

Ostomy terms and definitions — continued



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This is a continuation of the definition series. Issue one consisted of pressure ulcer and wound definitions. In issues two and three there are ostomy terms from the WCET International Ostomy Guideline. The purpose of these definitions is to help writers, researchers and our readers have a common understanding of terminology.

Term	Definition
Granuloma	Tissue that grows around the peristomal suture sites as a result of irritation from the suture material or from retained suture material.
Ileal conduit	A type of urostomy in which a segment of the ileum is separated from the proximal and distal portion of the bowel then the ureters are implanted in the proximal end of the segment and the distal end is brought to the skin and made into a stoma. (See Urostomy.)
Ileal lavage	A procedure performed by professionals (ETs or physicians) in which a catheter is inserted into the ileum beyond the blockage and small increments (10–20 ml) of saline solution or water are instilled gently to remove the blockage and resume normal stoma function. (NOTE: this is not the same as colostomy irrigation!) Ileostomies are not irrigated.
Ileum	The section of small bowel located between the jejunum and the colon.
Ileostomy	A portion of the small bowel (ileum) is brought to the skin to create a stoma. Expected output is liquid to mushy stool waste.
Ileostomy (end)	The end of the ileum is brought up to the skin to be made into a stoma. Both colostomies and ileostomies can be 'end' stomas.
Ileostomy (loop)	A type of stoma in which a loop of the ileum is brought to the skin to create a stoma. This technique is used to create temporary stomas, stomas for persons who cannot tolerate a lengthy surgery and as palliative stomas for terminal cancer patients with bowel obstructions.
Ileum	The section of small bowel that is located between the jejunum and the colon.
Inflammatory bowel disease (IBD)	Chronic inflammation of the digestive tract. The two most common forms of IBD are Crohn's disease and ulcerative colitis.
IOA	The IOA is the International Ostomy Association. An international peer support group for patients with ostomies.
J-pouch (ileoanal anastomosis)	A surgery, usually performed for ulcerative colitis, where the colon is removed and the end of the small bowel (ileum) is made into an internal reservoir and attached to the rectum.
Laparoscopic surgery	A surgery that is performed with a telescopic device and several small incisions. Laparoscopic procedures are less invasive than traditional, 'open' surgeries.
Mucocutaneous separation	The sutured edge of the stoma separates (or dehisces) from the skin before the stoma and skin are healed together. This can be partial or completely around the stoma. This is seen in malnourished patients, diabetic patients, obese patients and others. In the event that this creates a crevice around the stoma, the crevice must be filled with barrier material and a pouch is placed over the crevice, not around it.

