



香港造瘻治療師學會

*Hong Kong Enterostomal Therapists Association*

**STANDARDS  
IN  
STOMA CARE**

Second Edition

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## **PREFACE**

An ostomy refers to a temporary or permanent opening constructed in the abdominal wall or any part of the body as part of the treatment of disease or injury to the gastrointestinal tract, urinary tract or respiratory tract. Patients with ostomies (ostomates) lost conscious control over urination or defaecation and external pouching has to be applied for body waste collection. This patient population can range from neonate to elderly, male and female.

Despite recent advances in surgery, ostomy still brings enormous physical and psychosocial impacts to the patient and his/ her caregivers. Potential threat of life posed by the disease or injury, uncertainty, altered body image and lower personal esteem are commonly experienced. Alternation in sexual function, life style and work are all related issues that an ostomate has to deal with.

The success in caring of patients with ostomies requires a multidisciplinary team approach. As a core member of the team, Enterostomal Therapist (ET nurse) has a unique role in the identification of needs of patients and their caregivers, provision of holistic ostomy care, education and counselling. ET nurse also bears the responsibility to improve the quality of life of ostomates and ultimately contribute to their recovery and well-being.

In order to achieve this purpose, the 2nd edition of HKETA Standards in Stoma Care will focus on incontinent bowel and urinary stomas.

Hong Kong Enterostomal Therapists Association

**HONG KONG ENTEROSTOMAL THERAPISTS ASSOCIATION**  
**WORKING GROUP ON THE 2ND EDITION OF**  
**STANDARDS IN STOMA CARE**

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## **PHILOSOPHY OF THE HONG KONG ENTEROSTOMAL THERAPISTS ASSOCIATION**

The Hong Kong Enterostomal Therapists Association (HKETA) is a nursing professional organization devoted to promote, enhance and share with other multidisciplinary teams the expertise knowledge of Enterostomal Therapy in the provision of quality patient care.

We maintain that Enterostomal Therapists (ET Nurses) are qualified nurses who possess specialized Enterostomal Therapy qualification recognized locally and internationally.

- **ET NURSES** are experts in the provision of care to patients with abdominal stomas, fistulas, draining wounds, incontinence, decubitus and vascular ulcers.
- **ET NURSES** are responsible to provide holistic care in order to expedite the physical, psychological, social and spiritual well-beings of patients with special needs, both in the hospital and community.
- **ET NURSES** are committed to promote the Enterostomal Therapy nursing by participating in research and educational training, setting and monitoring the standards of care.
- **ET NURSES** act competently as consultants to others who are interested and involved in the Enterostomal Therapy.
- **ET NURSES** are responsible to continuously enrich their personal and professional development in order to ever improve the care in Enterostomal Therapy.
- **ET NURSES** are dedicated to share experience and knowledge with other health care team members.

## CODE OF PRACTICE

**E**nterostomal Therapist acts to promote and safeguard the rights, interests and well-being of the patient.

- **ET NURSE** provides the Enterostomal Therapy service with respect for the patient's belief, values, customs and uniqueness; unconditioned by the patient's race, colour, sex, age, social status and the nature of the health problem.
- **ET NURSE** maintains confidentiality of the patient's personal information and shares with others only that information relevant to his/her care.
- **ET NURSE** provides the patient with all relevant information about the choice of products available and its suitability to the patient's need without prejudice. He/ She should bear in mind the needs and requirements of the patient in the choice of products.
- **ET NURSE**, when participating in 'trial' of a product, should not be under obligation to persuade the patient or himself/ herself to use the product. He/ she should avoid the use of professional qualifications in the promotion of commercial products.
- **ET NURSE** refuses to accept any gift, favour or hospitality which might influence the fulfilment of roles.
- **ET NURSE** keeps accurate records on all patients' consultation in order to maintain an integral part of the service.
- **ET NURSE** is personally accountable for his/her professional practice and judgment and should recognize any limits of personal knowledge and skill. He/she takes steps to solve any relevant deficits through the collaborative work among the health care team in order to meet the needs of the patient.
- **ET NURSE** must uphold and develop own knowledge, skill and competence by keeping in alignment with new developments, theory and practice of Enterostomal Therapy care. He/she must maintain high standard of care and professional conduct at all times.

