

R.B. Turnbull, Jr. MD School of WOC Nursing Education

Mini Case Studies: Ostomy



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Reviewed by: _____

Score: /40

For the following Ostomy patient case scenarios:

- ❖ Apply Ostomy characteristics provided to identify an ostomy pouching plan for the patients below.
 - ❖ Be specific: It is important to note a pouching system is a skin barrier wafer and a pouch. A complete answer should include both unless otherwise indicated. Include the manufacturer and full, product name. Product numbers should not be used. Make sure to include accessory products as needed.
 - ❖ When providing Rationale: Describe abdominal characteristics, stoma characteristics, and one other reason why you would choose the specific system.
- ❖ The first half of the first case study has been completed for you below as an example:

Scenario 1



55-year-old with a history of colon cancer. Colostomy was created 2 months ago and presents today in the ostomy clinic for assessment and management. Pt is very active and would like to consider a more flexible pouching system. Pt is changing his pouching system every other day because he is fearful of leakage.

Assessment: Stoma is pink, budded, and protrudes above skin level. No erythema on parastomal skin. No reports of leakage.

Identify a one and two-piece pouching system option along with rationale for choice.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

One Piece System: *Hollister Premier one-piece drainable pouch flat Flexwear barrier with clamp closure, change every 5-7 days and PRN.*

Rationale: *This system is flexible and matches the contours of this patient's abdomen. It is appropriate for budded stomas with an even peristomal plane and is manufactured for wear for multiple days.*

Two Piece option: Hollister New Image 2-piece pouching system flat cut-to-fit FlexWear (standard wear) skin barrier with tape border; Hollister New Image 2-piece pouching system transparent drainable pouch with integrated filter and Lock 'n Roll microseal closure with belt tabs

Rationale: The FlexWear provides the flexibility the patient is requesting with a standard wear wafer. The patient should not require extended wear wafers as colostomies are typically thicker in consistency and the effluent has fewer digestive enzymes. The transparent pouch was selected since the patient has only had the colostomy for 2 months to allow for better stoma assessments and a visual on pouch fullness/ the need to empty pouch. The filter inclusion is to assist with gas commonly associated with colostomies. Currently, the need for accessories would be patient preferred, but are not necessary at this time.

/2 points

Scenario 2



42-year-old with stoma placement on soft, obese abdomen.

Assessment: Stoma pink, budded, and protruding. Edema and necrosis circumferential at stomal edge. Serosanguineous drainage in pouch. Skin barrier wafer removal notes being cut too small, restricting and causing trauma to the stoma.

Identify a one and two-piece pouching system option along with rationale for choice.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

One Piece option: Hollister premier one-piece drainable ostomy pouch with soft convex flexwear barriers.

Rationale: The soft convexity will assist with accommodating the soft abdomen. The 1-piece allows for flexibility. The cut-to-fit feature allows for changes to be made to the wafer as the stoma fluctuates in size. A transparent bag is recommended for easy visualization of stoma and drainage. Additionally, this pouch comes with belt tabs, which may provide additional support on the obese abdomen.

Two Piece option: Coloplast SenSura Mio Flex convex light barrier and Sansura Mio flex maxi drainable pouch

Rationale: The light convexity will accommodate the obese abdomen. This wafer offers a cut-to-fit feature that allows for changes to be made to the wafer as the stoma fluctuates in size. This wafer includes belt tabs that can add support to pouching system. The transparent option allows for close assessment of stoma and output. This pouching system has an adhesive coupling system that allows for more flexibility than flange couplings.

/4 points

Scenario 3



85-year-old presents with flush ileostomy and peristomal irritant dermatitis. Oval stoma with os low at 6 o'clock location. Protuberant hernia above further pushes the stoma into a lateral fold.

Pt wears bifocal glasses when applying the pouching system. Due to extreme hip contours, it is difficult to have a hernia belt stay in place.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching recommendations: Hollister Premier 1-piece cut-to-fit drainable pouch with soft convex barriers and Flextend (extended wear) skin barrier with belt tabs

Accessory recommendations: Hollister Adapt skin prepping product, Adapt stoma powder, Adapt skin barrier paste, Adapt ostomy belt, and Adapt oval convex barrier rings with Flextend.

