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COLOSTOMY APPLIANCE

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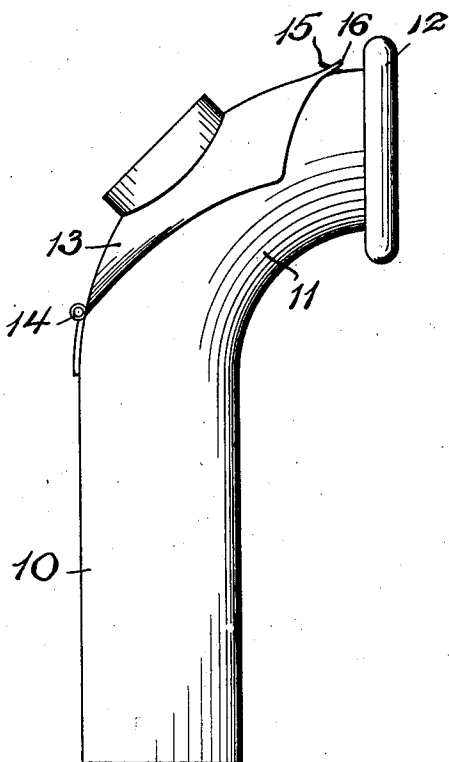


FIG. 1

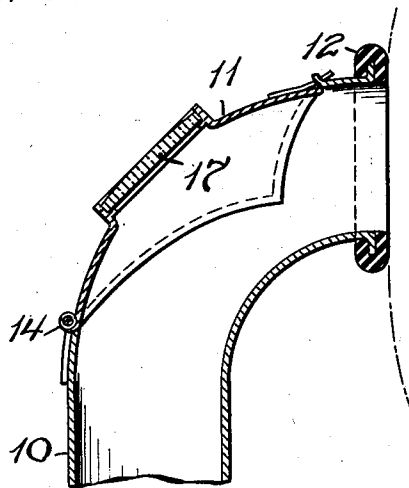


FIG. 3

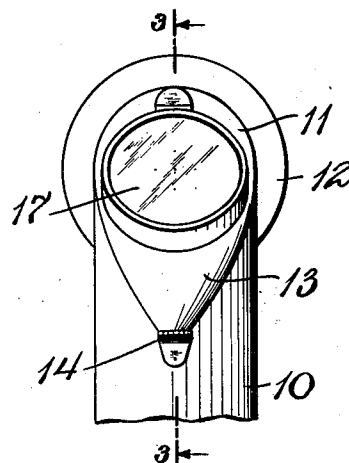


FIG. 2

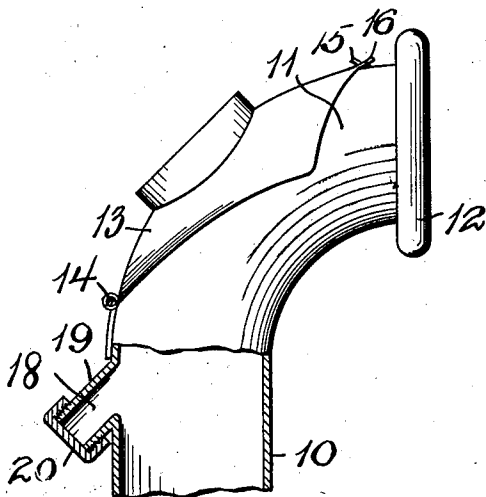


FIG.4

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COLOSTOMY APPLIANCE

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1 Claim. (Cl. 128—283)

This invention relates to a colostomy appliance which is convenient to use and overcomes the inconveniences and embarrassments caused by the use of prior devices.

The appliance is an irrigating device which fits closely to the abdomen over the colostomy and includes an opening which allows a prompt and accurate insertion of the irrigating or water pipe into the colostomy but also serves to confine the ejected material to the tube by reason of the possibility of quick and easy closing of the lid.

The invention of this application is primarily designed for use by the patient rather than by another person in such cases where the bowel has been trained to empty at periodic intervals, usually once a day. The article enables the patient to hold the rigid tubular device in place and also enables the patient to observe the colostomy when the device is in place. This allows the patient to hold the appliance in place by one hand and, due to observation, to use the other hand to accurately place even a soft rubber tube or catheter into the opening. The device is thus adapted for use by the patient himself or herself and allows observation of the patient's own colostomy not only for easy and quick insertion of a catheter but also observation of the colostomy to ascertain when complete elimination has been accomplished.

The invention is illustrated in the accompanying drawing in which Figure 1 is a side view of a colostomy appliance made according to the invention. Figure 2 is a front view of the same appliance. Figure 3 is a section on line 3—3 in Figure 2. Figure 4 is a side view of a colostomy appliance of a slightly modified form.

The main body of the appliance is tubular and comprises the tube 10 with an elbow 11 at its upper end. The tube is made of any suitable material, usually metal, and in normal cases is about one and one-half to two inches in diameter and about six inches long although these sizes and proportions may be varied to suit various cases.

