

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

Mini Case Studies: Ostomy



Student Name & Date: __

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 flat extended wear barrier with the compatible SenSura® Mio Flex pouches. The patient can be provided information about the Maxi 11" or Midi 10 1/4" wide outlet drainable options or the SenSura® Mio Flex Maxi closed pouch.

Rationale: This product has the flexibility, comfort, and low profile of a 1-piece system with the added benefit of an exchangeable pouch. The easily removable closed-end pouch can be exchanged after routine bowel movements. The barrier is extended wear and can be left in place for 5-7 days. The patient reports changing the pouching system every other day due to fear of leaking. These options allow removal and disposal or emptying of the soiled pouch without a full pouching system change.

/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: Coloplast Sensura® Mio Deep convex Maxi drainable pouch extended wear Cut-to-fit up to 43mm in transparent (16767).

Rationale: Additional education will need to be provided about measuring and cutting the skin barrier to fit 1/8" close to the base of the stoma. A cut-to-fit pouching system gives the patient a large enough cutting surface to accommodate the current size of the stoma and make adjustments with each pouch change as the edema subsides. The firm deep convexity is ideal for a very soft abdomen even with a budded, protruding stoma due to the expected contour changes with sitting. A transparent pouch allows for close monitoring of changes in stoma and output characteristics.

Two Piece option: Convatec Natura™ Moldable Convex Durahesive® extended wear skin barrier with stoma opening for 33-45mm stoma (404594) and the compatible drainable InvisiClose™ tail closure in transparent (416412)

Rationale: The patient has a soft obese abdomen that will need a firm convex barrier, especially when seated. Even though the stoma is budded and protruding, the soft abdomen may fold and crease where the stoma has been created. The moldable convex option will provide the patient flexibility in fitting the barrier opening to the stoma size. The Convatec technology allows both stretch and retraction to accommodate edema or peristalsis without causing trauma. As the edema reduces the moldable barrier will maintain a close fit. The transparent pouch will allow for close observation of the stoma and output changes.

/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: Treat the Peristomal irritant dermatitis by crusting with Adapt stoma powder (7906) and skin protective wipes (7917). Then apply the appropriately sized Hollister CeraRing oval convex barrier ring with ceramide around the stoma. Pouch the stoma in Hollister Premier 1-piece Ceraplus drainable cut-to-fit soft convex pouch with belt loops (895XX). Add an adjustable Adapt ostomy belt medium or large depending on the patient's size.

Rationale: Crusting with stoma powder and skin protectant will help heal the irritant dermatitis. The Ceramide in both the CeraRing and the Ceraplus pouch will also provide added healing to the peri-stomal skin. The oval-shaped convex CeraRing will match the contours and shape of the oval stoma with a low os providing convexity to the immediate peristomal plain. A soft convex Ceraplus cut-to-fit skin barrier will allow the patient to cut the opening to the appropriate size and shape of the stoma. The soft convex skin barrier will provide both flexibility and extend the convexity to prevent the hernia from further pushing the stoma into the lateral fold. An ostomy belt provides an additional level of security and support since a hernia belt does not stay in place.

/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:

Treat the peri-stomal skin erythema and partial thickness trauma wound from 4-7 o'clock I wound first crust the site with Brava® stoma powder (19075) and Brava® skin barrier wipes (120215). Treat the entire peri-stomal plain with the skin protective wipes.

Place a piece of Brava® protective sheet over the partial thickness wound. Caulk around the stoma with Brava® no sting paste., with extra dab at 6&12 o'clock where the catheter touches the skin.

Pouch the stoma with a SenSura® Mio 2pc cut-to-fit (CTF) flat skin barrier, holding the red rubber catheter up while landing the skin barrier, ensuring the red rubber catheter is inside the pouching system and not under the barrier, or notches may need cut at 6 & 12 o'clock into the skin barrier to fit around the red rubber. Addition paste can be applied to the inside of the skin barrier as needed once placed.

Pouching system diameter size can be upsized until the red rubber is removed to provide a larger cutting surface and clearance for the red rubber and Brava® protective sheet. Once the skin barrier is landed and sealed, the drainable pouch is applied.