## **OBJECTIVES OF ENTEROSTOMAL THERAPY** **NURSING IN STOMA CARE**

- To provide pre-operative assessment and care to patients planning to undergo stoma surgery.
- To conduct post-operative stoma care programme.
- To prevent and detect complications of stoma and peristomal area.
- To assist patients in self-management of stomas.
- To provide education to ostomates and related caregivers.
- To monitor patient's progress and facilitate adaptation to new lifestyle.
- To provide professional consultation to health care administrators in relation to policy development.
- To work towards the growth of the ET nursing by engaging in researches and sharing knowledge with other health care professionals.

## **ROLES OF ENTEROSTOMAL THERAPY NURSES IN STOMA CARE**

ET nurses provide care for patients with stoma at all age groups. Therefore ET nurses have to demonstrate high standard of nursing care and professionalism in planning individualized care based on patient's needs and wishes through the nursing process. Motivating and preparing patient for re-integration into the community, providing support to caregivers and promoting public awareness of the service are also crucial elements in the speciality. The scope of ET nursing in stoma care covers a wide range of areas as follows:

- Carry out assessment on patients before undergoing stoma surgery.
- Provide information related to the planned surgery and stoma.
- Attend to patients' psychological needs and provide counselling as required.
- Perform stoma siting for patients before stoma surgery as indicated.
- Conduct stoma care programme on patients after stoma surgery.
- Prevent and detect complications of stoma and peristomal area.
- Perform specific examination and treatment to stomal and peristomal complications.
- Educate patients and caregivers on care of stomas.
- Assess patients' knowledge and skills in self-care of stomas.
- Provide information to patients concerning the choice of products available and its suitability to individual's needs.
- Monitor patients' progress and facilitate adaptation to new lifestyle.
- Encourage and promote re-integration of patients into the community.
- Collaborate with multidisciplinary team in delivering individualized and holistic patient care.
- Provide professional consultation to other health team members in relation to stoma care service.
- Liaise with health care administrators in relation to policy development.
- Conduct clinical audit and continuous quality improvement programmes to safeguard the quality of ET nursing service.
- Implement health education and screening programmes for bladder and bowel carcinoma for the public.
- Enhance the growth of ET nursing by engaging in researches and associated activities.

## **DOMAINS OF STOMA CARE PROVISION IN ENTEROSTOMAL THERAPY NURSING**

The aim of ET nursing is to optimize the independence of patients, and facilitate their rehabilitation and attainment of a high quality of life. These are achieved through the provision of comprehensive care and support to the ostomates and their families in order to facilitate a smooth transition between the hospital and home. ET nurses provide holistic care to patients with stomas in hospitals, clinics and the community. The provision of care can be categorized into 3 domains.

### **Primary Care Domain**

Primary care aims at the prevention and early detection of individuals at high-risk of developing bowel and bladder carcinomas; and introduction of stoma care in the community to arouse the public's awareness in these issues. The service is collaborated with the available community resources such as health education and screening programmes.

### **Secondary Care Domain**

Secondary care focuses on the provision of specialized care in the hospital or clinic settings. It includes intensive preoperative and postoperative counselling, comprehensive assessment of the patients' ability in the management of their stomas, education of patients and caregivers on the care of stomas, selection of appropriate appliances according to individual needs, dietary advice related to different kinds of stomas, education on prevention of stomal and peristomal complications and early detection of such complications.

### **Tertiary Care Domain**

Tertiary care includes the nursing management of stomal and peristomal complications and difficult stomas, such as the management of multiple stomas. This includes the provision of intensive nursing interventions, physical and psychological care through advanced technology and skills.

## **HKETA STANDARDS IN STOMA CARE**

### **Assessment Before Elective Stoma Surgery**

#### **Standard Statement**

Adequate information will be obtained to plan future care in conjunction with patient (and/ or caregiver).

