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

Mini Case Studies: Ostomy

Cleveland Clinic

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Reviewed by:_____
Score: 34.5 /40 **(36.5 -2 for resubmission)**

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 Two-piece standard wear flat cut to fit flexwear, change every 4-7 days and PRN.

Rationale: Reduces abdominal pressure, comfortable, it's flexible, secure fit and leak resistance, plus a floating flange.

/2 points **2/2** **2/2**

Scenario 2

42-year-old with stoma placement on <u>soft</u>, 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: Coloplast SenSura Mio MAXI drainable pouch with soft outlet, change every 5-7 days and PRN

Rationale: SenSura Mio it's secure and fits all individual body shapes (such as obese individuals with soft abdomen) and follows natural body movements, therefore; it maintains a secure fit. It's elasticity bends and stretches with skin when body in motion.

Two Piece option: Holister flat skin barrier with integrated floating flange with Hollister New Image Two-piece Drainable Ostomy Pouch with Lock n' Roll Microseal Closure, change every 5-7 days and PRN

Rationale: Non-convex/flat in shape, perfect for peristomal skin surface is flat and the stoma is well budded meaning protruding at least ½ inch above the abdominal wall surface.

/4 points **4/4**

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 New Image Flat FlexWear Skin Barrier: choose flat, flexible pouching system with a floating flange two-piece apply with barrier powder and adhesive paste change every 3 days and PRN

Rationale: A convex pouching system should be avoided because it may cause pressure injury to peristomal skin. A flexible pouching system is recommended for a peristomal hernia. Skin barrier powder should be applied enough to absorb the moisture and create a dry surface, too much powder can interfere with adhesion. In this case the hernia belt can't stay in place, therefore; a support garment such as a binder might be more beneficial or a custom fit hernia support belt to decrease the hernia protrusion, stabilizing the peristomal site and improving seal. This skin barrier has an integrated floating flange to help minimize pressure on the abdomen when attaching a pouch. It is flat and cut-to-fit designed to be used with any New Image drainable pouch with same flange size. Patient has peristomal irritant dermatitis and a lateral fold with extreme hip contours. Barrier paste is a frequent accessory product that is used to fill skin defects and create a flat pouching and provide caulking to ensure an effective pouch seal. Barrier powder may be lightly sprinkled on the skin to absorb moisture and decrease irritation.

/2 points **2/2**

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 one-piece high output drainable pouch soft convex flextend barrier with filter, and small hydrocolloid dressing with stoma powder to wound, change every 3 days or PRN. The partial thickness wound should be treated with stoma powder (slightly sprinkled) covered by a piece of hydrocolloid dressing with every dressing change to heal.

Rationale: how soon should bridge be removed?

Within 1 week to 10 days is standard, depending on surgeon's recommendations and per case. The bridge should be removed when the stoma is healed or when there is little tension of the stoma in the abdominal wall. The time frame varies. If possible, it should be a joint decision between the surgeon and the WOC nurse for better outcomes.

/2 points **2/2**

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: Marlen Manufacturing Co. Superflat pouches 1-piece cut-to-fit with aquatack hydrocolloid barrier transparent backing, full hydrocolloid no tape collar with extender/ tape border and skin barrier film (Cavilon), change every 5-7 days/ PRN

Be specific here as to which product you want: with tape collar or without a tape collar. Both are appropriate for the situation presented.

Rationale: The hydrocolloid skin barrier adheres to both dry and moist skin, giving the patient a peace of mind and it will not cause irritation since its full hydrocolloid. Cavilon No sting barrier film protects the skin from fluids such as sweating and is alcohol-free which doesn't cause further pain. This patient has ulcerated skin, Cavilon helps damage skin from irritation cause by fluids, adhesives, and sweat. The barrier film provides complete skin protection against sweat and it enhances pouch to skin adhesion. ***The peristomal irritation could also be treated by crusting.***

/2 points **2/2**

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: Hollister premier one-piece flat cut-to-fit beige drainable pouch with remois technology and stoma paste to 9 o'clock and 3 o'clock crease, with triamcinolone, change every 3-5 days/PRN

Rationale: Contact dermatitis is first treated by identifying and removing the culprit. Sometimes a single product change can fix the issue. Until the dermatitis results triamcinolone may be used. ***What is the rationale for triamcinolone? Peristomal skin irritation should be treated without the use of medications, whenever possible. What about this scenario leads you to believe*** It should be rubbed into the skin thoroughly as creams can interfere with the pouch seal. The ceraplus skin barrier with remois technology is infused with ceramide. Ceramide is a natural component of human skin it aids to decrease transepidermal water loss from damage skin. This pouch is design to maintain adhesive properties increasing wear time. There is effluent undermining the current system with creases. Stoma paste will help with this issue by providing a seal and eliminate leakage to creases, helping heal contact dermatitis.

