R. B. Turnbull Jr. MD WOC Nursing Education Program

Mini Case Studies: Ostomy

Student Name & Date:_
Reviewed by:_____
Score: /40

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.

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)**

4. Differentiate the standard wear barrier from an extended wear barrier. Identify the type of ostomy or situation where each type of barrier would be indicated, and provide a *specific* example for each. Identify manufacturer name, product name, and manufacturer product number. **(4 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, manufacturer product number, and full product name**. 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.
- Include at least 3 references *(other than your text book)* used to back your actions at the end of the assignment that assisted you in this assignment. Make sure to use 7th edition APA formatting.
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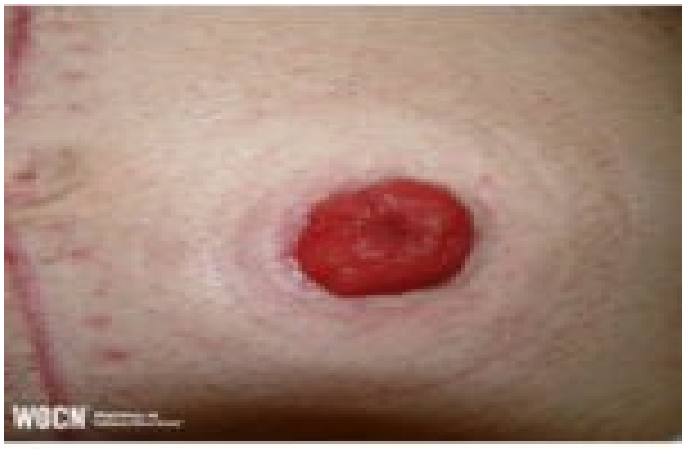
Example + Scenario 1



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 (**#8031)** with clamp closure, change every 5-7 days and PRN.*

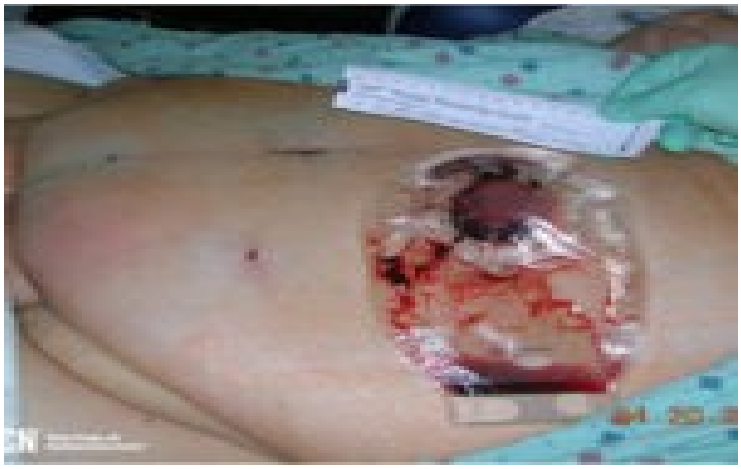
Rationale: *This system is flexible and matches the contours of this patient's abdomen. It is appropriate for budded stomas with an even peristomal plane and is manufactured for wear for multiple days.*

Two Piece option:

Skin Barrier wafer 2 ¾ -in, Blue (5018144)
Pouch: : Hollister 12 in. New Image Drainable Pouches with Integrated Waterproof AF300 Filter and Belt Tabs.
Rationale: This is a ComfortWear™ panels provide a soft, cloth-like covering between pouch and skin. Utilize an odor-barrier material and are rustle-free. Feature the integrated AF 300 ™ filter, which promotes enhanced airflow to reduce gas buildup and ballooning and provides better odor control. Clamp closure.
You can attach a belt if desired for a secure attachment of the pouch with activities (Edgepark, 2024).
This can be worn for 2-4 days at a time. And empty at 1/3 full.

/2 points

Scenario 2



42-year-old with Laparoscopic colostomy stoma placement on <u>soft</u>, obese abdomen, 1 week post op.

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: SenSura ® Mio Extended Wear, MAXI Drainable Pouch, Convex Deep (624237) With Full-circle filter, cut-to-fit 11 in. (Edgepark, 2024). Change every 3 to 7 days (Cleveland Clinic, 2025)

Rationale: FlexShell is designed for stability and flexibility. This will hold the seal on a soft abdomen by adjusting to shape of the abdomen. Can also attach belt if needed.

