

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

Ostomy Care Mini Case Studies



Student Name & Date: Miranda Prawdzik, 10/23/2024

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)

Change and apply new pouching system every 3-4 days and as needed with leakage.

- Gather supplies needed and prepare new pouching system
- Empty pouch before beginning
- Remove old pouching system using adhesive remover and a push-pull motion
- Wash peristomal skin with a cloth wet with warm water, gently pat completely dry
- Measure stoma size to ensure correct barrier size, and cut pouching system skin barrier to 1/8th larger (as applicable)
- Use liquid skin sealant wipe on peristomal skin to prep the area (optional)
- Apply new pouching system around stoma (ensure closed if drainable system) and apply warmth to the area to ensure adherence to the skin

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

Change pouching system every 3-4 days and as needed with leakage. (see above)

Identify causative factor of skin breakdown to determine treatment plan.

- Examine the back of old pouching system with removal for evidence of barrier erosion.
- Examine peristomal skin for effluent contact.
- Examine location and characteristics of skin breakdown.
- Assess quality and amount of effluent.
- May have to adjust pouching changing schedule based on cause of breakdown (more often or less often)

Utilize skin barrier and skin protectant products as needed to the areas of breakdown and other peristomal areas.

- Use skin barrier powder for denuded skin to absorb excess moisture
- Use skin barrier ring or strip to enhance the seal, fill uneven areas, and add slight convexity
- Use skin barrier pastes to prevent undermining of the pouch seal and to fill uneven areas

-Use liquid skin barrier film to seal in skin barrier powder, to enhance seal, and to protect fragile areas of skin from stripping or injury

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

Change and apply new pouching system every 3-4 days and as needed with leakage.

- Gather supplies needed and prepare new pouching system
- Empty pouch before beginning
- Gently remove old pouching system using adhesive remover and a push-pull motion
- Gently wash peristomal skin with warm water, gently pat completely dry
- Measure stoma size to ensure correct barrier size, and cut pouching system skin barrier to 1/8th" larger (as applicable)
- Apply topical antifungal powder, and dust off excess powder
- Use liquid skin sealant film on peristomal skin otop of powder
- Apply new pouching system around stoma (ensure closed if drainable system) and apply warmth to the area to ensure adherence to the skin

Discontinue antifungal powder use once rash has resolved.

Remove sources of excess moisture.

- Ensure pouching system has good seal, size of opening fits correct stoma size
- Change pouching system at signs of leakage
- Thoroughly dry pouching system and barriers when wet (after bathing or swimming)

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 SenSura Click two-piece wide outlet drainable pouch with easiclose and cut-to-fit flat skin barrier. Option for attachable ostomy belt as well.

Rationale: This system is flat and flexible, appropriate for a budded stoma. The patient also has an even and flat peristomal plane, no concern for leakage or improper fit with a flat barrier. The two-piece click system would allow for an active lifestyle, and patient could change pouch every other day if wanted/for comfort and leave flange in place for 3-4 days. Attachable ostomy belt could also be utilized during activity for added comfort and leakage prevention to put patient's mind at ease.

/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: Convatec Esteem Soft Convex drainable pouch with cut-to-fit barrier, with liquid skin barrier film.

Rationale: This system offers slight convexity, giving extra support to a soft abdomen. Some support is needed, but convexity should be softer/shallow to avoid adding excess pressure on wounded stomal and peristomal skin. The cut-to-fit barrier is also needed to allow for change in stoma size while stoma is edematous. Liquid skin barrier film should be used to protect the fragile skin from further damage or stripping.

Two Piece option: Hollister New Image two-piece drainable pouching system with Soft Convex CeraPlus cut-to-fit skin barrier, with liquid skin barrier film.

Rationale: This pouching system and skin barrier would be good for the patient as the design offers gentle pressure around the stoma, giving support to a soft abdomen, but not putting excess pressure on the wounded area. The cut-to-fit design is important as the stoma size changes while the edema decreases. The floating flange piece may also help in decreasing the pressure to the stomal edge and peristomal skin. Excess convexity or support is not needed at this time as stoma is budded and protruding above the abdominal surface. Liquid skin barrier film should be used to protect the fragile skin from further damage or stripping.

/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: A flat or concave one-piece, drainable pouching system, with the use of skin barrier sheets and skin barrier rings.

