

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, full product name, and product number. 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: Coloplast SenSura Mio Flex Barrier HCPC A4410

Pouch SenSura Mio Flex Drainable Pouch with filter HCPC A4425

Brava Elastic Barrier Strip Arc Ref# 120700

Change every 5 days

Rationale: The SenSura product line is made with an elastic barrier that is soft and flexible. The coupling mechanism is not a snap ring type of closure, but it is an adhesive coupling system that allows for a very flat profile that conforms smoothly against the patient's abdomen and stomach contours. The filter is also full circle decreasing the chances of ballooning from gas and minimizing the risks of leaks.

Brava Elastic Strips are designed to picture frame around the barrier adding more security for the patient with an active lifestyle and increases wear 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 Cera plus One Piece Flat Drainable Pouch Ref# 89301

Change every 3 days

Rationale: The Cera Plus is infused with ceramides for skin protection and will assist in preventing drying of the necrosis around the peristomal edge supporting the resolution of the necrotic tissue. The cut-to-fit option will create an opening that will fit properly and not cause any further trauma from being too small. Moldable technology is nice but can roll back and create friction around the stoma. The flat one-piece will conform to the contours of the patient's edematous post-operative abdomen.

Two Piece option: Hollister Cut to Fit New Image Flat Cera Plus Skin Barrier 2 1/4 " Ref# 11203

Hollister New Image Two Piece Drainable Ostomy Pouch w/filter 2 1/4" Ref # 18183

Rationale: This is a Cera Plus barrier with ceramides infused that reduce skin trauma and reduce TEWL from the necrosed peristomal tissue. The pouch has belt tabs which may be necessary as the patient recovers post-operatively and becomes more active due to the size of the abdomen in the photo.

/4 points



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:

Convatec SurFit Natura Durahesive Oval Flat Moldable Skin Barrier 70 mm Ref# 411806

Convatec Natura Two Piece Drainable 12" Pouch with InvisiClose Tail Closure system Opaque 70 mm Ref # 421740

Convatec Stomahesive Powder Ref # A4371

Convatec Esenta Sting Free Barrier Ref # 423392

Hollister Cera Ring Convex Barrier Ring Ref # 89602

Convatec Belt I/XL Ref# 175507

Rationale: The oval-shaped barrier is designed for oval-shaped stomas reducing the amount of cutting or manipulation of the barrier to create a secure fit and seal. The oval convexity ring will push the stoma outward and allow for the effluent to drop into the pouch and reduce leakage under the barrier. The belt will support the soft abdomen tissue.

Crusting the peristomal irritant dermatitis with Stomahesive powder and Sting Free Barrier will allow the eroded tissue to re-epithelialize and resolve. She will be instructed to stop crusting once the redness is resolved.

/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:

Hollister New Image Two Piece Soft Convex CeraPlus Skin Barrier Cut to fit 2 ¼" Ref # 17703

Hollister New Image Two Piece Drainable Ostomy Pouch Lock n Roll w/filter 2 ¼" Ref# 18193

Adapt Skin Protective Wipes Ref # 7917

Change every 3 days until loop is removed then every 5 days

Rationale: A two-piece system will allow the clinician or patient to be sure the red rubber loop is off the skin and secured on top of the barrier when pouching. Soft convexity will push the stoma outward to support budding and ensure the effluent drops into the pouch reducing the risk of leakage and PMASD under the barrier. Skin prep will reduce the potential for friction and moisture related skin damage.

/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: Hollister Cera Plus One Piece Flat Drainable Pouch Ref # 89301

Change every 2-3 days to reduce skin moisture from excessive sweating

Rationale: Excessive sweating leads to PMASD and partial thickness tissue loss. The use of a one piece system will lessen the trauma for increased pouch changes and direct management of the skin. Skin prep will protect the tissue from moisture and reduce the trauma for needed increased pouching system changes.

