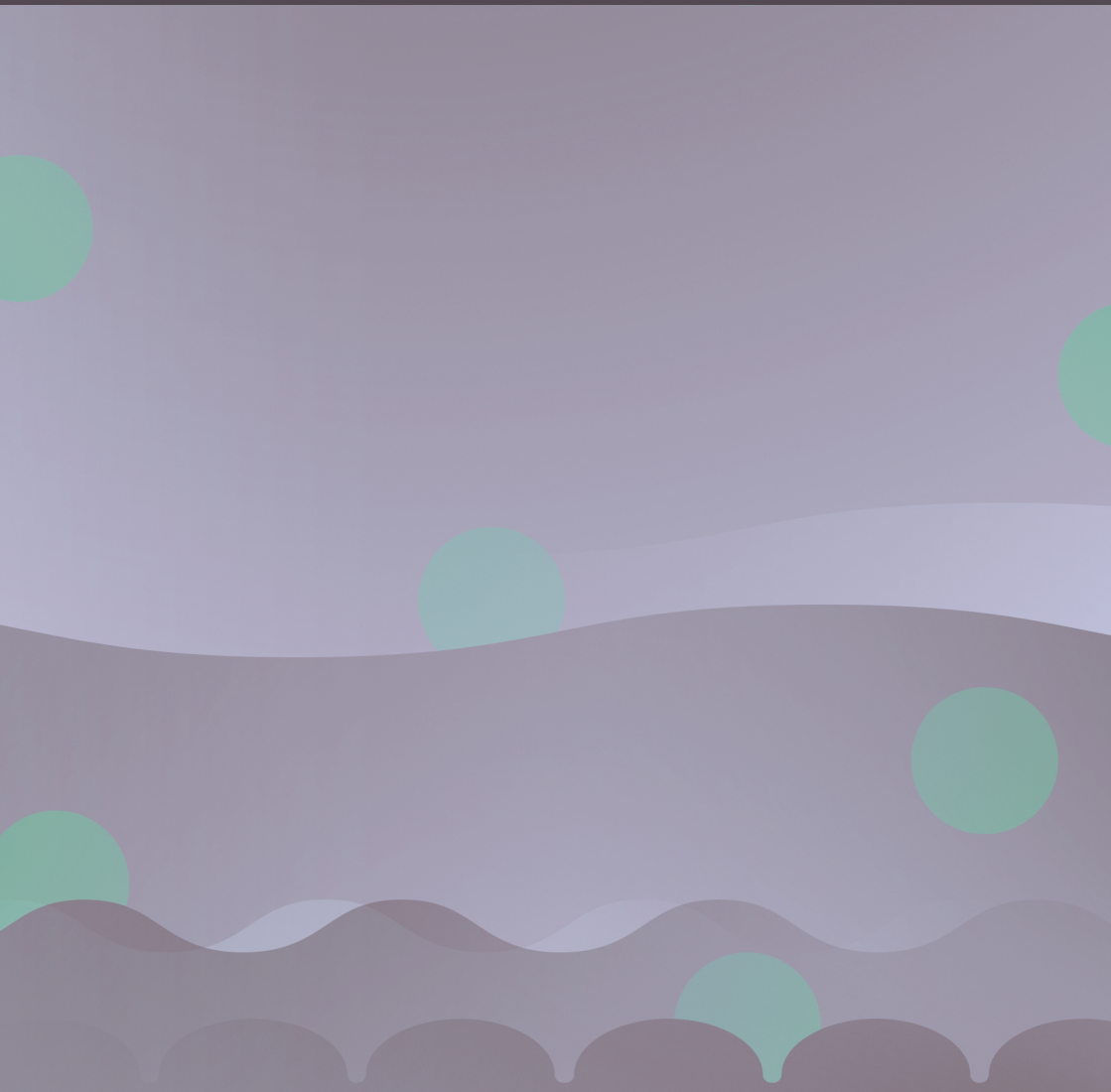




Belfast Health and
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Stoma



Your child and their stoma

What is a stoma?

