

OSTOMY CARE: PHYSICAL/OCCUPATIONAL THERAPY INTERVENTIONS



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OSTOMY CARE



Is it needed before
and/or
after surgery?



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**PEOPLE WITH
OSTOMY IN US**

**725,000 TO 1 MILLION
1 IN 500 AMERICANS
WILL HAVE A
COLOSTOMY**

**PEOPLE WITH
OSTOMY
WORLDWIDE**

13.5 MILLION PEOPLE

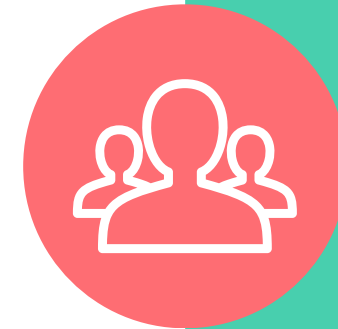
**GLOBAL GENDER
SPLIT**

55% MALE, 45% WOMEN

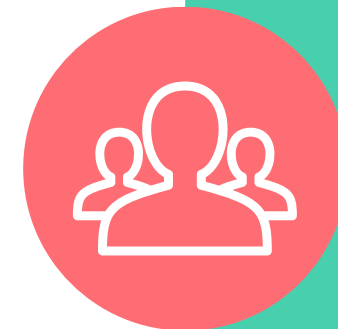
TYPE OF OSTOMIES
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**BOWEL AND BLADDER
LIFE SAVING EMERGENCIES**

PURPOSE OF OSTOMY CARE



Biggest problem
SKIN PROTECTION
and CARE



PATIENT ACCEPTANCE
*Ostomate—someone
who has a stoma,
a lot of stigma exists*

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OSTOMY STIGMA

**SOCIAL
PRESSURE**

**POOR STOMA
ADAPTATION**

**PSYCHOSOCIAL
ISSUES**

HOW TO REDUCE STIGMA:

**EDUCATE THE MEDICAL PROVIDER,
FAMILY AND PUBLIC: WORDS MATTER**

SUPPORT FOR OSOMATES

16% of medical providers said-
stigmatizing sentiments
Miller et al 2022

TYPES OF OSTOMIES

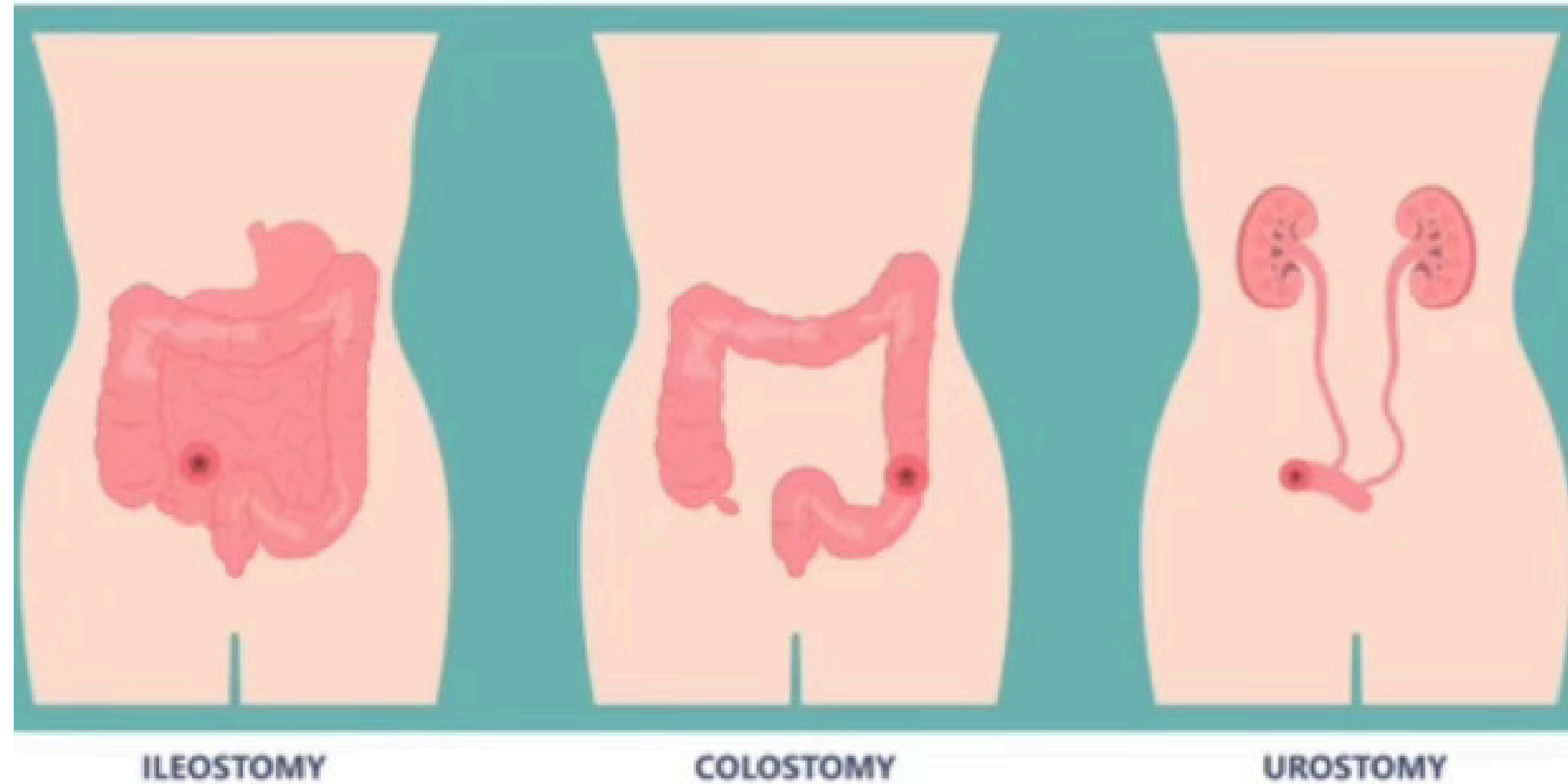
ILEOSTOMY

Ostomy where the last part of the ileum/small intestine is exteriorized to treat disease, relieve an obstruction or to prevent remaining bowel from contamination by fecal matter.

