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.

Answer the following questions:

1. Identify the nursing orders for changing a pouching system on a person with no peristomal skin breakdown. (2 points)
   - Gather supplies:
     - Soft wipes,
     - scissors with one blunt tip,
     - plastic bag,
     - New pouch: Hollister New Image drainable 2 ¼"
     - Skin barrier flange: Hollister New Image Ceraplus Convex 2 ¼"

     Accessory products: Adhesive remover, stoma powder, and barrier ring.
   - Prepare the new pouch:
     - Trace the pattern (size to fit within 1/8" of stoma) on the cover paper of the barrier flange, using the measuring guide.
     - Cut out the barrier flange.
     - Center the pouch opening over the barrier flange and snap firmly together.
     - Close the end of the pouch.
     - Remove the skin barrier cover papers from the adhesive surface of the flange.
     - Set the prepared pouch assembly aside, sticky side up.
   - Remove the worn pouch:
     - Holding the pouch upright, open the end of the pouch.
     - Empty the waist from the pouch into the toilet.
     - Apply light pressure on the skin with one hand.
     - Gently pulling the pouch from the skin with the other hand.
     - Use adhesive removal as needed.
     - Wrap the worn pouch and place it in a plastic bag and discard.
   - Cleanse the skin around the stoma:
     - Wash the peri-stoma with warm water, rinse and dry.
     - *Apply No sting barrier film (Cavilon).
   - Apply the prepared pouch:
     - Center the pouch opening over the stoma and press into place
     - Smooth the sticky surface of the skin barrier flange onto the skin.
     - Hold the pouch firmly in place for a few moments.

- Change pouch flange every 3-5 days.

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

- Gather supplies:
  - Soft wipes,
  - scissors with one blunt tip,
  - plastic bag,
  - New pouch: Hollister New Image drainable 2 ¼”
  - Skin barrier flange: Hollister New Image Ceraplus Convex 2 ¼”

Accessory products: Adhesive remover, stoma powder, and barrier ring.

- Prepare the new pouch:
  - Trace the pattern (size to fit within 1/8” of stoma) on the cover paper of the barrier flange, using the measuring guide.
  - Cut out the barrier flange.
  - Center the pouch opening over the barrier flange and snap firmly together.
  - Close the end of the pouch.
  - Remove the skin barrier cover papers from the adhesive surface of the flange.
  - Set the prepared pouch assembly aside, sticky side up.
- Remove the worn pouch:
  - Holding the pouch upright, open the end of the pouch.
  - Empty the waist from the pouch into the toilet.
  - Apply light pressure on the skin with one hand.
  - Gently pulling the pouch from the skin with the other hand.
  - Use adhesive removal as needed.
  - Wrap the worn pouch and place it in a plastic bag and discard.
- Cleanse the skin around the stoma:
  - Wash the peri-stoma with warm water, rinse and dry.
  - *Apply Hollister Adapt Stama powder
  - * No sting barrier film (Cavilon).
    *Repeat the process with Cavilon and stoma powder till the peri-stoma is crusted.
  - *Dust off excess powder.
- Apply the prepared pouch:
  - Center the pouch opening over the stoma and press into place
  - Smooth the sticky surface of the skin barrier flange onto the skin.
  - Hold the pouch firmly in place for a few moments.
  - Change pouch flange every 3-5 days.

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

- Gather supplies:
  - Soft wipes,

- scissors with one blunt tip,
- plastic bag,
- New pouch: Hollister New Image drainable 2 ¼”
- Skin barrier flange: Hollister New Image Ceraplus Convex 2 ¼”

Accessory products: Adhesive remover, stoma powder, and barrier ring.