One-piece pouch	The pouch system in which the skin barrier is attached to the pouch.
Ostomy	Surgically created opening in the abdomen for the purpose of passing stool waste or urine. Common types of ostomies are colostomy, ileostomy and urostomy.
Ostomy paste	A gummy type of skin barrier material that comes in a tube that may be used to fill skin indentations and to protect the skin at the edge of the cut opening of the pouch skin barrier. (NOTE: not to be used as 'glue' to hold on a pouch).
Ostomy powder	A powdered pectin product that can be applied to irritated peristomal skin to protect the skin from further breakdown from the ostomy output. Must be moistened slightly to make gummy for pouch barrier to be applied over the powdered area.
Ostomy association	A peer support informational group for persons with ostomies. Many countries have ostomy associations usually located in large cities.
Ostomate (ostomist)	A person who has an ostomy.
Ostomy output	The stool or urine waste that is excreted from a stoma.
Peristomal	Refers to skin around a stoma.
Pouch	An ostomy appliance or 'bag' to collect stool waste or urine from the stoma; pouches are available as one-piece with skin barrier and pouch all in the one piece or two-piece where the pouch and skin barrier are separate parts that can be attached to one another.
Pouch (convex)	A type of pouch where the skin barrier is curved; this is helpful to manage stomas that do not protrude above the skin level.
Pouch (one-piece)	The pouch system in which the skin barrier is attached to the pouch. The adhesive barrier and pouch are all-in-one. The one-piece is easy to use but each time the bag is changed a new adhesive has to be placed around the stoma. Some are able to be flushed in a toilet for disposal.
Pouch (two-piece)	The pouch and skin barrier are separate and must be connected together. It contains an adhesive flange and the pouch. Generally two-piece pouches are used for those who have sensitive skin or who have to change their pouches often.
<u>Pouch (open-ended)</u>	One of the most common types of pouches and the easiest to empty. The open-ended pouch has an opening at the end, where the stool can drain out from and a clamp is usually used to close the end of the pouch. The open-ended pouch is used mostly by people with ascending or transverse colostomies.
<u>Pouch (close-ended)</u>	The close-ended pouch is used mostly by people who have a descending or sigmoid colostomy. Since a new pouch is used each time it is changed. The use of a close-ended pouch system may be more costly.
<u>(Pouch) pre-cut or cut-to-fit</u>	These are used for colostomies for people who are unable to find the right size pouch for their needs. Pre-cut pouches already have holes cut into them, which is centred on top of the stoma. Cut-to-fit is cut according to the size of the stoma. The cut-to-fit pouches are usually given after surgery because the size of the stoma will decrease as it heals.
Pouchitis	An inflammation of the mucous lining of the surgically created reservoir (See J-pouch); most common complication of J-pouch surgery.
Peristomal pseudoverrucous lesions	Wart-like growths around a stoma, resulting from chronic exposure of the peristomal skin to ostomy output. Indicates the need for stoma reassessment and pouch refitting.
Parastomal hernia	Part of the bowel bulges through the opening in the muscle that was made to bring the stoma to the skin.
Peristomal epidermal hyperplasia	Overgrowth of granulation (healing) tissue around a stoma. Often due to exposure of the peristomal skin to the stoma output from an incorrectly fitting pouch. Indicates need for stoma reassessment and pouch refitting.
Proctocolectomy	The whole colon along with the rectum and rectal sphincters is removed. The end of the ileum is brought to the skin to form a permanent ileostomy.



Pyoderma gangrenosum	An extremely painful ulceration with a bluish wound edge. It is associated with chronic systemic conditions such as IBD, rheumatoid arthritis and others. Requires both systemic treatment of the underlying disease process in addition to local wound management.
Skin barrier	A substance that protects the skin from the ostomy waste; can be in the form of a face plate (wafer) on a pouch system, ostomy powder, ostomy paste, protective barrier wipes or sprays.
Stoma	An opening, either natural or <u>surgically</u> created, which connects a portion of the body cavity to the outside environment. Surgical procedures in which stomata are created are ended in the suffix <i>-ostomy</i> and begin with a prefix denoting the organ or area being operated on.
Stoma necrosis	Stoma tissue dies due to lack of blood flow, tension on bowel, constriction from skin barrier cut too small. Initially stoma is dark-red to purple, then black; later the tissue looks tan and begins to peel (slough) away from the normal stoma tissue.
Stoma prolapse	The bowel telescopes (protrudes) out of the stoma; common complication of transverse loop colostomies.
Stoma retraction	Stoma appears to be being pulled down to skin level or below; seen in obese patients, can result from complete mucocutaneous separation or stoma necrosis.
Stoma site marking	The process performed before surgery by an ET nurse or surgeon in which the abdominal contours are evaluated and the desired site for a stoma is selected and marked on the skin.
Stoma stenosis	The diameter of the stoma at the level of the skin narrows or constricts.
Short bowel syndrome	A disorder in which there is either not enough small bowel tissue or not enough functioning small bowel tissue to absorb the liquids and the nutrients taken in by mouth. Some persons have so little small bowel that they must take IV nutrition for their lifetime.
Ulcerative colitis	A type of inflammatory bowel disease (IBD) in which the colon mucous lining is irritated causing abdominal pain, bloody diarrhoea, weight loss, anaemia and fatigue.
Urostomy	A stoma created to excrete urine after a cystectomy. Most common indication for cystectomy is bladder cancer. Output is expected to be clear with mucous particles.
Wafer	Skin barrier part of pouch used to protect skin.
Reference: WCET. WCET International Ostomy Guideline. Zulkowski K, Ayello EA & Stelton S (Eds). Perth, Australia: WCET.	