/2 points **1.5/2**

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 New Image skin barrier with floating flange No Tape (flextend cut-to-fit), two-piece, Nystatin and No sting barrier film, change every 3-4 days/ PRN

Rationale: It has a thin flexible wafer without a tape border, extended wear. It will eliminate peristomal irritation since tape collar is no longer present. Satellite lesions represent fungi that live on skin. Nystatin powder is used to resolve the issue. It is also cut to fit making it adjust. The powder is slightly sprinkled on the affected area and sealed with a skin sealant such as No Sting barrier film. The process is repeated with appliance changes every 3 to 4 days or until the issue is resolve. In this case, peristomal irritation is most likely the result of dermatitis caused by the tape collar of the skin barrier wafer appliance by home health.

/2 points **2/2**

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: Hollister New image soft convex ceraplus skin barrier two-piece, with stoma paste at the skin folds: 3 and 9 o'clock, change 5-7 days/PRN

As per the instructions: It is important to note a pouching system is a skin barrier wafer and a pouch. A complete answer should include both. With uneven skin contours and skin folds, would a two piece system stay secure?

Rationale: Designed to maintain adhesive properties and helps protect the skin's natural moisture barrier and help maintain good peristomal skin health from day one. The flexible design help provide gentle pressure around the stoma to help obtain the right fit and conform to uneven skin surfaces. This patient has an uneven abdomen, the stoma paste will help to help fil in the empty space and prevent further MASD. Treatment of MASD includes, correcting the cause of the leakage. In this case, the stoma paste; can improve the seal of the pouching system which will prevent leakage. If peristomal gets worse, skin barrier powder can help absorb excess moisture from the damaged skin, providing a dry surface. A barrier film also aids the healing of MASD.

/2 points **1.5/2**

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: SenSura Mio Convex Flip 1-pieace drainable pouch with full circle filter, with deodorant liquid, change every 5-7 days/PRN

Rationale: Designed for curves, bulges and hernias and it filters odor/gas, decreases odor, to decrease further skin breakdown. Deodorant liquid and tablets are used to eliminate odors. When emptying stool, liquid drops can be placed inside the pouch and after each emptying. The liquid deodorant will not harm the stoma but possibly contain a dye that can change the color of the stool.

/2 points **2/2**

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 EasiFlex 2 piece pediatric drainable pouch, change 3-4 days/PRN

Rationale: Pediatric pouch (newborns up to five years of age) and it's a flexible pouch.

Further Consideration: Flexible pouching systems are recommended for prolapses because convex barriers can cause stoma injury and will cause prolapse to increase in size. Reduction is needed prior to application. Pediatric stomas are usually temporary, an uncomplicated stoma prolapse can be managed with manual reduction or osmotic agents. Surgical revision is done for rare cases. Petal cutting opening allows for more flexibility. Two piece system also allows for easy access to prolapse stoma for reduction between appliance changes.

/3 points **3/3**

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 82302 ostomy pouch premier one piece system 9 inch length closed end oval, flat

Rationale: flat, shorter in length, cut to fit

Pouching option #2: Coloplast 10461 ostomy pouch sensura mio one piece system mini length 3/8 to 1 ¾ inch stoma drainable flat

Rationale: shorter in length, trim to fit, drainable flat

/4 points **4/4** **4/4**

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: Coloplast

Skin barrier Wafer 1: SenSura Mio Convex

Composition & Purpose: Extended wear. Ability to bend and stretch, reduce leakage by providing a reliable seal between the skin and the baseplate, appropriate for inward areas around stoma. ***Ok***

Skin barrier Wafer 2: Hollister New Image skin barrier with floating flange No Tape (flextend cut-to-fit)

