



The ileostomy & internal pouch
Support Group

How to change an ileostomy appliance with only one hand

Introduction

Preparation is vital to success in changing your appliance one-handed, combined with practice and patience. Trial and error will produce the best procedure for each individual to adopt when changing his/her appliance.

Obviously, the procedure adopted by each individual will depend on factors such as:

- General mobility.
- The extent to which you can use your affected arm.
- Whether it is the dominant arm, which is affected.
- The type of appliance you are using.
- The amount of help you can rely on from others.

Here are some ideas to help the person who has, for whatever reason, the use of only one arm.

Preparation

Cutting

Ideally, for quick and easy application, a one-piece pre-cut appliance would be most suitable for those with the use of only one arm. However, many people use a combination of a flange and pouch or a two piece appliance, and these require cutting to the size of their stoma. To eliminate the very difficult, if not impossible task of cutting, there are several companies which provide a customized cutting service. They will cut your wafers and pouches according to your particular specification. However, if you prefer to cut your wafer and pouches yourself, cutters are available from several companies, designed to suit your individual requirements, which can be managed with the use of only one arm.

General instructions

Keep all appliances, creams, lotions, etc. required for changing, in the one place (as far as possible) to minimize movement when you need these items. The best arrangement, to facilitate changing, is to place a table in front of you, at which you either sit or stand. This can be a vanity unit in the bathroom, a dressing table or desk.

Appliances

One piece pre-cut appliance

- Place appliance in front of you with adhesive surface facing upwards and drainage outlet hanging over the edge of the table. Stand in front of the table, wedging the end of the pouch between your hips and the table.
- Remove the coverings over the adhesive.
- This procedure can also be done sitting down. Sit sideways to the table, wedging the drainage outlet between your chest and the table. Remove any coverings as before.

Flange

- To open flange packaging, wedge flange between knees and peel downwards. Inserting hand into the flange packaging, as into a glove, will help to open the packaging.
- Use the flange cutter, following instructions provided.
- Remove the adhesive, only when you are ready to apply flange to the skin.

Clip

- The type of closure clip used will be dependent on personal preference. Regardless of the type of clip used, the task of opening and closing the drainage outlet will be a messy one and require practice.
- Fit clip to pouch before attaching to the skin.
- Plastic closure clip - with the adhesive surface of the pouch facing upwards, place the thin bar of the open clip on top of the drainage outlet. Fold the outlet over once. Press the two sides of the clip together, clamping the bag in between. This may be a more convenient clip to use as it requires folding over only once.

- Wire closure clip - Remove cover from the adhesive on the wire clip and stick to the pouch near to the bottom of the drainage outlet. In some makes, the wire closure clip is already in place. Next, roll the clip upwards several times, tucking the drainage tube in as it folds over the closure clip.

Two piece appliance

- Assemble the two piece before applying to the skin.
- Remove flange from packaging as above and use a flange cutter to cut the hole in the flange. Do not remove the flange adhesive at this point. If a convex 'insert' is required inside the rim of the flange, this can be done by placing the flange on to a cushion with rim facing upwards. Then, press the convex insert into place using the thumb and forefinger of your free hand.
- Press the pouch onto the flange rim before fixing it onto your skin, remembering to set it at an angle if drainage is done to one side.
- Check that the seal is secure.
- Attach clip to the bag if this has not already been done.
- Remove flange adhesive.

Washing

- Since quite a lot of preparation is necessary to successfully carry out this part of the procedure, it is best to do this before removing the old appliance if possible.
- Tissues/toilet roll: have several lengths of toilet roll or tissues lying across your lap or within easy reach.
- Skin Wipes: to avoid having to prepare a basin or container of water and soap etc., cleaning may be carried out using toilet roll/tissues and peristomal skin wipes, such as CliniMed barrier wipes or United Medical skin-prep. Other pre-moistened wipes such as Boots extra thick baby wipes could be considered as an alternative to soap and water.
- To open skin wipes: - stick sachet to the table using blue tack and cut along the sachet with scissors. Leave wipes in the sachet until required. It may be necessary to open a few sachets to ensure enough are available for thorough cleansing.
- However, if soap and water are preferred, cotton wool balls are easier to handle than either a face cloth or cotton wool torn from a roll.

Removing the appliance

- Empty the bag before removing it.
- Remove the bag, starting from the top corner and ease down.
- Place in a plastic disposal bag. It would be difficult for someone with the use of only one arm to fold newspapers.
- Clean the skin around the stoma using your chosen method and allow to dry.
- At this point various creams, gels, solutions and lotions may be required. A device known as 'Spill Not' supplied by Boots can be used to facilitate opening and closing of bottles and containers, leaving you with a free hand to untwist the cap or top. Alternatively, the knees can be used as a vice to grip bottles, tubes of cream etc., when opening them.
- Stomahesive paste can be immersed in a container of warm water, which heats the paste, causing it to leave the tube more easily when squeezed. Gentian violet can be applied to excoriated skin using a cotton bud, which avoids staining the fingers.

Attaching the appliance

Grip the adhesive disc or area at the top and bottom edges, pushing the edges together so that the stoma hole lifts upwards. Position the hole over the stoma and smooth to skin.

The Ileostomy Association gratefully acknowledges the assistance of Jo Heller, who devised the procedures outlined in this leaflet.

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