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)
    a. Wash hands and apply gloves.
    b. If applicable, empty pouch effluent into toilet.
    c. Remove the pouch using the push-pull method starting at the top.
    d. Cleanse the skin with warm water and a washcloth. Pat dry.
    e. Measure stoma if appropriate with a measuring guide.
    f. Cut or use a precut wafer.
    g. Peel the back off the wafer.
    h. Apply a skin protectant wipe around peristomal skin for protection and allow to dry.
    i. Apply the wafer over the stoma.
    j. Attach pouch if using a 2-piece system and make sure the bag is closed.
    k. Warm with hands.
    l. Change every three to four days and as needed leakage.
    m. Goals- maintain a seal and consistent wear time, monitor and prevent peristomal irritation, ensure proper wafer fit by measuring as needed (especially the first 6 weeks), and change appliance based on output (ideally every three to four days and as needed). Since skin is intact, I felt there was no need for accessory skin products, but just a skin protectant wipe to protect and prevent peristomal issues.

2. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown. (2 points)
    a. Wash hands and apply gloves.
    b. If applicable, empty pouch effluent into toilet.
    c. Remove the pouch using the push pull method starting at the top.
    d. Cleanse the skin with warm water and a washcloth. Pat dry.
    e. Measure stoma if appropriate with a measuring guide.
    f. Cut or use a precut wafer.
    g. Peel the back off the wafer.

h. Sprinkle stomahesive powder on denuded skin. Seal in with skin protectant spray (ideally no sting) using the crusting method and wipe off excess powder. Could apply up to three layers of powder and liquid skin barrier if needed.
i. Apply the wafer over the stoma.
j. Attach pouch if using a 2-piece system and make sure the bag is closed.
k. Warm with hands.
l. Change every three to four days and as needed leakage.

3. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions. (2 points)
    a. Wash hands and apply gloves.
    b. If applicable, empty pouch effluent into toilet.
    c. Remove the pouch using the push pull method starting at the top.
    d. Cleanse the skin with warm water and a washcloth. Pat dry.
    e. Measure stoma if appropriate with a measuring guide.
    f. Cut or use a precut wafer.
    g. Peel the back off the wafer.
    h. Sprinkle antifungal powder on denuded skin. You can seal in with no sting skin protectant spray.
    i. Apply the wafer over the stoma.
    j. Attach pouch if using a 2-piece system and make sure the bag is closed.
    k. Warm with hands.
    l. Change every two to three days and as needed leakage.

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 barrier with SenSura Mio flex drainable pouch, change every three to four days and as needed.

Rationale: This flexible system with stretch technology will suit this patients desire for a flexible pouching system and fit his active lifestyle. The pouching system is elastic and made of comfortable textile material. A flat barrier will be sufficient since the stoma protrudes, the os is centralized, and there are no obvious creases.

/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+ 1-piece firm convex drainable pouch, changing every two to four days and as needed.

Rationale: Convexity will provide structure and support for this patient with a soft abdomen. Convexity will provide pressure around the stoma to encourage outward stoma projection and drainage of effluent into the pouch.

Note: This patient needs to measure their stoma and cut the aperature hole a bit larger. It seems logical to complete this step first and see if that helps resolve the issue before changing appliances. With necrosis at the edges, will need to monitor to make sure convexity isn't causing any extra trauma to the peristomal skin. It seems like the opening being too small was the culprit. Since, soft was underlined above and I know this patient needs support, I ultimately choose a firm convex pouching system.

Two Piece option: Hollister New Image convex CeraPlus skin barrier with New Image 2-piece drainable ostomy pouch, changing every three to four days and as needed.

Rationale: Convexity will support the soft surrounding peristomal skin by encouraging the stoma to push up and out to help prevent leakage and increase wear time.

/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: Hollister Premier 1-piece drainable pouch soft convex Flextend barrier, change every two to four days and as needed.

Rationale: Soft convexity chosen due to flush stoma to encourage protrusion. Due to protuberant hernia, soft convexity was chosen to provide gentle pressure. Monitor skin to make sure convexity isn't causing any skin damage or pressure. Flextend is an extended wear barrier and appropriate for ileostomy effluent. A 1-piece pouching system will most likely be easier and simplify the pouching process since this patient is 85 years old and wears bifocals.

/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: Coloplast SenSura Mio Convex Flip 2-piece click with SenSura Mio Click drainable pouch, change every three to four days and as needed. Prior to pouching, apply a light dusting of stomahesive powder and seal in with no-sting skin prep.

Rationale: Obese abdomen would benefit from convexity to provide stoma protrusion. Convexity would help lift up the catheter and get it up and off peristomal skin removing the likely source of trauma. A 2-piece system with a transparent pouch will provide easier access and monitoring.