COLOSTOMY

Ostomy where either the ascending, transverse or descending, sigmoid is exteriorized, which may be done to treat disease, relieve an obstruction or to prevent remaining bowel from contamination by fecal matter.

THREE TYPES OF OSTOMIES



UROSTOMY

Ostomy where the ureters that usually empty through the bladder are exteriorized most often due to disease and/or obstruction issues.

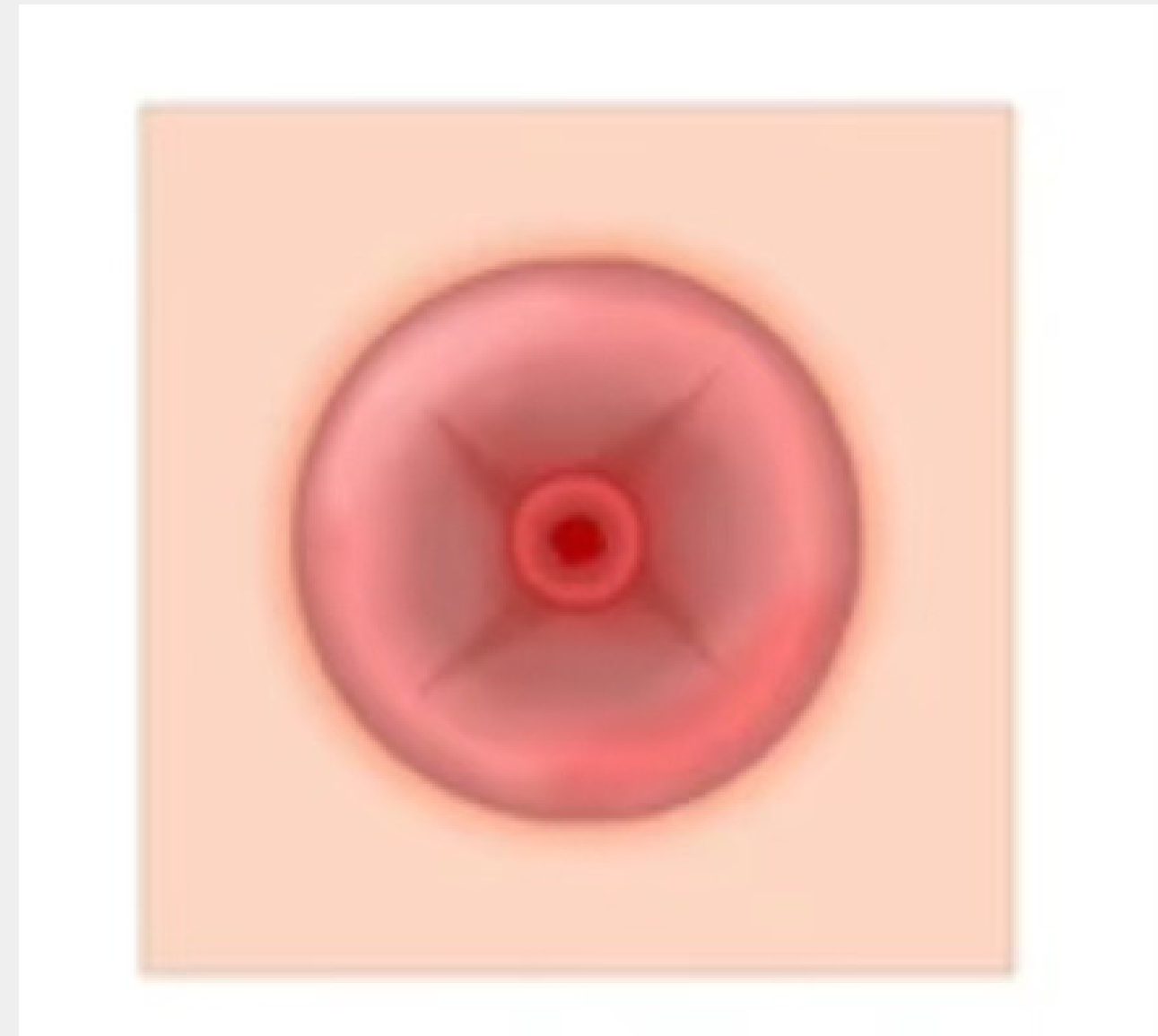
ALL OSTOMIES

All ostomies have a stoma which opens to the outside of the body.

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STOMA AND SCAR HEALING

- Opening, external tissue formation in anterior abdominal wall. Uses the bowel or ilium tissue to form the stoma itself.
- Skin care
- Skin protection
- Skin breakdown– infection, yeast
- Scar Healing
- 1) 2–8 wks typical surgical scars
- Stomas:
- Due to nature of the site 18 months to 2 years for stomas– some recent data suggests at one year 84–89% are stable



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UNDERSTANDING OSTOMY www.lakecitypt.com

STOMA

Stoma means an opening or mouth.

Each stoma has its own unique size and shape, It is the exteriorization of a loop of bowel from anterior abdominal wall for diversion or decompression of the remaining bowel.

