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

Ostomy Care Mini Case Studies

Cleveland Clinic

Student Name & Date: Alexis Buehler – January 12, 2025

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)
   - Remove the pouching system in place: start at the top of the skin barrier and gently push on the abdomen as you pull the pouching system off of the skin. May use adhesive remover spray to help with comfort during this step. Throw the old pouching system away.
   - Clean the skin surrounding the stoma with warm water and washcloths only. Avoid soap, lotion, cream, ointment, or pre-moistened wipes.
   - Measure the stoma so that no more than a tiny sliver (about 1/16th of an inch) of skin is shown between the stoma and the measuring guide
   - Trace the measurement onto the plastic back of the skin barrier wafer and cut out the tracing.
   - After cutting, place the skin barrier around the stoma again to ensure the cut aperture fits correctly around the stoma and no adjustments are needed
   - Remove plastic backing from the wafer. Ensure the skin around the stoma is clean and dry, and apply the wafer so that your stoma is centered in the cut-out hole
   - Remove any other tape from wafer edges and finish adhering the skin barrier to the abdominal skin
   - Attach the pouch to the skin barrier wafer to the adhesive or mechanical coupling mechanism and close the drainable end of the pouch
   - Have the patient stay in place for 3-5 minutes with their hands placed gently over the pouching system to warm and mold the wafer to the skin, providing a better seal
   - Change every 3-4 days or PRN

2. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown. (2 points)
   - Remove the pouching system in place: start at the top of the skin barrier and gently push on the abdomen as you pull the pouching system off of the skin. May use adhesive remover spray to help with comfort during this step. Throw the old pouching system away.
   - Clean the skin surrounding the stoma with warm water and washcloths only. Avoid soap, lotion, cream, ointment, or pre-moistened wipes.
   - Measure the stoma so that no more than a tiny sliver (about 1/16th of an inch) of skin is shown between the stoma and the measuring guide
   - Trace the measurement onto the plastic back of the skin barrier wafer and cut out the tracing.
   - After cutting, place the skin barrier around the stoma again to ensure the cut aperture fits correctly around the stoma and no adjustments are needed

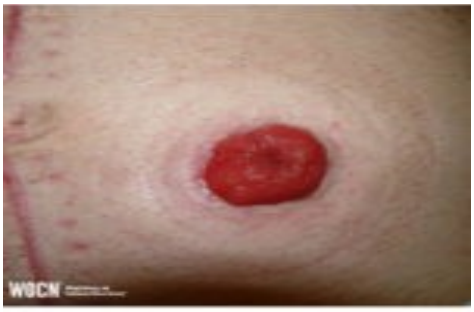
- Remove plastic backing from the wafer. Use fingers to stretch and mold the barrier ring and apply it to the sticky side of the wafer. Stretch the ring to fit around the cut aperture and use your fingers to mold it to the wafer
- Ensure skin around the stoma is dry, and apply wafer with attached barrier ring to the abdomen
- Remove any other tape from wafer edges and finish adhering the skin barrier to the abdominal skin, avoiding wrinkles and creases as able
- Attach the pouch to the skin barrier wafer with the adhesive or mechanical coupling mechanism and close the drainable end of the pouch
- Have the patient stay in place for 3-5 minutes with their hands placed gently over the pouching system to warm and mold the wafer to the skin, providing a better seal
Change every 3-4 days or PRN

3. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions. (2 points)
- Remove the pouching system in place: start at the top of the skin barrier and gently push on the abdomen as you pull the pouching system off of the skin. May use adhesive remover spray to help with comfort during this step. Throw the old pouching system away.
- Clean the skin surrounding the stoma with warm water and washcloths only. Avoid soap, lotion, cream, ointment, or pre-moistened wipes.
- Measure the stoma so that no more than a tiny sliver (about 1/16th of an inch) of skin is shown between the stoma and the measuring guide
- Trace the stoma measurement onto the plastic back of the skin barrier wafer and cut out the tracing.
- After cutting, place the skin barrier around the stoma again to ensure the cut aperture fits correctly around the stoma and no adjustments are needed
- Remove plastic backing from the wafer. Use fingers to stretch and mold the barrier ring and apply it to the sticky side of the wafer. Stretch the ring to fit around the cut aperture and use your fingers to mold it to the wafer
- Apply stoma powder to any peristomal irritation and satellite lesions, dust off excess power, and seal with an alcohol-free liquid skin barrier film. Layer powder and liquid skin barrier film once more for a total of two layers. Allow to dry completely before the next step.
- Ensure skin around the stoma is dry, and apply wafer with attached barrier ring to the abdomen
- Remove any other tape from wafer edges and finish adhering the skin barrier to the abdominal skin, avoiding wrinkles and creases as able
- Attach the pouch to the skin barrier wafer with the adhesive or mechanical coupling mechanism and close the drainable end of the pouch
- Have the patient stay in place for 3-5 minutes with their hands placed gently over the pouching system to warm and mold the wafer to the skin, providing a better seal \
- Change every 3-4 days or PRN

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 <u>and</u> a pouch. A complete answer should include both unless otherwise indicated. **Include the manufacturer and full product name**. Product numbers should <u>not</u> be used. <u>Make sure to include accessory products as needed.</u>
    - When providing the rationale: Describe abdominal characteristics, stoma characteristics, and one other reason why you would choose the specific system.
- The first half of the first case study has been completed for you below as an example:

Example + Scenario 1



55-year-old with a history of colon cancer. Colostomy was created 2 months ago and presents today in the ostomy clinic for assessment and management. Pt is very active and would like to consider a more flexible pouching system. Pt is changing his pouching system every other day because he is fearful of leakage.

Assessment: Stoma is pink, budded, and protrudes above skin level. No erythema on parastomal skin. No reports of leakage.

Identify a one and two-piece pouching system option along with rationale for choice.

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

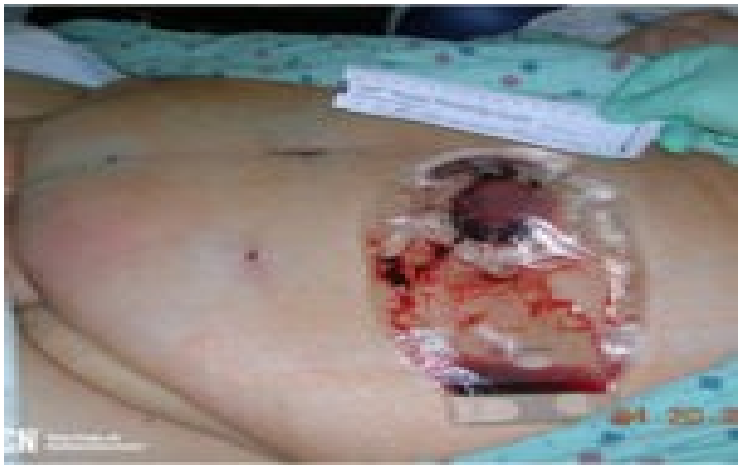
One Piece System: *Hollister Premier one-piece drainable pouch flat Flexwear barrier with clamp closure, change every 5-7 days and PRN.*

Rationale: *This system is flexible and matches the contours of this patient's abdomen. It is appropriate for budded stomas with an even peristomal plane and is manufactured for wear for multiple days.*

Two Piece option: Hollister New Image Flat CeraPlus Skin Barrier and Hollister New Image Two-Piece Closed Ostomy Pouch with filter, change every 3-4 days and PRN
Rationale: This two-piece pouching system utilizes a flexible, extended-wear skin barrier infused with ceramide. This allows for increased flexibility during physical activity. It also decreases transepidermal water loss (TEWL), which helps maintain skin adhesion during sweating/perspiration. The flat skin barrier is ideal because the abdomen is smooth and flat, and the stoma protrudes above the skin level.

