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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: SenSura Mio Flex Flat skin barrier with a SenSura Mio Flex MIDI Drainable pouch. Change every 5-7 days and PRN.

Rationale: This flexible pouching system is appropriate for activity and the flat barrier will fit to the patient's abdominal contours and budded stoma.

/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 12in. Premier Soft Convex Pouching system with lock and roll closure. Change every 5-7 days and PRN.

Rationale: This system is extended wear to handle the liquid output, has soft convexity for the soft abdomen, is flexible which will provide gentleness to the stomal trauma, and the pouch is transparent for ease of assessing stomal healing.

Two Piece option: Coloplast Assura Convex Light Extended wear barrier with an Assura EasiClose Wide Outlet transparent pouch. Change every 5-7 days and PRN.

Rationale: The barrier is extended wear to handle the liquid output and has a soft convexity for the softness of the patient's abdomen. The pouch is transparent for continued stomal assessment.

/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:

Stoma barrier powder followed by a liquid barrier film in a crusting technique.

Coloplast Brava moldable skin barrier ring and skin barrier strip paste to the lateral fold.

Coloplast SenSura Mio Click convex flip barrier 2-piece system with the Coloplast Sensura Mio Click drainable pouch.

Change every 5-7 days and PRN.

Rationale:

The barrier powder will absorb excess moisture and the barrier film will protect the peristomal skin from exposure to output.

The moldable ring will help to even the peristomal plane and provide extra skin protection.

The strip paste will help to create an even surface for adherence.

The curved star-shaped barrier is designed to fit securely to hernias and the convexity will aid in stomal protrusion. This barrier is inverted and described as easy to apply for those with vision problems. It is also extended wear providing longer wear time.

/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:

Skin barrier powder around the stoma with a liquid skin barrier over top.

Moldable skin barrier ring around the stoma.

Coloplast Sensura Flex Cut to Fit Convex Light Barrier with a Coloplast Sensura Flex MAXI Drainable Transparent pouch.

Change every 3-4 days and PRN.

Rationale:

The skin sealant will protect the peristomal skin and the powder will help absorb excess moisture and aid in wound healing. The moldable barrier ring can fit around the catheter bridge to stabilize the pouching system and protect the peristomal skin and wound. The light convexity will help with stomal budding on an obese abdomen and the cut-to-fit feature can allow for the use of a custom template to accommodate the bridge. The two-piece system will allow for ease of placement and removal around the bridge. The transparent pouch will allow for post-op visualization of the stoma.

/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:

Domeboro soak to peristomal skin. When dry follow with skin barrier powder and a liquid skin barrier.

Convatec SUR-FIT Natura Two-Piece Durahesive Skin Barrier with CONVEX-IT technology and Convatec Natura Drainable Pouch.

Change every 5-7 days and PRN.

Rationale: barrier-

The Domeboro soak will help to dry and ease the pain of the skin ulcerations. The skin barrier powder will help dry the denuded skin and the liquid skin barrier will protect the denuded skin from stripping.

The soft convexity will aid in stoma budding on a firm abdomen. The Durahesive skin barrier will swell if exposed to liquid to protect the peristomal skin ulcerations. The extended wear barrier will allow for less frequent removal and skin irritation. The pouch has fabric-like comfort panels on the back to help absorb moisture from sweating.

/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:

Skin barrier powder and liquid skin barrier to peristomal skin.

Stoma paste around the stoma and in the abdominal fold smoothed to make an even peristomal plane.

Coloplast SenSura Mio Deep Convex MAXI Drainable Pouch (One piece system).

Change every 5-7 days and PRN.

Rationale:

Skin barrier powder to absorb excess moisture and liquid skin barrier to protect peristomal skin from moisture. Stoma paste to even peristomal plane and fill in skin folds.

One-piece pouching system for increased flexibility around the skin fold, extended wear for decreased amount of pouch changes, and better adhesion. Deep convexity for obese abdomen and abdominal folds.