COLOSTOMY-MOST COMMON TYPE

It is a type of stoma where either the ascending, transverse or descending, sigmoid is exteriorized, which may be done to treat disease, relieve an obstruction or to prevent remaining bowel from contamination by fecal matter.

ILEOSTOMY-

Stoma where the last part of the ileum/small intestine is exteriorized, to treat disease, relieve an obstruction or to prevent remaining bowel from contamination by fecal matter.

INDICATIONS

Temporary – disease, dysfunction, surgery

Permanent –due to bowel dysfunction, disease, injury or absence

Incontinent–no control over passage of feces or gas

COLOSTOMY MANAGEMENT CARE MANADATORY

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Peristomal Skin Management

Care of the skin around the stoma needs to have special preparations. It must be dried, and ready to have an adequate seal with bag attachment. Gentle removal and not pulling or tearing of the skin with removal.

If stomal attachment does not appear normal a provider must be seen.

Colostomy Skin Management

Daily skin care, protection are essential to the success of the stoma and surrounding tissue.

If there is skin breakdown, irritation tjhat does not appear appropriate a provider must be seen.

PHYSICAL HEALTH

Movement strategies that incorporate daily walking, gentle mvts for the core and trunk and extremities and long term return to activities that provide people with joy and fulfillment are needed.

Mental Health

How are people dealing with and coping with stoma.

Poor body image, perception, sexual dissatisfaction, depression are common.

Reassurance, counseling are often necessary.

SURGERY

- 1) Empower yourself for higher quality of life, this will decrease fear avoidance behavior.**
- 2) Listen to your body, it helps keep you knowing what's right.**
- 3) Surgery-know what procedure-standard ostomy, extra-peritoneal technique(decrease hernia risk)- tell your provider**
- 3) Stoma care- enlist help from those more experienced.**
- 4) Ask for protocols after procedures so you are prepared- sitting, activity levels, nutrition patterns**
- 5) Data: Studies have found that one year after surgery, complete perineal healing has been seen in 84-89% of patients.**



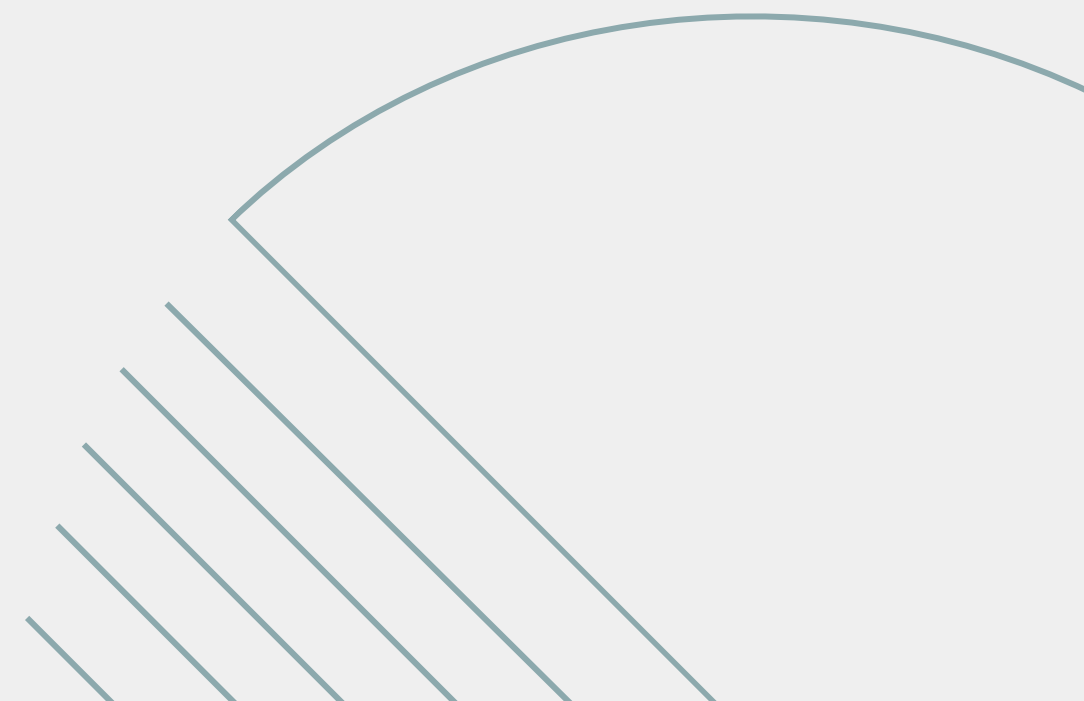
SCAR FORMATION

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Scar tissue is not the same as normalized skin tissue. Scars can have:

- 1) Decreased elasticity and tone of tissue changes
- 2) Restrictions and tightness
- 3) Limited movement in tissues and joints.
- 4) Possible pain in surrounding tissue– all layers of tissue along with muscles and joints.