/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: Apply powder using the crusting method with no-sting skin prep spray to peristomal skin irritation. Apply a Hollister New Image convex Flextend skin barrier with New Image 2-piece drainable pouch with Hollister Adapt ostomy belt, change every three to four days and as needed.

Rationale: Soft convexity will be supportive but flexible for a firm abdomen. Flextend skin barrier provides a durable adhesive that is an extended wear barrier that will hold up to frequent sweating. A belt will support the pouching system and help prevent leakage.

/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: Apply Coloplast paste to 3 o'clock and 6 o'clock creases. Allow to dry. Apply powder using the crusting method with no sting skin prep. Apply a Coloplast SenSura Mio convex deep click barrier with SenSura Mio drainable pouch, change every three to four days and as needed. Could add a Coloplast SenSura Mio belt.

Rationale: Convexity will build up stoma and flatten out creases in the peristomal plane. SenSura Mio is an extended wear barrier which would be resistant and durable.

/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: Consider using a no sting adhesive remover spray with changes. Crust satellite lesions with antifungal powder and no sting skin prep spray. Go back to previous appliance system if possible. Otherwise, consider Coloplast SenSura Mio 1-piece closed pouch, changing every two to four days and as needed.

Rationale: Adhesive remover will provide a gentle removal and avoid further trauma to the irritated skin. Satellite lesions indicate the presence of a fungal rash. I would recommend patient go back to previous pouching system as irritant dermatitis is likely due to recent appliance change by Home Health. Stoma is round with protrusion, centralized os, and what appears a flat peristomal plane so a 1-piece flat appliance would be appropriate.

/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: Apply powder and crust in with no sting skin prep to peristomal skin damage. Use an Eakin cohesive barrier ring molded to fit around stoma. Fill in creases at 3 o'clock and 9 o'clock with Convatec stomahesive moldable strips. Apply Convatec Natura Durahesive skin barrier, cut-to-fit, convex with accordion flange with Natura 2-piece drainable pouch, changing every three to four days as needed.

Rationale: Convexity is needed due to present of creases, folds, and uneven contours. Accessory products used to help achieve a better seal, caulk creases, and flatten out folds.

/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: Hollister CeraPlus flat skin barrier with integrated floating flange with New Image 2-piece drainable pouch with integrated filter, changing every three to four days and as needed.

Rationale: This scenario was tough, so I listed my plan with an alternative strategy. Due to hernia and presence of skin breakdown, I chose to avoid convexity or a rigid wafer. Stoma is flush which normally equates to utilizing convexity but supporting the hernia would be my first strategy with a flat wafer, built up with CeraRing barrier rings, and add a support belt. If that doesn't provide improvement, I would try a soft convex barrier such as a Hollister CeraPlus soft convex barrier with integrated floating flange with drainable pouch. Filter pouch to help with odor.

Odor Management Strategies: Smell might be due to leakage, no filter or bad filter, and/or eating gassy foods (cabbage, beans, cheese, fand broccoli). Consider the use of Adapt odor eliminator and lubricant added to bag, avoiding gas producing foods, use a filtered pouch, consider room deodorizers, and use Chlorophyll or Bismuth tablets.

/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 pediatric 1-piece drainable pouch with pediatric ostomy belt, changing every one to three days and as needed.

Rationale: Aperature will need to be cut fairly large or cut slits to provide enough room for the prolapse. When baby cries, prolapse will expand even more. I chose a 1-piece appliance with a flexible fit as it will be less likely to cause trauma to the prolapse (2-piece appliance could pinch the prolapse). Peristomal skin is intact so no need for accessories except maybe a belt or garment to support the hernia or even consider Velcroing over the pouching system.

Further Considerations: May need to consider adult pouching due to size of prolapse. Could forgo pouching and just have the infant go in a diaper and use moisture barrier as needed to peristomal skin. May be appropriate if there isn't a large amount of effluent.

/3 points

Scenario 11

A 28-year-old with an ileostomy presents to the clinic for a follow-up evaluation. During the visit, the patient expressed the pouch is too long with the end of the pouch falling into the groin area. Assessment notes stoma red, viable, and protrudes above skin level. Abdominal space is small with short distance from stoma to groin. Current appliance is a one-piece cut to fit skin barrier. Pouch length 12". Name at least two alternative pouching management system options and rationale for each.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option #1: Hollister Premier 1-piece standard wear flat pre-cut 7 inches drainable pouch, changing every two to four days and as needed.

Rationale: Stoma protrudes and no skin issues noted. So just need to make adjustment to a short pouch.

Pouching option #2: Coloplast SenSura Mio 1-piece closed ostomy pouch (pouch length 8-1/4"), changing every two to four days and as needed.