/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:

Combination steroid/antifungal cream to the peristomal skin area (Nystatin and Triamcinolone). When dry cover with skin barrier powder.

Marlen Ultramax Gemini Flat Cut-to-Fit Flange with Marlen Ultramax Gemini Drainable Pouch with Kwick-Klose.

Change every 3-4 days and PRN.

Rationale:

Antifungal/steroid cream to help treat allergic contact dermatitis and signs of fungal infection. Skin barrier powder to dry peristomal skin for pouch application. The Marlen pouching system is a hydrocolloid barrier with no tape adhesive which helps reduce allergen potential and is gentle to the peristomal skin.

This patient would also benefit from allergy testing.

/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:

Skin barrier powder covered with a liquid skin barrier.

Hollister Adapt Cera Ring Flat Barrier ring around the stoma and Adapt Barrier strip paster to even the skin folds at 3 and 9 o'clock and peristomal skin contours.

Hollister New Image Flextend Extended Wear Flat Skin Barrier with a Hollister New Image Lock 'n Roll Microseal Closure Drainable Pouch with filter and belt tabs. Additionally, I would recommend the use of an ostomy belt.

Change every 5-7 days and PRN.

Rationale: The New Image Barrier will accommodate a 3 ½" stoma. Extended wear has a strong seal and can reduce the number of changes needed as well as prevent leaks. The pouch has belt tabs for use with an ostomy belt to add convexity and to help prevent leakage. The barrier powder covered in liquid skin barrier will help dry the skin, absorb moisture, and protect the peristomal skin from damage. The barrier ring and strip paste will even the peristomal plane and skin folds present as well as add light convexity.

/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:

Skin barrier powder to peristomal skin.

Coloplast Sensura Mio Click Convex Flip barrier ring, extended wear, with the Sensura Mio Click MAXI Drainable pouch.

Add 10-12 drops of Byram m9 Odor Eliminator Drops to the inside of the ostomy pouch.

Byram NuHope Flat Panel hernia support belt.

Continued education on odor-causing foods.

Change every 5-7 days and PRN.

Rationale: The skin barrier powder will help to dry the skin and provide a dry peristomal plane for pouch adherence. The Barrier ring is star-shaped and designed to conform to bulges and hernias. It is also extended wear and will provide a longer pouch adherence. The pouch has a full-circle filter to help with odor concerns. The addition of odor-eliminator drops will help ease the patient's concerns. The support belt is designed to help flatten and support the abdominal protrusion caused by the abdomen

/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 Brava Baby Adhesive Remover wipes for pouch removal.

Coloplast CoolKids Cut-to-Fit, pediatric one-piece pouching system.

Change every 3-4 days and PRN.

Rationale:

Baby adhesive remover wipes are safe for pediatric skin as their barrier is not fully developed. The pouching system is transparent to allow for visualization of the stomal prolapse. The one-piece system helps to avoid pinching of the prolapse between the skin barrier and pouch. The pouch is 8 ½ inches which accommodates for the length of the stomal prolapse. I chose not to use stoma powder, pouch lubricant, or a skin barrier since according to the Coloplast catalog these are not recommended for children under 5.6kg and I was unsure of this patient's weight.

Further Consideration:

The stoma base should be measured when the patient is sitting upright to ensure an appropriate fit. The pouching system should be applied when the stomal prolapse is reduced. This can be achieved by having the patient lie flat for ten minutes, with gentle pressure over the prolapse. Ice packs and the application of sugar to

the prolapse may also be helpful to reduce the size.

/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 FormaFlex Barrier with a New Image Two Piece Drainable Pouch 7".

Rationale: The extended wear barrier will reduce the frequency of changes needed and the drainable pouch is shorter than the previously used system and may cause less annoyance.