The device is adapted for use by having its lower open end over a basin, toilet bowl or other receptacle while it is held with the upper open end against the colostomy. The open end at the end of the elbow is provided with a soft rubber cushion in the shape of a ring 12. This ring fits over the abdomen where the colostomy is located and the soft ring conforms to the usual indentation at the site of healed incision thus preventing leakage.

At the elbow of the tube is arranged a readily operated lid or door 13 which is usually hinged

at the bottom to the outer curved side of the elbow where it merges into the straight tube. The lid is shown of curved form to fit into the curve of the elbow when the lid is shut. It is shown hinged at 14 and is held against flapping or accidental opening by a suitable spring catch 15 and is released by lifting under the finger piece 16. The lid is usually hinged at the bottom of the lid below the edge of the opening in the elbow in order to direct the water and fecal matter if the expulsion begins before the lid is entirely shut.

It is usual and also desirable to provide the lid with an opening opposite the upper open end of the tube to place a transparent pane 17, usually clear glass, in the opening. This enables one to examine and observe the colostomy without removing the appliance from the body. The glass pane 17 is placed in a position opposite the upper open end of the tube when the lid is shut which enables the patient to observe the colostomy without excessive distortion of the body and to satisfy the patient by observation as to when evacuation is completed.

In using this appliance, annoyance and embarrassment is avoided. As is well known in cases of this kind, the absence of a sphincter causes or allows no voluntary control of the colostomy. The result is that ordinarily when the procedure of emptying the bowel is followed much unnecessary labor and time is taken up.

In practically all cases of colostomy operations, the surgeon prefers that the bowel be trained to empty once each day. This is done by introducing water through a tube into the colostomy either as an enema or as an irrigation at the same hour each day to establish a daily timed habit. After water is passed into the bowel to its capacity it is followed by an almost instant expulsion of the water and fecal matter. If this habit is established daily it avoids the necessity of wearing the highly objectionable colostomy bag.

It is desirable to make the treatments effective and important that they be not unpleasant for the patient. This is chiefly because unpleasantness causes nervousness and many authorities agree on a class relationship between undue excitability and irritability of the intestines. It is also true that distasteful treatments and dressings indirectly decrease appetite.

It has been the custom in the past to hold various receptacles, usually emesis basins against the abdomen under the colostomy. This old method necessitates frequent emptying and shifting of

the basin, which is difficult and unpleasant for the patient. The introduction of the water simulates contraction of the intestines and the return is ejected forcibly, making it almost impossible to hold basins so as to prevent soiling the clothing or the body.

The present appliance overcomes the above objections as it is placed against the body with the upper open end over the colostomy. If the patient is seated on a toilet bowl the tube 10 is held down between the legs and it deposits the stool into the bowl. If this is not possible the tube 10 is held over a basin or connected to an extension which empties into a pail placed under the bed if the treatment is given to a patient in bed.

The lid 13 is opened and a flexible hose is passed into the colostomy which is in the center of the open end of the tube and surrounded by the ring 12. The proper amount of water is thus passed into the intestines and the lid is closed after the rubber hose or other medium of passing water into the intestines has been withdrawn. The colostomy can be observed through the window 17. If additional water is necessary the lid can again be opened and the pipe applied to the colostomy. Even if the colostomy begins to function before the lid of this appliance is closed it still prevents leakage and acts to prevent soiling by directing the water and fecal matter into the tube 10 while the lid is being snapped shut. The window allows the nurse or patient to examine and observe the flow or the colostomy if necessary.

The appliance may be held in place against the abdomen by the patient or it may be secured by elastic straps tied around the waist and secured to the appliance in any well-known and obvious manner.

The modification shown in Figure 4 is provided

with an opening or inlet 18 provided with a boss 19 and a suitable closure such as the screw cap 20. This appliance has transparent window also to enable observation of the colostomy while the irrigating tube is passed through the opening 18 and inserted into the colostomy. The advantages of this construction is that the lid can be kept closed in some cases while the placing and insertion of the irrigating pipe or tube can be observed through the small window. The window enables the above observation of the colostomy if additional water is needed and also the required observation of the termination of the discharge without removing the device from the body. The modified form is designed to avoid the necessity of some patients buying two appliances. The second opening is arranged in vertical alignment with the upper open end of the tube and in the wall opposite the said open end. This opening is used when a second person inserts the catheter or limited control of expulsion has not been acquired. The second opening is not necessarily used when the patient is inserting the catheter himself and has become familiar with the device and his own bowel reaction. It is then that the hinged lid is used for quickly and effectively closing the side of the tube and thus directing the expelled matter downwardly.

I claim:

A colostomy appliance comprising a tube having open ends and with an elbow at its upper end, the outer curved wall of the elbow having an opening therein, a hinged lid on the outer curved side of the elbow to close the opening, a transparent pane in the lid, the tube having a second opening in the wall opposite the upper open end of the tube and below the hinged lid, and a closure for the said second opening.

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