

HOW TO TREAT ILEOSTOMY BLOCKAGE

SYMPTOMS

Thin, clear liquid output with foul odor; cramping abdominal pain near the stoma; decrease in amount of or dark-colored urine, abdominal and stomal swelling.

STEP 1: AT HOME

1. Cut the opening of your pouch a little larger than normal because the stoma may swell.
2. If there is stomal output and you are not nauseated or vomiting, only consume liquids such as Coke, sports drinks, or tea.
3. Take a warm bath to relax the abdominal muscles.
4. Try several different body positions, such as a knee-chest position, as it might help move the blockage forward.
5. Massage the abdomen and the area around the stoma and try a knee chest position as this might increase the pressure behind the blockage and help it to “pop out.” Most food blockages occur just below the stoma.

STEP 2: IF YOU ARE STILL BLOCKED, VOMITING, OR HAVE NO STOMAL OUTPUT FOR SEVERAL HOURS: STOP INTAKE OF FOOD & FLUIDS.

1. Call your doctor or WOC Nurse and report what is happening and what you tried at home to alleviate the problem. Your doctor or WOC Nurse will give you instructions (ex., meet at the emergency room, come to the office). If you are told to go to the emergency room, the doctor or WOC Nurse can call in orders for your care there.
2. If you cannot reach your WOC Nurse or surgeon and there is no output from the stoma, go to the emergency room immediately.
- 3. IMPORTANT: TAKE THIS CARD WITH YOU TO THE EMERGENCY ROOM AND GIVE IT TO THE PHYSICIAN.**
- 4. IMPORTANT: TAKE ALL OF YOUR POUCH SUPPLIES** (eg., pouch, wafer, tail closure, skin barrier spray, irrigation sleeve, etc.)

For tips to help prevent blockages, see UOAA Ostomy Dietary Guidelines.



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EMERGENCY ROOM STAFF PROCEDURE: ILEOSTOMY OBSTRUCTION

SYMPTOMS

No stomal output; cramping abdominal pain; nausea and vomiting; abdominal distention, stomal edema, absent or faint bowel sounds.

1. Contact the patient's surgeon or WOC Nurse to obtain history and request orders.
2. Pain medication should be initiated as indicated.
3. Start IV fluids (Lactated Ringer's Solution/Normal Saline) without delay.
4. Obtain flat abdominal x-ray or CT scan to rule out volvulus and determine the site/cause of the obstruction. Check for local blockage (peristomal hernia or stomal stenosis) via digital manipulation of the stoma lumen.
5. Evaluate fluid and electrolyte balance via appropriate laboratory studies.
6. If an ileostomy lavage is ordered, it should be performed by a surgeon or ostomy nurse using the following guidelines:
 - Gently insert a lubricated, gloved finger into the lumen of the stoma. If a blockage is palpated, attempt to gently break it up with your finger.
 - If available, attach a colostomy irrigation sleeve to the patient's two-piece pouching system. Many brands of pouching systems have Tupperware®-like flanges onto which the same size diameter irrigation sleeve can be attached. If the patient is not wearing a two-piece system, remove the one-piece system and attach the colostomy irrigation sleeve to an elastic belt and place it over the stoma. If an irrigation sleeve is not available, cut an opening at the top of the patient's pouch, open the tail end of the pouch and place in a basin, bedpan or urinal.
 - Working through the top of the colostomy irrigation sleeve, or pouch, insert a lubricated catheter (#14-16 FR) into the lumen of the stoma until the blockage is reached. Do not force the catheter.
 - **Note:** If it is possible to insert the catheter up to six inches, the blockage is likely caused by adhesions rather than a food bolus.
 - Slowly instill 30-50 cc NS into the catheter using a bulb syringe. Remove the catheter and allow for returns into the irrigation sleeve. Repeat this procedure instilling 30-50 ccs at a time until the blockage is resolved. This can take 1-2 hours.
7. Once the blockage has been resolved, a clean, drainable pouch system should be applied. Because the stoma may be edematous, the opening in the pouch should be slightly larger than the stoma.



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