

Care of a Colostomy Patient with Mucocutaneous Separation and Stoma Retraction

Introduction

This is a 71 year old female who had rectal cancer and received abdominal perineal resection (APR). Three days after operation the color of the stoma mucosa became dark red with partial mucosal necrosis, and the height of the stoma was at the skin level (Figure 1). One week later, complications such as mucocutaneous separation and stoma retraction were noticed (Figure 2). Because there was difficulty in maintaining a sealed pouching system, she was referred to the stoma nurse for assistance.

Product: L-Mesitran ointment

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Aim

- Promoting a healing environment for mucocutaneous separation
- Maintaining a closed pouching system

Method

Open top SenSura pouch was selected for pouching. Mucocutaneous wound care was given by using honey dressing followed by stoma powder, then applying alcohol free stoma paste to produce a seal, and followed by sprinkling more stoma powder. Wound care was given once a day and when necessary (Figure 3).

Results

The mucocutaneous separation showed much improvement after 20 days and the pouching system was changed every 3-4 days (Figure 4).

Conclusions

Eating and excretion are our basic requirements. Care of mucocutaneous separation may be difficult when the maintenance of a stoma pouch seal is impossible. A comprehensive approach for this patient included mucocutaneous wound management and maintenance of a closed pouch system, to promote an optimal wound healing environment.

Publication

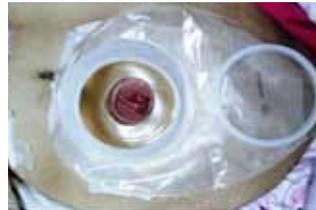
This case study was presented as a poster presentation during the 20th World Council of Enterostomal Therapists congress in Gothenburg (Sweden) from 15-19 June 2014.



Figure 1: Three days after operation the color of the stoma mucosa became dark red with partial mucosal necrosis



Figure 2: Mucocutaneous separation with wound 1.5 cm deep and stoma retraction that was 1 cm below the skin level



Open top SenSura pouch was selected and an appropriate size hole was cut



L-Mesitran was applied on the mucocutaneous wound followed by a bit of stoma powder



Alcohol free stoma paste was applied around the peristomal wound to make a seal



Then followed by more stoma powder to keep the area dry



2013-05-07



2013-05-17



Discharge day 2013-05-27



At stoma clinic 2013-06-06