A stoma is an opening on the tummy wall which allows poo (stool) to drain out. A stoma is formed in children for a number of reasons, and your nurse or doctor will help explain these to you. Your child will have a general anaesthetic while the stoma is formed.

What does a stoma look like?


Stomas are red, like the inside of your mouth, and are soft and moist. They have a lot of blood vessels, so may bleed a little when they are touched, but they have no feeling and so will not hurt. Stomas can differ in size and shape from child to child and may differ from pictures you see. Some may stick out more than others and can be located on different sides on the tummy.

Types of stoma

There are two different types of stoma:

A **colostomy** is formed from part of the large bowel (colon). The type of stool that comes from a colostomy is usually more solid in consistency, like the type of poo passed in the nappy or toilet.

An **ileostomy** is created from the ileum, which is part of the small bowel. The type of stool that comes from an ileostomy is generally more liquid in consistency than stool from a colostomy. Because of the digestive enzymes in the ileum, the stool can damage the skin if it has contact with it.



Often, two “doughnuts” of bowel are formed from the same area of the bowel. They are referred to as the proximal and distal stomas. The proximal stoma is the one that produces the stool, while the distal stoma (also known as the mucous fistula) is said to be non-functioning but may produce mucous and gas. The distal stoma may be used for a procedure known as ‘recycling’ (putting back some of the stool into the distal stoma)

Following your child’s operation, the surgeon will explain to you exactly what surgery your baby has had.



Are there any risks?

- **Skin irritation**

Although the stoma itself has no sensation, the skin surrounding it does and it can become irritated by both the adhesive of the stoma bag and the stool itself. Often, these irritations are minor, but in some cases they can start to cause the skin to break down. The nursing staff and stoma nurse specialists will look out for early signs of irritation.

- **Bleeding**

The stoma will occasionally bleed, especially when touched. This is normal unless the bleeding does not stop.

- **Prolapse**

A prolapse is when the bowel becomes longer and protrudes through the opening of the stoma. Although this can be very frightening for parents, it is not usually serious. As long as the bowel remains pink and active, we will simply keep a close eye on it.

- **Retraction**

Retraction of a stoma is when the stoma sinks below skin level. This can lead to problems with applying the bag and leakage. The nursing staff and stoma nurse specialists will have suggestions on how to help.

What happens after my baby's surgery?

After the operation, there is likely to be a dressing over your child's wound and stoma. It is normal for the stoma to be slightly dusky in colour initially. You may be able to see stitches, which will eventually dissolve on their own. The nursing and medical team will keep a close eye on the stoma and keep the area clean and dry.




The staff will be watching for when the stoma begins to produce stool. Immediately after surgery, the bowel stops moving food along the digestive tract, and the time it takes for this to start again varies. Once the stoma is active, the nursing staff will put a stoma bag on. There are many types of stoma bag and we may try a number of different bags until we find the one that is best for your child.

When can I start feeding my baby?

Decisions about when to start feeding your baby will depend on why your baby has had the stoma formed and what type of stoma they have. Usually, feeding won't start until the stoma is active.

Caring for my baby at home

The length of time that your baby will need the stoma for will depend on why the stoma was needed in the first place. Many are temporary. In most cases you will take your baby home with the stoma. This may be daunting, but staff will ensure that you are confident in caring for the stoma beforehand, and that you have all the information and support you need at home. Your surgeon will discuss with you when and if they feel that your baby's stoma should be closed (reversed). you have any further questions or concerns, please speak to a doctor or nurse caring for your child in Royal Belfast Hospital for Sick Children (RBHSC) or contact us at the numbers below.

A decorative graphic at the bottom of the page consisting of a series of overlapping, wavy, rounded shapes in shades of grey and purple, creating a soft, abstract border.

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