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STOMA COMPLICATIONS

- Ostomy prolapse
- Ostomy stenosis
- Parastomal hernia
- Cutaneous irritation
- Ostomy retraction
- Obstruction ileus
- Ostomy ischemia/necrosis
- Hemmorage, hematoma
- Fistula



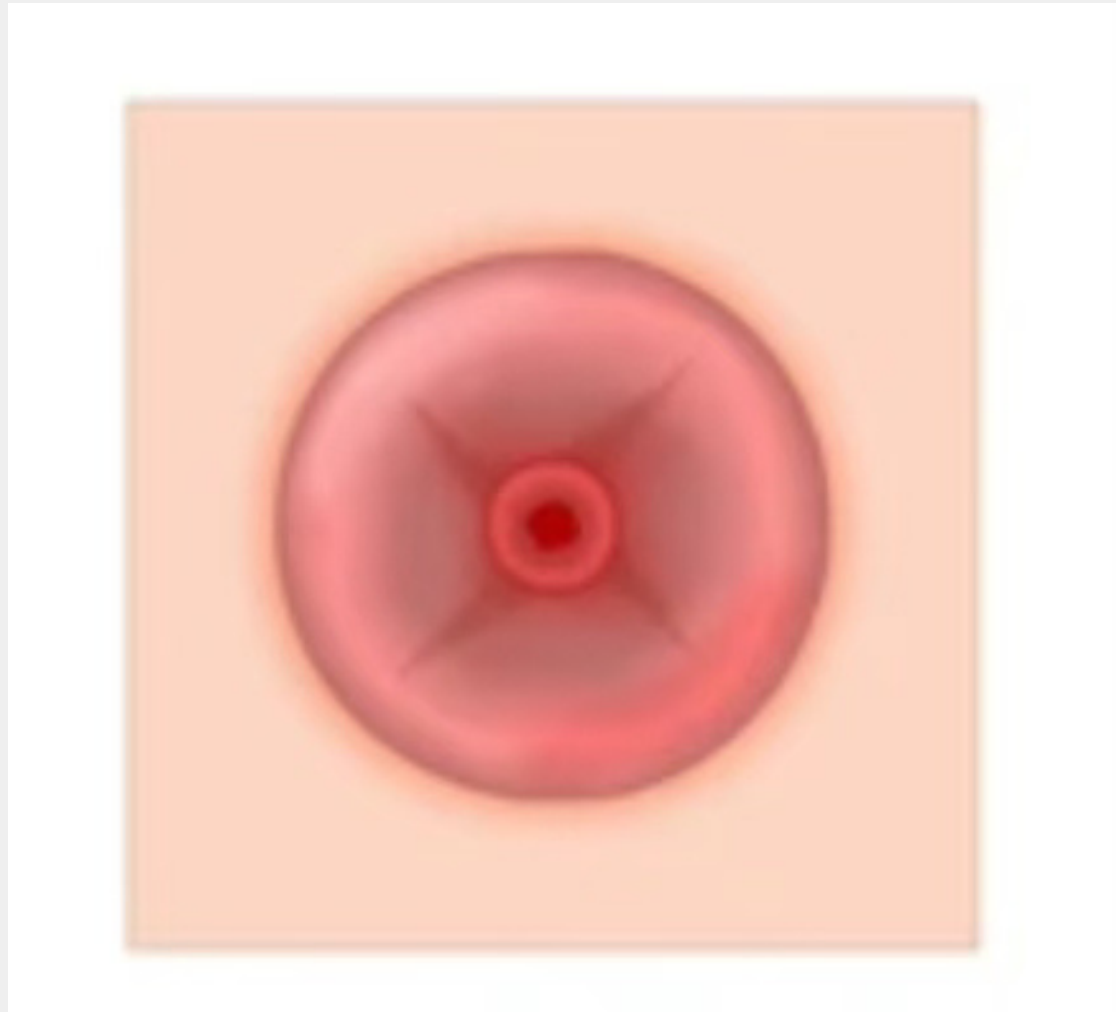
Seek medical attention if acute in nature red, hot, swollen streaking of white.

Antibiotics on hand esp with traveling.

Even after stabilized every 6 months it is good to have Ostomy RN provider look at you objectively.

SCAR MANAGEMENT

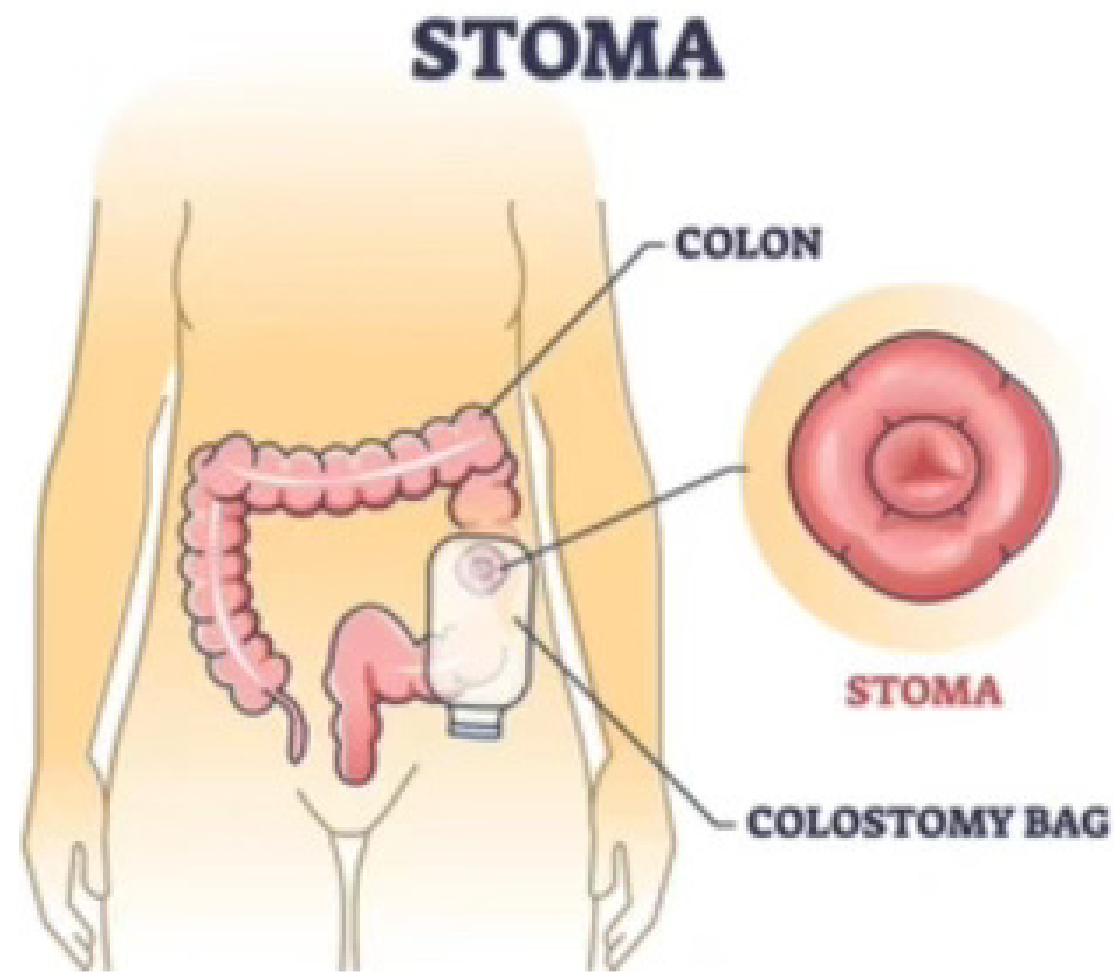
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Scar Management:


- Skin care and protection
- Soft Tissue Mobilization
- Joint Mobilization
- Myofascial Release
- Acupressure–trigger points
- Dry Needling, Intramuscular
- Pannicular Mobilization
- Axilla Mobilization
- Visceral Mobilization

STOMAS AND SCARS



All Scars
Can Develop Their Own:

- 1) Blood supply
- 2) Nerves-sensory
- 3) Fatty tissue deposits
- 4) Scar webs through tissue layers
- 5) Neuropathic receptors
- 6) Central sensitization with up regulation of the Autonomic Nervous System- Sympathetic

The image features decorative geometric patterns in the corners. The top-left corner has a series of thin, parallel diagonal lines. The top-right corner contains a cluster of overlapping semi-circles in yellow, red, teal, and blue. The bottom-left corner also features overlapping semi-circles in red, teal, and blue. The bottom-right corner has thin, parallel diagonal lines and a faint, large-scale curved line.

ABDOMINAL ADHESIONS

**ABDOMINAL ADHESIONS CAN KINK,
TWIST, PULL, OR COMPRESS THE
INTESTINES AND OTHER ORGANS IN
THE ABDOMEN, CAUSING SYMPTOMS
AND COMPLICATIONS, SUCH AS
INTESTINAL OBSTRUCTION OR
BLOCKAGE.**

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ABDOMINAL ADHESIONS

POSTCOLONOSCOPY SMALL INTESTINAL OBSTRUCTION USUALLY OCCURS IN PATIENTS WITH PREVIOUS HISTORY OF SMALL INTESTINAL SURGERY. IN PATIENTS WHO DID NOT RESPOND TO CONSERVATIVE TREATMENTS, LAPAROTOMY HAD MOSTLY SHOWN INTERNAL HERNIA OR ENTRAPMENT OF SMALL INTESTINAL LOOPS IN ADHESIONS

MID EAST DIG, BARI ET AL LARGE BOWEL AFTER COLONOSCOPY

SCARS ADHESIONS



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PHYSICAL THERAPY

CAN HELP DECREASE
SCAR FORMATION AF



**67 % OF PEOPLE HAVE SCARS
AFTER LAPAROSCOPIC SURGERY**
51% AFTER MINOR SURGERY

72% AFTER MAJOR SURGERY

93% with Multiple Surgery

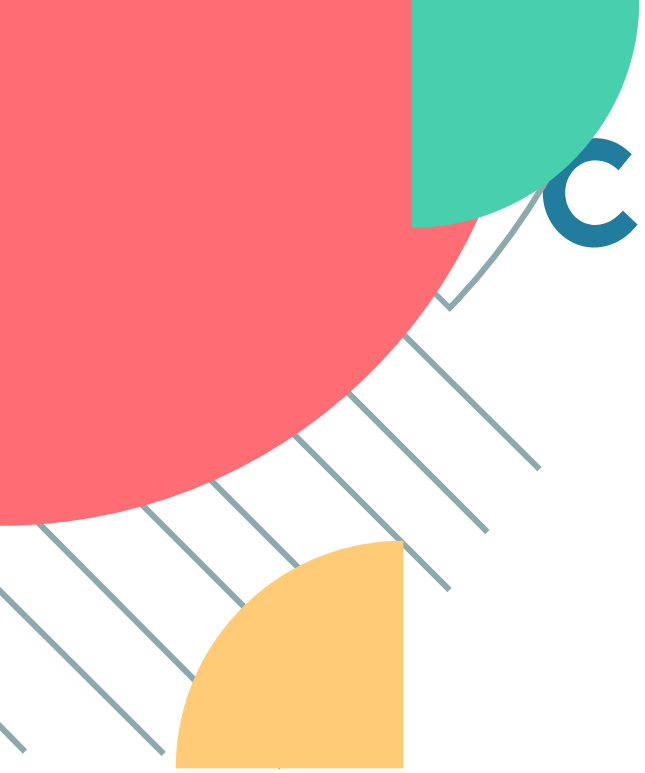
28% of all people have
adhesions with no surgery

