Life is challenging. Life with an ostomy is more challenging. Living with a colostomy, ileostomy, or urostomy while confined to a wheelchair adds a new dimension to the challenges of daily activity. Healthcare professionals should be cognizant of the unique obstacles associated with life in a wheelchair before ostomy surgery is performed and plan interventions and creative solutions accordingly. Should an individual with an existing stoma later become wheelchair-bound, changes in daily care, ostomy products, and overall ostomy management routines will be required. These situations are proof of how powerful finding the “right” pouching system can be in an individual’s quality of life.

Preoperative stoma site marking for a wheelchair-bound individual requires meticulous attention. Standard stoma sites (eg, the lower-left or lower-right quadrant) may be incompatible with self-care and/or the patient’s ability to see the stoma and surrounding skin. Stoma sites can disappear into skin folds, creases, or the groin when the patient is in a sitting position; achieving an even skin surface on which to adhere a pouching system may be impossible. To address such concerns, the patient should be carefully evaluated while seated in the wheelchair. The stoma location may need to be higher on the abdomen than normal. Consideration also should be given as to whether the patient has use of one or both hands because this can have a direct impact on the potential for complete or partial participation in self-care.

The comparatively easy process of emptying an ostomy pouch can be problematic for someone in a wheelchair. The inability to maneuver the wheelchair close enough to the toilet means pouch contents can spill, making the act messy and exacerbating it to an emotionally charged experience. Closed-end pouches (for fecal output) help make pouch emptying unnecessary. The patient can simply remove the soiled closed-end pouch, put it in a re-sealable disposable plastic bag, and place it in a trash can. People with limited dexterity or the use of one hand can remove and re-apply a closed-end pouch (one- or two-piece system). Drain tube extensions and leg or thigh bags can make emptying urine from a urostomy into the toilet much easier.

If the individual is totally dependent on a caregiver for ostomy care, appropriate choice of ostomy products and supplies can positively affect quality of life. The use of extended-wear ostomy skin barriers can help increase wear time and reduce the number of changes needed. For example, consider the home- and wheelchair-bound patient with a colostomy and left-sided paralysis. After switching the patient from a one-piece drainable pouch to a two-piece closed-end pouch and an extended-wear ostomy skin barrier, the caregiver is able to routinely change the ostomy skin barrier every 5 days. Between skin barrier changes, the patient is taught how to remove, reapply, and dispose of the closed-end pouch. This provides the patient a sense of independence and control and allows maximum participation (to his/her physical potential) in self-care.

Teaching patients with limited mobility and dexterity how to care for an ostomy requires patience, emotional support, and repetition. Clinicians should work closely with the patient, family, and caregiver to determine the concerns and individual obstacles that will play a role in daily ostomy care. Once these concerns

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have been identified, the clinician must seek creative solutions for all vested parties.

A logical place to begin problem solving is with the ostomy care routine and the ostomy supplies used. The features and benefits of one- and two-piece pouching systems, convexity, moldable skin barriers, pre-cut ostomy skin barriers, drainable and closed-end pouches, and a variety of urostomy taps should be evaluated and considered for each individual. Would this particular patient benefit from the convenience of a one-piece pouching system or would the use of a two-piece pouching system make daily ostomy routines easier? Who is providing ostomy care? Would changes to the pouching system increase the patient’s ability to participate in self-care? What is the physical configuration of the patient’s bathroom? Is it wheelchair accessible? Can the patient reach the toilet? Where is the trash can? Is the patient able to reach it? What changes in the physical environment would benefit this wheelchair-bound individual with an ostomy?

The best solution is usually the simplest and the one that works for the patient’s lifestyle and sense of well-being. Once again, careful assessment, acute interactive listening skills, and an in-depth working knowledge of the benefits of a variety of ostomy supplies play an enormous role in enhancing the quality of life for someone living life with an ostomy, especially someone who is wheelchair-bound.

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