Rationale: the crusting will absorb and seal the moisture of the wound. The Brava protective sheet will also aid in healing the skin while providing a physical barrier between the catheter and the skin. The paste will provide an additional seal around the base of the stoma and the red rubber can fill small gaps and creases without adding height. The 2pc CTF pouching system allows for catheter manipulation and positioning while landing the skin barrier and an opportunity to apply additional paste before attaching the drainable pouch

/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: To treat the ulcerated skin around the stoma first apply a small piece of Exufiber AG hydrofiber into the open wound bed. Then treat the surrounding peristomal skin with Nystatin powder to treat any fungal or yeast that may be present from the frequent sweating. Seal the powder with a no-sting skin barrier spray/wipe. Once skin is dry and sealed, cover the Exufiber AG and immediate peristomal skin with a Convatec Eakin Cohesive® skin barrier sheet. Since the abdomen is firm and the stoma is at skin level and there is existing peri-stomal skin ulceration apply a Hollister Adapt convex round barrier ring with a 1-pc flat CTF CeraPlus extended wear drainable pouch (8931)

Rationale: Treating the peristomal skin with Nystatin powder because there appear to be some satellite lesions and the patient reports frequent sweating, therefore yeast or fungal is likely. The Exufiber AG hydrofiber will treat the ulceration, by filling the deficit, absorbing exudate, and providing antimicrobial protection. The Convatec Eakin Cohesive® skin barrier sheet protects skin from body fluid, is absorptive and moldable, and fills areas of uneven skin to create a flat pouching surface. The Hollister Adapt convex round barrier ring provides soft, flexible convexity against a firm abdomen with a flush stoma without adding additional pressure to the areas of ulceration. 1-pc flat CTF CeraPlus extended wear drainable pouch (8931) is flexible for a firm abdomen and has ceramide to also soothe and heal the peristomal skin. The *ComfortWear* panel on the body side will protect the skin from contact with plastic.

/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: Treat the peristomal skin irritation with Stomahesive® protective powder. Use Stomahesive® strips at 3 & 9 o'clock then caulk over the strips and around the stoma with Eakin Cohesive® (alcohol-free) paste. Apply an Eakin Cohesive seal around the stoma, stretched slightly larger than the stoma and molded down into the crease, then apply additional paste to fill any gaps. Pouch with the Nu-Hope 1pc drainable oval Nu-Flex Shield trim-to-fit (7975XX) with a Nu-Hope waist belt.

Rationale: The peristomal skin will need to be treated and dried with the Stomahesive® powder for better adhesion. The deep creases at 3&9o'clk need filled to build-up and even create an even pouching surface. The Eakin Cohesive paste® is applied over the strips to fill any gaps. Eakin Cohesive® seal around the stoma molded down into the crease then caulked to provide immediate peristomal skin protection. Pouching with the oval Nu-Flex Shield 1pc pouch provides a flexible support shield that will bend into belly creases and the oval shape matches the imaged pouching surface. The belt will add counter-pressure and support to keep the pouch in place with movement.

Convex skin barriers or rings will likely pop or buckle with the deep crease when the pt sits.

/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: Treat peristomal fungal dermatitis with nystatin powder. Switch the pouching system back to the previous one before Home Health changed the products. Avoid products with tape borders. Options can include the Hollister CTF 88300/88400 product line without a tape border or any Coloplast or Nu-Hope pouching systems.

Rationale: The satellite lesions indicate a fungal dermatitis that should be treated with anti-fungal powder. Irritation limited to the appliance tape collar region indicates a reaction to the tape, therefore eliminating the tape and switching back to the previous product or a product w/o tape will resolve the contact dermatitis. If contact dermatitis persists once the fungal dermatitis resolves a patch test should be performed

/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: Treat the moisture-related skin damage with Adapt stoma powder, seal powder and protect peri-stomal skin with no sting skin protectant. Stretch and form an Adapt 4" extended wear skin barrier ring (7806) around the stoma. Fill the uneven peristomal contours with Adapt skin barrier strips (79400) molded into the deficits at 3&9 o'clock. Apply Adapt paste (79300) as needed around the circumference of the stoma.