Ex: Coloplast SenSura Mio flat one-piece drainable system or Coloplast SenSura Mio Convex Flip one-piece drainable system (if peristomal hernia is excessively protuberant, the flip barrier may fit contour more than flat)

Skin barrier sheet should be cut into a wedge piece to place overtop lateral folds/creases. Barrier rings (1-2) should be used around stoma circumferentially.

Utilize hernia support belt or ostomy support garment/belt.

Rationale: As the patient has a peristomal hernia, a convex barrier cannot be used as this will place excess pressure on the protruding area and cause skin damage. Therefore, we must cautiously create convexity with other products. A flat, one-piece system can be used to simplify the pouching change, then further ostomy products should be placed under the barrier. A barrier sheet can be cut/shaped and used under the pouching system to flatten the peristomal plane, as lateral folds are noted. The barrier rings can be used to create faux convexity around the stoma to add a light convex quality. Specifically, they should be used around the 6 o'clock position to aid in pushing the os above the surface of the abdominal plane. The patient should use a hernia support belt, however as they appear to have difficulty with the product an ostomy support garment or band can also be used for added support to the area.

/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: A semi-flexible convex pouching system with a larger cut-to-fit skin barrier/flange.

Ex: Hollister CeraPlus one-piece soft convex drainable pouch or Coloplast SenSura Mio one or two-piece soft convex or light convex skin barrier; up to 2" to allow for irregular shaping

A skin barrier ring as needed for peristomal skin protection and seal enhancement.

A solid skin barrier sheet cut into an arch shaped wedge to protect/support wound at 4-7 o'clock position.

Skin barrier powder for peristomal skin.

Rationale: As the patient has an irregularly shaped stoma with the bridge in place, a template should be created/traced to determine the correct size and shape for the barrier/flange to be cut. A soft and/or shallow convex system could be considered as the stoma is only slightly budded, and the patient is obese, so the abdominal contour is likely soft and extra support is needed around the peristomal plane. But as the patient has a partial thickness wound to the peristomal skin, excess pressure from deep convexity could cause more damage. A solid skin barrier sheet should be cut into an arch shape and placed from the 4-7 o'clock position to protect the area from more mechanical trauma from the catheter that's in place. Skin barrier powder should also be used on the peristomal skin and stomal edge where there is skin breakdown.

An alternative to cutting an irregular shaped opening in the barrier of a pouching system (if this unable to be completed) would be to use a skin barrier ring around the stoma and bridge to protect the peristomal skin and fill in areas the skin barrier cannot cover when cut normally.

/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: A soft to light convex barrier/flange. Extend-wear barrier.

Ex: Coloplast SenSura Click two-piece drainable pouching system with Light Convex Extended Wear skin barrier (offers belt taps as needed) or

Hollister Premier CeraPlus Soft Convex Pre-cut one-piece drainable pouching system with extended wear barrier

Utilize skin barrier powder to peristomal skin, brush off excess powder.

Utilize liquid skin barrier film overtop of powder.

Utilize elastic barrier strips along pouch edges.

Can utilize ostomy belt for further seal protection, leakage prevention, and added support.

Rationale: The patient has a firm abdomen, but a retracted stoma at skin level. Therefore, a soft convex or light convex barrier should aid in stoma budding/protrusion above the skin surface. As there is excess moisture to the skin (sweating and evidence of maceration/irritation) a skin barrier powder should be used to absorb moisture and enhance pouch seal. Liquid skin barrier film could also be useful to protect fragile irritated skin. As the main issue is the lack of barrier adherence, along with the powder and liquid film, elastic barrier strips can be used along the edges of the pouch skin barrier to further adhere edges and prolong wear time.

/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: A semi-flexible, deep convex skin barrier/flange.

Ex: Coloplast SenSura Mio Deep Convex one-piece drainable pouch or Marlen UltraLite one-piece deep convex drainable pouch with Aquatack barrier.

Utilize solid skin barrier sheet cut into wedge pieces OR utilize skin barrier strips to the 3 and 9 o'clock positions where abdominal fold present.

Utilize skin barrier powder to peristomal skin. Brush off excess.

Utilize liquid skin barrier film to peristomal skin.

