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

Ostomy Care Mini Case Studies

Cleveland Clinic

Student Name & Date:_____Yvan Fortunat_____

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)

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: Sur-Fit Natura stomahesive flexible cut to fit skin barriers with flange, including corresponding 12inc Sur-Fit Natura drainable pouches with filter for 5-7 days

Rationale: This system is flexible, it is made of a special formula that enables the skin barrier to adhere to both dry and moist skin. Holds firmly to skin while helping to protect against infection. It is easy to fit, apply and remove. Pouch has special engineered filter vents that maintains airflow, even when soiled. Charcoal in the filter helps to deodorize air. For an active patient. This system will provide security and will help patient resuming active lifestyle.

/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: cleanse peristomal skin and stoma, dry skin, use Brava protective ring, around stoma but make sure it is not too tight, cut it a bit bigger, 1, place ring at least 1/8th of an inch from the stoma, use transparent cut to fit Coloplast SenSura Mio Flat Maxi Drainable pouch every 3-5 days.

Rationale: SenSura Mio flat maxi pouch is made with an elastic adhesive that bends and stretches with the body. Making the size of the hole a bit bigger than the stomal size should help prevent the restriction that occurred which caused the trauma to the stoma.

Two Piece option Two-piece Hollister New Image Flextend Extended-Wear, flat skin barrier cut to fit with tape border. A pouch of 12 in New Image Lock'n Roll Microseal Closure, Drainable pouch without filter with belt tabs

Rationale: The flange cut to fit around the stoma without being too snug, while the system provides protection from leaks.

4/4 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: Cleanse with warm water, use Convatec Stomahesive protective powder, dust off excess, use Cavilon skin sealant, use Coloplast Brava strip paste in the fold at 2 o'clock, use caulking Coloplast paste around stoma, use protective sheet washer around stoma, caulk to provide tight sealing around stoma, apply 11 1/2in SenSura xpro one-piece extended wear easiclose wide outlet drainable pouch with filter cut to fit with caulking Coloplast paste around the opening. Change pouching system every 3-5 days or prn.

Rationale: Because of the hernia in this case, it is hard to set a pouch system without preparing the peristomal skin first. The goal is to eliminate the folds where effluent may leak under the wafer. We also have to use a wafer that does not put pressure on the hernia. Convexity may not be appropriate, so a flat system is used.

1/2 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: Cleanse with warm water, use Convatec Stomahesive protective powder dust off excess, Cavilon skin sealant, cut a Convatec stomahessive sheet and place it around from 4-7 to cover and protect the wound, use a Brava moldable ring around stoma, use Coloplast SenSura Mio Click Convex Light barrier cut to fit wafer with Sensura Mio click Maxi drainable pouch

Rationale: Powder and sealant works to protect skin at 4-7 o'clock. The stomahessive will protect the wound and protect the skin from the rubber catheter. Adding a ring around stoma will increase the protection of the skin. A Convex pouch will push the stoma out a bit more to allow effluent to fall more into the pouch than to roll under the wafer and pouching system.

1/2 points

Scenario 5

42-year-old arrives in emergency room with complaints of difficulty pouching and peristomal skin irritation. Current pouching system sometimes has less than 4 hours of wear time. Skin is very painful. Assessment finding of ulcerated skin around stoma. Stoma is at skin level on a firm abdomen. Patient acknowledges frequent sweating resulting in the need to change appliance. "It just doesn't seem to stick".

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Cleanse skin with warm water, apply Convatec Stomahesive protective powder, Cavilon skin sealant, apply skin washer around stoma, use Coloplast SenSura Click Xpro Flat barrier cut to fit extending wear, with Coloplast Brava belt for stability. Change pouch every 3-5 days or as needed. Instruct patient to wear loose, breathable fabrics. If sweating is very excessive, it may be the cause of another condition, possible hyperthyroidism.

Rationale: Skin needs to be protected from effluent, peristomal irritation needs time to heal. Using the power will keep irritation from getting worse and dry. Washer is there to keep skin around stoma protected and dry. Belt is to keep pouch in place and stable.

2/2 points ✔

Scenario 6

66-year-old obese individual with stoma in an abdominal fold. Appliance leakage causing contact dermatitis. Wear time has been less than 8 hours. Irritation is painful.

Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Cleanse peri-stomal skin, pat d apply Convatec Stomahesive protective powder apply Convatec stomahesive strip in the folds at 3 and 9 o'clock, use strip of skin barrier to cover strip, use caulking to maintain a good seal, apply Hollihesive washer around the stoma, caulk all the washer and the strips around the stoma while making sure caulking does not touch the skin since the alcohol in the caulking substance can irritate the skin. Use a Coloplast SenSura Mio extended Maxi Drainage pouch, convex light, and a Coloplast Brava ostomy belt to secure the pouching system.

Rationale: Preparing the peri-wound will ensure the pouching system does it work and prevent leakage. The folds fat 3 and 9 needs to be filled in and sealed, the peristomal skin needs to be dried. Using the skin sealant and powder will help to keep skin dry. The skin washer is another layer of protection for the skin because it does prevent fluid from leaking. The Light convexity of the pouch chosen will help with getting the stoma to discharge the effluent more into the pouch than to have it roll under the pouching system.

1.5/2 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: Cleanse with soap and water, apply Convatec Stomahesive protective powder, Cavilon skin sealant, followed by a Coloplast SenSura Mio extended wear one-piece EasiClose pouch

Rationale: prepping the skin before applying the pouch is important. This patient already showing signs of moisture associated dermatitis, keeping the skin dry before putting the pouch is important. Changing to a pouch without tape collar will also prevent a recurrence of the patient's condition.

2/2 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: Use skin barrier cut in pieces to fit around the 3 and 9 o'clock area where skin folds are more pronounced, small caulking with skin barrier paste. Use a Hollihesive skin washer around the stoma, followed by Convatec SUR-FIT Natura Stomahesive cut to fit skin barrier with 4in flange.

Rationale: To have a good seal and for the system to last for at least 3 to 5 days, leaks need to be prevented. The skin barrier on 3 and 9 o'clock serve as a way to smooth out the folds. The caulking also serves to seal any area of leaks, followed by the washer which provides more protection to the skin. The pouching selected needs to be big enough to fit around the stoma. Convatec 4 in flange will provide a good fit for the 3.5in stoma.

2/2 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: We can use a one-piece Hollister 12in Premier Lock in Roll Microseal Closure Drainage Pouches with Flat skin Barriers with Hollister Adapt CareRing flat barrier ring

Rationale: Abdomen is firm, convexity would have been good for this very flushed stoma but due to the hernia we are not going to put convex pouching system since it may increase the pressure on the hernia. That is the reason we went with a flat one.

Odor Management Strategies: Odor-barrier pouch, utilization of m9 Odor eliminating drops for odor management

3/3 points - consider a concave system here, or barrier extenders.

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: We can use a Hollister two-piece Pouchkins infant/child ostomy two-piece barrier with a a 6 1/2in Pouchkins two-piece infant ostomy drainage pouch without filter

Rationale: A tow piece system is a flexible adheres well to the peristomal skin. It also allows for easy pouch change or quick access to the stoma without having to change the whole system.

Further Considerations: teach family to not be scared of the stoma. Before changing the pouch, keep patient on supine position, after cleaning hands and gloved up, push lightly on the prolapse stoma. The stoma will tend to retract, measure stoma in the retracted form, cut your wafer, lubricate the inside of the pouch to decrease friction from rubbing of stoma prolapse to the inner part of the pouch. If the Stoma becomes enlarged, deep red color, edematous, it is at a higher risk for trauma. Care needs to be taken to decrease friction, laceration or pressure to the stoma, darkening of the stoma, bulging under the peristomal area which can be sign of hernia, should be reported.

2.5/3 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: we can get a two-piece Hollister new image Flexwear standard-wear, convex skin barrier cut to fit, with a9in new image drainable mini-pouches without filter with belt tabs

Rationale: Due to skin fold noted from about 3 to 9, convexity is needed in this case. The flange of the new image will provide good protection against leakage and the 9 in pouch can satisfy the patient who is not liking the 12in pouch.

Pouching option #2: we can use the Coloplast Assura convex light barriers with belt tab cut to fit, with the Assura EasyClose two-piece 9 ¼ 'drainage pouch.

Rationale: this system gives very good protection against leakage, and it takes care of the length of the pouch.

4/4 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 barrier

Composition & Purpose: Made out of a Biofit technology. It is an elastic adhesive barrier found in all SenSura Mio Barriers. This barrier quickly adheres to the skin, flows into creases and folds and is highly stretchable. It is an extended wear✔, flat product with belt for use.