/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 + Flex pre-cut drainable convex pouch, change every 3-4 days and PRN

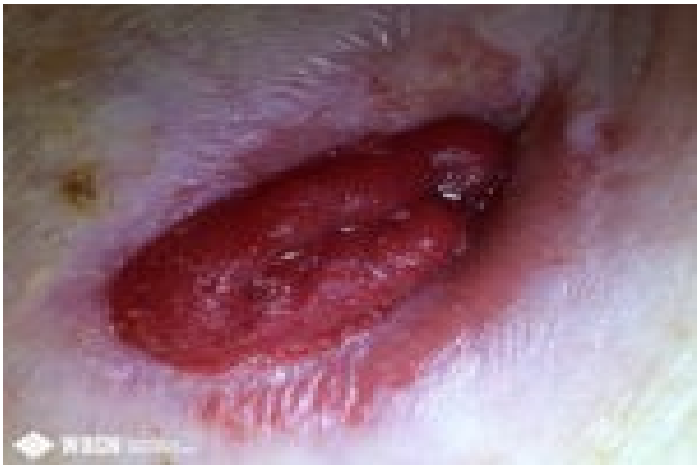
Rationale: A pre-cut skin barrier option is suitable for this patient and will allow for an appropriate fit around the stoma each time it is changed. This will help reduce the risk of further injury to the stoma. It is difficult to discern what happens to the abdominal contour when the patient stands. They may require firm convexity around the stoma to ensure it protrudes above the skin level because their abdomen is soft and obese. Lastly, this one-piece pouching system has belt tabs. Using an ostomy belt will also help the pouching system stay in place.

Two Piece option: Convatec Esteem Synergy moldable convex skin barrier and Esteem Synergy drainable InvisiClose tail closure pouch, change every 3-4 days and PRN

Rationale: The moldable skin barrier is a good option for this patient and will help reduce the risk of further stomal injury. It will also help maintain the skin barrier's seal around the stoma when the patient's body contour changes between different positions.

/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.

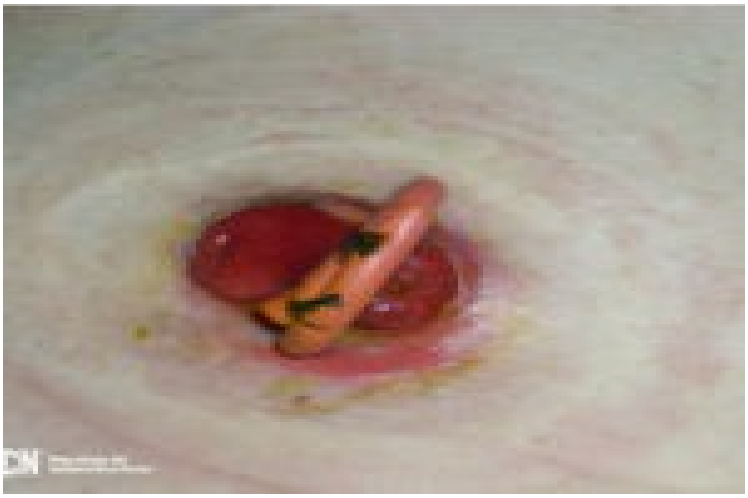
Pouching recommendations:

- Coloplast Sensura Mio Click *convex flip*, cut-to-fit skin barrier with Sensura Mio Click MAXI drainable pouch, Ostoform Flowassist seal, and Coloplast ostomy belt, change every 3-4 days or PRN
- Apply stoma powder to peristomal breakdown, dust off excess powder, and seal with an alcohol-free liquid skin barrier film in two layers to create a crust

Rationale: This skin barrier wafer is designed to maintain a stable and flexible fit around hernias and bulges. The skin barrier also has tabs for an ostomy belt, and the click mechanism will allow for easy application and assurance for the patient, who will get an audible click to know the pouch is secure. The Ostoform Flowassist seal will assist the ileostomy output into the pouch, helping to prevent leaks and maintain an adequate seal.

/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.

