

HOW TO TREAT ILEOSTOMY BLOCKAGE



What You May Experience (Symptoms)

- Thin, clear liquid output with foul odor; can progress to no output.
- Cramping pain in the abdomen (belly); may be near the stoma or the entire abdomen.
- Decrease in urine output; urine may be dark in color. This may happen from dehydration due to not wanting to drink fluids because you don't feel well.
- Swelling of the abdomen and stoma.

Note: After abdominal surgery, a blockage of the small bowel can happen for many reasons including from scar tissue (adhesions). If stool is not coming out of your stoma, it is best to call your doctor or go to the emergency room (ER) immediately to determine if you have a stoma blockage related to food, or a small bowel obstruction.



If you suspect a blockage that may be due to food particles collecting inside your stoma (stoma blockage), follow step one.

If you are vomiting, or have abdominal pain, or have additional concerns, call your doctor or go to the ER before trying these steps.

STEP 1

Call your health care provider's office to let them know about any change in function lasting more than 2-4 hours even if there is no pain or vomiting.

- If your stoma starts to swell, replace your pouching system. Cut the opening of your wafer a little larger than normal to accommodate the swelling.
- If there is no output from your stoma, and you are not nauseated or vomiting, stop eating solid food and only consume liquids such as juices, warm broth or tea.
- Take a warm bath or shower to relax the abdominal muscles.
- A heating pad placed on a low setting may be helpful to relax the abdominal muscles.
- If possible, take a short walk or just walk slowly around your house, as long as it's not too painful.
- Try several different body positions, such as a knee-chest position, or lie on the side of your stoma with knees bent, as it might help move the blockage forward.
- Massage the abdominal area and the area around your stoma. Most food blockages occur just below the stoma and this may help dislodge the blockage.

If you do not have any output for several hours, have abdominal pain and/or you are vomiting, your abdomen is distended (swollen), and the symptoms continue, or your stoma is edematous (swollen) or the color of the stoma has significantly darkened; follow step two.

STEP 2

- Stop eating and drinking.
- Call your doctor.
- If you are unable to reach your doctor, go to the emergency room (ER) immediately.
- Take your pouching supplies with you to the ER as they may not have your particular products.
- Take this card to the ER with you and give it to the admission nurse or medical professional caring for you.

How To Treat Ileostomy Blockage

Give this card to the emergency room medical professional caring for you



Instructions for Medical Personnel

- Check for local blockage (food particles, peristomal hernia or stomal stenosis) via digital manipulation of the stoma lumen. This can be done by lubricating the index finger and gently passing it into the ileostomy opening/lumen. You should gently pass the finger to below the level of the abdominal wall fascia. You should feel the tight edge of the fascia as you pass your finger through the lumen. If you cannot easily pass your finger, you should abandon the effort. The patient may experience cramping and discomfort during this maneuver which is normal.
- An abdominal X-ray or CT scan may be indicated to determine causes of obstruction and remove the volvulus portion.
- Begin IV hydration, check electrolytes, and provide pain management measures.

Do not give laxatives or bowel prep - these can cause severe fluid and electrolyte imbalance and dehydration.



If an ileostomy lavage is ordered for **a determined food blockage**, it should preferably be performed by a **surgeon or certified ostomy nurse** using the following guidelines:

- Gently insert a lubricated, gloved finger into the lumen of the stoma. If a blockage from food particles is palpated, attempt to gently break it up with your finger.
- Remove the patient's entire pouching system and administer lavage through stoma.
- Insert a lubricated soft catheter #14-#16 into the lumen of the stoma until the blockage is reached. Do not force the catheter.
- **See Side Note**
- If food blockage is seen/felt - proceed with lavage. Slowly instill 30-50cc NS into the catheter using a bulb syringe. Remove the catheter and allow for returns.
- Repeat this procedure instilling 30-50ccs at a time until the blockage is resolved. This can take 1-2 hours.

Note: If unable to easily insert the catheter, notify surgery.



If these measures are unsuccessful, order a surgical consultation.

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Reference: Jane Carmel, J. C. (2015). *Wound, Ostomy and Continence Nurses Society® Core Curriculum: Ostomy Management*. Philadelphia: Lippincott, Williams & Wilkins.



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