Skin barrier Wafer 2: SenSura Click Xpro flat barrier

Composition & Purpose: Not made with natural rubber latex. Made with the Coloplast BioFit technology, very stretchable, extended wear. ✔

Skin barrier Wafer 3: Assura Flat Barrier.

Composition & Purpose: The Assurea is designed with a spiral adhesive that is a combination of materials designed for security and protection in a spiral structure for secure adherence to the skin, absorption of moisture from the skin and providing friendliness and protection from irritation.

4/6 points

Scenario 13

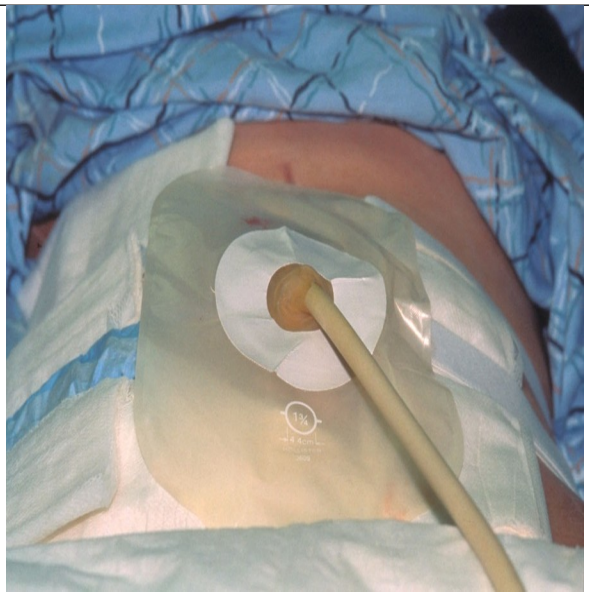


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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: use a clear one piece pouching system, size up the stoma and cut skin barrier to fit, cut an x shaped opening on the front of the pouch so the catheter can be pulled though. Use the Hollister universal catheter access port, attach it to the front of the pouch where the x cut was made. Secure it to the pouch by removing the paper behind it so the adhesive can connect to the pouch. Cut the tip of the nipple so that catheter can be pulled though. Gently pull the catheter until pouch is secured around the stoma. *– we don't want to use the tube to secure the pouch – it should be loose on the front so there is room for exudate to drain into it.*

...in the absence of a commercial access port: In the absence of a commercial access port, we will pull the catheter through the x cut that was made in front of the pouch, secure the pouch around the stoma, then use water resistant tape around the tube where it exits the pouch to seal the opening. *Ok- using a knot of moldable product such as a barrier ring is also helpful.*

2/2 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 a Hollister care ring oval convex barrier ring with a Hollister Premier closed pouch with flat skin barrier

Alternative convexity option #2: 2piece Convatec Sur-Fit Natura stomahessive cut to fit skin barrier with flange with Convatec Sur-Fit Natura disposable convex inserts.

1/2 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.

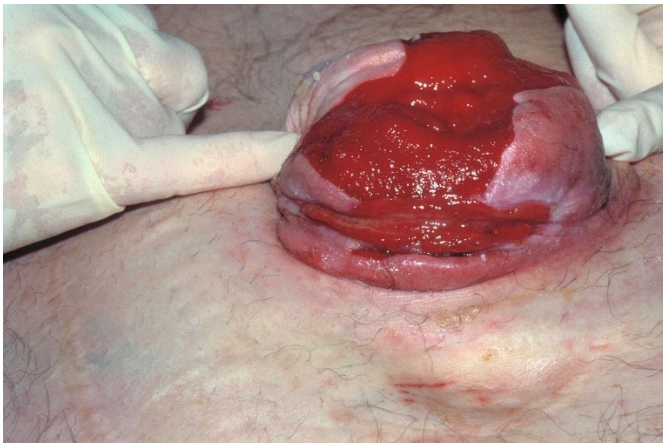
Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: A fistula pouching system will allow for both stoma and fistula to be within one pouch. A Convatec Eakin fistula wound pouch. We can also use the Coloplast fistula and wound management system, Maxi.

✔

1/1 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:

Coloplast Assura one-piece fistula and wound management system, Mini 4 1/8" x 6 ¼" or a Convatec Eakin wound drainage pouch.

0/1 point – Professor, I tried very hard to find something that fit in the normal flange style. I really could not find something that will fit a 4 1/3" stoma.***neither of these system are approved for ostomy for coverage – the patient would not be able to order these through insurance. Consider a post op pouch in this situation…***