@lakecitypt @shereedibiase

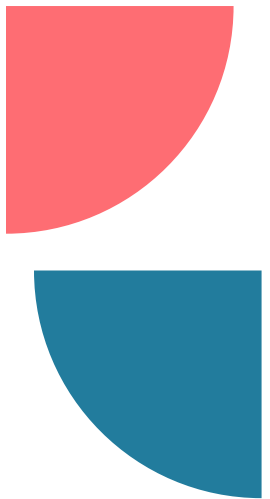



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COMMON CAUSES: CORECTAL CANCER, IBS, IBD, CROHNS, CHRONIC INFLAMMATION, RADIATION, FECAL INCONTINENCE DIVERTICULITIS, LYNCH, FAILURE OF POUCHES - CARE:



- 1) Bone Density scans– due to osteopenia, osteoporosis
 - 2) Exercise training– weights for bone health, you are not fragile!
 - 3) Nutrition– your ability to absorb nutrients, fluids, electrolytes will be more difficult. Dietary changes to assist in easier absorption and decrease irritants.
 - 4) Supplements–Vit D, Calcium
- 

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BOWEL HEALTH AND PREVENTION OF BOWEL OBSTRUCTIONS

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- 1) Nervous System Health– Autonomic Nervous System–
Mindfulness training–apps Calm,
 - a) Sympathetic– Fright Flight Freeze,
 - b) Parasympathetic Rest and digest: improves digestion, relaxes muscles
- 2) Nutrition– smoothies, protein drinks, cooked veggies with fiber
- 3) Manual Techniques for Abdomen, diaphragm, pelvis
 - a) Daily Lymph Drainage Massage,
 - b) Soft tissue mobilization, induction, gentle motions in all directions– up/down, side to side, rotation/rotation.
 - c) Scar tissue massage– your hands talk to your brain to soothe it.
- 4) Lotions– CBD, arnica, soothing ointment
- 5) Techniques with equipment– massage balls, cupping, taping, vibration, heat packs, cold packs.

SKIN CARE QUESTIONS

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What is the location/distribution of the skin damage?

Free of any damage, no rash

Immediately bordering the stoma

Not bordering the stoma

Solid rash with distinct satellite lesions

Papules or pustules at hair follicles

Patchy, scattered distribution

What characteristics do you observe?

Skin intact: not moist; no blisters; no overgrowth

Areas of skin loss (open and moist)

Crater; deep tissue loss

Skin overgrowth

Maceration, waterlogged

Blisters (intact or ruptured)

Purulent drainage

Areas of skin loss AND skin overgrowth

What information does the patient report?

No pain, no persistent itching or burning, able to maintain pouch seal

Persistent itching/burning

Persistent pain in the area of involvement

Unable to maintain pouch seal for 24 hours

Sensitivity to touch or pressure



SKIN CARE CONNECT



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Hollister

psag.wocn.org for assessment questionnaires:



For Providers:

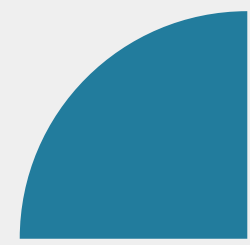
Peristomal Skin Assessment Guide

For Consumers:

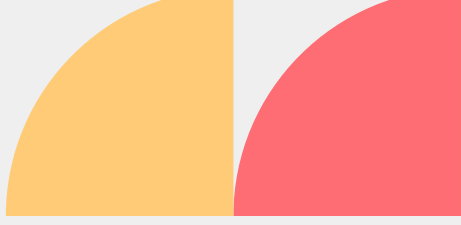
Peristomal Skin Assessment Guide

Tissue Layers

- 1) PANNICULAR-SUPERFICIAL,
SKIN OUTER LAYERS
- 2) AXILLA- MUSCLE,
MYOFASCIAL
- 3) VISCERAL- ABDOMINAL,
PELVIC ORGANS MYOFASCIAL
MOVEMENT
- 4) DURAL -NERVES-
PERIPHERAL, SPINAL CORD



SCAR TISSUE TECHNIQUES:

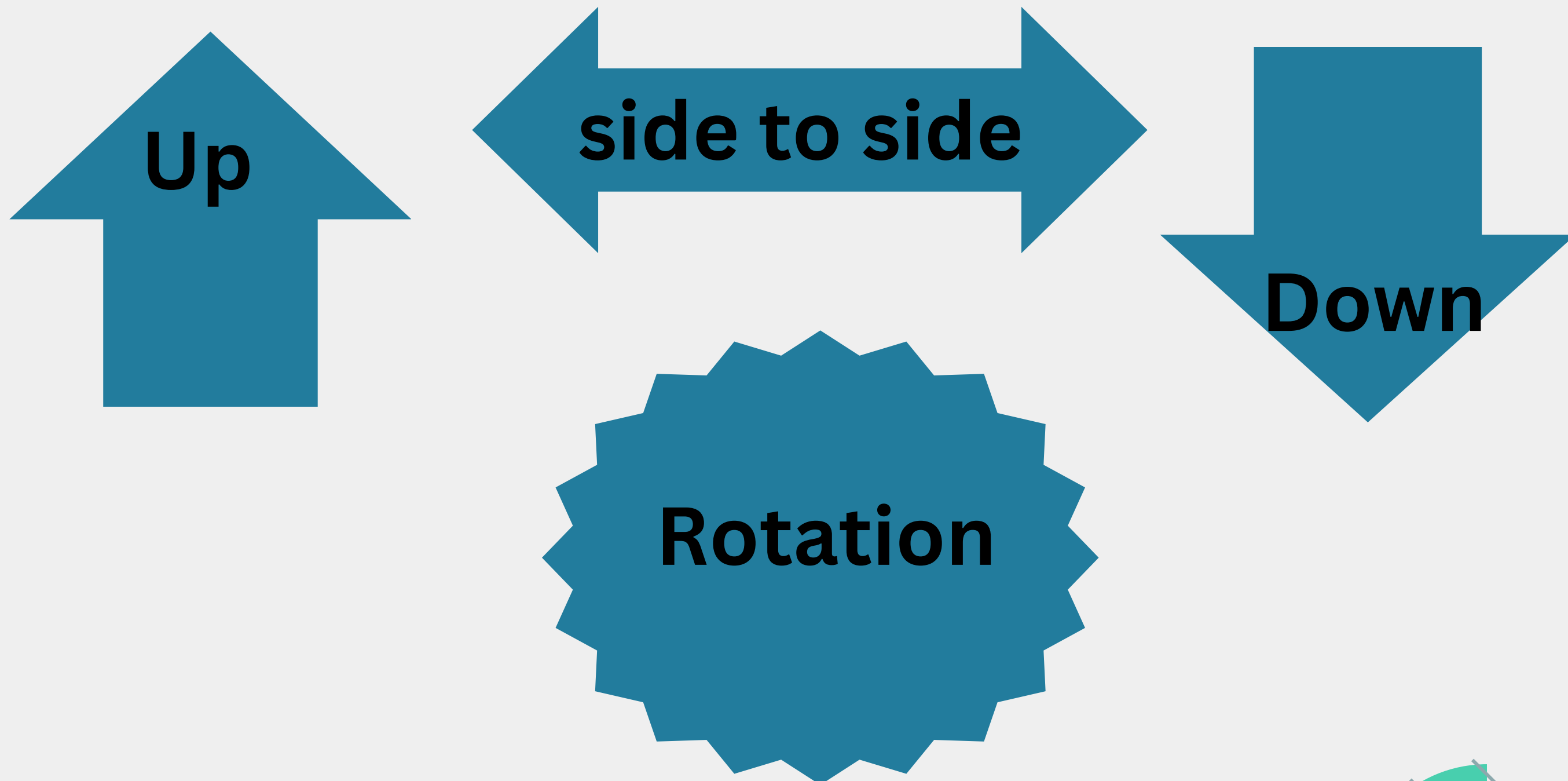


- 1) INDUCTION- SHORTENING OF SCAR LINE TO ITSELF**
- 2) CIRCLES- GENTLE AROUND SCAR, WHILE APPROX SCAR**
- 3) HOLD SCAR- USE OF TRUNK AND EXTREMITIES MVT**
- 4) DIAPHRAGM BREATH WORK, RIB MVT**
- 5) PELVIC FLOOR MVT**
- 6) STRETCHING- TRUNK, EXTREMITIES**
- 7) ACTIVATE MUSCLE PUMP**
- 8) MANUAL LYMPH DRAINAGE MASSAGE**
- 10) LAY HANDS OVER REGION AND DO RELAXED AND DEEP BREATHING TECHNIQUES.**



Tissue Layer Movement

**TISSUE SHOULD MOVE IN ALL
DIRECTIONS!
TREAT WHAT YOU FEEL!**



SELF CARE

- **Relationships**– build friendships based on genuine care and respect, people who are present , however not everyone needs to know.
- **Comfort**– cushions, supports, elevators for legs for edema reduction. No donut cushions, tendency to decrease blood flow and increase local edema inside the cushion area
- **Massage**– lymph, for scar reduction induction techniques so not pulling at the region
- **Activities** –participation in outdoor activities, calming environments that facilitate healing and rejuvenation daily. Yoga, meditation, grounding, hiking, etc
- **Sleep**– 7–9 hours needed, being in tune with your body due to fatigue, dehydration that can occur.
- **Mindfulness**– Meditation
- **Belts**– pouch holders, some have compression helps reduce edema light 5–10 mmHg

Berlowitz, D. Prevention of pressure-induced skin and soft tissue injury.

Post TW, ed. Waltham, MA: UpToDate Inc.

<http://www.uptodate.com>. (Accessed on July 6, 2023)

NUTRITION

Nutrition– foods that are satisfying, easy and nutrient rich with protien, carbs, fats but low soluble fibers that are cooked are easier for the system. Fiber– veggies that are cooked are easier to absorb.

Foods to Include: veggies–peeled well cooked without seeds, well cooked, soups with cooked veggie chunks, skinless meat, poultry, fish, eggs, tofu, veg protein, breaded protein with gravies, sauces, moisture for chewing, cereals, crackers without nuts, seeds or dried fruit, white breads rolls, tacos, tortillas, white rice, pasta polenta noodles cooked potatoes white and sweet, yams, cassava taro, without skin. Yogurts not nuts, seeds or dried fruit, milk of all kinds, peeled apples, grapes, peaches plums, oranges with no pith, pureed fruit, jellies. 150 ml of fruit juice and or smoothies without chunks, decaffeinated teas, water with no fizz, olives, pastry batter, smooth nut butter, butter custard, tzatziki, chocolate spread no nuts, biscuits, cakes.

