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

Ostomy Care Mini Case Studies

Cleveland Clinic

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Reviewed by_____

Score: /46

This assignment focuses on applying the assessment of an individual with an ostomy to pouching principles. First, basic principles are identified. Then, principles are applied to clinical situations.

1. **Identify the nursing orders for changing a pouching system on a person with no peristomal skin breakdown. (2 points)**

Nursing orders for changing a pouching system on a person with no peristomal skin irritation would indicate to continue with their current pouching technique and using the same supplies. Instructions would include: 1. Gather supplies (New pouch, template, scissors, marker, soft paper towels (some dry and some moistened with warm water, trash bag, towel). 2. Empty pouch prior to removing and place a towel on patient's lap, remove pouch from top-down utilizing the push pull method gently removing from skin and dispose in trash bag. 3. Assess pouch barrier for any wear by noting a lighter discoloration on barrier as well as stoma color, size, shape and peristomal skin 4. Cleanse skin with warm water moistened and dry wipes being gentle to not scrub vigorously. 5. Place template to stoma ensure still appropriate fit by ensuring no more than 1/8inch of skin exposed. 6. Cut barrier of pouch ensuring dull side of scissors into pouch to ensure to not pierce bag (Remember it is better to cut to small than to big). 7. Once barrier is cut place it up to skin to ensure adequate fit as stated above no more than 1/8inch of skin exposed. 8. If determined barrier is cut to appropriate size ensure peristomal skin is clean and dried thoroughly and remove plastic backing of pouch and apply pouch in bottom-up method 9. Place warm hands-on pouch 10. Change pouch every 3-5 days or if patient has a leak.

2. **Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown. (2 points)**

Nursing orders for changing a pouching system on a person with peristomal skin irritation would indicate to continue evaluating back of pouch after removal to see signs of wear, evaluate current pouching steps (was pouch cut to big? Too small?, assess patient lying, sitting, and standing for folds or creases and troubleshoot accordingly with paste if creases noted or possible switching to convex pouch if deemed appropriate. Instructions would include: 1. Gather supplies (New pouch, accessories if deemed appropriate (paste, rings), stoma powder, skin prep (3M barrier prep pads) template, scissors, marker, soft paper towels (some dry and some moistened with warm water, trash bag, towel). 2. Empty pouch prior to removing and place a towel on patient's lap, remove pouch from top-down utilizing the push pull method gently removing from skin and dispose in trash bag. 3. Assess pouch barrier for any wear by noting a lighter discoloration on barrier as well as stoma color, size, shape and peristomal skin 4. Cleanse skin with warm water moistened and dry wipes being gentle to not scrub vigorously. 5. Lightly apply stoma powder to peristomal skin, dust away excess powder will stick to open skin. 6. Seal in powder with 3M barrier prep pads by dabbing peristomal skin. 7. Place template to stoma ensure still appropriate fit by ensuring no

more than 1/8inch of skin exposed. 8. Cut barrier of pouch ensuring dull side of scissors into pouch to ensure to not pierce bag (Remember it is better to cut to small than to big). 9. Once barrier is cut place it up to skin to ensure adequate fit as stated above no more than 1/8inch of skin exposed. 10. If determined barrier is cut to appropriate size ensure peristomal skin is clean and dried thoroughly and remove plastic backing of pouch and apply pouch in bottom-up method 11. Place warm hands-on pouch 12. Change pouch every 3 days or if patient has a leak.