Two Piece option:

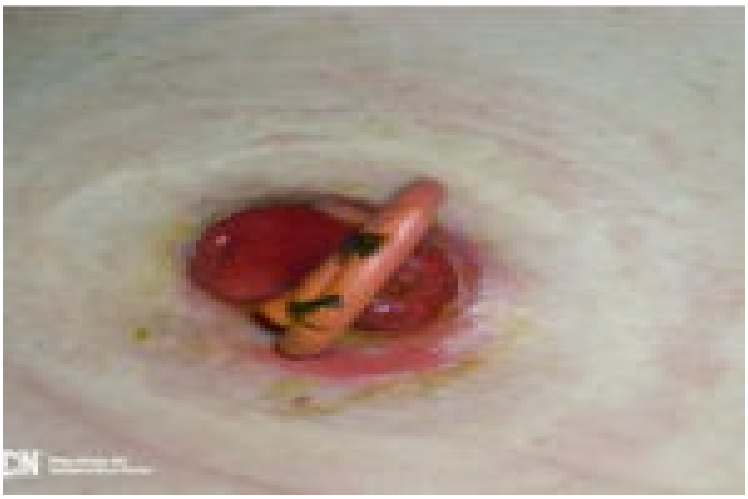
Skin Barrier Wafer: SenSura® Mio Flex Extended Wear Barrier, Convex Light; cut to fit 5/8 – 2 1/16 (#621649).

Pouch: SenSura® Mio Flex Easi close ™ WIDE Drainable pouch. (#6212283) with roll up closure (Edgepark, 2024).

Rationale: The cut to fit can provide 1/8th in space from stoma to allow healing after treating the traumatic irritation to the stoma from previous barrier cutting into the stoma. The convexity provides extra seal for security on the soft abdomen and can be worn for 3 to 7 days (Cleveland Clinic, 2025). Since only week out from surgery size will change.

/4 points

Scenario 3



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.

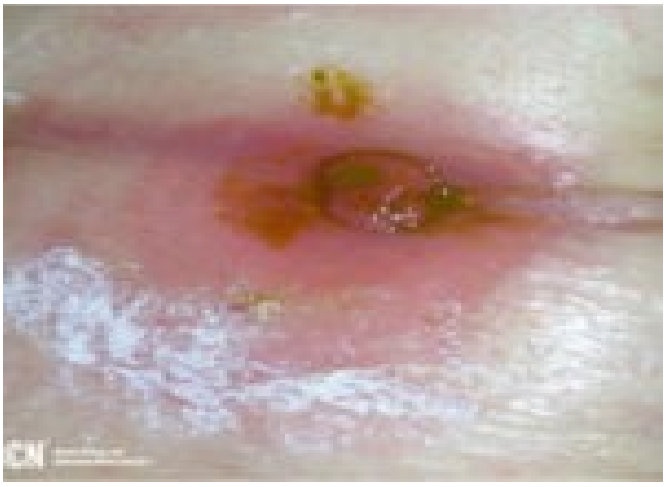
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching recommendations: Cleanse with warm wet cloth and pat dry the peri stoma skin. Crust with barrier powder(#RRSNS92301) and then pat with barrier wipes (#RRSNS80725). Pace New Image™ Flextend™ Extended-Wear, Convex Skin Barrier, Cut-to-Fit with tape boarder 2 ¾-in. (#5014804), then attach the 12-in. New Image ™Lock n' Roll ™ Microseal Closure, Drainable Pouch with Integrated Waterproof AF300™ Filter and Belt tabs (#5018184)(Edgepark, 2024).

Rationale: Crust peri stoma irritated skin to form a protective barrier to assist with healing over the skin. Use a convex flange to lift the stoma up to keep the rubber catheter from placing pressure on the skin and causing irrigation. Then attach until heard a click the drainable pouch. Seal bottom to prevent effluent from leaking out of bag.

