**Instructions for parents of infants and preschool children with a stoma**

**Stoma**

A stoma is the end of the intestine (ends of the intestine)which is lifted through the abdominal wall during surgery, from which faeces / urine are excreted involuntarily. Stoma can be permanent or temporary Your doctor will tell you why your child has had a stoma and what kind of stoma it is. Guidance on stoma-related care is provided by stoma nurses and nurses on the ward.

**Stoma care**

A healthy stoma is reddish and moist. The size and color of the stoma should be monitored. The stoma may be swollen at first, but this will decrease over a few weeks. When caring for a stoma, it is important to take care of the cleanliness and condition of the skin. The opening of the stoma adhesive must be the right size. This prevents possible skin problems and affects how well the adhesive adheres to the skin around your stoma. Handling a stoma can cause minor, harmless bleeding from the sensitive and numb mucous membrane.

**Changing the stoma appliance**

Reserve the necessary stoma supplies within reach.

Cut the adhesive to right size to adapt it to your stoma. Prepare the moldable appliance before adapting it to your stoma.

Remove carefully the adhesive on the skin, supporting the skin.

Removal can be aided with a removal spray or wipe.

Used stoma appliances are disposed of with mixed waste.

The stoma and surrounding skin are cleaned with water.

Any adhesive/seal residues can be cleaned with a removal spray or towel if necessary. Dry the skin thoroughly with a soft towel or paper.

Avoid rubbing and scratching the skin.

A new stoma appliance is carefully applied to clean and dry skin. The adhesive adheres better if it is warmed between the hands before insertion.

The appliance change interval is individual depending on the stoma appliance type.

Follow the instructions given to you by your stoma nurse.

Your stoma nurse will tell you about the availability of stoma accessories.

**Diet and bowel movements**

**Individuality**

The diet is determined by the age of the child. A child with a stoma can eat ordinary, varied food. The regularity of eating and the variety of food help the bowel to function regularly. The child should be offered several small meals a day and adequate fluid intake should be ensured. Different foods are very individual for a child with a stoma.

**Special features**

The secretion of the small intestine is usually loose, often even liquid. Fecal volumes are quite abundant. As a result, the child's body may become dehydrated. Adequate fluid and salt intake should be taken care of. You will receive individual instructions from the nursing staff. Loose and abundant stools can be caused in preschool children; industrial orange juices, abundant use of whole grains, raw vegetables, fruits, sugar, xylitol and sorbitol.

**Diarrhea**

With diarrhea, the amount of stool increases markedly and it becomes more liquid. Diarrhoea can be caused by many different causes and can also be accompanied by vomiting. The child may develop a fluid balance disorder with symptoms such as: Sunken fontanel, weakness, lethargy, tiredness, nausea, dark urine and decreased urine volume. In this case, immediate treatment should be sought.

Provide preschool children with as much drink as possible, normal food and, if necessary, Osmosal® solution from the pharmacy to balance fluid imbalances.

**Bowel obstruction**

Difficulties in emptying or obstructing the bowel can be caused in older children by poorly chewed food, peels of vegetables and fruits, seeds and long fibres, tough meat, coarse raw grated foods and popcorn. Peel the fruit and squeeze the citrus into juice. You can remove the films from the meat and grate the root vegetables/vegetables finely enough. Advise your child to chew food well and eat smaller meals several times a day.

Symptoms of bowel obstruction may include a stoma not working, abdominal swelling, vomiting and cramping abdominal pain. In this case, it is necessary to immediately contact the attending hospital or doctor.

**Flatulence**

Foods and drinks that cause flatulence include raw apple, pea, bean, cabbage, swede, onion, paprika, chewing gum, lozenges, fresh rye bread and buns, as well as carbonated drinks and pacifier sucking.

**Practical instructions for stoma care**

• Your child can bathe, sauna and swim with a stoma. When going to the sauna, place a damp towel over the stoma pouch so that the pouch does not burn the intestinal mucosa when it heats up.

• When the skin around the stoma is very dry, you can apply a well-absorbing light moisturizer.

• Air baths soothe the skin around the stoma, as does spraying with warm water.

• If the skin is irritated or there are problems with the stoma appliances adhesiveness or fitting, contact a stoma nurse.

• With the help of a sealing paste or ring, you can ensure the stability of the stoma appliance if necessary.

• It is advisable to avoid abrasive or tightening clothing over the stoma to avoid damaging the delicate mucous membrane of the stoma. Wearing a bodysuit or crawler prevents your child from fingering the stoma.

• A stoma does not restrict your child from sleeping on their stomach.

• Stoma appliances should be stored at room temperature and protected from direct sunlight.

• It is advisable to keep stoma supplies at home for at least three weeks.

• When travelling, also stock up on stoma appliances in hand luggage.

**Social security**

General social welfare and health care legislation also applies to children who have undergone stoma surgery. In these matters, you will have the opportunity to meet with a social worker.

The stoma nurse will notify the care supply distribution about your child's stoma appliances and, if necessary, contact the child health clinic. During the discharge phase, you will receive supplies related to stoma care, until you receive them from the distribution of care supplies.

Finnilco ry is a national organization for stoma-, correspondingly operated and incontinence patients [www.finnilco.fi](http://www.finnilco.fi)

**Contact information of the stoma nurse:**

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