3. **Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions. (2 points)**

Nursing orders for changing a pouching system on a person with peristomal skin irritation with the presence of satellite lesions would be concerning for a fungal infection. It would indicate to continue evaluating the back of pouch after removal to see signs of wear, evaluate current pouching steps (was pouch cut to big? Too small?, assess patient lying, sitting, and standing for folds or creases and troubleshoot accordingly with paste if creases noted or possible switching to convex pouch if deemed appropriate. Instructions would include: 1. Gather supplies (New pouch, accessories if deemed appropriate (paste, rings), nystatin powder, skin prep (3M barrier prep pads) template, scissors, marker, soft paper towels (some dry and some moistened with warm water, trash bag, towel). 2. Empty pouch prior to removing and place a towel on patient's lap, remove pouch from top-down utilizing the push pull method gently removing from skin and dispose in trash bag. 3. Assess pouch barrier for any wear by noting a lighter discoloration on barrier as well as stoma color, size, shape and peristomal skin 4. Cleanse skin with warm water moistened and dry wipes being gentle to not scrub vigorously. 5. Lightly apply nystatin powder to peristomal skin, dust away excess powder will stick to open skin. 6. Seal in powder with 3M barrier prep pads by dabbing peristomal skin. 7. Place template to stoma ensure still appropriate fit by ensuring no more than 1/8inch of skin exposed. 8. Cut barrier of pouch ensuring dull side of scissors into pouch to ensure to not pierce bag (Remember it is better to cut to small than to big). 9. Once barrier is cut place it up to skin to ensure adequate fit as stated above no more than 1/8inch of skin exposed. 10. If determined barrier is cut to appropriate size ensure peristomal skin is clean and dried thoroughly and remove plastic backing of pouch and apply pouch in bottom-up method 11. Place warm hands-on pouch 12. Change pouch every 3 days or if patient has a leak.

For each of the below ostomy patient case scenarios:

- Use the information provided to identify an ostomy pouching plan.
    - 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 the 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:

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 Two Piece drainable pouch with roll up Velcro closure, change every 3-5 days and PRN

Rationale: The adhesive of this pouch can stretch and retract back when your body moves due to the elasticity of the pouch. The coupling is flexible so adapts to changes in body contours. Two-piece option allows for the pouch to be able to be changed without barrier and ability to rinse out pouch as well.

/2 points

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: Resize stoma to ensure appropriate fit, Convatec Esteem One-piece drainable cut to fit pouch change every 3-5 days and prn leaking and if increased stoma necrosis is noted

Rationale: Abdomen appears soft and stoma budded convexity may be contraindicated due to stomal necrosis as could put pressure on areas even though most likely this area is from the pouch being cut too small. If develops leakage when stoma become more active could consider other options. It is also important to have a transparent pouch as the patient has necrosis to ensure is not worsening. Stoma is budded so standard flat is appropriate.

Two Piece option: Coloplast Sensura Mio Flat two-piece pouch change every 3-5 days and prn leaking and if increased stoma necrosis is noted

Rationale: Standard flat pouch may be appropriate as stoma is budded and protruding. This pouching system is flexible as well. It would be important to resize stoma as well to ensure appropriate fit.

/4 points

Scenario 3

85-year-old presents with flush ileostomy and peristomal irritant dermatitis. Oval stoma with os 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: Crust using Convatec stomadhesive powder and 3M barrier prep pads, Hollister adapt thin barrier ring, apply two piece Coloplast SenSura Mio Soft Convex pouch with Brava belt change every 3-5 days

Rationale: Crusting peristomal skin will help to protect and heal damaged skin. Thin barrier ring to help with uneven skin contours, two piece pouch would be preferred due to being visually impaired, and soft convex pouch and belt will help with flush stoma to bud out into pouch

/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: Discuss with surgeon the possible trauma from bridge and ask when able to remove bridge and remove when receive order. Crust using Convatec stomadhesive powder and 3M barrier prep pads, Convatec Esteem + Soft Convex One-Piece Drainable Pouch change every 3-5 days and prn leaking

Rationale: Crusting peristomal skin will help to protect and heal skin. Soft convex pouch would be appropriate as stoma is slightly budded will aid in budding the stoma out more and will push the peristomal skin away from red rubber catheter (if not due to be removed)

/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: : Cleanse peristomal skin with warm water only, crust using Convatec stomadhesive powder and 3M barrier prep pads, apply Hollister CeraPlus (extended wear barrier) One-piece soft convex drainable pouch change every three to five days and prn leaking

Rationale: Crusting peristomal skin will help to protect and heal skin, extended wear barrier should give patient better wear time due to frequent sweating, soft convex pouch would be appropriate for a stoma at skin level on firm abdomen to help stoma bud into pouch.