Pouching option #2: Hollister Premier SoftFlex One-Piece Drainable Pouch 7"

Rationale: This system is a standard wear barrier with a shorter pouch than the current system used.

Additional note: The patient will need education on the increased frequency of emptying required when using a smaller pouch. They may also benefit from the use of an ostomy belt (ex. StealthBelt) which could be used with the current system and will provide concealment and a covering to reduce irritation in the groin. These belts can be in a vertical or horizontal style however the patient should be aware that the horizontal style may cause output pooling around the stoma without frequent emptying.

/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: Flexextend

Composition & Purpose: Non-eroding synthetic skin barrier, that swells when it encounters liquid, best for ileostomies, urostomies, and heavy perspiration.

Skin barrier Wafer 2: FlexWear

Composition & Purpose: Extended wear barrier with cross-linked molecular structure. Good for ileostomies and colostomies that desire a longer wear time.

Skin barrier Wafer 3: SoftFlex

Composition & Purpose: Gentle adhesive, better for low water output such as colostomies, good for fragile skin in pediatric and elderly populations or when using a closed pouch and frequent removal is necessary.

/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 commercial access port is applied by pushing the hole punch system (2 pieces, a blue punch, and a white ring) through the inside of the drainage bag to the outside at the desired location of the catheter exit up to the white ring. The pouch bag is stretched around the device until smooth. The graduated nipple piece is fitted onto the hole punch system from the outside of the pouch until it snaps around the white plastic ring. The blue punch piece can then be removed from the ring inside. Cut the tip of the graduated nipple slightly smaller than the size of the catheter to ensure securement. The catheter can be threaded through the nipple from inside to exit the pouching system. The catheter can then be attached to a drainage bag.

...in the absence of a commercial access port:

A baby bottle nipple can also be used by separating the nipple, threaded cap, and threaded ring from the bottle. The threaded ring is placed inside the pouch and a small x shape can be cut into the drainage bag where the catheter will exit in the center of the ring. The catheter is then pulled through the ring and x-shaped cut. The

catheter is then brought through the baby bottle nipple, and both are brought through the threaded ring. Plumber's paste (waterproof adhesive) is coated on the inside of the threaded cap and screwed onto the threaded ring inside of the pouch. The edges can be reinforced with waterproof or silk tape. The catheter can then be attached to a drainage bag.

/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:

An ostomy belt can be attached to the pouching system to provide added convexity.

Alternative convexity option #2:

A convex barrier ring can be snapped inside a flat barrier wafer to provide convexity.

/2 points



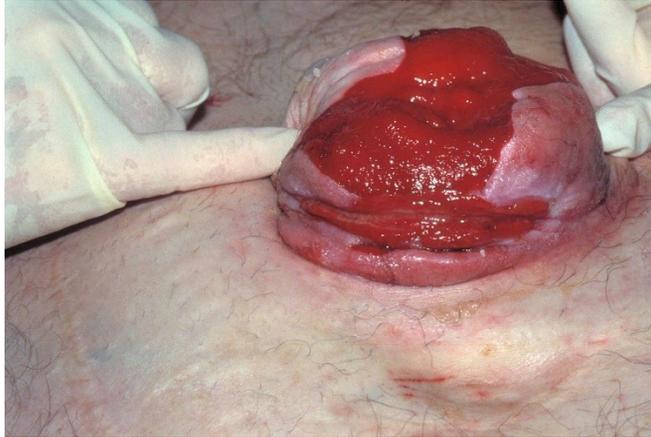
The WOC nurse is consulted to manage a wound with a stoma in proximity. The surgeon has consented to pouching the stoma in the same pouch as the wound. It is determined to be the best approach.

Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Coloplast Fistula and Wound management system. The tracing guide allows for a pattern to be made and the lid is removable to accommodate for wound care.

/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:

Hollister Premier One-Piece High Output Ostomy Pouch with Flat FlexTend Barrier. This product can be cut up to 4 1/3". Product # 80110

/2 point