#### **Process Standard**

1. Ensure privacy of patient.
2. Conduct assessment in relation to patient's following aspects:
  - 2.1. Social, cultural and spiritual background
  - 2.2. Family history/ prior experience and knowledge regarding diagnosis/ ostomy
  - 2.3. Support system and resources
    - 2.3.1. Home situation/ availability of toilet facilities
    - 2.3.2. Family support
  - 2.4. Emotional states and coping strategies
  - 2.5. Occupation and life style
  - 2.6. History and effect of health problem and adaptation
  - 2.7. Presence of chronic disease states/ current therapies
  - 2.8. History of skin allergies
  - 2.9. Ability to communicate
    - 2.9.1. Language
    - 2.9.2. Ability to hear, read, speak and understand
  - 2.10. Eye-hand coordination, visual acuity and manual dexterity
3. Document and update patient's information.

#### **Outcome Standard**

1. Adequate information of patient planning to have stoma surgery are recorded and updated.
2. The needs of patient planning to have stoma surgery is identified and documented.
3. Care plan is drawn.

## **HKETA STANDARDS IN STOMA CARE**

### **Pre-operative Patient Counselling Related to Stoma Surgery**

#### **Standard Statement**

Information and counseling related to the stoma and surgery will be provided to patient (and/ or caregiver).

#### **Process Standard**

1. Ensure privacy of patient (and/ or caregiver).
2. Conduct assessment in relation to patient's following aspects:
  - 2.1. Level of anxiety
  - 2.2. Coping strategies
  - 2.3. Knowledge base and learning needs
3. Encourage patient to verbalize feelings, fears and concerns.
4. Provide relevant information as needed.
5. Provide individualized support and counseling.
6. Arrange sharing from visitors of ostomy association as indicated.
7. Initiate referral to appropriate resource and professional as indicated.
8. Document and report assessment findings, patient's response and interventions.

#### **Outcome Standard**

1. Patient demonstrates manageable level of anxiety.
2. Patient verbalizes understanding of planned surgical procedures, concept of stoma and options for stomal management.
3. Accurate records are maintained.

#### **Teaching aids/ materials to be utilized**

1. Educational material on related stoma surgery
2. Information on support groups and Hong Kong Stoma Associations

## **HKETA STANDARDS IN STOMA CARE**

### **Stoma Siting for Patient Awaiting Elective Stoma Surgery**

#### **Standard Statement**

Patient's stoma is marked at the best possible site.

#### **Process Standard**

1. Ensure privacy of patient.
2. Maintain a suitable environment for procedure (warmth, good lighting).
3. Explain the reason and procedure to patient.
4. Assess the type of surgery, patient's physical, psychological and social status.
5. Assess the abdominal contour for the best possible site.
6. Mark the stoma site by:
  - 6.1. Employ appropriate method to choose a provisional site
  - 6.2. Evaluate the provisional site with patient's participation
  - 6.3. Make adjustment if necessary
  - 6.4. Mark the stoma site on the abdomen
7. Document and report.

#### **Outcome Standard**

1. The stoma is marked at the best possible site.
2. Planning and marking of stoma site is performed with patient's participation.
3. The patient is satisfied with siting of the stoma.

#### **Equipment to be utilized for the procedure**

1. Stoma siting equipment
2. Pre-surgery stoma care record

## **HKETA STANDARDS IN STOMA CARE**

### **Post-Stoma Surgery Assessment**

#### **Standard Statement**

Adequate information will be obtained to plan care after stoma-surgery in conjunction with patient (and/ or caregiver).

#### **Process Standard**

1. Ensure privacy of patient.
2. Maintain a suitable environment for procedure (warmth, good lighting).
3. Explain the reason and procedure to patient.
4. Conduct assessment in relation to patient's following aspects:
  - 4.1. Operative diagnosis and surgical procedure
  - 4.2. Anatomical location and surgical construction of stoma
    - 4.2.1. Type
    - 4.2.2. Size
    - 4.2.3. Location
  - 4.3. Condition and function of stoma
    - 4.3.1. Stoma condition (shape, mucocutaneous junction)
    - 4.3.2. Colour
    - 4.3.3. Consistency and volume of output
  - 4.4. Condition of peristomal area
    - 4.4.1. Skin integrity
    - 4.4.2. Skin turgor
  - 4.5. Pouching surface available
5. Document and report.

#### **Outcome Standard**

1. Adequate information of patient who have stoma surgery are recorded and updated.
2. The needs of patient who have stoma is identified and documented.
3. Care plan is drawn.

