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

Mini Case Studies: Ostomy

Cleveland Clinic

Student Name & Date: H. Alexis Seris Espinal
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)**

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: 2 piece Coloplast SenSura Mio Click Drainable Pouch (#11483) and Coloplast SenSura Mio Click Skin barrier wafer flat (#10522). Change Q 5-7days.

Skin Barrier wafer: Coloplast SenSura Mio Click Skin barrier wafer flat (#10522)

Pouch: 2 piece Coloplast SenSura Mio Click Drainable Pouch (#11483)

Rationale: The skin barrier wafer on to this system allows for flexibility. This will prevent leakage and move with the Pt's abdominal contours. Again, their stoma is budded and protrudes well in which convexity would not be needed in this case. This skin barrier wafer also provides extended wear in which the Pt is interested in. The whole system itself has the click flange. This will assure the Pt that the pouch and wafer are attached and that the pouch will not fall off (Coloplast, 2024).

/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: Hollister Premier one-piece drainable pouch flat Flexwear (standard wear) barrier (#8031) with Lock 'n Rock closure. Change Q 3-5 days.

Rationale: The issue with this patient's pouching system was that it was that the skin barrier wafer was cut too small. This restored blood flow and caused trauma and necrosis to the border of the stoma. The correct measurement and sizing of the stoma will solve the issue here.

This pouching system is transparent and will allow the Pt to view the effluent for emptying/changing purposes. The stoma is budded and protruding, which reveals that convexity may not be necessary here. This Pt is still learning about their ostomy and their system. This pouching system would be simple and effective for the patient. This system would also provide more cutting space when sizing the stoma to provide constriction of the stoma. Lastly, the Pt has a Lock 'n roll closure pouch on and it may be beneficial to keep this aspect the same as the Pt is still learning (Hollister Inc., 2021).

Two Piece option: Hollister New Image Two piece drainage pouch (#18133) with Hollister flex wear skin barrier wafer (#14203) (57mm flange size). Change Q 5-7days.

Skin Barrier Wafer: Hollister flex wear (standard wear) skin barrier wafer (#14203)

Pouch: Hollister New Image Two piece drainage pouch with Lock 'n Roll closure (#18133)

Rationale: This product is similar to the one-piece above with the exception that it comes in a two-piece system. It provides the Pt with the same benefits and aspects as above. It allows the Pt to change out the pouches if

they prefer as well as when expelling gas with the use of the floating flange (Hollister Inc., 2021).
/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:

Hollister Premier one-piece drainable pouch flat Flexwear (standard wear) barrier (#8031) with Lock 'n Rock closure.

Hollihesive skin barrier (#7700) as a washer to wound/depression that appears in the photo.

Hollister Adapt skin barrier paste (#79300)

Adapt stoma powder (#7906)

Adapt CeraRing skin barrier ring (#8805)

Change Q 3-5 days.

Rationale: Typically trauma is caused by a rod but in this case, the red rubber catheter may have caused trauma (Colwell & Hudson, 2022a). This may have been related to pouching and or the Pt's activities.

The stoma powder would be used in tandem with a skin sealant to create a stoma powder crust. This will protect the wound and peristomal skin. The use of the Hollihesive skin barrier as a washer with protect the skin and provide a

good seal. Skin barrier paste would be used as a caulking for a more effective seal. The stoma is slightly protruding and may benefit from a cera ring skin barrier ring to provide slight convexity and skin protection. This would be added to the back of the skin barrier wafer on the pouching system (Hollister Inc., 2021).
/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:

Coloplast two piece SenSura Mio Click Drainable Pouch Tap Outlet (#18622)

Coloplast SenSura Mio Click Light Convexity Skin Barrier (#16921)

Brava Strip Skin Barrier Paste (#26555)

Brava Skin Barrier Paste (#12050)

Brava Powder (#19075)

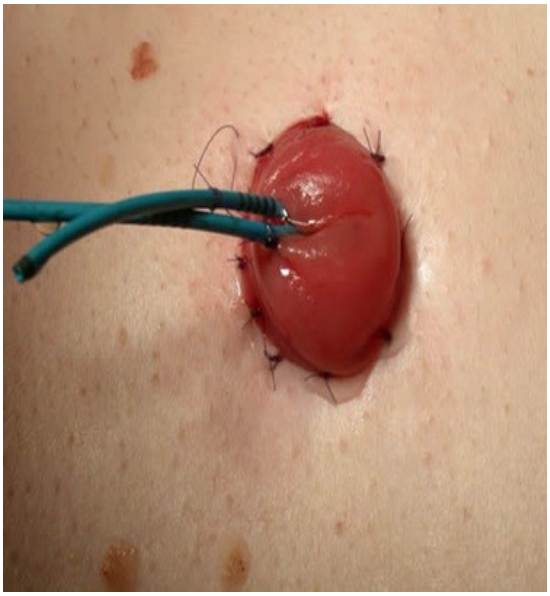
Brava Skin barrier spray (#120205)

Change Q 5-7 days.