A second option is to use the largest Adapt oval convex ring (89603) cut in half and placed at 3 & 9 o'clock, then fill the remaining gaps with paste and seal over both with the Adapt 4" barrier ring. Once a flat pouching surface is achieved apply Hollister Flextend 2pc 4" (yellow) flat CTF extended wear skin barrier with a 3.5" cutting surface (14606) and 4" drainable pouch. Add Adapt barrier extenders (79402) to the outer edge of the pouching skin barrier.

Rationale: 3 issues need to be addressed in this scenario: 1) peri-stomal moisture-related skin damage, 2) uneven pouching surface, and 3) pouch limitations due to stoma size. Convex barriers are not available for this size stoma, contours will need to be filled with paste strips, ring, and paste as needed. Peri-stomal moisture-related damage needs treated and prevented. The stoma powder will absorb any moisture related to skin damage and the skin protectant will seal and protect the skin. The Adapt paste, strips, and rings are used to fill the contours and creases. The Hollister Flextend 4" skin barrier cuts up to 3.5" to accommodate the stoma size. An ostomy belt can be added if needed with Hollister 2pc pouching system. The barrier extenders provide extra support to the outer edges

/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: Without knowing the size of the stoma it is difficult to make a definite recommendation. If size appropriate, I would recommend the Coloplast SenSura® Mio Convex Flip (185XX) 2-piece click pouching system with a closed-end filtered pouch (114XX). Brava® lubricating deodorant to address the patient's concern about odor.

A Brava® Ostomy Support Belt should also be sized and provided (1200X)

Rationale: The SenSura® Mio Convex Flip is specifically designed to fit firm curves, bulges, and hernias. The Closed-end pouch with the charcoal filter will eliminate the need to empty and allow gas to be released w/o odor. The pouch can be removed, deposited, and replaced as appropriate. The lubricating deodorant assists the stool to fall to the bottom of the pouch and neutralizes the odor. If the closed-end pouch is not appropriate for the unspecified output, drainable pouches are available.

Brava® Ostomy Support Belt supports and relieves the heavy sensation of the hernia.

/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: Convatec Little One® 2-piece ostomy system CTF standard wear Coupling Technology™ (411642) with drainable InvisiClose™ closure pouch (411637)

Rationale: the 2pc system would make it easier to land the barrier over the stoma and then apply the pouch. The pouch can also be easily accessed if needed without having to change the whole system.

Further Consideration: educate the parent to use white granulated sugar to sprinkle on the stoma to reduce the prolapse. Cool packs can also be applied over the pouching system or cloth to reduce the prolapsed stoma. Never directly on the stoma

/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: Switch the patient to a 2pc extended wear pouching system such as the Hollister flat skin barrier with integrated floating flange pre-cut or CTF. With this barrier option, the patient can utilize either the Hollister drainable 7" Mini-Pouch with Lock 'n Roll closure (1828x/1829x) or the High Output drainable pouch (1801x).

Rationale: This pouching system provides the patient with the option to use a pouch that is comfortable for her short torso, but practical for times they might be experiencing higher output and need a bigger pouch. The floating flange makes exchanging between the 2 pouch options easy w/o interrupting the skin barrier seal.

Pouching option #2: If the patient has a high-functioning ileostomy and needs the 12" pouch for volume, they can continue to use the current pouching system and add an ostomy pouch cover or wrap such as the stealth belt.

Rationale: An ileostomy typical function for large volume loose/watery effluent, and the volume of output can overwhelm the pouch capacity. Using a shorter-length pouch may cause leaking issues or become an inconvenience due to frequent emptying. Using a stealth belt or pouch cover can contain the pouch length keeping it out of the patient's groin, but maintaining volume capacity.

/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 Barrier

Composition & Purpose: Ceramide-infused extended-wear skin barrier, protects skin from dryness, protects skin's natural moisture barrier, and maintains good peristomal skin health. - Hollister Incorporated.

The skin may need to heal from irritant or fungal dermatitis which is causing the itching and more frequent changes. Stoma or nystatin powder paired with the CeraPlus skin barrier provided adhesion, absorption, and erosion resistance.

Skin barrier Wafer 2: SoftFlex Skin Barrier

Composition & Purpose: Appropriate for thin fragile and sensitive skin or desired frequent changes. This choice is appropriate if the patient needs a product for sensitive/fragile skin or just prefers frequent changes w/o causing adhesive damage.