/2 points

Scenario 4



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

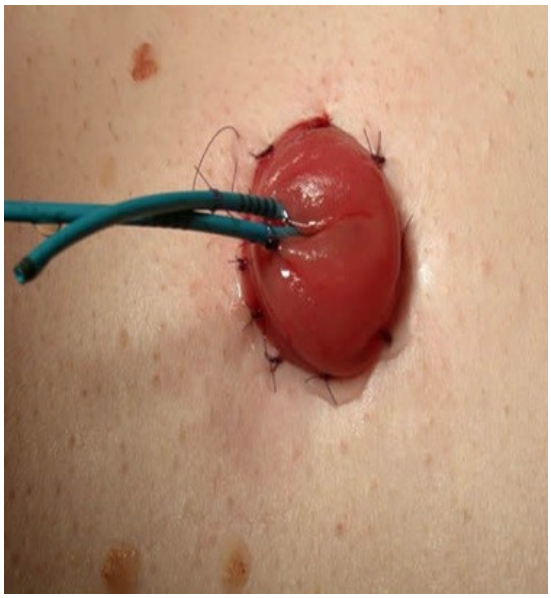
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Pouching Recommendations: Crust with barrier powder(#RRSNS92301) and then pat with barrier wipes (RRSNS80725) (Edgepark, 2024). Apply compressed barrier strips to 3 o'clock and 9 o'clock grooved areas then apply a covex pouch CeraPlus™ Two-Piece Convex Skin Barrier (#50153106) without tape cut to fit over the stoma. Attach12 in. New Image (TN) Lock'n Roll ™ Microseal Closure, Drainable pouch with belt tabs to flange. Check the seal for tight closure. Can attach belt for tighter seal.

Rationale: By Crusting the skin, it dries moist skin due to rash or sores, and the barrier strips fill in the creases to the abdomen. **(**United Ostomy Associations of America, Inc., 2024). The convexity of the flange raises the stoma for an improved seal. The design of the flange features a formulation infused with ceramide to help protect the skin's natural moisture barrier, maintain good peristomal skin health and decrease water loos from damaged or eroded skin (Edgepark, 2024). The Lock'n Roll pouch allows for the ability to remove the pouch to check the seal of the flange and ease of cleansing the pouch.

/2 points

Scenario 5



A 76 year old patient is seen on a urology floor for a initial post operative visit. Urostomy noted with 2 stents in place, draining clear/pink tinged urine bilaterally. Surgeon requesting to be able to access stents. Pouching system removed was a one-piece post operative pouch. The patient is not yet ready for education and is currently non-ambulatory.

Image courtesy of SER, 2006

Pouching option: Coloplast Sensura Post op Ostomy Pouch # 19010

Additional accessories to consider: Urostomy Night Bag #6221365

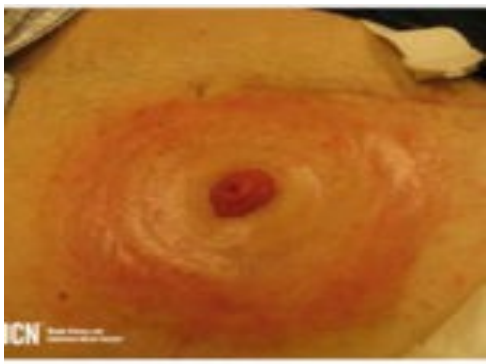
- Elastic barrier strip #120700 - HCPCS: A4362

- Moldable ring - 2mm #120307 - HCPCS: A4385

-Strip paste - 2oz #26555 - HCPCS: A4406

/2 point

Scenario 6



46-year-old presents to the ostomy clinic with peristomal redness to periphery. Patient is currently in a one piece system with a 12" pouch. 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. Patient also expresses the pouch is too long with the end of the pouch falling into the groin area. Abdominal space is small with short distance from stoma to groin.

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

Pouching Recommendations: Remove present pouching system. Cleanse stoma peri skin with warm moist cloth and pat dry well. Crust the peri skin irritation by using barrier powder mix with anti-fungal powder, then brush off the excess powder and dab over the treated area with barrier film. Use Hollister Hollihesive washer (helps to heal red irritated skin) and place over red irritated areas up to 1/8 in. near base of stoma. Apply a different brand of pouching application over the stoma on to the Hollister Hollihesive. Create a schedule for the stoma application to be changed.