/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: Cleanse with peristomal skin with warm water, crust using Convatec stomadhesive powder and 3M barrier prep pads, Coloplast SenSura Mio Deep Convex one-piece pouch with Coloplast Brava belt change every three days and prn leaking

Rationale: Crust peristomal skin due to irritation to help protect and heal skin, Due to stoma being in abdominal fold and patient obese would recommend use of deep convexity pouch and belt to assist in stoma budding into pouch

/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: Crust peristomal skin with nystatin powder and 3M barrier prep pads, switch back to previous appliance patient was using or Coloplast SenSura Mio One piece drainable flat pouch change every three to five days and prn leakage

Rationale: Switch pouch manufacturers as looks like he is having allergic reaction to tape barrier of pouch. Satellite lesions would be indicative of fungal rash so that would need to be treated with Nystatin powder crusting with 3M barrier prep pads and would resume previous pouching product that patient was using without issues or switching from a tape barrier that he is currently using to Coloplast SenSura Mio pouch as it is made of textile material that is comfortable and soft on the skin

/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: Crusting peristomal skin with Convatec Stomahesive powder and 3M barrier prep pads, placing piece of Coloplast Brava strip paste to 0300 and 0900, applying Coloplast Sensura One-piece drainable flat pouch change every three to five days and prn leakage

Rationale: Crusting peristomal skin will help to protect moisture related skin damage from effluence, by adding paste to 0300 and 0900 it will help to give pouch flat surface to skin to which would then be appropriate for flat one-piece drainable pouch.

/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 SenSura Mio Convex Flip Two-piece pouch change every three to five days and prn leakage

Rationale: This pouching system is specifically designed for curves, bulges, and hernias. It has a star-shaped, curved barrier that conforms well to outward area decreasing creases or folds in barrier.

Odor Management Strategies: Discuss foods that cause odors such as fish, garlic, eggs, beans, turnips, cheese, and cabbage. Try the addition of a liquid deodorant in pouch to assist with odor

/3 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: Convtec eakins ring place circumferentially at base of stoma, Coloplast Sensura one piece flat pouch (cutting radial slits in barrier of pouch) change every three to five days and prn leakage and if trauma noted to stoma

Rationale: It is important to have a moldable skin barrier to prevent trauma to stoma, using either barrier rings and cutting radial slits in barrier of pouch to reduce trauma and adapt to the prolapse. Unclear of actual length of prolapse but may be better to use adult pouch to accommodate size and not cause trauma to stoma.

Further Considerations: Could also attempt to have child lie flat for 10 minutes prior to application to attempt to reduce prolapse as well as ice packs or sugar as best time for pouch application would be when stoma prolapse is reduced. For a pediatric patient maybe performing pouch change after bottle or when calm as they may be more relaxed and not crying causing further length of prolapse.

/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 Two piece drainable mini ostomy pouch drainable with flat barrier

Rationale: Length is 7'' so will be shorter length for patient, this pouch is acceptable for colostomies and ileostomies, made with ComfortWear so panels of pouch can also provide comfort. Patient would need a drainable pouch due to having ileostomy and this pouch is able to be worn with extended wear barrier which would be appropriate for an ileostomy.

Pouching option #2: Coloplast Sensura Mio Flat MIDI One-piece Drainable Pouch

Rationale: Length is 10 ¼'' so will be shorter length for patient, extended wear barrier appropriate for ileostomy patient

/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: Coloplast

Skin barrier Wafer 1: Sensura Click Barrier

Composition & Purpose: Made with double layer adhesive of a protection layer and skin care layer. These layers protect the peristomal skin from effluence and absorb excess moisture keeping the skin healthy. These barriers can be standard wear or extended wear, flat or convex so would be appropriate for all types of ostomy patients.