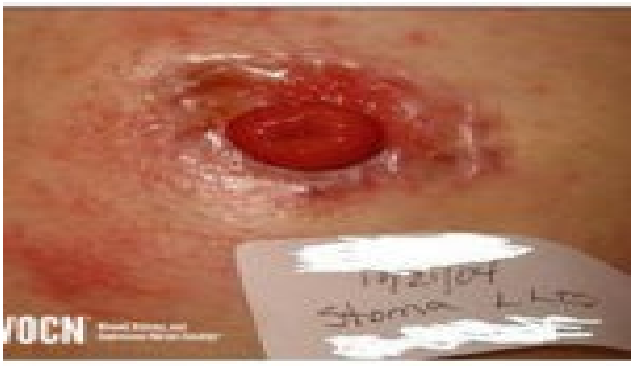
Pouching recommendations:

- Two-piece pouching system: Coloplast Sensura Mio flat skin barrier & Coloplast Sensura Mio flex drainable pouch with use of a thin ceramide barrier ring, change every 3-4 days and PRN
- Apply stoma powder to peristomal breakdown, dust off excess powder, and seal with an alcohol-free liquid skin barrier film, in two layers, to create a crust

Rationale: A two-piece system will make it easier to place and maneuver the skin barrier under the red rubber catheter and flush with the stoma. Besides the wound and the catheter, both temporary, the abdomen is flat without any creases or significant landmarks. A thin ceramide barrier ring will help to protect the wound, improve the seal around the stoma, and allow the skin barrier to adhere.

/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.

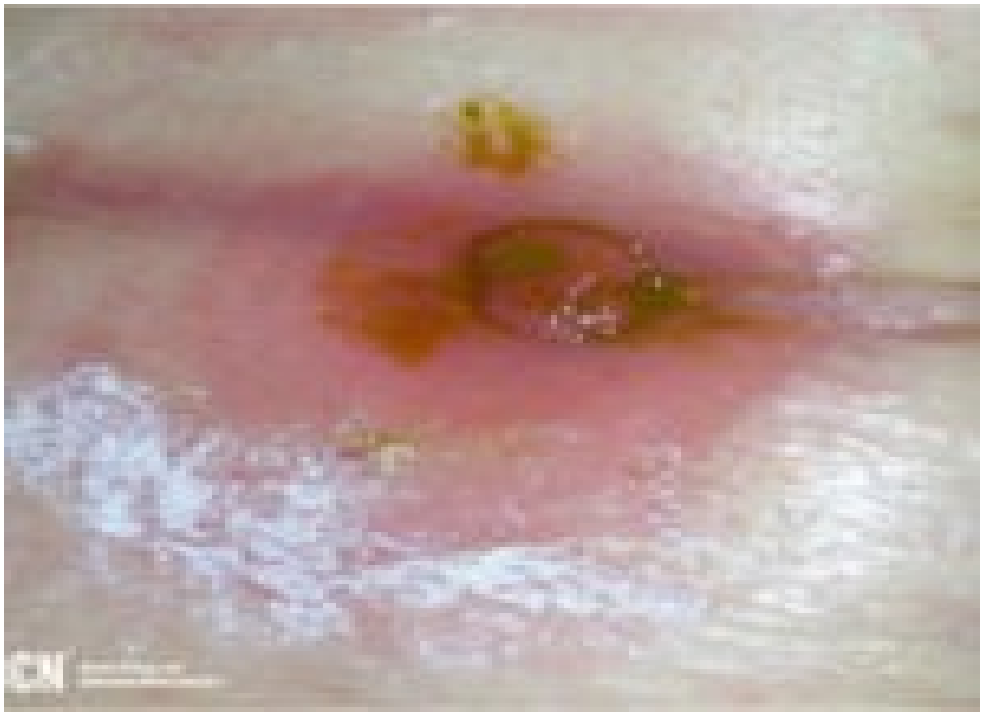
Pouching Recommendations:

- Two piece pouching system: Coloplast Sensura Flex Xpro convex light barrier (standard wear) coupled with Coloplast Sensura Mio Flex maxi drainable pouch, change every 3-4 days and PRN
- Apply antifungal powder to peristomal lesions, dust off excess powder, and seal with an alcohol-free liquid skin barrier film, in two layers to create a crust

Rationale: The Coloplast Sensura Xpro *standard wear* skin barrier is designed for increased moisture absorption, which will help the patient maintain better adherence with frequent sweating. Convexity will help the stoma protrude above the skin level. Crusting will help the peristomal skin heal and create a dry surface for the wafer to adhere to properly.