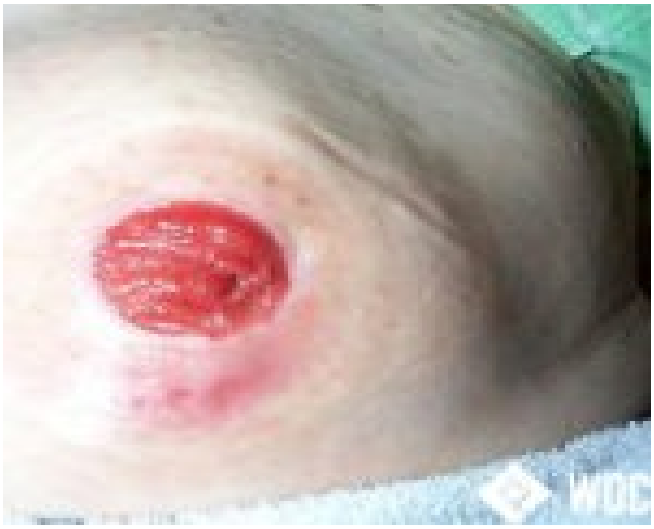
Rationale: The satellite lesions are caused by Moisture Associated Skin Dermatitis. The substances encounter the skin and destroy or erode the epidermis (R.B. Turnbull, Jr. MD School of WOC Nursing Education, 2002).
Treatment. Refit pouching system (Aperture & Convexity)
Create flat peristomal plane; Remove offending product; Establish a pouch change schedule (R.B. Turnbull, Jr. MD School of WOC Nursing Education, 2002).

Provide an alternative pouching recommendation to address the patient's concern regarding pouch length.
Ostomates who are quite petite in stature find the mini pouches fit the contours of their bodies better than the standard or larger pouches, which can be too long and can crease into the groin area, causing discomfort. They are available in drainable and closed pouches. These pouches and caps have an area of flange which adheres the pouch to your skin just like your normal stoma bag. This flange is skin friendly and can be cut to fit the size of your stoma, as with any other pouch (Oakmed Healthcare, 2025).

Another option: Standard pouches have the capability to be rolled up into itself into upper sleeve cover or rolled up and clipped into place. Products such as cover pouches can be bought to hold up the application also.

/3 points

Scenario 7



An 80 year old legally blind 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 at 4 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.

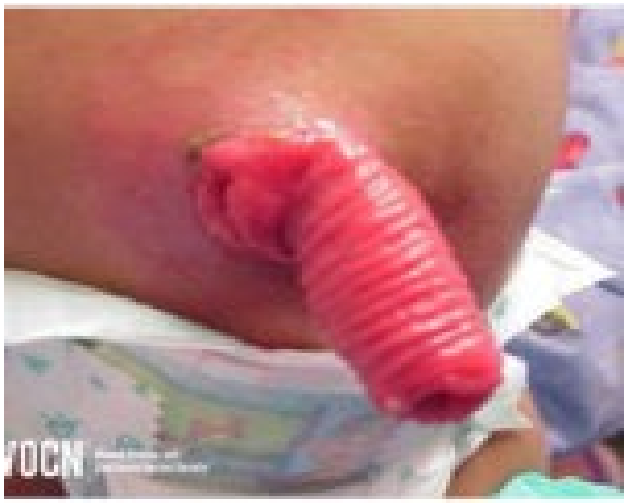
Pouching Recommendations: ActiveLife® One-piece Convex Drainabale Pouch with clip bottom (Convatec, 2024).

Rationale: Since this patient is legally blind, they may have trouble with placement. This product is precut to fit; it will be easier for the patient to attach. The product also has a Durahesive® skin barrier that will help to protect the skin against semi-liquid and pure liquid outputs. The best feature is that the product has a deep convexity for recessed retracted or flush stomas. The clip bottom makes roll up and seal easier.

Odor Management Strategies: The pouching system is designed to be odor-proof. There is also products to help with odor from Convatec such as the Gelling and odor control sachets, plus the Esenta™ Lubricating deodorant.

/3 points

Scenario 8



A pediatric Individual presents to the emergency room with stoma prolapse. Caregiver expresses inability to apply the 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: Pouchkins™ Drainable Pediatric One-Piece Ostomy Pouch – Flat Barrier #3795 (Hollister, 2024). This is a flexible 1-piece that goes up to 2" (up to 51 mm) and is 7" in length. Treat the peri skin with barrier powder and barrier film first. Be sure to brush off excess powder before dabbing with the barrier film to form a protective crust for the peri skin. Cut the wafer to fit. Fit the product over stoma and roll seal the bottom of the pouch. Wear time is up to 24 hours.