Adapt Skin Protective Wipes Ref # 7917

/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:

Convatec Esteem + Flex Convex One Piece Drainable Pouch V1 Cut to fit Ref #421615 20-43mm

Convatec Esenta Sting Free Barrier Ref # 423392

Convatec Esenta Adhesive Remover Wipe Ref #

Change every 3 days

Rationale: The Convatec V0-V4 plateau barriers were designed to be placed within skin folds to create a wider surface area on the barrier. The barrier is soft and flexible which is good for stomas located within abdominal creases. Because of the creases at 3 and 9oclock, another consideration would be applying Stomahesive strips if the surfaces were not co-planar. This would have to be determined through assessment of the peri stomal plane and depth of the 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:

Returning to original pouching system that she was not allergic too. This patient is demonstrating contact dermatitis to the adhesives in the tape collar with the current pouching system home health changed to.

Antifungal Powder such as Medline Remedy Miconazole Powder Ref# MSC092603H

Change every 5 days

Rationale: The patient previously tolerated her pouching system without issue but the product change that home health completed began this issue.

/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: Light convexity to push soft tissue back with wedges at 3 and 9 o'clock to fill in the creases for a coplanar surface.

Coloplast Assura Convex Light Ref# 14282

Coloplast Assura Maxi Drainable Pouch Ref# 15975

Coloplast Brava Strip Paste Ref# 26555

Convatec Stomahesive Powder Ref # A4371

Convatec Esenta Sting Free Barrier Ref # 423392

Change every 3 days until erosion is resolved then change per usual every 5-7 days

Rationale: Wedges are needed at 3 and 9 o'clock to create a coplanar surface. Light convexity will gently push back the soft abdominal tissue around the stoma. Stomahesive powder and prep to crust the eroded tissue will allow for resolution of the partial thickness tissue loss. The patient will be instructed to stop crusting once the skin is healed.

/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: Flexible system with floating flange is best.

Coloplast SenSura Mio Flip One Piece cut to fit Ref #18333

Brava Protective Seal Convex Ref# 12095

Brava Lubricating Deodorant Ref# 1261

Nu Hope Hernia Support Belt Nu-Form- product number determined by measurements

Change every 5-7 days

Rationale:

The Coloplast Mio Flip is designed to accommodate changing abdomen shape with a hernia. The stoma will need convexity obtained with the use of a convex washer. A convex wafer may cause trauma to the thinned peristomal tissue from the hernia.

Deodorant use will help the patient to overcome the negative impact of strong effluent odors.

/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 Assura AC pediatric drainable pouch with moldable skin barrier around the stoma.

** If the prolapse is long then a one-piece pouching system is preferred over a two-piece because the prolapsed stoma may come into contact with the pouching closure causing trauma.

Rationale: This pouching system is a two-piece product with an adhesive coupling system that reduces the amount of pressure to apply and remove the pouch. The pouch can be changed frequently without disturbing the barrier. It is available in a 6 ½ length to accommodate the length of the prolapse.

Further Consideration: Application of lubricating jelly to the inside of the pouch to reduce stoma trauma and friction. Cutting radial slits into the skin barrier to allow for fluctuations in the prolapse 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: Marlen Mini Max # 53600

Rationale: The pouch is 7.5" in length greatly reducing the problem with the pouch in the groin area.

Pouching option #2: Hollister Premier Drainable Mini Pouch Cut to fit Ultra Clear Ref #82100

Rationale: The pouch measures 7" in length total. It is standard wear so the patient would need to change this every 3 days to prevent skin breakdown.

/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: CeraPlusextended wear

Composition & Purpose: CeraPlus is Hollister's Remois technology. They have infused the hydrocolloid with ceramides to reduce trans epidermal water loss from damaged tissue. Ceramides promotes the skins natural barrier. Made to resist fluid erosion, frequent changes, and absorptive properties.

Skin barrier Wafer 2: New Image Formaflex Skin Barrier-extended wear

Composition & Purpose: This extended wear barrier is composed of hydrocolloids and elastics that allow the barrier to cut and stretched to fit the stoma without cutting.

Skin barrier Wafer 3: Karaya 5 Skin Barrier-standard wear

Composition & Purpose: Designed for patients that have had allergic responses to previous synthetic skin barriers. The adhesives properties are low in this product and the patient will require a belt system with this product.