/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 stoma powder to peristomal breakdown, dust off excess powder, and seal with an alcohol-free liquid skin barrier film, in two layers, to create a crust
- Apply a ceramide barrier ring flush around the stoma and use strip paste to fill horizontal creases, molding the ring and strip paste together to create a flat peristomal surface
- Apply a Coloplast SenSura Mio Click convex light skin barrier cut to fit around the stoma, and use a Coloplast SenSura Mio Click MIDI drainable pouch, change every 3-4 days and PRN

- **Rationale:** Apply a ceramide barrier ring flush around the stoma and use strip paste to fill horizontal abdominal creases, molding the ring and strip paste together to create a flat peristomal surface. Crusting will help the peristomal skin heal and create a dry peristomal surface for the wafer to adhere to properly. Convexity will help stabilize and support the stoma in the presence of an abdominal fold so that effluent goes into the pouch and not under the wafer.

/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.

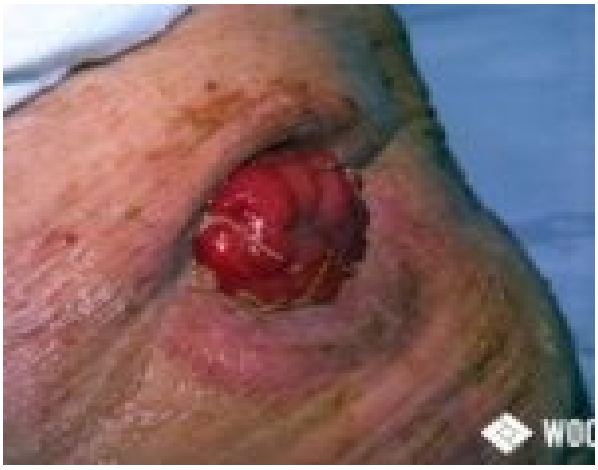
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Recommend this patient return the using the products they used prior to home health making the change. Using the crusting technique with antifungal powder over lesions to protect skin is also recommended. Changing the pouching system more frequently than every 3-4 days may be necessary to clean and assess the peristomal skin and ensure the irritation is not worsening.

Rationale: This patient has allergic contact dermatitis (ACD) and the best route of care for ACD is removing the irritant. In this case, the new product is the known irritant, and the patient should use products that have not caused skin irritation in the past.

/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.

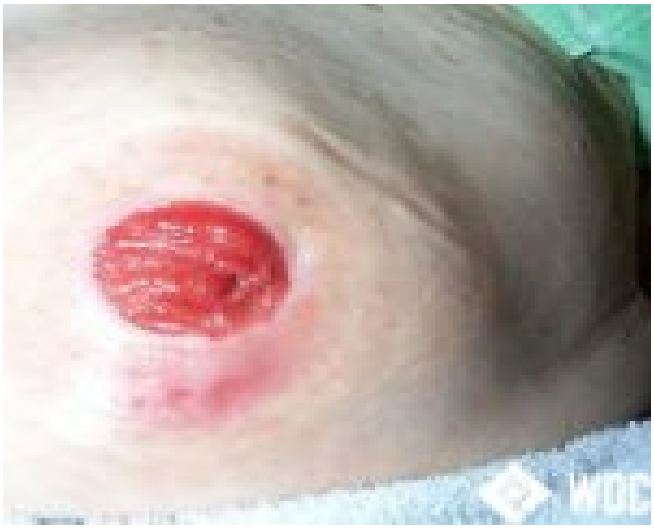
Pouching Recommendations:

- Apply stoma powder to peristomal breakdown, dust off excess powder, and seal with an alcohol-free liquid skin barrier film, in two layers, to create a crust
- Apply 2 Hollister ceramide barrier rings flush around the stoma by breaking them apart and molding them together into one, and use Hollister Flat barrier ring to fill horizontal creases, molding the rings together on the abdomen to create a flat peristomal surface
- Apply pouching system while standing and, if possible, stretch the abdomen to smooth out small creases prior to application
- Apply SenSura Mia MAXI drainable one-piece pouch with soft outlet (cuts to 4" or 100mm), change every 3-4 days and PRN

Rationale: The peristomal skin has MASD and maceration, and crusting will help protect this irritation and create a dry abdominal surface. The barrier rings will help to fill creases and provide an additional seal around the stoma. The pouching system is one of few that has an aperture that can be cut to fit around a stoma measuring 3.5 inches.

/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:

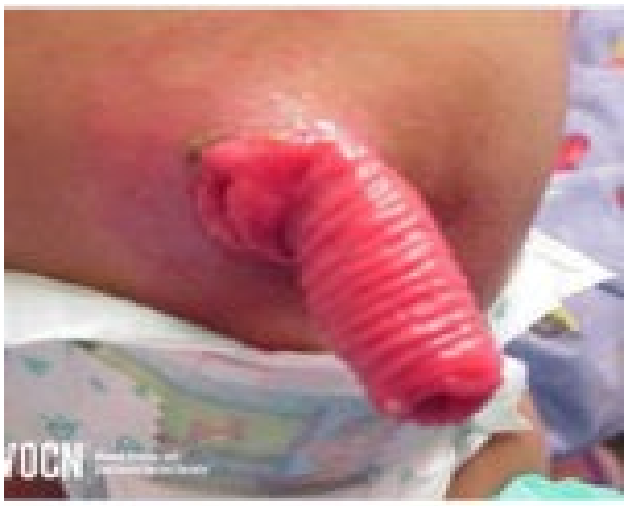
- Apply stoma powder to peristomal breakdown, dust off excess powder, and seal with an alcohol-free liquid skin barrier film, in two layers, to create a crust
- Coloplast SenSura Mio Click Convex Flip 2 piece barrier with SenSura Mio Click Midi drainable pouch and Coloplast Brava ostomy belt, change every 3-4 days and PRN

Rationale: The skin barrier is star-shaped, allowing it to adhere and conform to the abdomen in the presence of an outward bulge or hernia, which is the reason for this patient's peristomal breakdown and pouching concerns. Using the ostomy belt will provide gentle pressure to the flush stoma and encourage effluent to empty into the pouch and not under the wafer.

Odor Management Strategies: There are multiple strategies to manage odor concerns with a colostomy. The patient can use one strategy or a combination of strategies to manage this concern. Oral options include bismuth subgulate and chlorophyllin copper complex. There are also deodorizers that can be added directly to the pouch which are available in various forms, and room sprays are also available. Another option is to identify foods the patient is eating that are known to increase odor and flatus and encourage the patient to avoid those 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:

- Convatec Little Ones Two-piece pouching system: Little Ones cut to fit skin barrier with adhesive coupling technology and Little Ones drainable InvisiClose tail closure pouch, change every 3 days or PRN

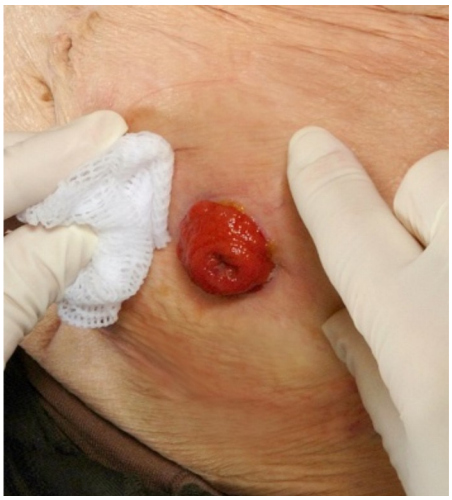
Rationale: The pouching system should be adjusted to accommodate the length of the prolapsed stoma without causing trauma from pressure or friction. To avoid applying any additional pressure to the stoma, a skin barrier without a flange was selected.