Depending on the length of the prolapse, an adult pouch may be needed. I will need a soft flat backing to fit the baby's contours.

Rationale: Multiple factors must be considered when deciding on a pouching system (ostomy appliance and accessories) for a child with an ostomy. Where the child wears their diaper may also affect the pouching. Another worry is if the child will need a belt or binder to cover the application due to the child picking and pulling at the application.

Further Considerations: Factors commonly considered when selecting a pouching system are

Size of abdomen/pouching surface and age of the child
Type of stoma (fecal or urinary)
Diameter and profile of stoma(s)
If there are multiple stomas, the proximity of the functioning stoma/stomas to the nonfunctioning stomas or mucus fistula

Abdominal contours and the proximity of the stoma/stomas to anatomical landmarks, skin folds, creases, scars, incisions, medical devices Volume, consistency, and corrosive nature of the effluent Peristomal skin integrity (intact versus denuded/weeping) Age-related epidermal development (i.e., premature infant versus older child) (Wound, Ostomy and Continence Nurses Society et al., n.d.).
/3 points

Scenario 9

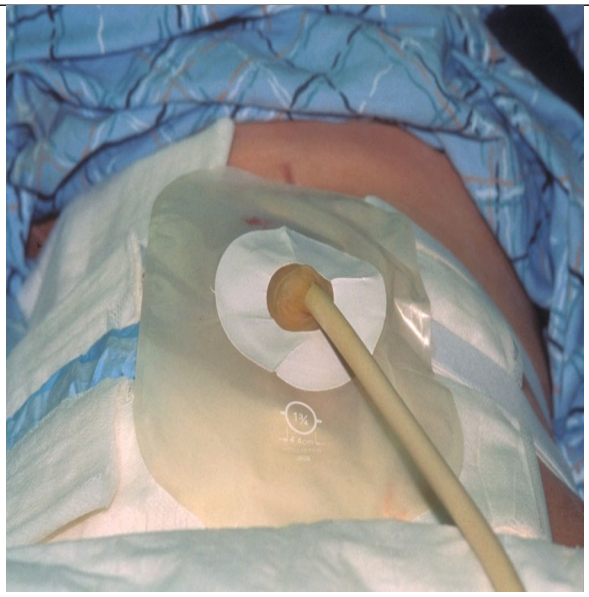


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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.

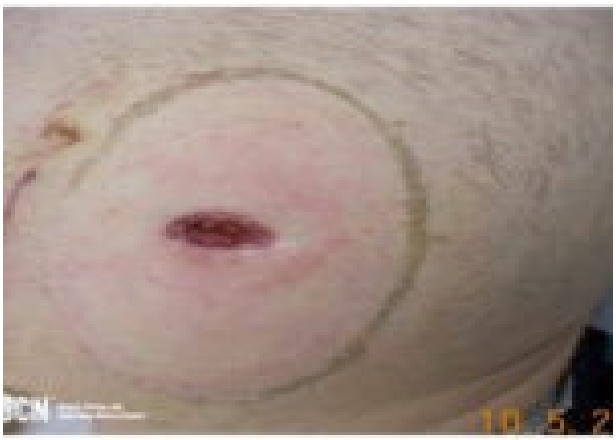
Describe how you will secure the tube while separately pouching the stoma and the tube…

…using a commercial access port: The use of the Hollister universal catheter access port (UCAP) #9779 (Hollister, 2024). With this product of a hole punch with graduated nipple creates a small opening to front of pouch to the side of a window. This keeps the lining within the pouch contained and a good seal by putting the drainage tube through the graduate nipple. This provides a seal since one piece is within the pouch and the other is outside screwed onto the inside. The window of the pouch allows access to the stoma if needed.

…in the absence of a commercial access port: Use pouch system to fit over the peri skin condition. Cut to fit the stoma. Cut small opening in the pouch to allow the indwelling catheter to be inserted into the pouch and out the front of the pouch. Place the whole pouch application down over stoma then adjust length for space between inside of the pouch and where the catheter comes out the front side. Place a barrier strip or ring against the catheter at the base of where the pouch and catheter to seal the catheter to the pouch. Add more as needed to provide seal. Place tape over to prevent other objects from sticking to the product (G. Rose, personal communication, May 23, 2025).