Optional: Skin barrier paste (alcohol free) to fill edges around skin barrier opening to further prevent undermining of effluent.

Rationale: The patient has a soft abdomen, is obese, and has a prominent abdominal fold at the site of the stoma. For all these reasons, deep convexity is needed to keep a solid seal on the pouching system and add support to the peristomal area. A large issue lies in the abdominal fold at the 3 and 9 o'clock position. These folds should be filled in or flattened. This can be achieved with solid barrier sheets or the use of skin barrier strips to fill in the areas. This will create a flat peristomal plane for the pouching system to lay. As there is evidence of denuded, irritated skin, skin barrier powder and liquid skin barrier film should be utilized with each pouch change. This will help absorb excess moisture, protect the denuded skin, and aid in gaining a quality pouch seal by creating a dry surface.

/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: Determine irritant product and eliminate use of this product (can be determined through patient interview or perform skin sensitivity testing).

A flat, barrier only pouching system, without a tape collar. Or investigate pouching system and products that were used prior to change and resume use.

Ex: Hollister New Image CeraPlus two-piece drainable pouching system with flat skin barrier

Utilize skin barrier powder to affected areas on peristomal skin if there is excess moisture or skin blistering.

Monitor for secondary infection, antifungal skin powder may be needed should infection to the area be suspected.

Rationale: The first step should be determining what ostomy product caused the reaction and eliminating use. This can be done through patient interview, but if patient is unsure what products were changed a skin sensitivity test can be performed. The patient should use the previous pouching system if able. If previous products unknown, this patient should utilize a flat skin barrier without a tape collar if possible as irritation is noted underneath previous tape collar and could be adhesive allergy. The stoma is budded and round, and abdominal plane appears flat, so a flat barrier should be appropriate. Beyond this, skin barrier powder should be utilized as needed for excess moisture or any open blistering or denuded skin, to create a dry surface for pouching. If there is evidence of infection (states satellite lesions, but unsure based on picture), an antifungal powder should be utilized on the area as Candidiasis infection is common beneath tape borders on moist pouches.

/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: A flat, extended wear skin barrier with drainable pouch. Large flange, cut-to-fit.

Ex: Hollister New Image Flextend two-piece drainable pouching system with 4" flat cut-to-fit extended wear skin barrier

Utilize skin barrier powder and liquid skin barrier film to peristomal skin area.

Utilize solid skin barrier sheets to fill in/flatten skin folds at 3 and 9 o'clock. Use skin barrier paste as needed to "caulk" edges of skin barrier/flange.

Rationale: This patient has a well protruded stoma, and with a flat peristomal area, should do well with a flat pouching system. A large flange should be used, and correctly cut to 1/8th larger than the stoma size. Incorrect cut-to-fit size could contribute to further skin breakdown. The main issue I think lies in skin preparation and filling in uneven surfaces. Skin powder should be utilized as there is moisture related skin damage, this will absorb excess moisture and create a dry surface for pouching. Liquid skin barrier film can be used overtop to further protect the fragile skin. The skin folds present at 3 and 9 o'clock must be filled evenly to gain a good pouch seal. This could be done with solid skin barrier sheets/strips to flatten the area, and then skin barrier paste can be used as needed to then caulk any small cracks as needed. The paste could also be used around the opening of the skin barrier on the pouch to prevent undermining of effluent.

/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: A flat or concave skin barrier pouching system with hernia support belt or ostomy support belt/band. A cut-to-fit, extend wear barrier.

Ex: Coloplast SenSura Mio flat one-piece drainable system or Coloplast SenSura Mio Convex Flip one-piece drainable system (if peristomal hernia is excessively protuberant, the flip barrier may fit contour more than flat)

Utilize liquid skin barrier film or liquid skin sealant.

Ostomy pouch deodorant as needed/to patient's comfort.

Rationale: The patient has a large, bulging peristomal hernia, therefore a convex skin barrier cannot be used (where normally it would be for a stoma flush with the skin). In this situation, a flat or concave barrier must be utilized to accommodate the size of the hernia protrusion. Coloplast does this with their convex flip model, which flips to concave to fit curves and bulges. Other products should be used to extend pouching system wear and protect against leakage. A hernia belt should be used for added abdominal support, or in other cases an ostomy belt/band can also be used. Proper skin preparation should also be practiced to obtain a good seal. After cleaning, liquid skin barrier film or a liquid skin sealant should be used on the peristomal skin to protect skin from effluent and stripping while fragile.

