

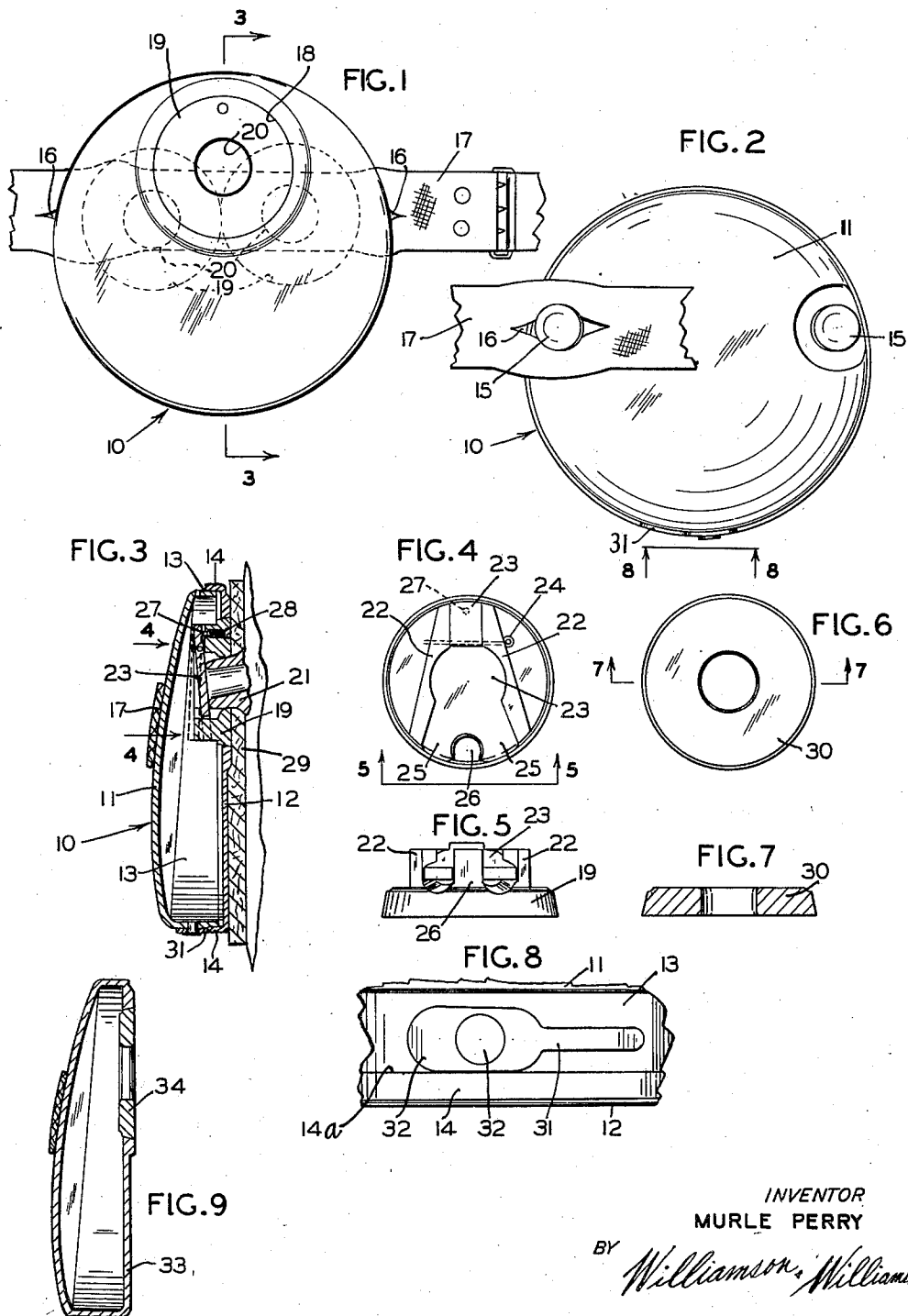
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STOMA RECEIVER

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STOMA RECEIVER

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This invention relates to devices known as stoma receivers and also sometimes known as colostomy and ileostomy appliances, which are used to receive bowel evacuations through surgically formed outlets where normal evacuation is impossible.

It is an object of the invention to provide a stoma receiver which includes interchangeable apertured portions through which the stoma extends, one of the elements being a simple apertured element which holds the stoma in the casing of the receiver, and which is adapted to be utilized when the wearer is not active, and the other element being provided with means for restraining the stoma against undue protrusion through the wall of the abdomen when the wearer is more active.

Another object of the invention is to provide a stoma receiver with stoma restraining means associated therewith, wherein said restraining means is adapted to bear against the outer portion of the stoma but which is outwardly yieldable to permit free evacuation when necessary.

Another object of the invention is to provide a stoma receiver which is so constructed that it can be readily adjusted to suit individual cases wherein, for example, the stoma may be located adjacent either groin or more nearly in the center of the lower abdomen.

A further object of the invention is to provide a stoma receiver of simple construction and including a pair of frictionally yielding separable sections which can be readily opened or separated by means of a simple opening device which is carried by one of the sections.