Rationale: The powder and skin prepping product will help heal the current peristomal irritant dermatitis and provide additional protection from the pouch's adhesive. The 1-piece was selected for its flexibility and ease of use (pouch and wafer are already connected). The cut-to-fit will allow for the oval shape of the stoma to be cut out to meet this patients' specific needs. The soft convex barriers coupled with an oval convex barrier ring will create a flat pouching surface in the presence of a hernia. The skin barrier paste was included to "fill-in" any lateral fold that remains after applying the convex products and to provide a durable seal between skin and wafer. The Flextend was selected because this patient has an ileostomy. The exudate of ileostomies are high in digestive enzymes and require a stronger barrier. The belt tabs were included for patient to have the option to use an ostomy belt should the patient choose.

Additional considerations: Provided products from one manufacturer as a one-stop-shop. WOC nurse may need to assist patient with cutting out oval shape in the barrier of the pouching system due to visual limitation. The Adapt ostomy belt was included if additional support is required. The ostomy belt is thinner than a hernia belt and may work for this patient (sit above hip contours). Additionally, the ostomy belt will further assist with convexity when worn snug to the body. Patient may require assistance with pouch changes due to added accessories and stoma shape. Following an assessment of the patients ability to change their pouch, family training or a home health consult may be required.

/2 points

Scenario 4



56-year-old obese individual with ruptured diverticulitis. A red rubber catheter in place as a bridge for the loop ostomy. Stoma is slightly budded and red. Peristomal skin with erythema and partial thickness wound 4-7 o'clock Etiology may be due to trauma from red rubber catheter movement.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching recommendations: Convatec 2-piece pouching system such as the Natura skin barrier cut-to-fit accordion flange with a Natura+ drainable InvisiClose tail closure transparent pouch

Rationale: The current partial thickness wound should be “crusted” with stomahesive powder and sealed with Cavilon no-sting barrier film to protect the already damaged area from additional damage caused by flange border adhesive. Eakin dough should be placed under the red rubber catheter to provide a barrier between the skin and the catheter. The 2-piece Convatec Natura skin barrier cut-to-fit accordion flange with a Natura+ drainable InvisiClose tail closure transparent pouch allows the pouching system to be applied in steps. The flange border should be placed under the red rubber, incorporating the catheter into the pouching system. Incorporating the red rubber into the pouch system will eliminate direct contact with the skin thus eliminating trauma from catheter movement. The pouch should be placed over the red rubber catheter and snapped securely with the previously placed flange border.

/2 points

Scenario 5



42-year-old arrives in emergency room with complaints of difficulty pouching and peristomal skin irritation. Current pouching system sometimes has less than 4 hours of wear time. Skin is very painful. Assessment finding of ulcerated skin around stoma. Stoma is at skin level on a firm abdomen. Patient acknowledges frequent sweating resulting in the need to change appliance. "It just doesn't seem to stick".

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Convatec 2-piece Natura cut-to-fit convex accordion flange with durahesive skin barrier with a Natura +drainable InvisiClose tail closure pouch with belt tabs.

Additional Considerations: Pt appears to have satellite lesions consistent with a fungal rash caused by excessive moisture. The patient should be started on nystatin powder. The crusting technique should be utilized to treat and protect the peristomal skin from further damage. Once fungal component is managed and excess sweating is still a problem, the patient can apply roll on deodorant to clean dry skin to help control sweating. A stealth belt may be beneficial for patient as it could help absorb sweat and help hold pouch in place.

Rationale: Convexity due to the stoma being at skin level with an ostomy belt for additional support. The durahesive provides high initial tack.

/2 points

Scenario 6



66-year-old obese individual with stoma in an abdominal fold. Appliance leakage causing contact dermatitis. Wear time has been less than 8 hours. Irritation is painful.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Coloplast 1-piece SenSura Mio soft convex MAXI drainable pouch. Features of this pouch include belt tabs, EasiClose WIDE outlet, and soft convexity.

Additional Considerations: The irritant dermatitis should be crusted with a stomahesive powder and sealed in with a no-sting barrier film or spray. The crusting technique will protect the affected area from additional skin damage. A moldable barrier ring should be placed snugly to the stoma. A barrier paste strip should be placed in the abdominal folds to create a flat pouching surface.

Rationale: The soft convex barrier will help provide a seal for this patient. The accessories mentioned above will assist in creating a flat pouching plane. The inclusion of belt tabs gives the patient the option to use a belt should they choose. The one piece was selected for its flexibility.