- Prepare the new pouch:
  - Trace the pattern (size to fit within 1/8” of stoma) on the cover paper of the barrier flange, using the measuring guide.
  - Cut out the barrier flange.
  - Center the pouch opening over the barrier flange and snap firmly together.
  - Close the end of the pouch.
  - Remove the skin barrier cover papers from the adhesive surface of the flange.
  - Set the prepared pouch assembly aside, sticky side up.
- Remove the worn pouch:
  - Holding the pouch upright, open the end of the pouch.
  - Empty the waist from the pouch into the toilet.
  - Apply light pressure on the skin with one hand.
  - Gently pulling the pouch from the skin with the other hand.
  - Use adhesive removal as needed.
  - Wrap the worn pouch and place it in a plastic bag and discard.
- Cleanse the skin around the stoma:
  - Wash the peri-stoma with warm water, rinse and pat dry.
  - *Apply Micro-Guard 2% Miconazole Nitrate Powder to the affected skin.
  - *Apply No sting barrier film (Cavilon).
  - *Dust the excess powder off, and repeat the process with Cavilon and powder.
  - * Stop using powder when rash resolves.
  - *Keep pouch dry at all times.
  - *Dry pouch completely after shower.
- Apply the prepared pouch:
  - Center the pouch opening over the stoma and press into place
  - Smooth the sticky surface of the skin barrier flange onto the skin.
  - Hold the pouch firmly in place for a few moments.
  - Change pouch flange every 3-5 days.

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 EasiClose two piece drainable pouch, flat trim to fit barrier with integrated closure. Change every 3-5 days and as needed.

Rationale: This system is very flexible in that it can be switched between drainable and closed-end pouches without removing the skin barrier. It is easy to change position of the pouch with patient's position changes.

/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: Carbou one piece drainable ostomy pouch flat flexwear skin barrier with a hook and loop closure, change every 3 to 5 days and as needed.

Rationale: The system is easy to use and easy to replace**.** The soft skin barrier made of gentle hydrocolloid material protects the peristomal skin, easy to cut to a 1/8" away from the stoma and it is flexible to fit the flat contour of the skin. It sticks well to the skin, thus preventing leakage and easy to empty.

Two Piece option: Hnollister new image two-piece drainable pouch-CeraPlus skin barrier with lock 'n roll microseal closure. Change every 3-5 days and as needed.

Rationale:

CeraPlus is a flat skin barrier that fits the contour of the skin. The lock n'roll microseal closure provides a good seal and prevents leakage. The CerepPlus skin barrier contains a ceramide that protects the skin against dryness. New image two pieces drainable pouch is easily applied and removed without removing the ceraplus skin barrier.

/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:

1. Clean the peristomal site with soft tissue/water and pat dry.
2. Apply Hollister Adapt stoma powder and gently brush off any excess.
3. Apply 3M Cavilon, no sting barrier film and let it dry.
4. Fill-in the space from 10-3 O'clock with Coloplast barrier paste.
5. Mold a Coloplast skin barrier ring to the shape of the stoma, and place it around the stoma.
6. Cut a Coloplast SenSura Mio Flex Convex Light barrier elastic (1/8" away from the stoma).
7. Place it to the peristomal skin, on top of the barrier ring.
8. Attach a Coloplast Sensura Mio flex Maxi Drainable pouch to the skin barrier.
9. Place hands on the skin barrier and hold it in place for few minutes.
10. Use support garment
11. Empty pouch when it's ¾ full, change the skin barrier every 3-5 days and as needed.

/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:

1. Clean the peristomal site with soft tissue/warm water and pat dry.
2. Measure the length and width of the irritated area from 4-7 O'clock.
3. Apply Hollister Adapt stoma powder and gently brush off any excess.
4. Apply 3M Cavilon, no sting barrier film (Cavilon) and let it dry.
5. Cover the irritated area from 4-7 o'clock with a piece of Convatec Aquacel dressing (Silver Alginate).
6. Brava moldable ring to the peristomal.
7. Next, cut a Coloplast Mio Flex convex light barrier to fit the size of the stoma (1/8" away from the stoma). Then apply to the peristomal, placing the barrier under the tip of the rubber catheter.
8. Attach a Coloplast SenSura Mio Flex MIDI Drainable pouch to the skin barrier.
9. Close the end of the pouch.
10. Empty pouch when it's ¾ full, change the skin barrier every 3-5 days and as needed.

