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)**

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

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

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 Click Barrier with Sensura Mio Click MAXI Drainable Pouch; change every 3-5 days and PRN.

Rationale: The SenSura Mio Click Barrier is an extended-wear flat flange perfect for patient's well budded stoma and even abdomen. The Sensura Mio Click MAXI Drainable Pouch is water resistant for activity, with a full-circle filter and opaque color. I suggest changing every 3-5 days as patient is fearful of leakage and currently changes system every other day… once he is comfortable with that wear-time I believe it can be increased to 5-7 days.

/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: Convatec Esteem + Pre-Cut One-Piece Firm Convex Drainable Pouch; change every 2-3 days and PRN.

Rationale: This Convatec Esteem + is a less flexible firm convexity ideal for patient's soft contour-less abdomen. I recommend precut flanges to reduce risk of further stomal trauma and 2-3 day wear time to monitor edema and necrosis for further decline.

Two Piece option: Hollister New Image CeraPlus 2-Piece Precut Convex with Hollister New Image Lock'n Roll Closure Drainable Pouch; change every 2-3 days and PRN.

Rationale: Hollister New Image CeraPlus Convex is a firmer convexity, perfect for patient's soft/obese abdomen. A frequent change is required for monitoring of stomal edge edema and necrosis, and the flange is pre-cut to prevent further trauma.

/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: Marlen Petite Convex "All-Flexible" Mounting Ring with Zip-Klose Ileostomy Pouch and 15-minute Domeboro soak before application. Change every 3-4 days and PRN.

Rationale: The Marlen Petite Convex is recommended for stomas in hard-to-fit areas close to rib cages or hips; you can pick between different diameter size options. The Domeboro soak and proper fitting appliance should alleviate irritant dermatitis, allowing patient to increase wear time to 5-7 days.

/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 2-Piece New Image Soft Convex CeraPlus Skin Barrier with Drainable Pouch and Adapt Barrier Ring, change every 3-5 days and PRN.

Rationale: In this scenario, soft convexity will be utilized for the slightly budded stoma. The barrier ring will protect the peristomal skin, as the flange may need to be cut bigger to fit the red rubber catheter. Once the catheter is removed, the ring may no longer be needed. As there was no mention of leakage, the patient can stick to the average wear time of 3-5 days to start.

/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: Coloplast SenSura Mio EasiClose One-Piece Convex Light Drainable Pouch with crusting (stoma powder and Cavilon No Sting Barrier Film) and HolliHesive underneath. Goal wear time: 2 days (and PRN).

Rationale: Crusting creates dry surface over damaged skin. HolliHesive is a standard-wear skin barrier gentle to damaged skin. Convex Light is recommended for stomas that need help protruding with persistent leakage and skin complications. Goal of 2-day wear time initially to check for leakage, increase wear time with successful seal.

/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: Marlen UltraMax Deep Pre-Cut Flange with Zip-Klose Ileostomy Pouch – initial goal of two-day wear time (and PRN). 15-minute Domeboro soak then crusting (stoma powder and Cavilon No Sting Barrier Film) on peristomal skin prior to appliance application.

Rationale: This system is recommended for flush stomas, flabby abdomens, and creases near the stoma. A Domeboro soak, crusting, and proper fitting flange should help heal contact dermatitis. Goal to increase wear time from 8 hours to 48 hours and extend further once that goal is reached.

/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: Hollister New Image Skin Barrer with Floating Flange (No Tape) cut-to-fit 2-piece with New Image pouch, goal wear time of 3-5 days (and PRN).

Rationale: This wafer is flat (as patient has budded stoma) with a tapeless border. As the irritation is limited to the tape collar region, this should eliminate the problem and patient can continue standard wear time of 3-5 days.

/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: Marlen One Piece UltraPlus Drainable Pouch with Shallow Pre-Cut Flange 88mm. Use stoma powder to treat moisture-related skin damage and paste to fill in uneven contour, then apply belt. Change every 2-3 days (and PRN) then extend wear-time with success of seal.

Rationale: It was surprisingly difficult to find a flange to accommodate a 3 ½" stoma! The shallow convexity of the Marlen flange along with stoma paste and belt should help even out the patient's peristomal contour for a better seal. With a reduction in leakage and powder to the peristomal skin, the moisture-related skin damage should resolve, and the patient can extend wear time to 4-5 days.

/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 1-Piece Drainable, change every 3 days and PRN. Use hernia belt.

Rationale: Coloplast SenSura Mio Convex Flip is specifically designed for abdomens with outward areas such as hernias. Once positioned, you flip the edges of the star for a snug fit without creases/folds. Change every 3 days to monitor peristomal skin breakdown and increase wear time when healed. Hernia belt helps keep pouch stable/secure and protects stoma.

Odor Management Strategies: Hollister M9 Odor Eliminator Drops – place 4-12 drops in pouch to eliminate odor when emptying.