/2 points

Scenario 7



76-year-old presents to the ostomy clinic with peristomal redness to periphery. Irritation limited to appliance tape collar region. Satellite lesions present. Stoma is budded and round. States has had ostomy for 6 months and has not had any problem until recently after Home Health changed the products.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Hollister Premier 1-piece drainable pouch with flat barrier, pre-sized, Lock 'n Roll microseal closure and no tape border.

Additional considerations: Patient should discuss recent change with home health and request previously used products. The peristomal redness appears to be related to the tape collar, the product that caused the irritation should be discontinued. The satellite lesions are indicative of a fungal component and will need to be treated with an antifungal medication. Nystatin powder could be used in combination with a no-sting barrier spray "crusting" to treat and protect the affected area.

Rationale: Flat skin barrier is appropriate because patient appears to have flat pouching plane. The one piece was selected for ease of use. The patient has had their ostomy for 6 months and does not appear to be experiencing any problems with their stoma, so a pre-sized barrier was also selected for ease of use and does not require the 76-year-old to cut the barrier with every pouch change. The pouching system without a tape border was selected due to previously noted tape sensitivities. The Lock 'n roll option appears to be an easier mechanism to close the pouch but clip closure is also available depending on patient's preference.

/2 points

Scenario 8



Individual presents to the clinic with stoma measuring 3.5 inches. Stoma protrudes above skin level. Uneven peristomal contours with skin folds at 3 and 9 o'clock. Moisture-related skin damage on peristomal skin related to leakage.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Convatec 1-piece Esteem+ cut-to-fit drainable InvisiClose tail closure pouch.

Additional considerations: The moisture-related skin damage should be crusted with a stomahesive powder and sealed in with a no-sting barrier film or spray. The crusting technique will protect the affected area from additional skin damage. A moldable barrier ring should be placed snugly to the stoma and barrier paste strips should be placed in the uneven peristomal contours (3 and 9 o'clock) to create a flat pouching surface.

Rationale: The wafer to this pouching system accommodates stomas up to 4". This pouching system has a standard wear skin barrier that should be adequate once an appropriate seal is maintained, and leakage is controlled. The 1-piece allows for flexibility.

/2 points

Scenario 9



Patient presents to ostomy clinic due to peristomal hernia causing peristomal skin breakdown. Abdomen is firm. Appliance wear time has decreased since parastomal hernia development. Stoma is flush with skin. Os between 5 and 6 o'clock area. Complains of odor. "The odor is really bad when I empty the pouch".

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Coloplast 1-piece Sensura Mio soft convex cut-to-fit MAXI drainable pouch

Additional considerations: Pt should be fitted for a hernia belt to assist with pouch support. The peristomal breakdown should be crusted with a stomahesive powder and sealed in with a no-sting barrier film or spray. The crusting technique will protect the affected area from additional skin damage. A wide and flat moldable barrier ring should be placed snugly to the stoma and placed to create a flat pouching plane.

For odor concerns, the patient could try using a pouch deodorant such as Coloplast Brava lubricating deodorant or a room spray such as Coloplast Hex-On odor antagonist spray. The patient should talk to the physician about possibly starting oral deodorant such as Devrom (educate pt on possibility of dark stool) or Chlorophyllin.

Rationale: The soft convexity is appropriate because the stoma is flush with the skin. The 1-piece provides flexibility and stability. The additional accessories will help create a flat pouching surface that allows for better adherence.

/2 points

Scenario 10



A pediatric individual presents to the emergency room with stoma prolapse. Caregiver expresses inability to apply pouching system related to stomal protrusion. Stoma is red and healthy. No peristomal irritation.

Identify one pouching system with rationale for choice along with one consideration with appliance application specific to a prolapsed stoma.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Coloplast SenSura Mio kids 1-piece MIDI drainable transparent pouch with star-shaped barrier and no starter hole- custom cut with EasiClose outlet

Rationale: The 1-piece was selected for flexibility while placing the pouch, not as rigid on the prolapsed stoma as a 2-piece. The star-shaped barrier conforms and adheres well to the always moving pediatric population. The transparent pouch was chosen for easy visualization of the stoma.

