

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. *Answer the four questions below* and then read the instructions on the next page

1. Identify the nursing orders for changing a pouching system on a person with no peristomal skin breakdown. **(2 points)**

It's best to change pouching in the morning, every 3 to 5 days and PRN

Prepare all items ahead; get new pouching system and accessories, two pieces of toilet paper, trash bag, soft cloth moistened.

Empty pouch

Remove pouching system from top down with a push pull motion, use adhesive remover to limit damage (Smith & Nephew Uni-Solve)

Clean peri-stomal skin with moistened cloth, while visualizing the skin for any complications

Dab the skin dry

Measure stoma size and cut to fit the size onto new skin barrier leaving 1/8 larger than measure size

Remove the film on the barrier and apply cut to fit barrier onto the stoma site with firm pressure

Secure pouch to the barrier by snapping together the flange, ensuring a tight seal

Warm the appliance with your hands for five minutes to complete the seal

(Carmel & Goldberg, 2022; R.B.Turnbull Jr. MD WOC Nursing Education Program, 2022A)

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

It's best to change pouching in the morning, every 2 to 3 days and PRN when there is skin breakdown

Prepare all items ahead; get new pouching system and accessories, two pieces of toilet paper, trash bag, soft cloth moistened.

Empty pouch

Remove pouching system from top down with a push pull motion, use adhesive remover to limit skin damage (Smith & Nephew Uni-Solve)

Clean peri-stomal skin with moistened cloth, while visualizing the skin for any complications

Dab the skin dry

Measure stoma size and cut to fit the size onto new skin barrier leaving 1/8 larger than measure size

Lightly dust the peri-stomal area with Hollister Adapt Stoma Powder, brush off excess

Dab the powder with Hollister Adapt No Sting Skin protective wipe, repeat as necessary

Remove the film on the barrier and apply cut to fit barrier onto the stoma site with firm pressure

Secure pouch to the barrier by snapping together the flange, ensuring a tight seal

Warm the appliance with your hands for five minutes to complete the seal

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

It's best to change pouching in the morning, every 2 to 3 days and PRN when there is skin breakdown  
Prepare all items ahead; get new pouching system and accessories, two pieces of toilet paper, trash bag, soft cloth moistened.

Empty pouch

Remove pouching system from top down with a push pull motion, use adhesive remover to limit skin damage (Smith & Nephew Uni-Solve)

Clean peri-stomal skin with moistened cloth, while visualizing the skin for any complications

Dab the skin dry

Measure stoma size and cut to fit the size onto new skin barrier leaving 1/8 larger than measure size

Lightly dust the peri-stomal area and lesions with Antifungal 2% Miconazole powder, brush off excess

Dab the powder with Hollister Adapt No Sting Skin protective wipe, repeat as necessary

Remove the film on the barrier and apply cut to fit barrier onto the stoma site with firm pressure

Secure pouch to the barrier by snapping together the flange, ensuring a tight seal

Warm the appliance with your hands for five minutes to complete the seal

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)**

**Standard Wear Barrier used with colostomies and ileostomies that have normal output, less than 1200 cc daily. It is a good choice for people that do not sweat a lot and there is not extra amounts of moisture. Hollister New Image Skin Barrier (#11202) with Hollister New Image Two-Piece Drainable Ostomy Pouch (#18182). They come in flat or the convex variations.**

**Extended Wear Barrier is used when the expected effluent is high output, such as with jejunostomies or ileostomies. There is a stronger adhesive property to the extended wear barriers but they have less capability to absorb moisture from the skin, and some have infused skin benefits infused such as ceramide. These are good choices when there is excessive sweating or moisture. (Colwell & Hudson, 2022). They come in flat and the convex variations.**

**Coloplast SenSura XPro Convex Light Click barrier (#11016) cut to fit.**

**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.

## 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:**

**Pouch:**

**Rationale:**

/2 points

## Scenario 2



42-year-old with Laparoscopic colostomy stoma placement on soft, 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:** Hollister Premier™ One-Piece Drainable Ostomy Pouch – Soft Convex CeraPlus™ Barrier, Lock 'n Roll™ Microseal Closure, Tape, Filter cut to fit clear (#8964)