Rationale

1- Stoma powder and cavilon to protect the skin.
2- Convatec Aquacel dressing to wick and treat the peristomal wound.
3- Moldable ring helps to keep the skin healthy by protecting it from effluent and absorbing moisture

from the skin. It adheres securely to dips, crease, and folds to help create a tight seal around the stoma. 4- Two piece pouch to minimize skin irritation, as the pouch is changed but the skin barrier remains in place.
/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:

1. Clean the peristomal skin with soft tissue/warm water and pat dry.
2. Apply Hollister Adapt stoma powder and gently brush off any excess.
3. Apply 3M Cavilon, no sting barrier film (Cavilon) and let it dry.
4. Repeat the process of applying powder and Cavilon (Crusting).
5. Apply Coloplast paste around the stoma.
6. Place a barrier protective seal on top of the paste, covering the peristomal skin.
7. Apply SenSura Mio Flex flat barrier (cut to fit the shape of size of the stoma, 1/8" away from the stoma) over the paste and barrier protective seal.
8. Attach a SenSura Mio Flex Maxi drainable pouch to the flat barrier.
9. Empty pouch when it's ¾ full, change the skin barrier every 3-5 days and as needed.

Rationale:

1. Stoma powder and cavilon to absorb excess moisture and protect the skin.
2. Coloplast paste is used to fill in uneven surfaces to create a flat pouching surface.
3. Crusting creates a dry pouching surface to allow for good adhesion of the solid skin barrier and a better seal.
4. Two piece to prevent skin irritation as the skin barrier could remain in place for up to 5 days without frequent changing which could cause skin irritation.

/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:

1. Clean the peristomal skin with soft tissue/warm water and pat dry.
2. Apply Hollister Adapt stoma powder to the peristomal skin and gently brush off any excess.
3. Apply 3M Cavilon, no sting barrier film (Cavilon) and let it dry.
4. Repeat the process of applying stoma powder and no sting barrier film Cavilon (Crusting).
5. Apply Brava protective seal convex (moldable barrier ring) to the peristomal.
6. Apply one piece Coloplast SenSura Mio Convex Light MAXI drainable pouch (cut to fit the size of the stoma, 1/8" away from the stoma) over the barrier protective seal.
7. Empty pouch when it's ¾ full, and change the entire pouch as needed.

Rationale:

1- Stoma powder and cavilon to absorb excess moisture and protect the skin.

2- Using one piece is stable, easy to use and flexible.

3- Moldable barrier ring provides convexity for the concave skin around the stoma and a better seal to prevent leakage.

/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:

1. Clean the peristomal skin with soft tissue/warm water and pat dry.
2. Apply Micro-Guard 2% Miconazole Nitrate Powder to the affected skin. Dust off any excess powder.
3. Apply 3M Cavilon, no sting barrier film (Cavilon) and let it dry.
4. Repeat the process of applying stoma powder and no sting barrier film (AKA Crusting).
5. Apply SenSura Mio Flex flat barrier (cut to fit the shape of size of the stoma, 1/8" away from the stoma) over the paste and barrier protective seal.
6. Attach a 2 piece SenSura Mio Flex MIDI drainable pouch to the flat barrier.
7. Stop using powder when rash resolves.
8. Keep pouch dry at all times.
9. Dry pouch completely after shower.
10. Empty pouch when it's ¾ full, change the skin barrier every 3-5 days and as needed.

Rationale:

1- Powder keeps the skin dry, preventing moisture that contributes to pathogen growth.
2- Antifungal powder treats the candidiasis that is presented here as satellite lesion to the peristomal skin.
3- Flexible flat barrier is soft and fits very well to the contour of the skin. Thus, preventing leaking of effluent from the 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:

1. Clean the peristomal skin with soft tissue/warm water and pat dry.
2. Apply Hollister Adapt stoma powder to the peristomal skin and gently brush off any excess.
3. Apply 3M Cavilon, no sting barrier film (Cavilon) and let it dry.
4. Repeat the process of applying stoma powder and no sting barrier film Cavilon (Crusting).
5. Seal the stoma edges with Coloplast barrier paste.
6. Stretch out the skin fold at 3 and 9 o'clock and apply Coloplast SenSura Mio Click Deep Convex Barrier.
7. Attach a 2 piece Coloplast Sensura Mio Click Maxi Drainable Pouch to the skin barrier.
8. Close the end of the pouch
9. Change every 3 to 4 days.

