others in the healthcare industry. This is the only way to improve quality of care through creating more user-friendly products.

Selecting the right stoma care product

When selecting a stoma product, there are a number of factors that need to be considered:

- Child's age, weight and surface of the abdomen;

- Location of the stoma;
- Type of stoma (Urostomy, ileostomy, colostomy);
- Protruding, flat or retracted stoma;
- Proximity and functionality of other stomas;
- Consistency and daily volume of the effluent. (In the case of liquid stool, a urostomy pouch can be used.);
- Body profile; and
- Child's mobility/activity.

Products containing latex should always be avoided. It should also be noted that a six-month-old baby who produces a lot of stool might need a small adult pouch attached to a paediatric skin barrier. It may even be necessary to use an adult skin barrier, if a larger adhesion area is needed.

Product selection guide for faecal stomas

Stoma products	Benefits/Tips	Precautions
Drainable paediatric one-piece pouch	In newborn and premature babies, one-piece drainable systems are most common.	Warm the skin barrier with your hands.
Drainable newborn one-piece pouch	When flexibility is needed.	No product should be heated with an air dryer or external heat source.
Drainable premature neonate one-piece pouch	Also used with low-profile stomas. Recommended when there are too many dips and creases on the abdomen.	
Two-piece:		
<ul style="list-style-type: none"> • Coupling can be standard or adhesive. • Pouch can be drainable or closed. 		
Paediatric stoma pouch	Active toddlers	When there is a prolapse, be careful not to hurt the stoma when using a two-piece stoma product. Pouch should always be applied on a skin barrier, not directly on the skin.
Skin barrier	Access to a belt Easier visualisation of the stoma. It is simpler for children at school to change a two-piece bag, than to try to empty stool from a drainable one.	
	Useful when stool samples must be collected.	To prevent injuries, avoid devices with hard plastic closures.

Product selection guide for urinary stomas

Stoma products	Benefits/Tip	Precautions
One-piece urostomy pouch	May be connected to overnight bag.	Urinary pouch may be blocked with mucus (ileal conduit). To prevent this, you can: <ul style="list-style-type: none"> • increase fluid intake. • acidify urine by giving the child cranberry juice and vitamin C supplements. Citrus fruits drinks should be avoided because they have an alkaline residue once metabolised.
Two-piece urostomy pouch	May be connected to overnight bag.	

Removal of stoma products

In order to prevent any skin irritation or damage, removal of the stoma product should be done gently. Sprinkling stoma powder on the area will limit the friction/pressure needed to remove the paste or the barrier rings. The skin should be cleansed thoroughly as recommended by the facility.

Remove the pouch using a gauze and lukewarm water. Gently peel it off. Removal wipes containing alcohol or any other substances should be used with caution in premature neonates, neonates and children, because they may contain noxious substances or may generate allergic reactions. Literature recommends that you limit the use of adhesive remover in infants to situations where: a) the epidermis would be

damaged if a remover was not used; and b) removal cannot be postponed.²⁴ Sprays should also be used with caution, as they can be detrimental to babies' and children's pulmonary system.

Skin barrier starter hole

In neonates and children, it is more convenient to use a skin barrier without a starter hole. This gives more versatility when a tube, a wound, another stoma or a mucous fistula is close to the stoma to be pouched. If there is a starter hole, it can be off-centred and a thin hydrocolloid dressing should be applied to make sure no skin is in contact with stool or urine. In the case of multiple stomas, a thin hydrocolloid may be used to make a base for a custom fit product.

Accessories selection guide

Stoma products	Benefits/Tips	Precautions
Stoma paste	Residual stoma paste and hydrocolloid usually do not interfere with the adhesion of new stoma product. To remove paste residue, stoma powder can be sprinkled on the residual paste to facilitate its removal.	Avoid stoma paste containing alcohol in premature neonates. Stoma paste can be put into a 5 ml syringe to control the amount of paste applied on the skin barrier. It is preferable to apply the stoma paste on the skin barrier rather than on the peristomal skin. This is because, when applied directly on the skin, the result will be a mixture of stoma paste and stool if the stoma is functioning. And if this happens, you will have to clean it up and start again.
Pouch deodorizer	Neutralizes odour.	Not recommended for neonates and children. Much appreciated by teenagers. Can be homemade. Example: apply toothpaste on toilet paper and insert at the base of the pouch.
Stoma pouch lubricant	Aids emptying the pouch.	Rarely used in children. A little bit of oil can also help emptying the pouch.

Accessories selection guide

Stoma products	Benefits/Tips	Precautions
Stoma powder	Used to perform crusting technique. Dries moist skin. Can be mixed with stoma paste to increase absorptive properties.	If there is a problem removing stoma paste, sprinkling stoma powder on it makes it easier to remove. Can be fixed with dabs of water. Crusting technique: fix with non-alcohol liquid skin protector. Caution: protect the neonate's and child's face to prevent inhalation of the powder.
Hydrocolloid dressing	Can serve as a base for a custom fit product.	Thin hydrocolloid is recommended. It should ideally stay on the skin for 24 hours.
Thickening gel capsules/tablets	Thickens watery faeces in the pouch.	Bits of disposable diaper lining containing absorbent gel materials can be placed in the pouch to absorb excess liquid from the effluent. ²⁷ Cotton balls can also be placed in the pouch to absorb liquid effluent.
Mouldable ring/strip (hydrocolloid)	May be used to create flexible convexities, fill creases and skin folds or to make the peristomal plane even. Easier to work with when pre-warmed. ²⁸ Alcohol-free.	Heat with your hands. Caution: Warming under a radiant warmer may overheat the barrier and damage peristomal skin. ²⁷
Hernia binder	Supports parastomal hernia. Can be handmade Ref. to complications: Parastomal hernia. Section A, chapter 7, page 35	
Convexity	Increases stoma protrusion Can be created with mouldable rings or strips of skin barriers. A soft convexity paediatric stoma product can be used if available.	Mucocutaneous area must be healed. May cause peristomal skin pressure ulcer. Use with caution in case of peristomal hernia.

Accessories selection guide

Stoma products	Benefits/Tips	Precautions
Filter	Facilitates the expulsion of gas.	Liquid stool may compromise the action of the filter. The filter needs to be protected at the time of bath/shower.
Leg bag/night drainage collectors	Leg bag can be used in the case of nephrostomy. Urinary diversions: Collects urine overnight so the child/family get a better night's sleep. High-output stomas: Prevents premature or accidental dislodgement of the stoma product.	Check for the patency of the tubing to make sure that there is no obstruction to the elimination of urine.
Elastic barrier strips	Secure the position of the skin barrier.	Can be used to secure the skin barrier when swimming or doing sports.



24 WOCN Pediatric Ostomy Care, p. 42
 25 WOCN, 2011
 26 WOCN 2011, p.49
 27 WOCN 2011, p.49
 28 WOCN p. 43