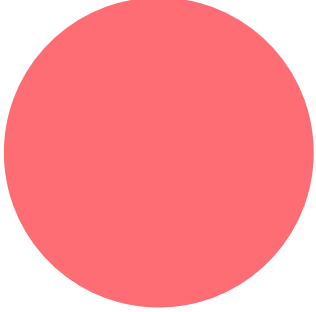
Connect with: fittleworth.com for Ostomates Kitchen

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MEDICAL SUPPLIES AND CLOTHING

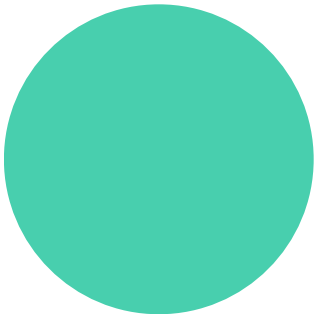
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INNOVATION



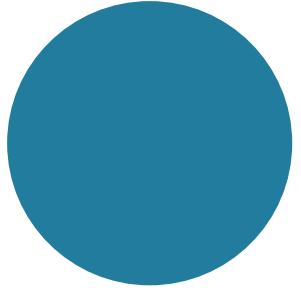
- Ostomy waistband
- Ostomy waistband with silicone grip
- Boxers with high waist
- Swimwear
- Briefs
- Leggings
- Hernia
- Continence
- Belts-2 piece-size 1/2/3 for levels of support
- Cami tops/support vest

COMPANIES



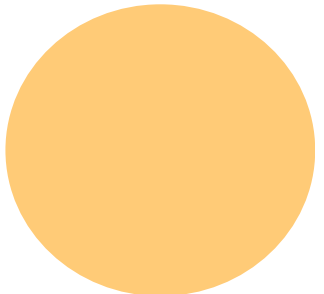
- Coloplast-Sensura
- Mio bags
- Ostomycure
- Convatec
- Crimson health
- Hollister
- Stoma life
- Comfizz

ADHESIVES



- Biocompatible
- Extended Wear
- Flexible Base plate ostomy bags
- Tapes- temporary, long term

ACCESSORIES



- Calf sleeve
- Thigh sleeve
- Stoma protector
- comfishield
- Replacement pads
- Comfishield
- Travel aids

AIR TRAVEL

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- 1) Become a TSA Pre-check if you can- You will use of the standard metal detector rather than the full body scanner. The metal detector does not detect ostomy bags. So no additional screening will be needed.
- 2) Prepare for body scanner- It may not detect your ostomy bag, but if it does, the agent will typically ask if you have anything in your pocket or if you're wearing a belt. This is when you can tell them that you have an ostomy, and they will do additional screening. The screening typically involves you patting down the area on the outside of your clothes, the agent testing your hands for any residue, etc.
- 3) Carry extra supplies in your carry-on. Depending on the length of your trip and whether or not you are traveling domestic vs international, make sure to split up your ostomy supplies between your checked luggage and your carry-on.
- 4) Traveling domestic- easy to get more supplies if luggage is missing. Pack the majority of my ostomy supplies in checked bag and take min of 3 sets of my appliance in carry-on (bag, wafer, barrier ring, skin prep, adhesive remover, etc.)
- 5) Leakage- extra supplies prepped in your carry-on and no stress if no luggage yet.



AIR TRAVEL

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- 6) Supplies– Pre-cut your wafers. If you're taking spare supplies in your carry-on, you can pre-cut your wafers (if they require cutting). Technically you can carry medical scissors in your carry-on, but I like to pre-cut so that I don't have to worry about my scissors being taken away.
- 7) Eat regular meals–Do Not Skip Meals–travel requires good food and water, travel can make digestive system upset but its worse with no food in your system.
- 8) Deodorizers– Odor with foods– put small deodorizing liquid in bag before the flight and carry extras to add to bag if needed. Small bottle of deodorizing spray, such as M9 or Poo-Pourri–use any time emptying the ostomy. Ask flight attendants for deodorizing spray if need be.



**Enjoy your time traveling!
You deserve it!**

FUTURE TECH

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**Wearable Tech-subSensors that speak
“Gutsy Port”-James Dyson Award**

The Alfred Smart Bag

Leak Detectors

fill level monitors

Skin Protection-ostiform seal

Seal sealing stomas

Automated irrigation system

Trancutaneous implant evacuation system

Valve life

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OSTOMY CARE

Physical and Occupational Therapy Care is an integral part of people with Ostomies.

**Request Referrals from MD's, NP's, GI's, Oncologists.
Operation reports from Surgeon and current status from
Ostomy RN on health of stoma and current healing status is
beneficial for the best longterm outcomes.**

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BILLING ICD-10 CODES FOR REHAB

**Abdominal pain specified to a site if possible-
R10.1, R10.2, R10.3, R10.8, R10.84, R10.9, R10.13**

Pelvic perineal pain R.10

Stoma management Z93.2, Z93.3

Attn to colostomy Z43.3

Attn to ileostomy Z43.2

PELVIC FLOOR, ORGAN AND SEXUAL HEALTH

Why can having an Ostomy affect Pelvic Health and Wellness?

- 1) One third of all women and 19% of all men will have pelvic health issues sometime t/o their lifetime regardless of being diagnosed with any disease or surgery.**
- 2) Stress of Surgery- pre/post physical changes in abdomen and pelvis.**
- 3) New habits for self care, take time and energy.**
- 4) Psychosocial Components- decreased libido and interest, loss of desire and arousal often due to body image changes.**
- 5) Musculoskeletal system changes in abdomen and pelvis with bloating, gas, pressure, scars.**
- 6) Timing for sexual activities takes on new level of intimacy and level of conversation. Many people do not have words or have never had opportunity to develop level of skills needed to negotiate such a physical change.**

OSTOMY LIFE

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Sheree DiBiase

Life saving interventions such as Ostomy surgery can feel so monumental that you may at times lose site of your goals and desires for your chosen life. Do not fret, and do not lose hope. These are all things that you can navigate.

Remember *your body is not fragile*, it merely must adapt to a new environment, and you will need to make commitments for new interventions and habits to continue to advance in your health.

Add in Daily movement strategies, self-care intervals, cycles of emotional and mental check-ups.

Accept that you will have good days and more challenging days and you will be successful.

Always ask for help when needed. Check in with your Ostomy RN 2x a year and always go to Pelvic health PT/OT. They will advocate for your longterm health.