## **HKETA STANDARDS IN STOMA CARE**

### **Colostomy Care**

#### **Standard Statement**

Optimal stomal and peristomal skin care are provided to patient with colostomy.

#### **Process Standard**

1. Ensure privacy of patient.
2. Maintain a suitable environment for procedure (warmth, good lighting).
3. Explain the reason and procedure to patient.
4. Prepare all the relevant ostomy appliances and accessories.
5. Position the patient to facilitate the procedure.
6. Provide appropriate colostomy care based on assessment.
7. Give special consideration in the following areas:
  - 7.1. Observe the stoma and peristomal skin for abnormalities
  - 7.2. Measure the accurate size and shape of the stoma
  - 7.3. Choose the appropriate colostomy appliances and accessories as necessary
8. Document the condition of stoma, peri-stomal skin, nature and volume of effluent and the date of ostomy appliances changed.

#### **Outcome Standard**

1. Patient (and/ or caregiver) is satisfied with a secure pouching system.
2. Abnormalities of stoma and peristomal skin are identified.
3. Accurate records are maintained.

#### **Equipment to be utilized for the procedure**

1. Colostomy appliances and accessories
2. Post-surgery stoma care and progress record

## **HKETA STANDARDS IN STOMA CARE**

### **Ileostomy Care**

#### **Standard Statement**

Optimal stomal and peristomal skin care are provided to patient with ileostomy.

#### **Process Standard**

1. Ensure privacy of patient.
2. Maintain a suitable environment for procedure (warmth, good lighting).
3. Explain the reason and procedure to patient.
4. Prepare all the relevant ostomy appliances and accessories.
5. Position the patient to facilitate the procedure.
6. Provide appropriate ileostomy care based on assessment.
7. Give special consideration in the following areas:
  - 7.1. Observe the stoma and peristomal skin for abnormalities
  - 7.2. Measure the accurate size and shape of the stoma
  - 7.3. Choose the appropriate ileostomy appliances and accessories as necessary
8. Document the condition of stoma, peri-stomal skin, nature and volume of effluent and the date of ostomy appliances changed.

#### **Outcome Standard**

1. Patient (and/ or caregiver) is satisfied with a secure pouching system.
2. Abnormalities of stoma and peristomal skin are identified.
3. Accurate records are maintained.

#### **Equipment to be utilized for the procedure**

1. Ileostomy appliances and accessories
2. Post-surgery stoma care and progress record

## **HKETA STANDARDS IN STOMA CARE**

### **Urostomy Care**

#### **Standard Statement**

Optimal stomal and peristomal skin care are provided to patient with urostomy.

#### **Process Standard**

1. Ensure privacy of patient.
2. Maintain a suitable environment for procedure (warmth, good lighting).
3. Explain the reason and procedure to patient.
4. Prepare all the relevant ostomy appliances and accessories.
5. Position the patient to facilitate the procedure.
6. Provide appropriate urostomy care based on assessment.
7. Give special consideration in the following areas:
  - 7.1. Observe the stoma and peristomal skin for abnormalities
  - 7.2. Measure the accurate size and shape of the stoma
  - 7.3. Choose the appropriate urostomy appliances and accessories as necessary
8. Document the condition of stoma, peri-stomal skin, nature and volume of effluent and the date of ostomy appliances changed.

#### **Outcome Standard**

1. Patient (and/ or caregiver) is satisfied with a secure pouching system.
2. Abnormalities of stoma and peristomal skin are identified.
3. Accurate records are maintained.

#### **Equipment to be utilized for the procedure**

1. Urostomy appliances and accessories
2. Post-surgery stoma care and progress record

## **HKETA STANDARDS IN STOMA CARE**

### **Colostomy Irrigation**

#### **Standard Statement**

Patient's bowel is cleansed in a safe and effective manner.

#### **Process Standard**

1. Ensure privacy of patient.
2. Maintain a suitable environment for procedure (warmth, good lighting).
3. Explain the reason and procedure to patient (and/ or caregiver).
4. Arrange patient in a sitting position.
5. Prepare all the irrigation appliances and stomal accessories.
6. Examine the direction of the bowel by digital examination.
7. Give special consideration in the following areas:
  - 7.1. Temperature of water
  - 7.2. Flow rate of warm water into the bowel
8. Allow the return warm water and faecal content to flow out completely from the stoma.
9. Monitor the patient for any complaint of abdominal pain or distention throughout the procedure.
10. Document and report the result of the procedure.