Skin barrier Wafer 2: Sensura Mio Flex Barrier

Composition & Purpose: Made with an elastic adhesive which provides a secure fit to different body shapes that can stretch and retract back with movement, coupling of barrier is flexible allowing for adaptation of different body contours, made of textile material that is comfortable and soft on the skin. Appropriate for all types of ostomies and active persons.

Skin barrier Wafer 3: Assura Barrier

Composition & Purpose: Made with spiral adhesive which assists in protected adherence to the skin and promotes peristomal skin health by aiding in absorption of moisture from skin which further protects the skin from irritants; Assura barrier can be available in standard and extended wear and convex or flat so would be appropriate for any type of ostomy

/6 points

Scenario 13

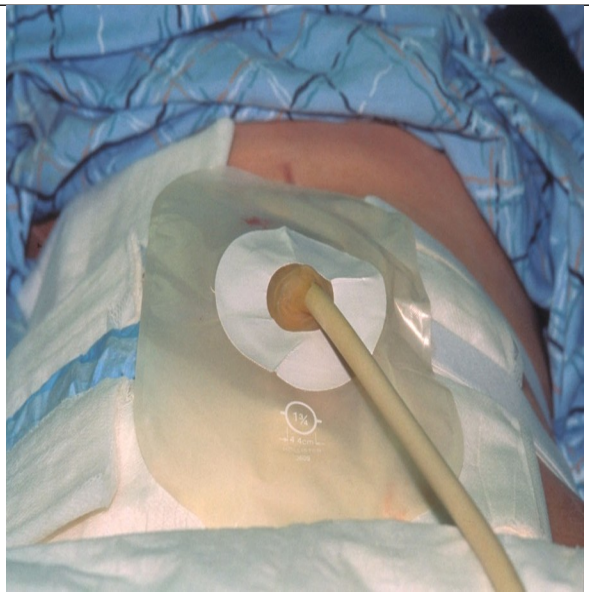


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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 Universal catheter access port. This will allow for the tube to be able to exit the pouch as it will create a hole in pouch and it will help seal around tube due to the graduated nipple

...in the absence of a commercial access port: Cut the pouch barrier opening to fit the size of the stoma and ensure is large enough for catheter (if has a bumper cut to size of bumper), in the front of the pouch cut a slit that will allow the catheter to fit through, at the opening of slit where catheter is wrap with either a hydrocolloid or oil emulsion, and wrap with microfoam tape to secure to pouch, and then secure catheter externally with securement device

/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: Use Convatec small eakins ring with Coloplast Sensura flat one-piece drainable pouch

Alternative convexity option #2: Hollister Adapt Convex ostomy barrier ring with Hollister Ceraplus One-piece flat drainable pouch

/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.

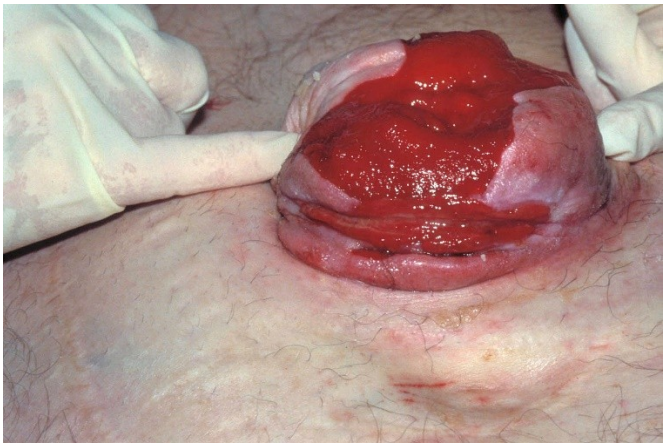
Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Convatec Eakin wound manager pouch

/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 pouching system 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 flat high-output drainable one-piece pouch (large size has cutting surface max 110 mm)

/1 point