**Rationale:** A transparent pouching system would benefit the patient by being able to visualize the stoma, to watch and observe stomal edge necrosis. This particular system has a barrier that is gentle to the skin. It is convex for the larger abdomen but soft for the protruding stoma that is budded with the necrotic edge. (Raza & Araghizadeh, 2020)

**Two Piece option: Skin Barrier Wafer:** Soft Convex CeraPlus™ Barrier, Lock 'n Roll™ Microseal Closure, Tape, Filter (#11702)

**Pouch: Hollister** New Image™ Two-Piece Drainable Ostomy Pouch – Lock 'n Roll™ Microseal Closure, Filter Transparent (#18192)

**Rationale:** The soft feature on the barrier allows a comfortable fit that is precise to the stoma measurements needed hopefully decreasing the trauma to the stomal edge. The transparent pouch allows for good visualization of the stoma and stomal edge. A soft convex choice barrier would be more beneficial with the protruding stoma that is budded but obese abdomen.

/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:** I would recommend that the stomal bridge be removed as soon as possible.

Gently remove pouching system with Brava Adhesive Remover wipes with a push pull technique

Clean peristomal skin with warm water and soft cloth, pat dry

Measure stoma and prepare a template to form around the bridge, prepare new barrier cut to fit Hollister New Image Soft Convex CeraPlus Skin Barrier (#11704)

Lightly dust the peristomal skin with Adapt stomal powder, brush off excess

Apply no sting Adapt skin protection wipe to the peri-stomal area over the powder and crust the area

Remove adhesive backing to a Hollister New Image Soft Convex CeraPlus Skin Barrier (#11704) and place over the stoma with the stoma bridge

Attach the Hollister New Image Lock 'n Roll Drainable pouch (#18184) onto the barrier flange

Warm the system with hands for 5 minutes to ensure good seal.

Change every four days and PRN

**Rationale:** The use of bridges is falling out of practice, though are still used and it can be from one day to a month depending on the surgeon and technique and reasoning. Removing the bridge as soon as possible lessens the effect that the bridge has on the skin/stoma. (Colwell & Hudson, 2022A). A two piece may be better for a bridged stoma and a larger barrier to accommodate. (Colwell & Hudson, 2022B)

/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:**

Gently remove pouching system with Brava Adhesive Remover wipes with a push pull technique

Clean peristomal skin with warm water and soft cloth, pat dry

Measure stoma, prepare new barrier cut to fit Hollister New Image Soft Convex CeraPlus Skin Barrier (#11704)

Lightly dust the peristomal skin with Hollister Adapt stomal powder, brush off excess

Apply no sting Hollister Adapt skin protection wipe to the peri-stomal area over the powder and crust the area

Apply Hollister Adapt CeraRing flat barrier ring molded around the stoma

Fill creases of the abdomen around the stoma with a thin line of Hollister Adapt Skin Barrier Paste

Remove adhesive backing to a Hollister New Image Soft Convex CeraPlus Skin Barrier (#11704) and place onto abdomen.

Attach the Hollister New Image Lock 'n Roll Drainable pouch (#18184) onto the barrier flange

Warm the pouching system with hands for 5 minutes.

Change the pouching system every 4 days and PRN

**Rationale:** Convex barrier, paste and a ring will help pop out the stoma, point the OS more center, fill in creases and protect from leaking. (Colwell & Hudson, 2022B)

/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:**

Urostomy 2 piece pouching system would be beneficial for the patient so the MD can have access without removing the whole pouching system, just the pouch would need to be removed.

Hollister New Image Flat Flexend Skin Barrier cut to fit (#14603) Hollister New Image Urostomy pouch transparent with a drain valve (#18402)

**Additional accessories to consider: Night draining appliance**

**Hollister High Output Collection Bag (#5551)**

**Hollister Bedside Drainage Collection System with Anti-Reflux Valve (#9839)**

[\(45\)](#)

/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:** What kind of ostomy??? Patient has signs of Peri-stomal contact allergic dermatitis. Would like to use the same system she had prior, may take a call to the insurance company or social work to assist. Obtain order for oral steroid & antihistamine. If no improvement a topical can be prescribed such as triamcinolone 1% prior to putting on the skin protectant.

