

Paediatric Colostomy Case Study

Overview

Lucy is a 4-month-old baby girl who was born with rectal atresia. Rectal atresia is a term used to describe a group of rare congenital conditions of the bowel, with a reported incidence of one to two percent of all anorectal anomalies. It can be described whereby the anal canal and the rectum are present but are separated by a segment of rectum. The cause of rectal atresia may be abnormal recanalization or defective blood supply. Another variation of this condition is imperforate anus. This is when the internal structures are normal, but the anus is closed over with skin.

The incidence of rectal atresia is approximately 3 in every 10,000 live births, with a slightly higher incidence in males. Imperforate anus occurs in 1 in every 5,000 live births.

Problem: Following a calm home birth, Lucy was described by her mother as a 'champion' breast feeder, but after a few weeks her mother felt that something was wrong. Lucy was taken to the emergency room and then admitted to the paediatric high-dependency unit, where she was nursed in an incubator for a short period. After two days of assessments and the diagnosis of rectal atresia had been given, Lucy's parents were allowed to take her home, but with the knowledge that she required surgery for the formation of a colostomy.

Her parents found the situation both bewildering and confusing, as did their toddler son. However, with the guidance of the Stoma Care Clinical Nurse Specialist, the family was able to prepare for Lucy's surgery.

The surgeon who fashioned the colostomy placed the stoma low on her abdomen. He routinely does this with young females as he believes that later in life, especially in the adolescent years, a low stoma will allow them to wear bikinis and pretty underwear without the stoma being visible. This is done whether the stoma is to be permanent or temporary. However, fashioning the stoma low can prove challenging when trying to ensure a good seal between the flange and the skin, especially with an active 4-month-old baby.

Lucy's colostomy is low on the left-hand side of her abdomen. The skin it is sited on moves and creases as she kicks her legs and curls her body. Being an active baby, her parents have fought a constant battle when fitting her pouches; either cutting the aperture deliberately bigger to stop them from rubbing into her stoma, or fitting them closer to allow her skin to heal, but, only for it to rub the stoma again. This cycle continued until it became worse and she developed a natural skin crease over her colostomy site. It reached a point where Lucy's parents were carrying out four pouch changes a day because this skin crease was causing the pouch to fold and 'crush into' her stoma. They had to continually check it and would sometimes see the pouch causing the stoma to bleed.

Understandably, her parents became frustrated and depressed by this vicious cycle as the pouch did not appear to be moving with Lucy's skin. Instead of protecting her skin and stoma, these pouches were harming it. At times, her parents even considered using a gauze and cloth nappy as they were struggling to find a pouching system that worked.

Solution:

Following a consultation with their Stoma Care Clinical Nurse Specialist, they tried the Hollister **Pouchkins** Paediatric Pouch (Stock Code 3796). This pouch was softer and more flexible to use, moving with Lucy's body. They also were able to fit it more snugly around Lucy's stoma and, therefore, her skin remained intact and protected.

Now her mother breastfeeds Lucy whilst her father carries out the pouch change. This ensures their baby is calm and that the application of the Pouchkins Paediatric Pouch is successful every time.



Lucy being breastfed. Peristomal skin is washed and dried in preparation for the application of the new pouch.



Fitting the pouch.



Application of the Pouchkins Paediatric Pouch.



Pouchkins Paediatric Pouch on baby Lucy.

- The **SoftFlex** Skin Barrier on the Pouchkins Pouch provides a gentle yet secure adhesion to the skin. This skin barrier is ideal for use with paediatrics when skin is fragile.
- The Pouchkins Paediatric Pouch (Stock Code 3796), has the integrated **Lock 'n Roll** Closure. Unique plastic mushrooms on the sealing surfaces give tactile feedback as they seal together, making it very easy to use. Simply fold it over on itself three times in the same direction, press along the width of the outlet and, because of the interlocking mushrooms, the user will feel when the closure has locked, ensuring security.
- This closure system incorporates plastic bias members at its opening, thus controlling the emptying of contents. By applying minimal pressure to the outer edges, a firm yet flexible opening is created, allowing the release of the pouch's contents at a controlled rate.
- This closure system ensures that pouches are easy to clean and hygienic to use. The plastic bias members form the flexible neck opening on the outside so it never comes into contact with the contents of the bag. Unlike Velcro material, the locking strips are also easy to clean.

Conclusion:

The skin barrier and closure of this pouch has helped this baby's skin. More importantly, Lucy's parents have found peace of mind as they do not feel so daunted by their child's stoma care. They trust and are confident that they have found a pouching system that is secure for their daughter every time.

Hollister gratefully acknowledges the assistance, caring, and permission of Lucy's mother in the writing of this case study.

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