

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

Mini Case Studies: Ostomy



Student Name & Date: Susan H. Kelly. DATE: 06/19/2025

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.
- ❖

## 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: Sensura® Mio Flex 2-piece Flat barrier.**

**Skin Barrier wafer:** *Since* we are not given the stoma size in the case study above, I would want to assess the last pattern of measurement from the stoma to assess if the patient would still need cut to fit or if pre-cut could be used.

Cut to fit: Sensura® Mio Flex Flat Barrier (10561) 10-48mm (Coloplast, 2024).

Pre-cut: Sensura® Mio Flex Flat Barrier (type would depend on measurement of stoma) (Coloplast, 2024).

**Pouch:** Sensura Mio Flex MAXI drainable pouch, with full-circle filter, water resistant. (#12281). (Coloplast, 2024)

**Rationale:** The two-piece system has a secure adhesive and moves with the body for the active patient. The stoma is budded, and a flat, flexible barrier would be appropriate. We are not given detailed information on firmness of the abdomen, however, if the abdomen was softer upon assessment, I would consider the semi-flexible, flat to shallow convex skin wafer (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022).

/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:** Sensura® Mio one-piece post op pouch with window (18690) (Coloplast, 2024).

Accessory: Brava Moldable Thick Ring #120427 (Coloplast, 2024).

**Rationale:** The abdomen is soft, and the stoma is budded. A semi-flexible, flat would be considered on a soft, obese abdomen (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2025). The post-op transparent pouch would allow the clinician to assess the stoma without removing the pouch. The ring is used to provide a skin barrier and to enhance the seal (Colwell & Hudson, 2022).

**Two Piece option:** SenSura® Mio Flex Flat Barrier (Coloplast, 2024).

**Skin Barrier Wafer:** SenSura® Mio Flex Flat Barrier Cut-to-fit #10561 (10-48mm) (Coloplast, 2024).

**Pouch:** SenSura® Mio Flex Pouch (18657) (Coloplast, 2024).

**Accessory:** Brava Moldable Thick Ring #120427 (Coloplast, 2024)

**Rationale:** The stoma size will fluctuate due to the swelling post operatively for 6-8 weeks. The stoma needs to be assessed; a pattern needs to be cut with each change and the opening needs to be cut appropriately. The ring is used to provide a skin barrier, enhance the seal (Colwell & Hudson, 2022).

/4 points



**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:** SenSura® Mio Flex Light Convex Light Pouching System (Wafer #16481) (Pouch # 12273) (Coloplast, 2024).

**Other Products:** Brava Powder (19075); Brava Moldable Thick Ring (#120427) (Coloplast, 2024); \*3M Cavilon spray.

**Rationale:** The partial thickness wound around the stoma needs the moisture absorbed and would use the Brava Powder as it is more suitable to soothe the peristomal skin (Harris, 2023). The wafer can be cut in accordance with the bridge and the Brava Ring. The ring is used to provide a skin barrier and to enhance the seal (Colwell & Hudson, 2022). I would also consult the surgeon to find out if the bridge could be removed as this is important for the surgeon and WOC nurse to communicate on when bridging should be discontinued (Colwell & Hudson, 2022). *\*The spray would be used to 'crust' the area around the stoma.*

/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:**

**SenSura®** Mio Flex Light Convex Light Pouching System (Wafer #16481) (Pouch # 18657) (Coloplast, 2024).  
Other Products: Brava moldable thick ring (#120427); Brava barrier strips (120700); Brava Powder (19075) (Coloplast, 2024); \*3M Cavilon Spray

#### **Rationale:**

Cut the opening as close to the stoma leaving no more than a 1/8 around to protect against leaking and to protect the peristomal area (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2025). The WOC must create a flat surface to make a good seal and to make certain that leakage does not occur. The ring and barrier strips smooth out irregular skin and fill dips and creases to make a flat service (Harris, 2023). Absorb the moisture around the stomal area, using the Brava Powder as it is more suitable to soothe the peristomal skin (Harris, 2023). *\*The spray would be used to 'crust' the area around the stoma.* If necessary, steroids or antihistamines may be needed (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2025). The WOC would collaborate with the HCP regarding medication recommendations.

/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:** 2-piece Sensura® Mio Flex MIDI Urostomy Pouch (#12296) (Coloplast, 2024).  
Sensura® Mio Flex Flat Barrier - Cute-to-fit #10561 (10-48mm) (Coloplast, 2024).

**Additional accessories to consider:**

Brava moldable thick ring (120427); Brava tube paste (#12050) (Coloplast, 2024).  
Nighttime Drainage Bag (Coloplast Urostomy Night Bag (#21365) (Coloplast, 2024).

**Rationale:** A two-piece system allows access to the 2 stents. MASD is the most common complication from urine in contact with the surrounding skin. Adding barrier rings or paste can correct the problem (Berti-Hearn & Elliot, 2019). A 2-piece pouch will also allow visualization and access to the stents (Berti-Hearn & Elliot, 2019). Berti-Hearn & Elliot (2019) state that a “leg bag should be used to make sure the urostomy pouch does not overfill and prevent the patient from waking during the night” (p. 219).

/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:** 2- piece Sensura® Mio Flex Flat Barrier (10561) and the Sensura® Mio Flex Flat MAXI drainable pouch (#12273)- 11 inch (Coloplast, 2024).

Brava moldable thick ring (120427) (Coloplast, 2024).

Nystatin Powder

**Rationale:** Provide an alternative pouching recommendation to address the patient's concern regarding pouch length (if the #12273 is too long then the 10-inch pouching system can be considered (#12281). Consider patch testing for a product without irritation (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2025). The satellite lesions indicate a fungal infection, use Nystatin powder to help the fungal infection and moisture (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022).