Further Consideration: The hole should be cut large enough to go over the prolapsed stoma. The protective covering of the pouches adhesive barrier should be gently lifted and cut from the outside to the hole created for the stoma. The barrier should remain intact, replace the protective sheet back over the adhesive. The stoma is moist and will likely touch the adhesive barrier when being applied, by leaving the protective film with a slit cut into it allows for the stoma to be placed into the pouch without causing the skin barrier to not adhere. Once the stoma is in the pouch, the protective cover can gently be peeled off and placed on the skin as it is removed.

/3 points

Scenario 11



A 28-year-old with an ileostomy presents to the clinic for a follow-up evaluation. During the visit, the patient expressed the pouch is too long with the end of the pouch falling into the groin area. Assessment notes stoma red, viable, and protrudes above skin level. Abdominal space is small with short distance from stoma to groin. Current appliance is a one-piece cut to fit skin barrier. Pouch length 12". Name at least two alternative pouching management system options and rationale for each.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option #1: Hollister New image 2-piece cut-to-fit FlexTend (extended wear) flat skin barrier with integrated floating flange and drainable mini-pouch with Lock'n roll microseal closure.

Rationale: The flexTend (extended wear) was selected because the patient has an ileostomy, which commonly has liquid effluent that can break down standard wear barriers faster. The cut-to-fit was selected because the patient is familiar with this process. The barrier and pouch can be connected prior to application to resemble a 1-piece. The drainable mini-pouch length is 7", providing the patient with a shorter pouch.

Pouching option #2: Coloplast SanSura flat MIDI drainable pouch

Rationale: This 1-piece flat pouching system offers extended wear skin barrier to protect the patient from liquid effluent. It is a cut-to-fit like the patient is familiar with and the MIDI pouch length is 10 ¼", providing the patient with a shorter pouching system.

Additionally, the patient could be encouraged to try placing their pouch to the side slightly to prevent it from landing directly on their groin. A garment or stealth belt could benefit the patient as it encloses the pouching system keeping it from falling into the groin area.

/4 points

Scenario 12



You are in your office and take a call from a patient. The patient voices having to change the skin barrier wafer more frequently, itching under the skin barrier, and desire to change manufacturers. The patient agrees to be seen in the clinic.

In preparation for this visit, you go to your resources to help you.

1. Identify one manufacturer (Hollister, Convatec, Coloplast, NuHope, etc)
2. Identify three skin barrier wafers from that manufacturer that differ in composition/ingredients.
3. Identify the type of ostomy or situation in which the wafer is appropriate.

For example: (can not be used)

Manufacturer: B. Braun

1. Skin barrier wafer: Flexima 3S

Composition & Purpose: Made of new generation plastics making it more soft and flexible. Appropriate for any type of ostomy and active individuals

2. Skin barrier wafer: Flexima... etc

Manufacturer: Hollister

Skin barrier Wafer 1: CeraPlus

Composition & Purpose: Made with polymer/copolymer plastics and hydrocolloid skin adhesive infused with ceramides which are found in skin. Ceramides have a waxy consistency that helps prevent skin damage and dryness caused by water loss (helps peristomal skin retain its moisture). The CeraPlus is offered as an extended wear barrier so it would be most appropriate for ileostomies and other small intestine diversions with high digestive enzyme content.

Skin barrier Wafer 2: Flexextend

Composition & Purpose: Made of polymer/copolymer plastics and hydrocolloid skin adhesive that provide extended wear time and durability. Appropriate for urostomies, ileostomies, or any ostomy producing liquid output.

Skin barrier Wafer 3: Karaya 5

Composition & Purpose: Made with gum karaya skin adhesive and polymer/copolymer plastics. Appropriate for sensitive skin/ allergic reaction to synthetic barriers. Provides low adhesion therefore is appropriate for frequent

pouch changes.