Further Considerations:

- To help reduce the risk of injury to the prolapsed stoma, place lubricating jelly in the pouch before application
- To make application easier, apply the pouching system after reducing the prolapse. Place the patient supine and use hands to apply gentle pressure to the stoma for ~10 minutes. May also place a cold pack over the pouch, gently on the stoma, for a few minutes to further facilitate reduction and enhance application.

/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 Mio Flat MIDI Drainable one-piece pouch system, change every 4-5 days and PRN

Rationale: This pouch measures 10 ¼ inches in length and will address the patient's primary complaint that the pouch is too long. Other pouching systems are available that are shorter than 10 ¼ inches, but this patient has an ileostomy, and using a smaller pouch is discouraged because ileostomies tend to be active stomas. The peristomal skin is intact and the stoma protrudes above the skin level, so accessory products are not necessary.

Pouching option #2:

- Hollister Flextend flat one-piece 9" pouching system with clamp closure, change every 4-5 days and PRN

Rationale: This pouching system has an option that is 9 inches in length and will address the patient's primary complaint that the pouch is too long. Unfortunately Hollister does not have a 9" one piece drainable pouching system with lock and roll closure. There is a 7" option with lock and roll closure, but the small pouch is discouraged for reasons described above.

/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 Flex flat barrier

Composition & Purpose: This elastic adhesive barrier conforms to each individual's unique body shape. It has a flexible flange with adhesive coupling for pouch adherence. It is appropriate for any ostomy patient with a flat peristomal area and a stoma protruding above the skin level.

Skin barrier Wafer 2: SenSura Mio flex convex light barrier

Composition & Purpose: Same adhesive and coupling properties as the Sensura Mio flat barrier. The difference is that this barrier has light convexity and is most appropriate for individuals with stomas that are flush at the skin level or those requiring the application of light pressure around the stoma to make it protuberant and help reduce the risk for leaks.

Skin barrier Wafer 3: SenSura Mio Click convex flip 2-piece barrier

Composition & Purpose: This barrier has the same adhesive properties as the other two SenSura Mio barriers described above. The coupling mechanism is a click variant that provides mechanical attachment of the pouch to the skin barrier and is confirmed with a click that is both felt and heard by the user. The barrier is shaped like a star and has a “flip to fit” design that allows for easy application in the presence of a bulge or hernia.

/6 points

Scenario 13

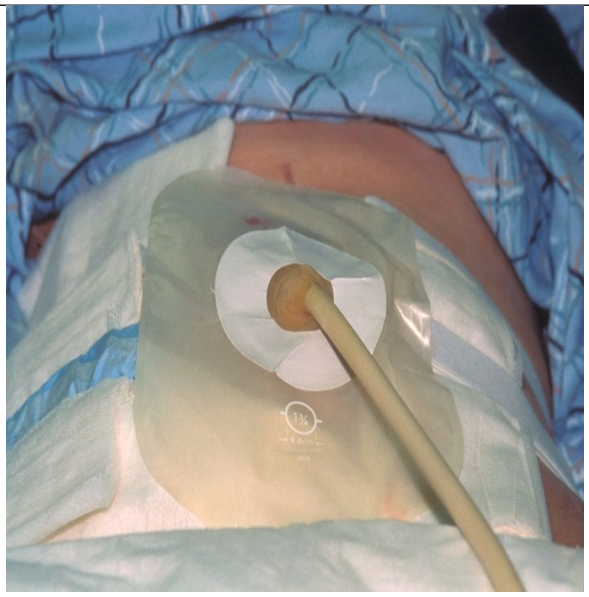


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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:

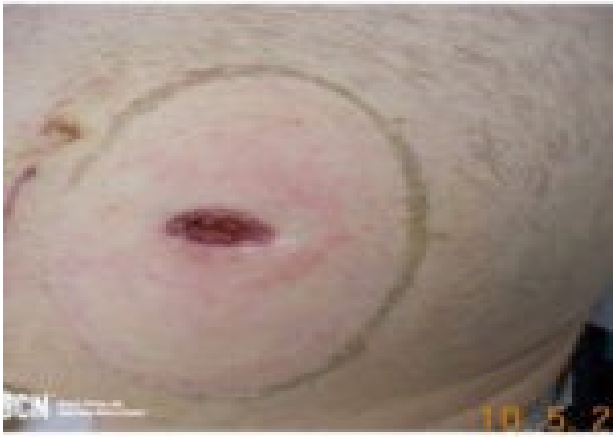
- Coloplast fistula drain port with Coloplast Assura standard wear 1-piece post op pouch with window
- Attach drain port to the outer aspect of the pouch window. From the inside of the pouch, cut a hole centrally where the drain port was placed, and thread the catheter through the drain port to exit the pouch. Change every 3-4 days and PRN

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

- Coloplast SenSura Mio Flex flat barrier with Coloplast SenSura Mio MIDI drainable pouch, change every 3-4 days and PRN
- Prior to application of pouching system, use scissors to cut a small 'X' in the lower middle portion of the front aspect of the pouch
- Apply the pouching system as usual, and thread the catheter to exit through the cut X in the pouch
- Use Hy-tape to circumferentially secure the catheter to the outside of the pouch, effectively sealing the hole through which it exits

/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.

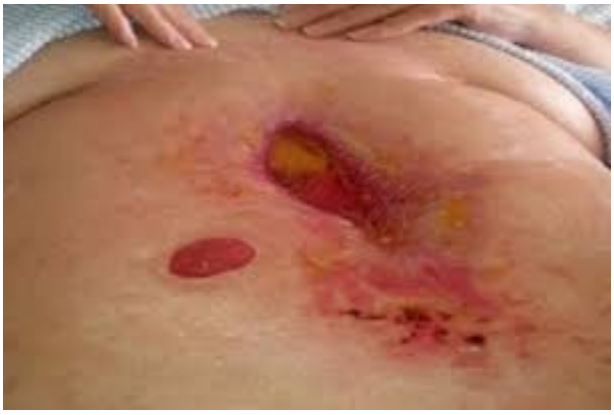
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Alternative convexity option #1: To mimic convexity, a Hollister CeraRing convex barrier ring can be used with the patient's preferred flat skin barrier wafer before application.

Alternative convexity option #2: The patient has predictable bowel movements once daily and may also consider routine, daily colostomy irrigation as an alternative to pouching. The patient can wear an ostomy stoma cap with a filter in between irrigations to help manage mucous and/or flatus production.

/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.

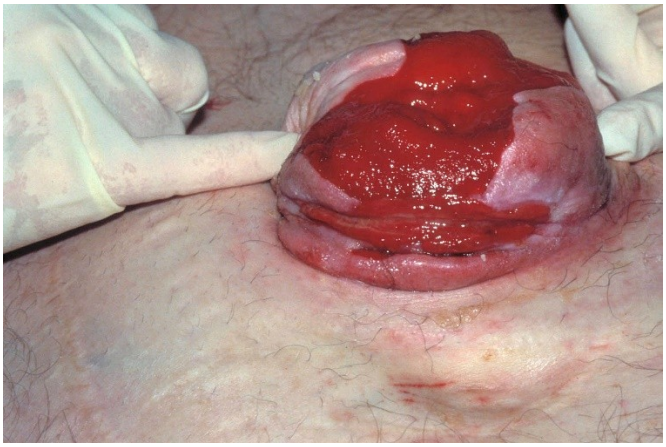
Image courtesy of Judy Mosier, MSN, RN, CWOCN

Pouching option:

- Convatec Eakin wound pouch with appropriate sized cutting area and access window, change every 3 days or PRN

/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 pouch with Flextend flat cut-to-fit barrier (cuts up to 4 1/3 inches), change every 3-4 days or PRN

/1 point