Rationale: The use of a two-piece pouch may be useful as convexity and building a seal with barrier products are necessary. The light convexity skin barrier wafer will allow the stoma to protrude and express effluent into the pouch more effectively. Stoma powder and skin sealant are warranted to provide relief and protection to the peristomal skin (Pittman, 2022). The barrier skin strips can be used on either side of the stoma in creases of 3 and 9 o'clock. Followed by skin barrier paste for caulking and ensuring an effective seal (Coloplast, 2024).

/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:

Hollister New Image Two Piece Urostomy Pouching (#18403)

Hollister Flat Skin Barrier Flextend (Extended Wear) (#14603)

Change Q 3-5 days.

This pouch is transparent and contains an anti-reflux valve to prevent backflow of urine. The use of the two-piece pouch allows for better access and pouching of the stents. The skin barrier wafer is a flat extended-wear barrier wafer to extend the system wear time (Hollister Inc., 2021).

Additional accessories to consider:

Adapt ostomy belt (#7300)

gravity drainage bag (#9839)

Urostomy drain tube adapter (#7331)

The use of an ostomy belt will provide the pouching system with more support and decrease the likelihood of leakage. The tube adapter will be connected to the tubing of the gravity drainage bag. The drainage bag will be useful for nighttime and when the patient is not mobile (Hollister Inc., 2021).

/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: Hollister Premier One Piece Flat without tape border, soft flex (standard wear) Lock 'n Roll (#88800), Adapt Stoma powder (#7906), Prescribed Nystatin Powder, and Adapt skin prep wipes (#7917), Adapt CeraRing skin barrier ring (#8805), Change Q 3-5 days.

Rationale: This pouching system would provide a simple application for the Pt and the Home Health staff. The pouch has a tapeless border which will prevent the patient's peristomal skin from irritation. The size of the

pouch is also smaller at 7” in which the Pt will appreciate as the 12’’ was too long. The Cera ring skin barrier ring will provide a little more protection and slight convexity if needed (Hollister Inc., 2021).

Provide an alternative pouching recommendation to address the patient’s concern regarding pouch length.

If the Pt is unable to use a pouch that is shorter in length (shorter than the 12”) they may simply slightly roll up the tail end of the pouch and tuck into their underwear or pants. One may also use a stealth belt in which the pouch would be tucked inside (University of Chicago, 2015).

/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: Coloplast One piece Sensura Mio Convex Flip Maxi drainable pouch with filter pre-cut (#18344), Brava Powder (#19075), Brava Skin barrier spray (#120205). Change Q 5-7 days.

Rationale: This transparent pouching system would be ideal for this Pt. This Pt may have a hard time seeing when measuring, cutting, and applying the pouch. Pouching with a one-piece pouch that has a precut skin barrier wafer would make it easier for that Pt. The flip-to-fit or star-like skin barrier wafer allows for easy application to the hernia. The pouch also has a filter to help with odor. It may also be easier for the Pt to use the

skin barrier spray with the stoma powder to create a stoma powder crusting (Coloplast,2024).
Odor Management Strategies: Here we provided the Pt with a filter system within the pouch (Coloplast, 2024). We may also recommend medications that help with odor control. These medications or supplements may include bismuth subgallate or chlorophyllin copper (contraindications and side effects should be reviewed). The Pt could also try using liquid deodorants in the pouch to reduce the odor (Colwell & Hudson, 2022b).
/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: Coloplast Sensura Mio Kids One Piece MIDI Drainable Pouch (#18711), Change Q 3-5 days. **Rationale:** This one-piece transparent pouch is cut to fit for better fit around the stoma. The star shaped skin barrier wafer will allow for better application around the stoma. A one piece pouch is favorable in this case as a two piece pouch could cause trauma from the flange to the prolapsed stoma (Coloplast, 2024).
Further Considerations: The length of the pouch should be considered with a prolapsed stoma. It may be necessary to use an irrigation sleeve or a wound management pouch. A lubricate may also be used in the pouch

to decrease the incidence of trauma (Pittman, 2022).
/3 points

Scenario 9

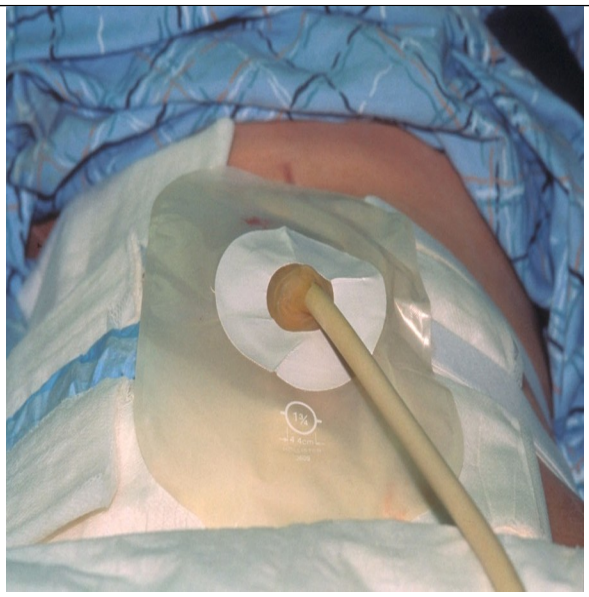


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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), New Image Hollister Two Piece Drainable pouch Lock 'n Roll (#18194) and Flat skin barrier, flextend (extended wear) with floating flange (#14603) (Hollister Inc., 2021).