Odor Management Strategies: This patient could utilize ostomy pouch deodorant products inside the pouching system to manage odor with pouch changes. These come in a variety of forms including a liquid gel, packets, or sprays. There are also room odor sprays that can be utilized during the pouch change and after to eliminate environmental odor.

The patient should also be educated on odor eliminating diet. There are certain foods that can cause excess odor in fecal output, and the patient should be educated to avoid consuming these foods to aid in odor reduction.

Ex: beans, alcohol, cabbage, eggs, fish, onions, dairy, spicy 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: A soft, flexible skin barrier. Skin barrier should allow for moldability or have radial slits cut in the barrier to accommodate for size change. No convexity needed. A larger pouch size, or an adult sized pouch may be needed. A one-piece pouching system should be used.

Ex: Convatec Esteem+ one-piece closed end or drainable end pouching system with flat moldable skin barrier OR Hollister Pouchkins one-piece drainable pediatric pouching system with flat SoftFlex skin barrier

Utilize a skin barrier ring as needed/indicated with non-moldable skin barriers.

Rationale: With a stomal prolapse, either a moldable barrier should be used, or radial slits should be cut into a flat skin barrier. This will allow for changes in the prolapse size and avoid trauma to the stoma. No convexity should be needed for this patient as the abdominal plane appears flat and clear of dips or creases. A one-piece system should be used to avoid trauma to the stoma during pouch changes, the stoma could be harmed when snapping on a two-piece system. There should be consideration to the size of the prolapse when choosing a pouch as well. While a pediatric sized pouch is usually preferred, an adult pouch may be needed to accommodate a larger prolapse. Another consideration that may be needed is to utilize a skin barrier ring around the skin barrier opening if using a flat barrier and cutting radial slits. This will protect the peristomal skin and stoma from getting snagged or injured from the slit edges. The systems above achieve these things, and would be great choices for this patient.

Further Considerations: *When applying the chosen pouching system with a stomal prolapse, one may want to utilize lubricant inside the pouch itself to ease prolapse into pouch and avoid trauma to the tissue.*

/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: Coloplast SenSura double layer one-piece drainable pouch with XPro extended wear skin barrier.

Rationale: This pouching system was created ideally for ileostomies. It has extended wear skin barrier to protect against leakage with high output and keep a good seal on the skin. It also still has the option for a large pouch size from 10-11". This is slightly smaller than the patient's current pouch and could solve the issue of falling into the groin area. The drainable end is also a Velcro end and could be folded up more to the patient's comfort and desire. No convexity needed, a flat system should work well as stoma protrudes above skin level and abdomen appears flat.

Pouching option #2: Hollister New Image two-piece drainable pouching system with cut-to-fit flat skin barrier.

Rationale: While this pouching system is not considered a high output, the patient could still utilize the system. With this system, the patient would have to empty the pouch more often as the size of the pouch is smaller (10"). However, as it is a two-piece system, the patient may find it easier to unclick the pouch and snap on a new one when desired. This system would be shorter and could also be rolled up further like the first option, to the patient's desired length. No convexity needed, a flat system should work well as stoma protrudes above skin level and abdomen appears flat. This system also comes with the option of a FlexWear skin barrier which may adhere to the skin better with high output.

/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: Hollister New Image CeraPlus extended wear skin barrier

Composition & Purpose: Made of thin hydrocolloid infused with ceramide, which protects the skin's moisture barrier in peristomal skin. Appropriate for any type of ostomy and those with tape/adhesive allergy.

Skin barrier Wafer 2: Hollister Premier FlexTend skin barrier

Composition & Purpose: Made of thin hydrocolloid material with adhesive tape border, making the barrier durable and erosion resistant. Appropriate for fecal ostomies, and those prone to leakage.

Skin barrier Wafer 3: Hollister New Image FlexWear skin barrier

Composition & Purpose: Made of thin hydrocolloid material with adhesive tape border, like the Premier FlexTend. This is a standard wear barrier that allows for more flexibility and has a floating flange that alleviates pressure to the skin. Appropriate for any type of ostomy and those with peristomal skin breakdown as the floating flange minimizes pressure to the skin.