Gently remove pouching system with Brava Adhesive Remover wipes with a push pull technique

Wash peri-stomal area with a soft cloth and water, avoid soaps.

Apply Marathon No Sting Cyanoacrylate skin protectant to the peri-stomal area.

Place a Nu-Hope Non-adhesive pouching kit with xtra small pouch.(#NHEV6120000).

**Rationale:** Removing the offending item and being able to rest the area from adhesive by using a non-adherent device will help heal the skin. Daily care is done. (Colwell & Hudson, 2022B; Salvadalena & Hanchett, 2022; R.B.Turnbull Jr. MD WOC Nursing Education Program, 2022B) I think that a non-adhesive is a good solution to give the time to heal and then transition back to an adhesive system, hopefully the one she had. Referral for allergy testing would be appropriate.

**Provide an alternative pouching recommendation to address the patient's concern regarding pouch length**

Hollister New Image Two Piece Drainable Ostomy kit Cera Plus skin barrier clamp closure (#19802) once the AD

clears up would be a good option as the length of the pouch is 6.73 inches long

/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:** What kind of Ostomy? I will assume a colostomy since there is "Odor".

Gently remove pouching system with Brava Adhesive Remover wipes with a push pull technique.

Clean peri-stomal area with warm water and soft cloth

Measure stoma and prepare new cut to fit barrier

Dust area with Hollister Adapt stoma powder and brush off excess

Dab Brava Skin Barrier wipe around the stoma powder to crust the area, repeat if necessary, let dry

Hollister Premier One-Piece Soft Convex Cut-to-fit Beige Drainable Pouch (#89511)

Apply URIEL Abdominal Colostomy Ostomy Hernia Supplies Stealth Support Belt Bag

**Rationale:** good skin care and use of soft convex barriers help alleviate the symptoms that the hernia may cause with the pouching system. Hernia binders and stoma belts can also help with pouching issues. Weight loss is a good option to lessen the pressure around the area. Surgery may benefit if the problem persists and the area gets worse. (Raza & Araghizadeh, 2020). A soft convex will push out the stoma, center the OS and conform to the hernia. A one piece soft barrier is better for hernia. (R.B.Turnbull Jr. MD WOC Nursing Education Program, 2022C). URIEL Abdominal Colostomy Ostomy Hernia Supplies Stealth Support Belt Bag would be beneficial to help keep the hernia stable

**Odor Management Strategies:** The above pouch has a filter and there is an odor barrier on the pouch film. Pt should not smell an odor if the appliance is on correctly and there are no leaks. Pt can also place Hollister M9 Odor Eliminator Drops into the pouch. We can also review foods that may be causing increased odors and medications that can lessen.

/3 points

## Scenario 8



**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 Esteem + Moldable One-Piece Closed-End Pouches, Modified Stomahesive, Filters, 8 Inch Panel Opaque (#403509)

Pediatric hernia belt after reducing and placing new system.

**Rationale:** This is not a pediatric sized pouch, but it is only 8" long, 2" longer than a pediatric pouch. A moldable one piece flexible pouching system is appropriate for a prolapse while cutting slits in the opening of a cut to fit barrier can help with fitting and allows accommodation in size. (Pittman, 2022)

Further Considerations: Teach mom to avoid friction by using lubrication in side the of the pouch. Avoid trauma to the stoma by keeping it protected. Teach to cut the radial slits in the stomal opening to allow it to conform

Teach mom how to reduce the protrusion with a cold pack, sugar and while lying down

Teach mom of stomal problems such as color and moisture changes, inability to reduce. surgical intervention if the protrusion if there are any symptoms of ischemia, or incarceration.