I would prefer to use a two-piece pouching system as it makes application and securing easier. When using the access port, we first would punch a hole from the inside of the pouch with the punch assembly piece (may be blue/white). Then apply the white/transparent graduated nipple over the top of the pouch/assembly piece. Next, remove the assembly piece and size the catheter with the nipple by placing them side by side. We will then cut the nipple slightly smaller than the catheter. Lastly, the catheter can be inserted through the nipple from the inside of the pouch for securement. The pouch may then be applied to the skin barrier wafer connected by the floating flange (Hollister Inc., 2017).

...in the absence of a commercial access port: New Image Hollister Two Piece Drainable Pouch Lock 'n Roll (#18194) and Flat skin barrier, flextend (extended wear) with floating flange (#14603) (Hollister Inc., 2021).

Again, I would use a two-piece pouch for easy access and securement of the catheter. I would provide stoma care and get the skin barrier wafer applied first. Then cut radial slits for an opening in the front of the pouch. I would apply a piece of dental floss and tie it to the catheter. The access dental floss would then splay toward the outside of the pouching system. The catheter will be placed inside the pouch. Then the pouch will be attached to the flange and ensuring that the dental floss is secured snugly. The pouch is then applied to the flange with the dental floss on top of the flange being enclosed within the seal (From clinical experience 6/5/25 on inpatient unit at Cleveland Clinic).
/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.

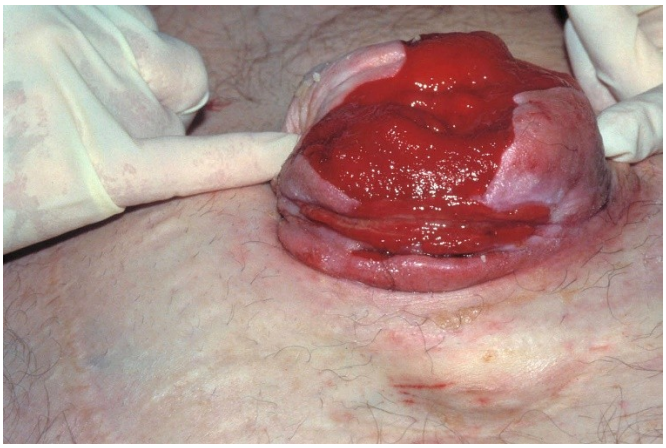
Identify two strategies to create convexity in the absence of a convex skin barrier wafer.

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

Alternative convexity option #1: Hollister Premier One Piece Drainable pouch with flex wear (standard wear) flat skin barrier (#8081), Adapt Ostomy Belt (#7299) (Hollister Inc., 2021). The ostomy belt can be used to provide more support to the pouching system as well as add light pressure. This can create slight convexity to the stoma (Hollister Inc., 2021).
Alternative convexity option #2: Hollister Premier One Piece Drainable pouch with flex wear flat skin barrier (#8081), Adapt skin barrier ring (#8805) (Hollister Inc., 2021).

In the absence of convexity, a skin barrier ring can be used to create convexity. It can fill in depressions or creases, build upon the pouching system to act as convexity and protect the skin from moisture/effluent (Hollister Inc., 2021).
/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: Coloplast Sensura Standard wear one piece Post-op with window (#19021). Change Q 3-5 days.

This product fits stoma sizes from 3/8 to 4 ½ inches (10-115mm) (Coloplast,2024). It is a standard pouching system and is not classified as a fistula pouch. This may be more cost-effective for the patient and their family's finances.

/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)

Coloplast. (2024, September). *Ostomy product guide.* Coloplast. https://www.coloplast.us/Global/US/Products/OC_ProductGuide_2024.pdf

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* (2nd ed., pp.290-313). Wolters Kluwer.

Colwell, J. & Hudson, K. (2022b). Selection of pouch system. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp.314-354). Wolters Kluwer.

Hollister Incorporated. (2021). *Ostomy care product catalog*. Hollister incorporated.

Hollister Incorporated. (2017). *Universal catheter access port*. Hollister Incorporated.

https://www.hollister.ca/-/media/files/pdfs-for-download/ostomy-care/hol_-ucap-care-tip_923114-1217.ashx

Pittman, J. (2022). Stoma complications. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp.517-541). Wolters Kluwer.

University of Chicago. (2015, February 9). *Concealing an ostomy pouching system* [Video]. YouTube. https://youtu.be/mi3H8nd7BuU?si=XxgXpWyS4mtXjfNZ