/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:**

1-piece Sensura® Mio Soft Convex Drainable Pouch (#16716) (or the Flat - 10489) (Coloplast, 2024). Brava moldable thick ring (120427); Brava tube paste (#12050) (Coloplast, 2024).

**Rationale:** The patient is blind, and the one piece would be easier for them to learn. It is important to consider barriers when assessing a patient with an ostomy to provide the best available options (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022). I need a better assessment of the abdomen to decide on using a Flat or Convex barrier with the OS at the 4-o'clock area. I may want to build up the area using the ring or the paste to prevent leakage.

**Odor Management Strategies:** I would recommend the pouch with a filter (#16706) - and a recommend Brava lubricating deodorant satchel too as added protection. I would also assess diet and discuss avoiding odor causing foods (beans, raw fruit, cheese) (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022). Also, a tic-tac placed in the pouch can also assist with odor.

/3 points

## Scenario 8



**A pediatric individual presents to the emergency room with stoma prolapse. Caregiver expresses an 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:** 1-piece Sensura® Mio Soft Flat Drainable Pouch (#10489) (Coloplast, 2024) Brava moldable thick ring (120427); Brava tube paste (12050). We will need a tighter seal to prevent leakage. Mio Belt #4247 (Coloplast, 2024).

**Rationale:** A flexible system is preferred with a moldable skin barrier (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022).

### **Further Considerations:**

We may need to have a pouch with an opening and area to accommodate the stoma size. We can also suggest placing sugar on the stoma or an ice pack to help decrease the protruding (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022).

/3 points

## Scenario 9

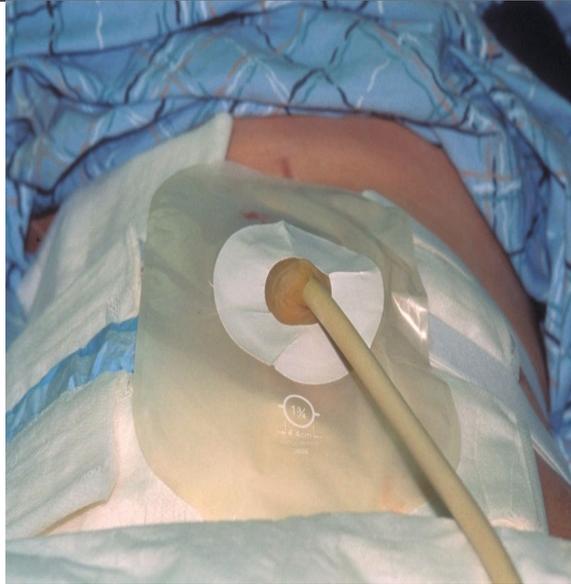


Image courtesy of Judy Mosier, MSN, RN, CWOCN

**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:**

The catheter access port is attached to the pouch so the tube can exit the wall of the pouch through the port, which allows for feeding or gravity drainage. (R. B. Turnbull, Jr. MD School of WOC Nursing Education, 2022)

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

Tube is brought through the pouch via a slit cut in the plastic. Consider positioning the catheter more toward the top of the pouch. This is then secured with waterproof tape. A one-piece drainable pouch such as urostomy pouch for ease of emptying (R. B. Turnbull, Jr. MD School of WOC Nursing Education, 2022).

/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 that 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:**

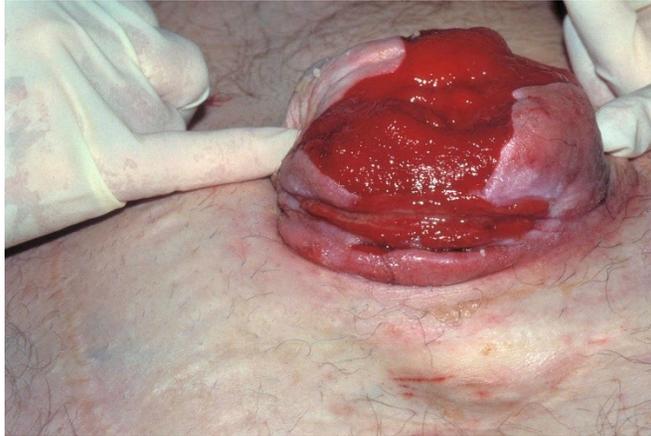
1-piece Sensura® Mio Flat Pouch (#10489); Brava moldable thick ring (120427) (Coloplast, 2024).  
In using a one-piece Flat Wafer, I would then 'build' my convexity by using the Thick Brava moldable barrier rings as they produce more convexity.

**Alternative convexity option #2:**

1-piece Sensura® Mio Flat Pouch (#10489); Brava tube paste (#12050) (Coloplast, 2024).  
I would use the Flat Wafer and build my convexity using the adhesive paste to fill in gaps. And provide more 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  $4 \frac{1}{3}$ " 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:** A larger opening ostomy pouching system with high output and flexible barriers. A plus sized type of stoma pouch design may work for the patient. One advantage is it also helps to reduce leakage. Aura Plus is a product that provides security and promotes healthy peristomal skin (Bedford, 2022). The wafer has the capacity for cut to fit a larger stoma ( with its unique design, as well as having the medical-grade Manuka honey for added peristomal skin protection (Bedford, 2022).

/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)

Bedford, F. (2022). Evolving stoma appliances to improve patient outcomes and increase stoma acceptance. *British Journal of Nursing*, 31(16), S18-S23.

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Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 172-188). Wolters Kluwer.

Harris, G. (2023). Stoma care accessory products: an overview. *Gastrointestinal Nursing*, 21(9), S14-S20.

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