Skin barrier Wafer 3: Karaya 5 Skin Barrier

Composition & Purpose: Suited for sensitive skin or skin allergic to synthetic barriers. Mild adhesive requires belt to secure pouching system. If the itching under the skin is related to an allergic reaction this would be the best to address allergic reaction issues.

/6 points

Scenario 13

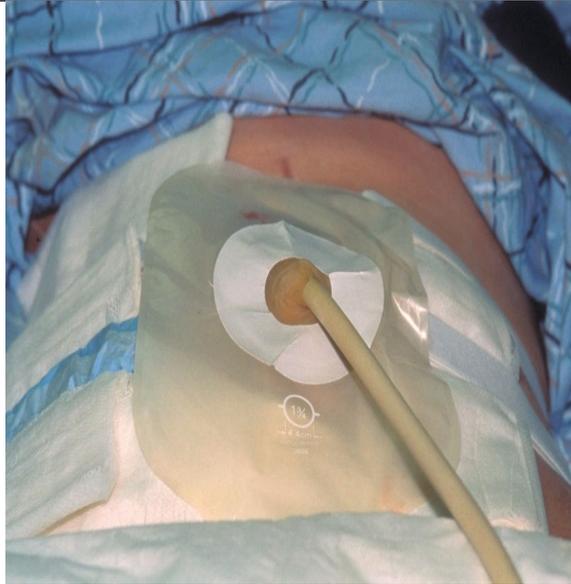


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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:

Re-pouch the stoma with the appropriately sized Coloplast 2-piece pouch system or 1-piece pouch system with an access window. Remove the paper backing and apply the Coloplast fistula drain port to the outside of the window or pouch, then cut a hole in the plastic from the inside for the catheter tube. The catheter tube can now be threaded through the access port securely as the window is closed or the pouch is attached.

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

Re-pouch the stoma in the appropriately sized 2pc or 1pc pouch w/ a window as described above. Apply an infant bottle nipple to the outside the pouch or window, with an “X” cut in the top of the nipple. Secure the nipple to the pouch outside of the pouch with a separate skin flat flexible skin barrier. Cut a hole in the plastic pouch and thread the catheter through the nipple as the pouch is attached for the window is closed.

/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: Apply a convex skin barrier ring. For this patient, I would select the Hollister oval CeraRing convex barrier ring (896XX)

Alternative convexity option #2: If needed switch the patient into a pouching system with belt tabs. Double stack a 4.5mm thick moldable barrier ring. Form it around the stoma with 1/8" separation from the mucus junction. Then cut the skin barrier opening just slightly larger at 1/4". Add lubricant drops to assist the stool to drop. Land the pouching system and apply a belt for counter pressure.

/2 points

Scenario 15



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.

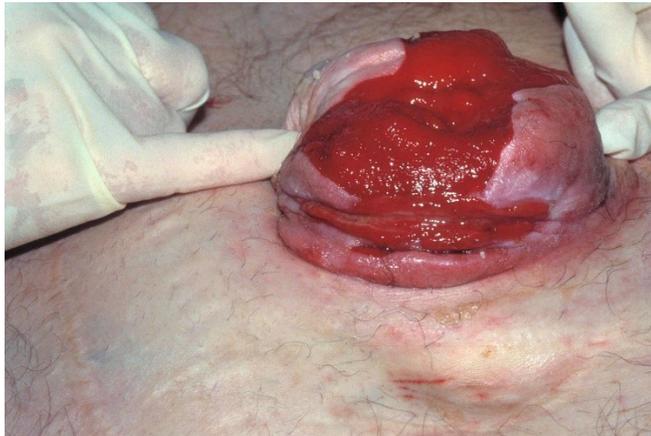
Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Without having any measurements I would recommend the Coloplast Maxi fistula and wound manager (14070). I would crust the superficial skin wounds to the distal area with stoma powder and then protect the entire peri-wound, peri-stomal skin with Cavilon 3M Advance skin sealant before applying the system.

/1 point

Scenario 16



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 1pc post-op pouch with a widow and cutting surface up to 4 1/2" (19021).

The deficit that appears to be at 6 o'clock in this image would need to be filled and sealed with paste or strips to create an even pouching surface.

/2 point