Rationale: Short closed end pouch would solve the issue of the standard pouch being too long.

/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: CeraPlus skin barrier

Composition & Purpose: Extended wear barrier with lipids to soothe skin and protect from irritants.

Skin barrier Wafer 2: SoftFlex skin barrier

Composition & Purpose: Standard wear barrier that is gentle for sensitive skin. SoftFlex is flexible and holds up to frequent changes. Ideal for thin-skinned patients.

Skin barrier Wafer 3: Flexwear skin barrier

Composition & Purpose: Standard wear barrier that provides protection and medium adhesion. Versatile and a standard choice for most any ostomy and skin type.

/6 points

Scenario 13

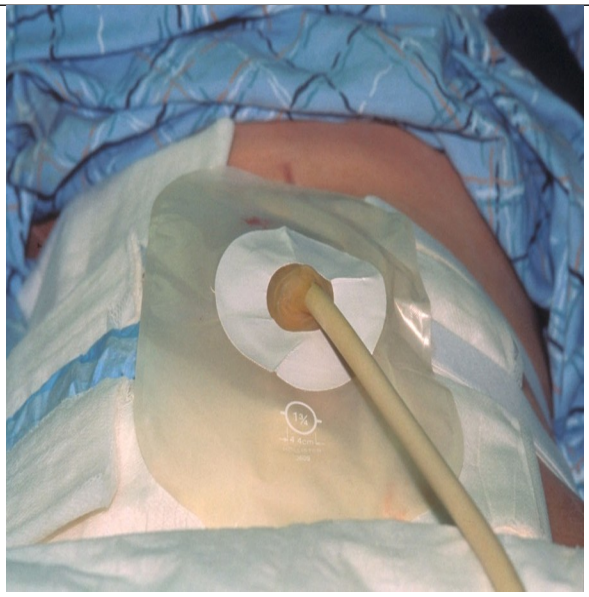


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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: I would apply a new pouch and a cut a very small "x" in the pouch and bring the port through the cut hole. I would pull the catheter tube through and out the hole of the assess port.

...in the absence of a commercial access port: I would cut a small "x" in the pouch and use a small barrier ring around the tube coming out of the pouch and apply Tegaderm dressings over it. The idea is to have a very small hole with just enough room for the tube and then use the ring as a caulking agent and then cover with Tegaderm dressings.

/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: Apply Coloplast Brava protective seal convex rings or Coloplast Brava moldable rings to build up around the stoma. Add Coloplast Brava ostomy belt.

Alternative convexity option #2: Try a plastic Convatec Sur-Fit Natura 2-piece disposable convex insert snapped onto a Convatec barrier. Another option that would be helpful for this patient (not necessarily making more convexity but directing effluent into pouch) is a Dermacol stoma collar.

/2 points

Scenario 15

The WOC nurse is consulted to manage a wound with a stoma in proximity. The surgeon has consented to pouching the stoma in the same pouch as the wound. It is determined to be the best approach.

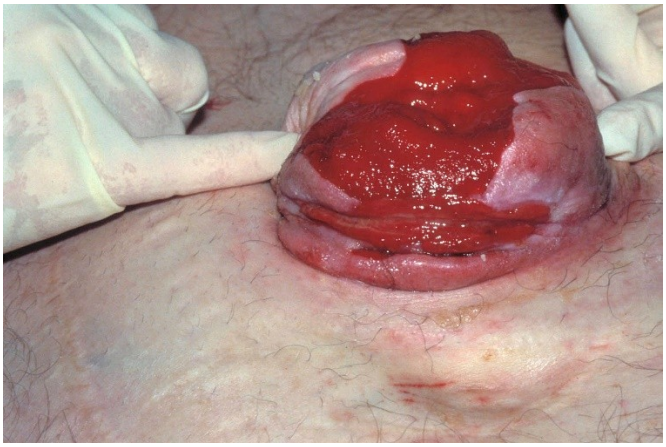
Identify one product that can be used to achieve this.

Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option: Eakin fistula and wound drainage pouch to encompass both the stoma and wound, changing every two to four days and as needed.

/1 point

Scenario 16



A 70-year-old patient presents to the ED with pouching difficulty. They report using a fistula pouch previously, however, this has become too costly of an option. Their stoma measures 4 1/3" in diameter and they are at a loss for pouching options. The patient will need pouching long term. Identify one product pouching system that is manufactured to accommodate a stoma of 4" or greater in size.

Image courtesy of Dr. James Wu

Pouching option: Hollister Premier 1-piece high output ostomy pouch, flat with Flextend barrier (fits up to 4 1/3"), changing every two to four days and as needed.

/1 point