/6 points

Scenario 13

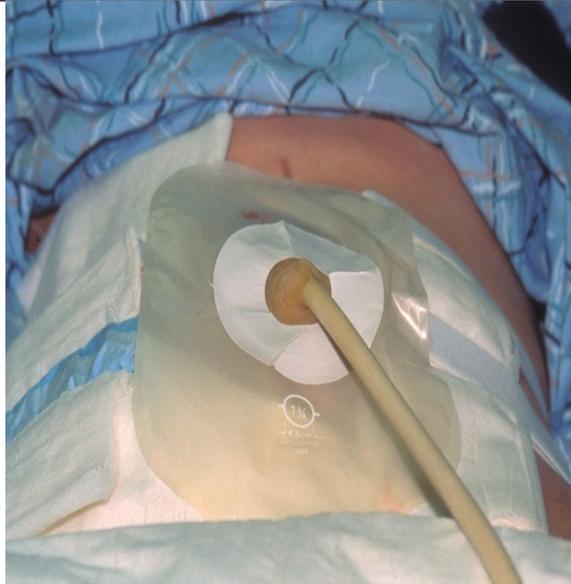


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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:

Hollister Catheter Access Port Ref # 9799

Before fitting remove the blue and white hole punch assembly piece from the white plastic ring. This makes it easier to take out the blue hole punch.

Position the drainage tube/catheter next to the graduated nipple to determine the appropriate size for cutting the graduated nipple.

Insert the blue and white hole punch assembly through the pouch film from the inside, making sure that the entire assembly (excluding the lip of the white plastic ring) comes through the pouch. Stretch the pouch around the blue and white hole punch.

Cut the graduated nipple slightly smaller than the tube to ensure a tight seal.

Place the graduated nipple over the blue and white hole punch assembly from the outside. Press them together until the graduated nipple snaps onto the white plastic ring. Insert the drainage tube/catheter through the cut graduated nipple from the inside of the pouch. Remove the blue ring.

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

Using a baby bottle nipple put the threaded cut-off bottle top inside the ostomy or fistula bag. Make a small hole (a tiny 'x') in the plastic of the ostomy or fistula bag in the center of the threaded top. Pull the tube through the hole in the bag with a clamp. You can then feed the small end of the tube through the nipple, rather than the bulkier end. Put the baby nipple cap around the nipple. Put white Teflon plumbers paste inside the threads on either side of the baby bottle: cut off top or cap. Screw the baby bottle top to the threaded cut off part of the baby bottle. Be sure the entire hole in the plastic bag is inside the nipple ring. Tighten the nipple ring with a pair of needle nose pliers. Reinforce the tube/nipple junction with silk tape.

/2 points

Scenario 14



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: Stomahesive Strip Paste gently pulled and stretched and placed around the sized aperture to create convexity. Two layers made be needed to create enough convexity to create protrusion of the stoma.

Stomahesive Strips Ref # 025542

Alternative convexity option #2:

Convatec Cohesive Ostomy Seal Ref # 839002

Two layers made be needed to create enough convexity to create protrusion of the stoma with the edges planed flat.

/2 points



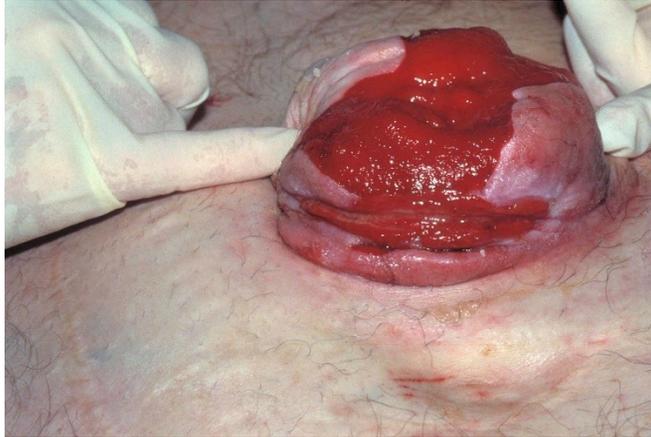
The WOC nurse is consulted to manage a wound with a stoma in proximity. The surgeon has consented to pouching the stoma in the same pouch as the wound. It is determined to be the best approach.

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 Maxi Ref # A6154

/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: I cannot find anything larger than 100mm that would allow to cut beyond 4". Post op pouches max out at 100mm as well. The next step up is a wound manager pouch. I am at a loss on this question. What is the solution for this picture? Thank you.

/2 point