

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

Ostomy Care Mini Case Studies



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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.

Answer the following questions:

1. *Identify the nursing orders for changing a pouching system on a person with no peristomal skin breakdown. (2 points):* Cleanse skin with water and thoroughly dry. Apply skin prep to peri stomal skin and allow to dry. Place stoma wafer around stoma and remove paper tabs. If a two-piece, attached pouch to flange, making sure to it sealed all the way around. Close bag tail end (spout, clip, or Velcro) and hold warm hand over top of pouch for 5 minutes.
2. *Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown. (2 points):* Cleanse skin with water and thoroughly dry. Apply skin prep to peri stomal skin and allow to dry. Sprinkle a thin layer of stomal powder to peri stomal skin, drip liquid barrier over top making a paste and brush off excess. Place stoma wafer around stoma and remove paper tabs. If a two-piece, attached pouch to flange, making sure to it sealed all the way around. Close bag tail end (spout, clip, or Velcro) and hold warm hand over top of pouch for 5 minutes.
3. *Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions. (2 points):* Cleanse skin with water and thoroughly dry. Apply skin prep to peri stomal skin and allow to dry. Sprinkle a thin layer of antifungal powder to peri stomal skin, drip liquid barrier over top making a paste and brush off excess. Place stoma wafer around stoma and remove paper tabs. If a two-piece, attached pouch to flange, making sure to it sealed all the way around. Close bag tail end (spout, clip, or Velcro) and hold warm hand over top of pouch for 5 minutes.

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: Hollister New Image Flat Flexend Skin Barrier.

Rationale: This skin barrier has an integrated floating flange, which allows fingers to be placed under the flange, to help minimize pressure on abdomen when attaching the pouch. Flexend extended wear and flat. Conforms well to body.

/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 Premier one-piece drainable ostomy pouch.

Rationale: Helps flatten peristomal skin with soft/loose skin. Soft convexity to conform comfortably to body with easy view for accurate observation.

Two Piece option: Hollister New Image soft convex 2- piece CeraPlus with tape skin barrier.

Rationale: Provides gentle pressure around stoma to help obtain a correct fit and conform to uneven skin areas.

/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: Flexible pouching system, soft convexity, skin barrier powder, strip paste, and more frequent pouch changes.

Rationale: To accommodate changing stoma and pouching surface. Skin barrier powder to absorb excess moisture from damaged skin. Fill-in uneven areas to enhance seal. Provide dry surface for barrier to adhere.

/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: Remove rubber catheter bridge, stoma powder with barrier film (Cavilon) to form crusting, use flexible convex skin barrier.

Rationale: There is no tension of the stoma on the abdominal wall and stoma healed to abdominal wall, bridge no longer needed. Stoma is retracted, convex skin barrier can help stoma protrude up and over skin barrier edge.

/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: Properly sized skin barrier, liquid barrier film, use hair dryer on low setting or blot with absorbent towel, barrier ring, extended wear convex barrier type.

Rationale: Help prevent external moisture from hydrating the skin. Assist in drying skin. Keep moisture from pooling against the skin. Improve fit to protect skin. Convexity to help stoma protrude over skin level for better 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: Keep skin folds dry, skin barrier powder, liquid barrier film, correct fitting device, soft convexity with barrier ring, and belt.

Rationale: Manage/ absorb excess moisture, skin protection. Related to barrier being larger than stoma size. Improve fit to prevent leakage. Improve seal to appliance. Help hold in place/ secure. Extended wear barrier to improve maceration.

/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: Gently cleanse and dry skin, apply antifungal powder with liquid barrier film and dust off excess, Flat skin barrier system with ring.

Rationale: Patient allergy to new product. Treat peri stomal candidiasis protect skin. Best choice due to flat contour with protruding stoma.

/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: Stoma powder, liquid film barrier, ring, correctly fitted device, shallow convex, belt, and strip paste.

Rationale: To absorb excess moisture, for skin protection from effluent. No skin showing or leaks to continue. To fill in even areas at 3 o'clock/9 o'clock and enhance barrier seal. Provide second layer of solid skin barrier for a better seal. To flatten peristomal skin in folds/ creases for a consistent seal. To add slight pressure to pouching system to keep a goods seal.

/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: Soft/ flexible convexity, hernia support belt, convex ring, powder, and liquid barrier film.

Rationale: To accommodate changing stoma/ pouching surface. Provide support to area around stoma, decreasing hernia protrusion, and to stabilized para stomal plane to improve seal. Enhance convexity with convex skin barrier. To absorb excess moisture. Protect fragile peri stomal skin and to seal skin barrier powder.

Odor Management Strategies: In-pouch deodorant liquids or tablets upon application and after each emptying. Odor eliminators (Devrom or Chlorophyllin) to reduce odor from stool. May cause green output; liquid stool normal at first but are only temporarily. Odor can be a sign of leakage and should only be noticed when emptying or changing pouch. Clean pouch tail thoroughly. Room sprays before emptying to eliminate odor, if used after it only masks the odor. Nutrients to control odor such as parsley, buttermilk, cranberry juice, and yogurt. Limit foods that cause odor such as asparagus, beans, beer, cabbage, carbonate beverages, hard boiled eggs, fish, melon, milk products, onions, and spiced foods.