The above and other objects and advantages of the invention will more fully appear from the following description made in connection with the accompanying drawings, wherein like reference characters refer to the same parts throughout the views, and, in which:

Figure 1 is an elevational view of the inner side of an embodiment of the invention showing alternate positions of the inner section in full and dotted lines;

Figure 2 is an elevation of the outer side of the receiver illustrating the manner of supporting the same and securing it to the body of the wearer;

Figure 3 is a section taken approximately on the line 3—3 of Figure 1;

Figure 4 is an elevational view of the stoma restrainer;

Figure 5 is an edge view taken approximately on the line 5—5 of Figure 4;

Figure 6 is a plan view of a plain stoma ring;

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Figure 7 is a section taken approximately on the line 7—7 of Figure 6;

Figure 8 is an enlarged fragmentary view taken approximately on the line 8—8 of Figure 2; and

Figure 9 is a vertical sectional view through a modified form of stoma receiver casing.

In Figures 1 through 3 there is shown a casing 10 made up of an outer section 11 and an inner section 12. The sections 11 and 12 comprise mainly spaced side walls. The edges of the side walls are defined by flanges 13 and 14 respectively which concentrically fit with a relatively tight yet separably frictional engagement. The outer section 11 has a pair of countersunk buttons 15 formed thereon and they are adapted to fit button holes 16 in a body encircling strap 17 which is adapted to hold the receiver in position and keep it pressed against the skin of the wearer.

The inner casing section 12 is provided with a circular opening 18 which, as shown in Figures 1 and 3, is off center and placed fairly close to the edge of said section 12. Its wall is tapered as shown in Figure 3.

Frictionally seated in and removable from the opening 18 is a stoma ring 19 shown in Figures 1 and 3. It has a central aperture 20 through which the stoma 21 shown in Figure 3 is adapted to extend. The ring 19 has a pair of lateral extensions 22 shown best in Figures 4 and 5. Lying between them is a stoma restrainer element 23 which is pivotally connected between the extensions 22 by means of a frictionally held removable pin 24, shown in Figure 4. The lower portion of the restrainer 23 is in the form of a pair of divergent arms 25 between which lies a projection 26 which is an integral part of and an extension from the ring 19.

The upper portion of the ring 19 is provided with a spring pressed pin 27 whose pressure can be adjusted by a set screw 28. The spring pressed pin 27 bears against the upper portion 23a of the stoma restrainer 23. Since the spring pressed pin 27 lies above the pivot pin 24 it will yieldably urge the lower or major part of the restrainer 23 toward the stoma 21 and prevent the latter from working outwardly through the opening in the abdominal wall indicated at 29. However, when evacuation takes place the restrainer 23 can swing outwardly to about the dotted line position of Figure 3 so that the waste matter will fall into the main body portion of the casing 10. The stoma cannot slip downwardly by reason of the lower projection 26 which lies between the arms 25 which are a part of the restrainer 23.

The stoma restrainer unit just described is

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particularly adaptable for use when the wearer is moving around. When the wearer sleeps a simple apertured stoma ring 30, such as shown in Figures 6 and 7, can be used. While the stoma ring with the restrainer produces some slight resistance to evacuation it is not objectionable, but the simpler ring 30 may be more desirable when the restrainer is not needed.

In Figure 8 portions of the casing sections 11 and 12 are shown, and flanges 13 and 14 are illustrated. The flange 13 on the outer section 11 is provided with a pivotally supported lever 31 connected to the flange 13 by a pivot pin 32. The larger end of the lever 31 is shown provided with a rounded cam surface 31a. When the lever is moved in a counterclockwise direction, as it is viewed in Figure 8, the cam surface 31a will bear against the edge 14a of the flange 14 and cause the sections 11 and 12 to readily separate.

In Figure 9 there is shown a one piece receiver casing 33 which is provided with a simple apertured stoma ring 34. It should be understood that a stoma ring equipped with a restrainer such as the restrainer 23 above described can be substituted for the ring 34.

It will, of course, be understood that various changes may be made in the form, details, arrangement and proportions of the various parts without departing from the scope of my invention.

What I claim is:

1. A stoma receiver comprising a casing having an inner and outer wall, said inner wall having a stoma receiving opening therein, a stoma restrainer pivotally mounted at the internal side of said inner wall above said opening for swinging movement of its lower portion to and from said opening, and resilient means urging said restrainer toward said opening.

2. A stoma receiver comprising a casing having an inner and an outer wall, an apertured stoma receiving ring mounted in said inner wall and protruding outwardly from the internal side

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thereof, said ring being notched at its lower portions, a stoma restrainer pivotally mounted in the protruding portion of said ring above the aperture therein and projecting downwardly in outwardly disposed relation from said aperture, said restrainer having lower forked portions fitting within the notches of said ring, the notches of said ring being reduced in size toward the internal side of said inner wall to limit the inward movement of said stoma restrainer to a position where said notches are not completely closed thereby, and resilient means urging the lower portion of said stoma restrainer inwardly.

3. A stoma receiver comprising a casing composed of a pair of sections having oppositely disposed spaced side walls, one of said sections constituting a skin contacting section and having a stoma receiving opening therein adjacent the periphery of the side wall and eccentrically disposed relative to the center thereof, a restrainer pivotally mounted on the inner portion of the side wall above the opening for swinging movement of its lower portion to and from said opening, the other section having support securing means thereon, the sections being separably connected and being rotatably shiftable relative to each other to locate the opening in different positions relative to the other section.

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