/2 points

Scenario 10



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.

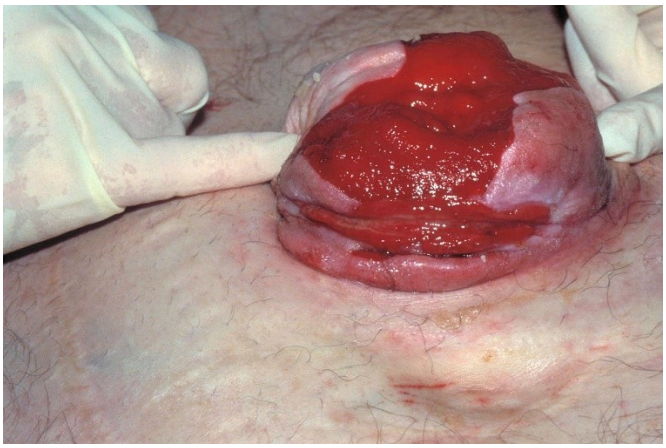
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Alternative convexity option #1: use barrier ring such as Brava ® Protective Seal Convex either the 3/4in #6212090 or 1in #6212091 to bring stoma up with a use of flat application wafer.

Alternative convexity option #2: CeraPlus skin barrier #508900 cut to fit around the stoma then apply a Ostomy belt #Medium 507300 to firmly secure (Edgpark, 2024).

/2 points

Scenario 11



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 that is manufactured as an ostomy product to accommodate a stoma of 4" or greater in size.

Image courtesy of Dr. James Wu

Pouching option: Convatec #*401906* Cut-to-fit, Stomahesive® Skin Barrier; no tape collar, 100mm (4") flange, overall dimensions 15x15cm (6"x 6"). This can be cut to fit larger stomas and molded to peri skin. Additional barrier paste or strips can be used first to fill in low areas or creases on the body.

/2 points

Include at least 3 references *(other than your text book)* used to back your actions above. Make sure to use 7th edition APA formatting. (3 points)

Cleveland Clinic. (2025, May 9). *Ostomy: Recovery and outlook.* https://my.clevelandclinic.org/health/procedures/22496-ostomy

Convatec. (2024). *ActiveLife® One-piece convex drainable pouch.* https://www.convatec.com/products/ostomy-care/surgery-type/ostomy-colostomy/activelife-one-piece-convex-drainable-pouch/

Convatec. (2024). *Forever caring,* [Brochure] https://www.convatec.com/products/ostomy-care/surgery-type/ostomy-colostomy/sur-fit-natura-two-piece-stomahesive-skin-barrier/

Edgepark. (2024). *Ostomy Supplies, we believe health comes first*. [Catalog]. Cardinal Health. https://www.edgepark.com/search/?text=Ostomy+supplies

Hollister, Inc. (2024). *One-piece pouching systems: Ostomy care Products:* https://www.hollister.com/en/products/ostomy-care-products/one-piece-pouching-systems

Hollister, Inc. (2024). *Universal Catheter Access Port*. https://www.hollister.com/-/media/files/pdfs-for-download/ostomy-care/hol_-ucap-care-tip_923114-1217.ashx

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Oakmed Healthcare. (2025, May 21). What is a stoma cap and what can they be used for? -. stoma products and accessories. https://www.oakmed.co.uk/help-advice/advice-articles/what-is-a-stoma-cap-and-what-can-they-be-used-for/

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United Ostomy Associations of America, Inc. (2024). *Stomies are life-savers.* [Brochure]. https://www.ostomy.org/wp-content/uploads/2024/04/UOAA-New-Ostomy-Patient-Guide-2024-04.pdf

Wound, Ostomy and Continence Nurses Society, Bookout, K., D'Italia, J., Dudley, J., Hafeman, C. Harrison, B., McLane, K., Rogers, V., & Shelly, A. (n.d.). *Pediatric Ostomy Care Best Practice for Clinicians.* https://cdn.ymaws.com/member.wocn.org/resource/resmgr/document_library/PEDIARIC_OSTOMY_CARE-_BEST_.pdf.