/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: Hollister Premier One-Piece, change every 3-5 days and PRN.

Rationale: Adult-sized pouches are larger than pediatric pouches, this gives more room for the prolapsed stoma and therefore prevents trauma. 3-5 day wear time is standard.

Further Considerations: With a prolapse - if you are unable to reduce the stoma, notice ischemia of the stoma, or have obstruction, this warrants surgical intervention!

/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 Premier One-Piece Drainable Mini Pouch, change every 3-5 days and PRN.

Rationale: This is a one-piece drainable system with a 7" length pouch suitable for colostomies and ileostomies. This is a way for the patient to continue a similar system – cut-to-fit, flat - but with a shorter pouch! Recommended wear time is standard.

Pouching option #2: Hollister New Image Two-Piece Drainable Mini Ostomy Pouch, change every 3-5 days and PRN.

Rationale: This 7" pouch, practically identical to option #1, is a two-piece system. With this, patient can change pouch without having to replace flange. Recommended wear time is standard.

/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: Convatec

Skin barrier Wafer 1: Stomahesive

Composition & Purpose: Stomahesive skin barriers are ideal for semi-formed to formed output. It can be used on both dry and moist skin.

Skin barrier Wafer 2: Durahesive

Composition & Purpose: Ideal for mostly liquid output. Unlike other skin barriers that breakdown from liquid, this swells up to protect the stoma and peristomal skin.

Skin barrier Wafer 3: Esteem + Flex Convex

Composition & Purpose: The hydrocolloid skin barrier is meant to stay firmly in place and minimize leakage. Good for stool and urine output.

/6 points

Scenario 13

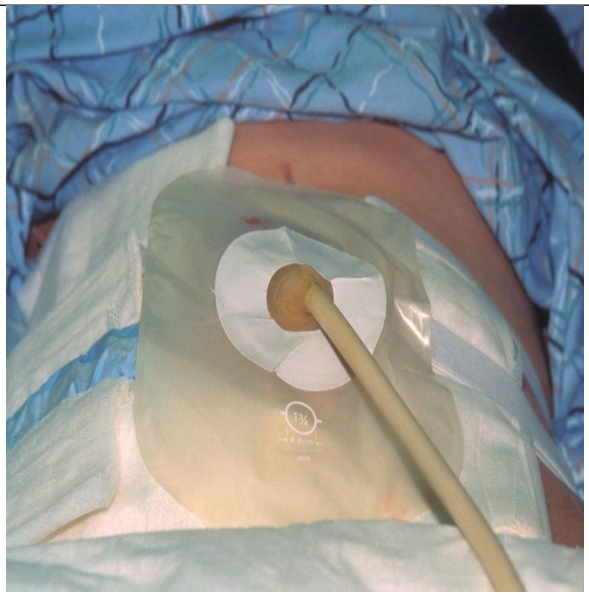


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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: Using the Hollister Universal Catheter Access Port you push the blue and white hole punch assembly through the pouch film from the inside out. You stretch the pouch film around the blue and white hole punch assembly until smooth without wrinkles. Next, you place the graduated nipple over the hole punch from the outside. Keep pushing until the graduated nipple snaps onto the white plastic ring of the hole punch. Remove the blue piece from inside the pouch and discard. Place the drainage tube/catheter next to the graduated nipple to decided what size to cut the nipple to – it should be slightly smaller to ensure a good seal. Then, insert the drainage tube/catheter through the nipple from the inside of the pouch.

...in the absence of a commercial access port: I am unsure on the proper technique for this and would love an explanation!

/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: Hollister Adapt Convex Barrier Ring

Alternative convexity option #2: ConvaTec SUR-FIT AutoLock Disposable Convex Insert

/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.

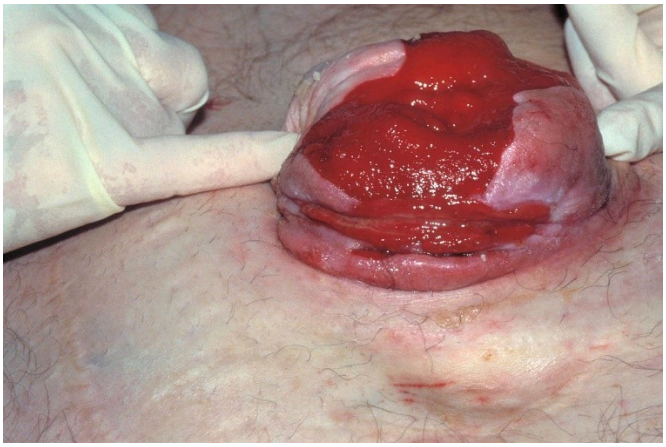
Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Eakin Fistula and Wound 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 High Output Ostomy Pouch Flat Flextend Barrier – opening is cut-to-fit, up to 4-1/3".

/1 point