/6 points

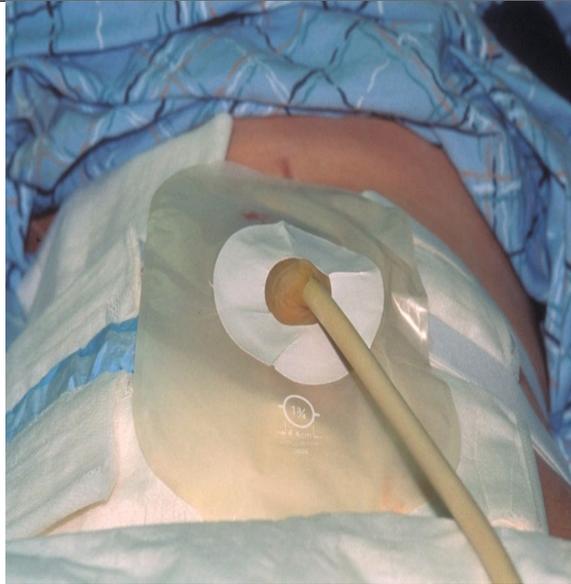


Image courtesy of Judy Mosier, MSN, RN, CWOCN

You are consulted to see a patient with a new colostomy. Upon entering the room, you note there is an indwelling catheter in the stoma. Nursing reports pouch leakage as the hole in the pouch for the tube is cut to fit the stoma resulting in a “big hole” in the front of the pouch. The surgeon’s request is to continue to pouch the stoma while pulling the tube through the pouch.

Describe how you will secure the tube while separately pouching the stoma and the tube...

...using a commercial access port: The Hollister universal catheter access port allows the catheter tube to stay in place and be pouched around it. The blue punch piece is placed inside a new pouch, creating a small hole in the pouch. On the outside of the pouch, the white graduated nipple is secured on the outside of the pouch to the blue piece inside of the pouch. The catheter is then thread through the created port and used as needed.

...in the absence of a commercial access port: A baby bottle top, a nipple, and the cut off portion of ridges where top connects can be used to achieve the same results as a commercial access port. Place the cut off portion of ridges inside the pouch and create a small hole. The nipple should be placed over the created hole and secured with the baby bottle top. The tube can come out of the pouch through the nipple.

/2 points



86-year-old obese individual presents to the ostomy clinic with a retracted stoma. States has a soft-formed stool once a day. Pouch changed daily as stool goes under the skin barrier wafer, and at times, no stool goes into the pouch.

It is determined a convex pouching system should be used. A convex skin barrier wafer is not available.

Identify two strategies to create convexity in the absence of a convex skin barrier wafer.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Alternative convexity option #1: A Coloplast Brava protective seal convex ring can be placed around the stoma before applying the pouching system. The convex ring acts as a convex skin barrier would act to help create and maintain a flat pouching surface.

Alternative convexity option #2: A Hollister Adapt convex barrier ring also acts like a convex pouching system would by applying pressure to help push up the stoma slightly and prevent stool from going under the pouching system.

/2 points



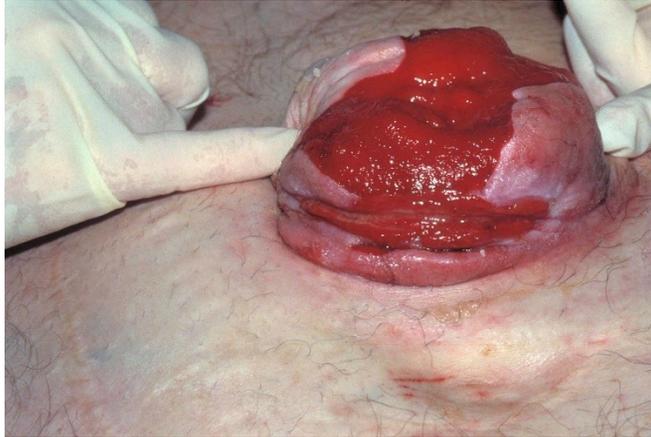
The WOC nurse is consulted to manage a wound with a stoma in proximity. The surgeon has consented to pouching the stoma in the same pouch as the wound. It is determined to be the best approach.

Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: The Coloplast Fistula and wound management system. Depending on measurements, they do offer three sizes to accommodate different needs.

/1 point



A 70-year-old patient presents to the ED with pouching difficulty. They report using a fistula pouch previously, however, this has become too costly of an option. Their stoma measures 4 1/3" in diameter and they are at a loss for pouching options. The patient will need pouching long term. Identify one product that is manufactured to accommodate a stoma of 4" or greater in size.

Image courtesy of Dr. James Wu

Pouching option: The Coloplast SenSura standard wear 1-piece post-op pouch with window. This pouch can accommodate stomas up to 4 1/2". This is considered a post-op pouch and was the only non-fistula pouch I could identify that accommodated stomas larger than 4" in diameter.

/2 point