#### **Outcome Standard**

1. Patient's bowel is cleansed safely and effectively.
2. Patient (and/ or caregiver) is satisfied with the explanation and care given.
3. Potential complications are identified early and appropriate actions are taken promptly.
4. Accurate records are maintained.

#### **Equipment to be utilized for the procedure**

1. Irrigation set with regulator and irrigation cone
2. Base plate, drainage sleeve, ostomy belt and closure clamp
3. Lubricating gel
4. Luke warm water
5. New ostomy appliance
6. Patient output record

## **HKETA STANDARDS IN STOMA CARE**

### **Distal Loop Stomal Washout**

#### **Standard Statement**

Patient's distal bowel is cleansed in a safe and effective manner.

#### **Process Standard**

1. Ensure privacy of patient.
2. Maintain a suitable environment for procedure (warmth, good lighting).
3. Explain the reason and procedure to patient.
4. Prepare patient in a sitting position on the toilet or commode.
5. Prepare all the irrigation appliances and stomal accessories.
6. Examine the direction of the distal bowel by digital examination.
7. Give special consideration in the following areas:
  - 7.1. Temperature of water
  - 7.2. Flow rate of warm water into the bowel
8. Continue the procedure until the fluid passed out from the anus is clear.
9. Monitor the patient for any complaint of abdominal pain or distention throughout the procedure.
10. Document and report the result of the procedure.

#### **Outcome Standard**

1. Patient's distal loop of ostomy is cleansed safely and effectively.
2. Patient (and/ or caregiver) is satisfied with the explanation and care given.
3. Potential complications are identified early and appropriate actions are taken promptly.
4. Accurate records are maintained.

#### **Equipment to be utilized for the procedure**

1. Irrigation set with regulator and irrigation cone / latex Foley's catheter
2. Base plate, drainage sleeve, ostomy belt and closure clamp
3. Lubricating gel
4. Luke warm water
5. New ostomy appliance
6. Patient output record

## **HKETA STANDARDS IN STOMA CARE**

### **Discharge Plan for Patient with Stoma**

#### **Standard Statement**

Patient (and/ or caregiver) has access to the continuity of care of stoma.

#### **Process Standard**

1. Ensure privacy of patient.
2. Identify the potential needs of the patient in the first visit:
  - 2.1. Self care ability
  - 2.2. Adjustment process
  - 2.3. Financial status
  - 2.4. Support network
3. Provide education on stoma management, potential complications and related lifestyle modifications.
4. Assess patient's coping strategy and provide follow-up appointment.
5. Offer the access to contact the stoma care nurse and provide information on follow up appointment.
6. Provide information on patient support group and ostomy association.
7. Document and report the patient's response.

#### **Outcome Standard**

1. Patient is satisfied with the care and advice provided.
2. Patient receives follow up care from stoma care nurse after discharge.

#### **Equipment to be utilized for the Procedure**

1. Information sheet/ leaflet
2. Patient progress record

## **HKETA STANDARDS IN STOMA CARE**

### **Patient Education**

#### **Standard Statement**

Patient (and/ or caregiver) receives a congruent education program on stoma care.

#### **Process Standard**

1. Ensure privacy of patient.
2. Assess patient's learning needs and ability.
3. Implement education program according to individual needs.
4. Ensure the patient knows and understands:
  - 4.1. Operative diagnosis and surgery undergone
  - 4.2. Care of stoma and peristomal skin
  - 4.3. Draining and changing of appliance
  - 4.4. Management of unforeseen events (e.g. leakage)
  - 4.5. Modification in diet
  - 4.6. Modification in clothing
  - 4.7. Restriction in activities
  - 4.8. Change in sexual activities
  - 4.9. Selection of appropriate appliances
  - 4.10. Supplies of appliances and accessories
  - 4.11. Ostomy association and resource available
5. Evaluate the patient's response to the educational program.