/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: Coloplast Assura Colokids one- piece standard wear flat, cut-to-fit transparent pouch size made specifically for special needs of children, barrier ring stretched to make a wider barrier, Nu Hope 3" stoma prolapse belt.

Rationale: Moldable skin barrier around stoma, cut slits in solid skin barrier, size adapted to fit size of prolapsed stoma. To accommodate stomal prolapse, pouch needs to accommodate length of stoma and be flexible to avoid stomal trauma. Helps manage prolapsed stomas. Unique skin-friendly spiral adhesive with a small child friendly sized baseplate. Provides cool comfort elastic ostomy support with a small prolapsed strap.

Further Considerations: Apply pouch when prolapse is reduced by lying flat for 10 minutes, apply gentle pressure over stoma, or apply ice stoma for several minutes. Consider larger pouching systems such as irrigation sleeves or wound managers to accommodate prolapsed stoma. A one-piece system to avoid prolapsed stoma being pinched by flange in a two-piece system.

/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 Ultralight one- piece ileostomy pouch, shallow convexity, 1- 5/8" opening.

Rationale: This has a shorter 9" pouch to prevent falling into groin area. Shallow convex due to body contour/folds above waist line.

Pouching option #2: ConvaTec Esteem Plus soft convex cut-to-fit 8 2/3" drainable pouch.

Rationale: one- piece that combines flexibility with shallow convexity, designed to conform well to the body, and comfortable to wear.

/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: Coloplast SenSura Mio Flex.

Composition & Purpose: Elastic adhesive to fit individuals body shapes and contours. Made of textile material making it soft/ comfortable against skin. Low friction against clothing, does not feel wet after showering. Flat and flexible for an active lifestyle.

Skin barrier Wafer 2: Coloplast Sensura Xpro Click extended wear.

Composition & Purpose: Xpro adhesive offers extra protection against aggressive output. Made of 2 layers- protection layer protects skin from stoma output, and skin layer keeps skin healthy by absorbing excess moisture. Suitable for people with a urostomy or high output ileostomy.

Skin barrier Wafer 3: Coloplast Assura

Composition & Purpose: Combines unique spiral seal designed for security and protection. Absorbs moisture from skin. Suitable for people with an active lifestyle.

/6 points

Scenario 13

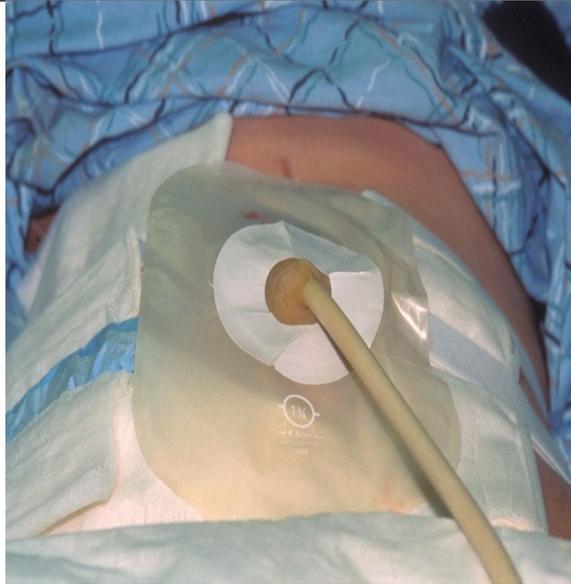


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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: I would pouch the stoma with tube going inside pouch and make a small hole to outside of pouch for tube to come out slight lower on pouch.

...using a commercial access port: I would apply the universal catheter access port over pouch hole with tube threaded inside.

...in the absence of a commercial access port: I would add tape around the tube where it comes out of pouch and add another piece of tape lower on the pouch to secure the tube.

/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 convexity barrier ring or 2- regular ring under wafer. Regular ring will need to be molded into convexity shape.

Alternative convexity option #2: Make a convex barrier using strip paste or stoma paste. Place barrier with wafer over top.

/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.

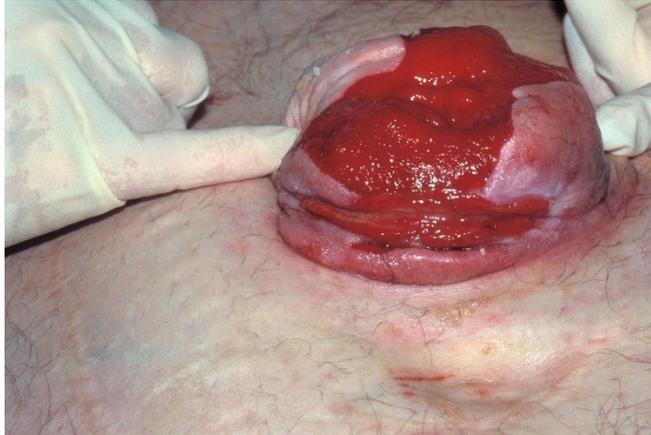
Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Larger pouching system (Eakin Fistula & wound pouch) and cut 2 different hole, one for wound and one for stoma. Use barrier ring under both.

/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: Large (4" x 8") Hollister wound drainage collector.

/1 point