/6 points

Scenario 13

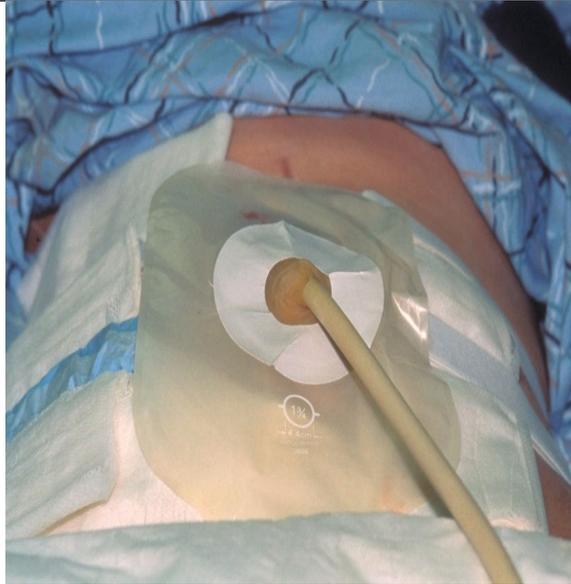


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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: With a commercial access port, a small hole should be punched into the upper portion of the front of the ostomy pouch, and the port should be pushed through pouch wall. The tip of the port should be cut to fit the size of the catheter and the catheter brought through the opening. Once the port is brought through the pouch lining and the tube is secured within the device, an external plastic piece is slid overtop to secure the flange/port to the pouch lining.

...in the absence of a commercial access port: If a commercial access port is not available for use, one could utilize a baby bottle nipple tip to secure the catheter tubing. In a similar fashion, the nipple top can be punched through the pouch wall/lining. The tip should be cut to the size of the catheter and the catheter brought through. And then the nipple should be secured to the pouch lining/wall with waterproof tape.

/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: In the absence of a commercial convex skin barrier wafer/flange, one could create a convex barrier by utilizing a flat skin barrier wafer with a convex skin barrier ring accessory. By attaching the convex skin barrier ring to the flat skin barrier wafer, the system now has convexity to aid in supporting the retracted stoma.

Alternative convexity option #2: Another alternative in the absence of a commercial convex skin barrier wafer/flange would be utilizing a thick skin barrier ring or skin barrier strip stretching around a flat skin barrier wafer opening. Including the ring or strip barrier in addition to the skin barrier wafer would add even pressure around the stoma and protect the skin against undermining.

One could also utilize a Stomahesive skin barrier sheet. This product is firmer and gentler on the skin. It could be cut in pieces to surround the stoma and create a faux convexity.

/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.

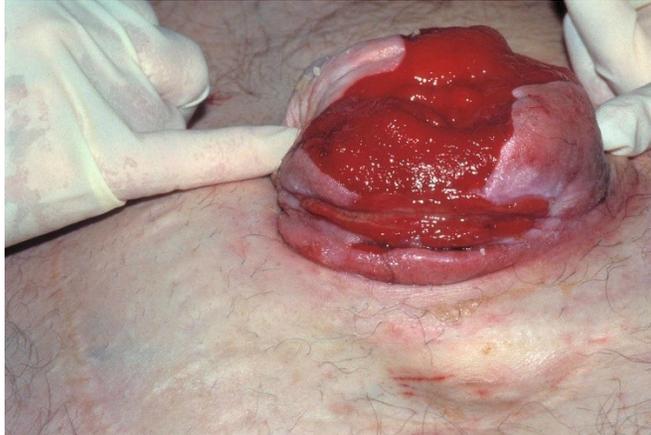
Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Coloplast Fistula and Wound Management System

This system allows for a large, irregular pouching area. This ensures the ostomy and draining wound are both contained completely. The pouch also has a lid/window that can be opened for wound care or cleaning. Also, the larger collection bag, or the option of bedside drainage, ensures that all ostomy and wound drainage/effluent can be collected with no issue.

/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: A post-operative pouch designed for edematous stoma size.

Example: Hollister First Choice Post-op Pouch (can accommodate greater than 4")

**An alternative to this alternative would be to create a stoma mold for custom pouching creation. Nu Hope offers this, and custom-made barriers and pouching systems can be created for irregular shaped or sized stomas.

/1 point