(Colwell & Williams, 2022; Pittman, 2022)

/3 points

**Scenario 9**

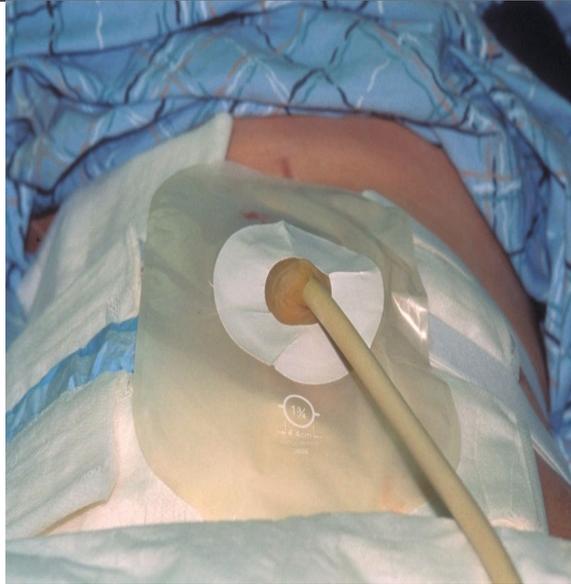


Image courtesy of Judy Mosier, MSN, RN, CWOCN

**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:** Hollister Universal Catheter Access Port (#9779)

**...in the absence of a commercial access port:** a baby nipple with ostomy flange

/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.

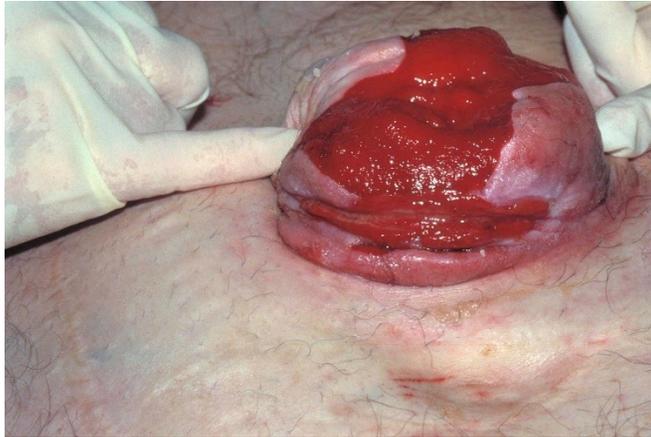
**Alternative convexity option #1:** Adapt Convex Barrier Rings (#79530)

**Alternative convexity option #2:** Apply a Hollister Adapt Ostomy Belt (#7299)

I think you can also use some barrier strips to the backside of the flat barrier stacked to give it some convexity.

/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:**

HOLLISTER Premier™ FlexTend™ One-Piece Drainable High Output Ostomy Pouch Flat Extended Wear Non Sterile Soft Tap 110mm 4-1/3" Cut-to-Fit Item #: HO80110

/2 points

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

Carmel, J. & Goldberg, M. T. (2022). Postoperative education for the patient with a fecal or urinary diversion. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2<sup>nd</sup> ed., pp. 189-200). Wolters Kluwer.

Colwell, J., & Hudson, K. (2022A). Postoperative nursing assessment and management. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2<sup>nd</sup> ed., pp. 162-171). Wolters Kluwer.

Colwell, J., & Hudson, K. (2022B). Selection of pouching systems. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2<sup>nd</sup> ed., pp. 172-188). Wolters Kluwer.

- Colwell, J. C. & Williams, T. (2022). Management of the patient with a prolapsed ileostomy. *Diseases of the Colon and Rectum*, 65(12), E1073. <https://doi.org/10.1097/DCR.0000000000002605>
- Pittman, J. (2022). Stoma complication. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2<sup>nd</sup> ed., pp. 270-282). Wolters Kluwer.
- Raza, A. & Araghizadeh, F. (2020). Ileostomies, colostomies, pouches, and anastomoses. In M. Feldman, L. S. Friedman, & L. J. Brandt (Eds.), *Sleisenger and Fordtrans's Gastrointestinal and Liver Disease- 2 Volume Set*, (11<sup>th</sup> Ed., pp. 1930-1943). Elsevier.
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- R. B. Turnbull Jr. MD WOC Nursing Education Program. (2022C). Pouching Techniques and Considerations. [PowerPoint slides].
- Salvadalena, G & Hanchett, V. (2022). Peristomal skin complications. In J. Carmel, J. Colwell, & M. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2<sup>nd</sup> ed., pp. 250-269). Wolters Kluwer.