Composition & Purpose: Extended wear. A two-piece, comfortable fit with a thin wafer and without tape border, ideal for ileostomies. The flange has a locking system that secures the pouch and barrier in place. It's easier to apply to mostly any size stoma and maintain with the cut-to-fit opening. ***Focus should be on the composition of the skin barrier wafer. What makes the New Image skin barrier wafer different from the other barriers? Protects against erosion making it ideal for ileostomies and urostomies.***

Skin barrier Wafer 3: Assura AC

Composition & Purpose: Extended wear. A two-piece appliance for pediatrics. Provides a secure adhesive coupling system. Has a flat thin piece of soft material on the skin barrier and the pouch has an adhesive seal that is placed directly to the skin barrier to make the connection. Two piece pouching system, allows skin barrier around the stoma with no pouch in place, providing simple visualization. It makes it easier to change the pouch

without removing the skin barrier. It also allows to interchange shorter pouches with longer pouches depending on the time of the day. Different styles (ex: teddy bear design) and sizes to accommodate different child stages (newborns-5 years of age). Simple and soft. ***Your focus remained here on the two piece system and should be on the sin barrier wafer and its composition. What type of ostomy or situation would this wafer be appropriate? What makes this skin barrier wafer different from the other barriers?***

/6 points **4.5/6**

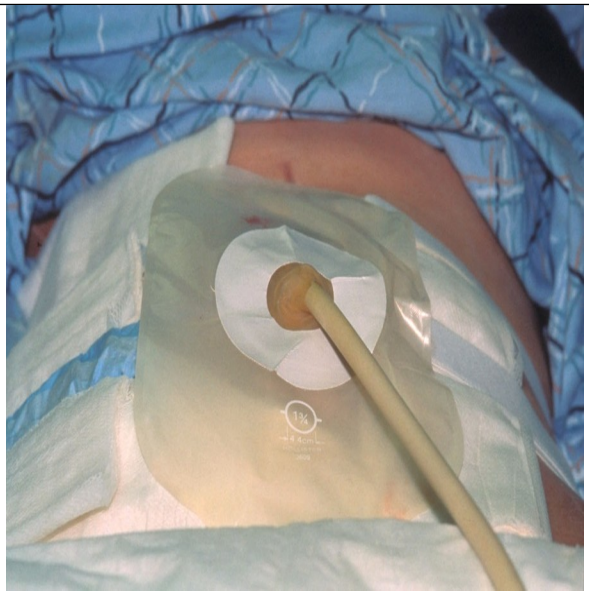


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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: Nu-Hope Latex Catheter Holder

...in the absence of a commercial access port: Baby Nipple, it will be secure using a tape ring, adhesive ring creates a strong bond. It may be place over an underlying ring of skin barrier paste, sometimes skin barrier paste can be used to provide additional barrier. ***You have not described how to secure the tube separately from the pouch.***

/2 points **1.5/2**

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: Ostomy ring: Moldable ring by Coloplast

Alternative convexity option #2: Strip paste can be used to fill in uneven areas such as dips to increase the depth of the barrier and achieve a good seal. ***Filling in areas does not create convexity. Applying strips around the stoma base in multiple layers will create convexity.***

/2 points **1.5/2**

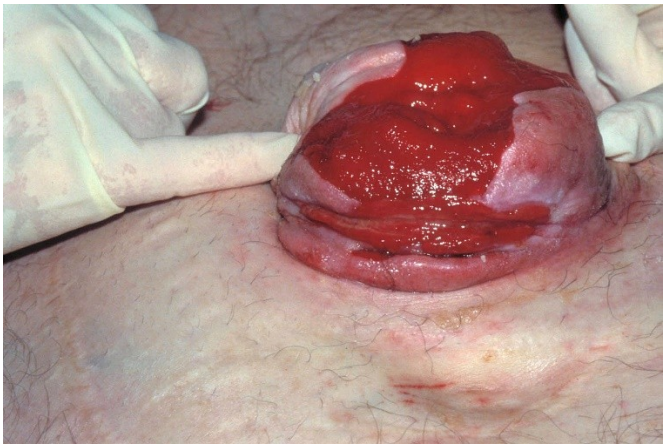
The WOC nurse is consulted to manage a wound with a stoma in proximity. The surgeon has consented to pouching the stoma in the same pouch as the wound. It is determined to be the best approach.

Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Eakin ConvaTec wound pouch

/1 point **1/1** **1/1**



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 Flextend one piece drainable high output ostomy pouch flat extended wear soft tap 110mm 4 1/3" cut-to-fit

/2 point **2/2**