Rationale:

1- Powder keeps the skin dry, preventing moisture that contributes to pathogen growth.
2- Excessive powder on the skin interfere with the skin barrier seal.
3- The firmness of the convex barrier straightens out the folds and gives the stoma a good 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:

1. Clean the peristomal skin with soft tissue/warm water and pat dry.
2. Apply Hollister Adapt stoma powder to the peristomal skin and gently brush off any excess.
3. Apply 3M Cavilon, no sting barrier film (Cavilon) and let it dry.
4. Repeat the application of stoma powder and no sting barrier film (Crusting).
5. Apply SenSura Mio Flex flat barrier (cut to fit the shape of size of the stoma, 1/8" away from the stoma) over the paste and barrier protective seal.
6. Apply Brava Elastic Barrier strips-curved around the edges of the flat skin barrier and secure with a cloth tape.
7. Attach a 2 piece SenSura Mio Flex MIDI drainable pouch to the flat barrier.
8. Keep pouch dry at all times.
9. Dry pouch completely after shower.
10. Empty pouch when it's ¾ full, change the skin barrier every 3-5 days and as needed

Rationale:

1. Powder keeps the skin dry, preventing moisture that contributes to pathogen growth.
2. Flexible flat barrier is soft and fits very well to the contour of the skin. Thus, preventing leaking of effluent from the stoma.
3. Elastic barrier strips-curved is used to secure the skin barrier in place and prevent it from lifting.

Odor Management Strategies:

1. Stay away from foods that cause odor such as:
   -Asparagus, baked beans, broccoli, cabbage, cod liver oil, eggs, fish, garlic, onion, peanut butter, some

vitamin, onion, some cheese and coffee.

2. Eat foods that control odor such as :

-Buttermilk, cranberry juice, orange juice, parsley, tomato juice and yogurt.

3. Use an odor proof pouch

4. Seal the skin barrier properly and empty pouch often

5. Place odor control deodorant liquids, tablet in the pouch

6. Use chlorophyll tablets, bismuth subgallate, and bismuth Subcarbonate.

7. Spray the pouch with air deodorizer prior to emptying the pouch.

/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:

1. Clean the peristomal skin with soft tissue/warm water and pat dry.
2. Apply 3M Cavilon, no sting liquid barrier film (Cavilon) and let it dry.
3. Apply Coloplast Brava Moldable barrier ring around the stoma (cut to fit the size of the stoma, 1/8" away from the stoma).
4. Apply a 1 piece Coloplast SenSura Mio Flat MAXI Drainable Pouch on top of the moldable barrier ring.
5. Keep pouch dry at all times.
6. Change every 2-5 days.

Rationale:

- Using one piece/MAXI pouching system provides the stoma with more space, and to avoid harming the stoma in case it protrudes more.
- Moldable skin barrier also help to accommodate the stoma prolapse.
- Gentle pressure and cold ice reduce prolapse portion.
- Use lubricant to avoid stoma trauma

Further Considerations:

- Apply pouching system when the prolapse is reduced.

• Have the patient lie flat for 10 minutes. • Apply gentle pressure over the stoma. • Apply cold ice for several minutes • Use lubricant inside the pouch. • Use a large pouching system (MAXI) • Observe stoma for color change and report immediately if the stoma becomes ischemic. • Wear clothing with snaps between the legs to secure the pouch • Use pediatric abdominal binder • Use deodorizer • Avoid foods that cause gas • A school child should carry an emergency kit at all time. • Add crystal to the pouch when having liquid out-put to turn the stool into gel.
/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 one-piece SenSura Mio Covex Flip Maxi drainable pouch, light convex, trim to fit barrier with integrated closure. Change every 3-5 days.

Rationale:

This is an extended wear pouching system that makes it easy for the patient to empty, remove the entire pouch and discard. It is 1" shorter than the old one that the patient had on. Making it comfortable for the patient and it stays away from the groin area. The Velcro sealing strip makes it easy to open and close for stool emptying.

Pouching option #2:

Coloplast one-piece SenSura Mio Flat Maxi closed pouch, cut to fit, flat barrier wear with integrated closure.

Rationale:

The pouch is short (8 ¼") and comfortable for the patient. I has a clear window that allows inspection of the stool and easy application.

/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 Mio Click Convex Barrier

Composition & Purpose: Made of a silicone-based adhesive. The curve elastic adhesive align with the outward body shapes. It is use for curves, bulges, and hernias and provides consistent contact between the barrier and the skin's surface. It is also used for sensitive skin. It's Flexible, comfortable and secure.

Skin barrier Wafer 2: Brava hydrocolloid skin barrier.

