

Stoma necrosis Management

Mrs. Supaporn Wongnikorn Chaophraya Abhaibhubejhr Hospital

Background

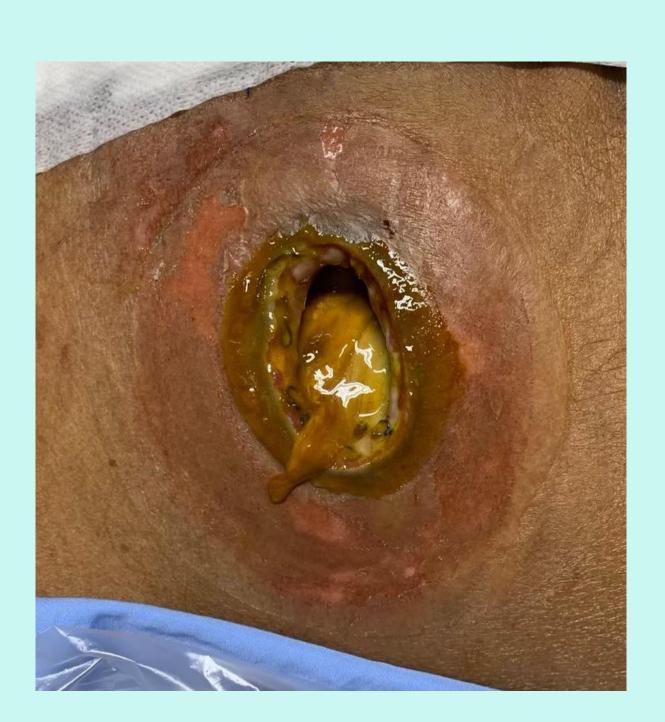
Stoma ischemia/necrosis, mucocutaneous separation, and retraction is early complications in postoperative. The Management of stomas complications is essential for the patient to return to a normal life and improve quality of life.

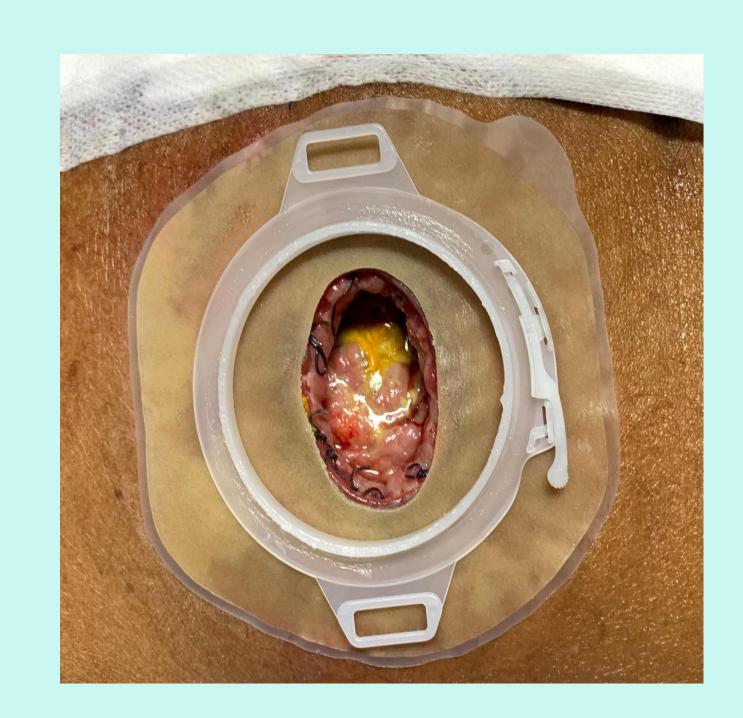
Thai male ages 73 years old Dx. CA
Rectum with rectum perforation. S/P
Explor lap with Hartman's Procedure
with colostomy. underlying Asthma
,DM, HT, DLP, CKD on HD after surgery
had stoma necrosis and submucosa rot.
Patients and relatives cannot care for
the stoma. They are stressed, very
anxious and feel a loss of confidence.