#### **Outcome Standard**

1. Patient is able to demonstrate the basic techniques in stoma and peristomal skin care.
2. Patient verbalizes understanding of the lifestyle changes.
3. Patient is satisfied with the educational program.

#### **Equipment to be utilized for the Procedure**

1. Teaching aids
2. Sample stomal appliance and accessories
3. Information sheet/ pamphlets
4. Product suppliers information leaflet
5. Patient progress record

## **HKETA STANDARDS IN STOMA CARE**

### **Health Care Team Education**

#### **Standard Statement**

Education on care of ostomates are provided to members of the health care team.

#### **Process Standard**

1. Assess the existing knowledge of the health care team.
2. Formulates a teaching program.
3. Implement the teaching program plan with appropriate teaching method (e.g. practical demonstration, workshops, seminars and group discussion).
4. Carry out evaluation of the program with members of the health care team.

#### **Outcome Standard**

Members of the health care team demonstrate required knowledge related to the caring of patients with stoma in their practice

## **GLOSSARY**

- **Colostomy**  
A temporary or permanent artificial opening made through the abdominal wall into the colon for the purpose of faecal diversion. Common indications include carcinoma of the colon or rectum, diverticulitis and trauma. Colostomy is usually classified according to the site of stoma (ascending / transverse / descending / sigmoid colostomy) or the construction of the stoma (end/ loop/ double-barrel colostomy).
- **Colostomy Irrigation**  
Colostomy irrigation is the instillation of a measured amount of fluid into the colostomy. The instilled fluid will distend the bowel, making it contract and evacuate its contents. The purposes of colostomy irrigation include promotion of regular bowel habits, treatment of constipation and preparation of the bowel for further surgery or examination.
- **Distal Loop Stomal Washout**  
Distal loop washout is the instillation of a measured amount of fluid into the distal loop of the stoma. It is performed until the distal bowel is free of faecal matter. The purposes of distal loop stomal washout include preparation of the distal loop of bowel for surgery or examination.
- **Enterostomal Therapist (Enterostomal Therapy nurse / ET)**  
Enterostomal Therapy nurse is a registered nurse who has received recognized specialty training in the care of individuals with problems associated with stomas, wounds or incontinence. Such trainings include those overseas and local enterostomal therapy nursing education programmes (ETNEP) held by various institutes and educational bodies. In-service enterostomal therapy nurses are also commonly called “Stoma Care Nurses” and they are responsible for care provision from primary to tertiary domain.
- **Ileostomy**  
A temporary or permanent artificial opening made through the abdominal wall into the ileum for the purpose of faecal diversion. Common indications include Inflammatory Bowel Disease, carcinoma, congenital anomalies, Familial Adenomatous Polyposis and trauma. It can be permanent or temporary, end or loop ileostomy.

- **Ostomate**  
Patient who has an ostomy.
- **Ostomy**  
A temporary or permanent opening (stoma) constructed artificially to divert drainage between a hollow structure and the body surface. The type of ostomy depends on the part of hollow structure that is brought out to the body surface (e.g. tracheostomy when the trachea is brought out to the neck; gastrostomy when the stomach is brought out of the abdomen; colostomy when the colon is brought out of the abdomen etc.). The construction method may result in incontinent stoma (e.g. colostomy, ileostomy and urostomy) or continent stoma (e.g. Indiana Pouch) depending on the extent of disease and suitability of the patient.
- **Ostomy Association**  
An organisation where voluntary ostomates meet together to self-help, share experiences, help and support each other to accept the stomas and to return to their acceptable social life in the community. In Hong Kong, there is Hong Kong Stoma Association and internationally, ostomy associations include International Ostomy Association (IOA) and Asian Ostomy Association (AOA).
- **Stoma Siting**  
The selection and marking of a stoma site in preparing the patient for a stoma surgery. A well-sited and well-constructed stoma allows better security of stomal appliance and reduces stomal / peristomal complications.
- **Stoma Surgery**  
Operation which results in the construction of a stoma.
- **Urostomy**  
Urostomy is the incontinent diversion of urine by making an opening in the urinary system onto the wall of the abdomen. The bladder is either removed or the normal structures are being bypassed. The most common type of urinary diversion is ileal conduit.

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