Composition & Purpose: Made of hydrocolloid (polyethylene, oxide, polyurethane). It absorbs, breathable and gentle to the skin.

Skin barrier Wafer 3: Asura skin barrier

Composition & Purpose: Made of a combination of materials such as Hydrocolloid, Silicone, Glycerine, Panthenol, and Tacopherol. The materials make it flexible, waterproof, hypoallergenic, and latex free. It is used for sensitive skin, irritated skin. It is also use with uneven skin, skin folds.

/6 points

Scenario 13

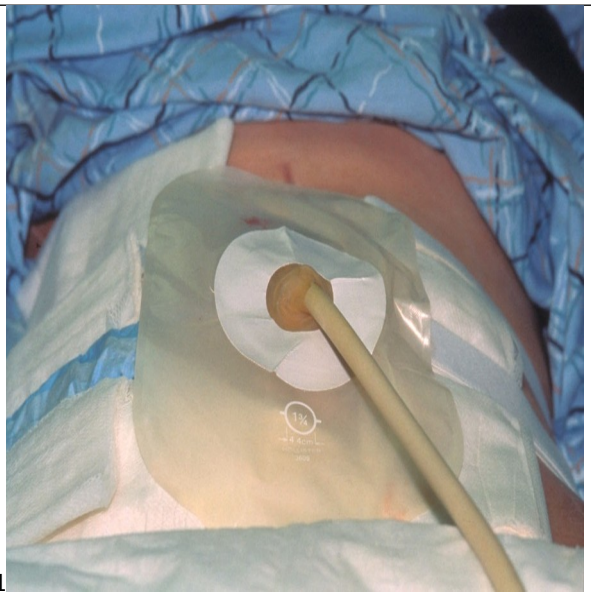
1 

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:

To secure the tube, Use a water resistance tape around the tube where it exits the pouch to seal the opening.

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

To secure a tube in the absence of a commercial access port use a baby bottle nipple and a tape. Cut a small hole on the nipple and another opening on the pouch (just enough for the nipple to fit through). First slight the catheter through the nipple. Next, slight it through the opening created on the pouch. Secure both the bottom and the tip of the nipple with a 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:

- Use Hollister Adapt Barrier Ring to create a convexity. The material is moldable and flexible.
- Mold the barrier ring to the size of the stoma, then place a Coloplas SenSura Mio Click flat around the stoma.
- Hold it down with your hands for few minutes to enhance a good seal.

Alternative convexity option #2:

In the absence of a convex skin barrier, a convexity can be created by using a Coloplast SenSura Mio Flex Flat Barrier and a Coloplast Brava Paste.

- Cut the Mio flex flat to fit the size of the stoma (1/8” away from the stoma).
- Mold the edge of the skin barrier with barrier paste.
- Apply a barrier ring around the stoma.
- Place the Mio Flex flat barrier around the stoma
- Attach a pouch to the barrier.
- Hold it down with your hand for few minutes to enhance a good seal. Thus, preventing undermining of stoma effluent under pouch seal.

/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.

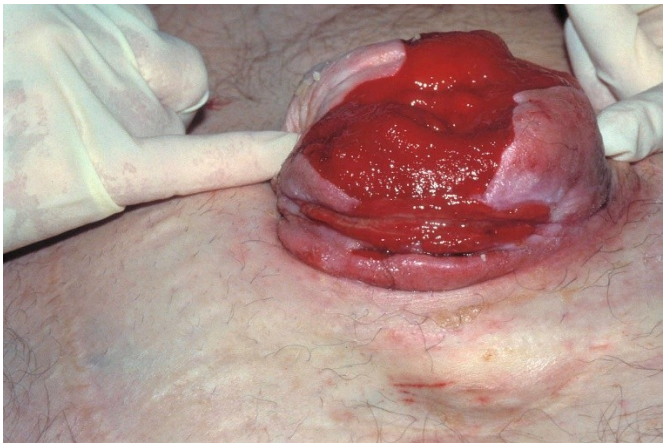
Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option:

Pouching/Negative Pressure Wound Therapy(NPWT)

/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:

- Use Coloplast Brava Moldable Ring to fill the space and protect the skin around the stoma.
- Apply a Coloplast SenSura Mio MAXI Drainable pouch one piece.

/1 point