Methods and Materials

- 1. Cleansing with Nss and sharp debridement then socking Polyhexanine-Betaine 15 minutes
- 2. Protect surrounding skin with hydrocolloid powder and skin barrier film spray
- 3. Cleansing stoma twice a day and socking Polyhexanine-Betaine 15 minutes. Change colostomy bag morning-evening

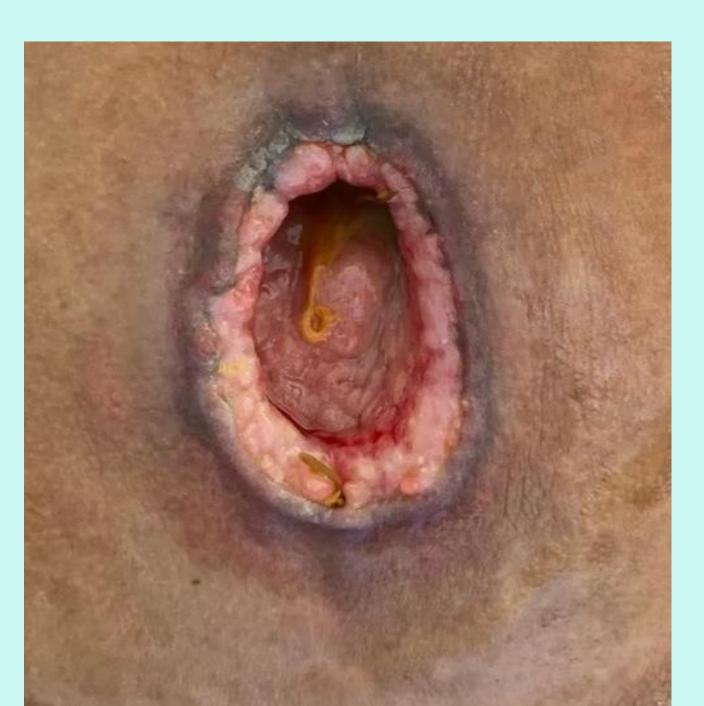




Day1







2 Week

Results

- 1. Sharp debridement stoma 100% slough and biofilm then socking Polyhexanine-Betaine 15 minutes Immediately after slough and biofilm decreases. Dressing in the first 1-2 weeks, slough decreases 90% and granulation 10% slough.
- 2. 1 week, 90%, granulation 10%, slough dressing with Nss and socking Polyhexanine-Betaine 15 minutes.
- 3. Week 2, 100% Epithelialization, wound healed.

A study in this patient found that complications that in addition to causing the patient to suffer from pain, wounds, infection also caused the patient's stress and anxiety from loss of image. Empowerment is important for patients to be able to care for themselves until the wound heals and be able to care for themselves when they go home.

Conclusion

Stoma necrosis is a complication seen after surgery. Patients with this complication often have anxiety and lack confidence in caring for the stoma. In the role of a nursing caregiver, besides educating and caring for wounds, psychological care is essential to allow patients to return to normal life. Advance wound dressing can help the slough to come off easily and the wound infection is reduced, it can easily care for the wound and make the wound heal faster. It also reduces the length of hospital stay and reduces the patient's cost.

Reference

- 1. ธมลวรรณ ยอดกลกิจ และคณะ. การใช้แนวปฏิบัติทางคลินิกในการดูแลผู้ป่วยโรคลำาไส้ ใหญ่และ ทวารหนักที่ได้รับการผ่าตัดทางหน้าท้อง. วารสารการปฏิบัติการพยาบาลและการ ผดุงครรภ์ไทย. 2561;5(1) 94-111. จาก
- https://he02.tci-thaijo.org/index.php/apnj/article/view/131565/98725.
- 2. A.Bellingeri. Effect of a wound cleansing solution on wound bed preparation and inflammation in chronic wounds: a single-blind RCT. Journal of WoundCare.2016;25(3).form https://pubmed.ncbi.nlm.nih.gov/26947697/.
- 3. Khalilzadeh Ganjalikhani M, Tirgari B, Roudi Rashtabadi O,Shahesmaeili. A. Studying the effect of structured ostomy care training on quality of life and anxiety of patients with permanent ostomy. Int Wound J.2019;
- 1-8. https://doi.org/10.1111/iwj.13201.