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

**Mini Case Studies: Ostomy**

Cleveland Clinic

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)**

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:** Sensura Mio Click Barrier (#10522)

**Pouch:** Sensura Mio Click Drainable pouch (#11482)
Change every 4-5 days and as needed.

**Rationale: The pouch provides a reassuring click to let the patient know that the pouch is securely fixed. This system has elasticity to the adhesive so it can stretch and retract as needed moving with the patient for their daily activities (Coloplast, n.d.).**

/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 Convex Light 1 piece drainable pouch (#16748) Changed every 2-3 days or PRN depending on stoma size changes, making sure to remeasure stoma with each change**

**Rationale: giving slight convexity will keep the stoma budded out since the skin is soft and changing, and the stoma may not bud as well when swelling decreases, previosu appliance was cut too small and did not allow for the changes in size post operatively which caused the trauma to the stoma. The transparent option also allows easy visualization of the stoma**

**Two Piece option:**

**Skin Barrier Wafer:** Hollister New Image Soft Convex Skin Barrier-Tape (#11704)

**Pouch:** New Image Two Piece Drainable Ostomy Pouch with Lock and Roll closure (#18194)

**Rationale: Pouch is cut to fit so it can be cut depending on the stoma size at the time. This wafer is also very flexible to accommodate for the changes in the body composition and it also provides a light amount of convexity to prevent the stoma from retracting.**

/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:**

**Aadpt barrier powder (#7906) in the wound area between 4-7 o'clock then apply Brava no sting barrier wipes (#120215)**

Brava moldable ring (120427) around stoma and under the catheter

Sensura Mio Convex Light flex barrier (#16483) & Sensura Mio Flex Drainable pouch (#12273)

Change in 2-3 days or PRN

Asking the provider if the catheter is still needed or if removal is possible depending on length of time it has been in place

**Rationale**: **Powder will aide in healing of the wound and fill in the gap and it will also help with the red moist areas of breakdown below the stoma and the no sting barrier will help the pouch to adhere. The barrier ring will fill in the gaps underneath the bridge and protect the skin from further injury from the bridge and help to decrease stool seeping into the wound. The light convexity pouch will help encourage the stoma to protrude out and the two piece option will make it easier to get the bridge through the opening of the wafer and then worry about applying the pouch after. The transparent pouch will allow the bridge to be seen**

/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.

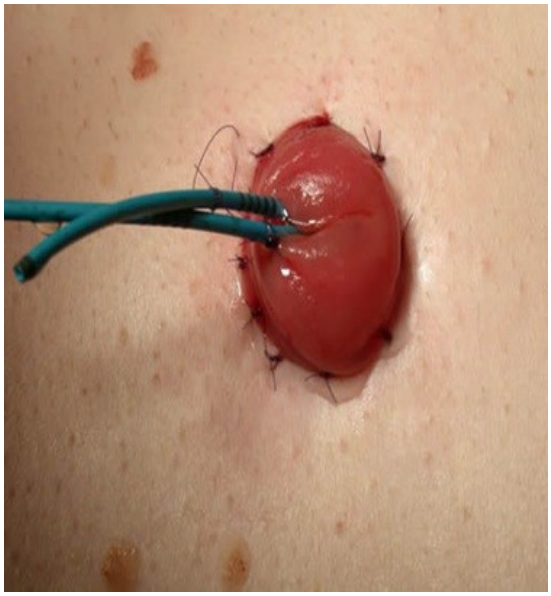
**Pouching Recommendations:**

Cleanse then apply Convatec Skin barrier powder (#025510) on red moist area of the skin where discomfort is occurring , wipe off excess and apply Coloplast no sting barrier wipe (#120215), Use Coloplast Brava strip paste (#26555) and roll into the incision edges of the abdominal folds, the use Hollihsive (#A4362) wedge to cover then apply Hollister Ceraplus Convex skin barrier (#11403) and attach Hollister drainable pouch (#18183). If extra convexity and security needed apply Adapt ostomy belt (#7300)

**Rationale: The open areas of skin breakdown need skin barrier powder to help with healing, then the no sting barrier wipe will allow the pouch to adhere to the skin after the application of powder, The strip past and Hollihesive will act as a wedge to fill in the gap in the skin where the pouch is unable to seat properly to the skin. The convex barrier will push the skin around the stoma down and help the stoma to pop out allowing stool to go into the pouch rather than under the barrier and causing skin breakdown.**

/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: A 2 piece pouch which would allow the wafer to stay intact while the surgeon will be able to access the urostomy and the system be placed back on the patient**

Hollister New Image 2-piece Urostomy Pouch (18403)

**Additional accessories to consider: Patient may need a barrier ring to prevent urine leakage for when they use a pouch for longer than 1 day**

/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 their ileostomy 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:**

Cleanse skin and allow to full dry. Apply Antifungal powder (#60MSC092603). Wipe away excess and apply Coloplast Brava sting free skin barrier wipe (#12015). Allow to dry and place Hollister Ceraplus two piece with a Cera plus Skin barrier wafer (#15303) with a Smaller pouch (#18203) locked in. Then connect Adapt ostomy belt (#7299) to pouch

Change every 2-3 days or as needed

**Rationale: The sateline lesions and redness show that the patient likely has a fungal infection, which the antifungal powder will take care of, cleaning and drying the skin before applying the powder in general will help to decrease the likelihood of an infection because moisture allows things to grow. Then after applying the powder the excess should be washed off and the skin barrier applied to help the pouch to adhere to the skin. The patient needs a pouch that does not have a tape border as that has also begun to irritate their skin, therecommended pouch has a hydrocolloid barrier to not irritate the skin and it snaps in with multiple size options for the patient to try. The picture shows slight convexity and a belt which the**

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

Hollister pouch (#18293) (7") CeraPlus Skin barrier wafer (#153105)

/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 Sensura Mio Convex Flip 1 piece drainable pouch (#18401) (Coloplast, n.d.)

**Rationale: This pouch is made specifically to adhere around the ostomy and then the star shaped edges 'flip' around the hernia to help the pouch stay in place without folding or creasing .** (Coloplast, n.d.)

**Odor Management Strategies: Coloplast Brava lubricating deodorant, a few drops into the pouch with each emptying. (12060 for individual sachet or 12061 for a large bottle)**

Or Convatec Gelling and Odor Control Sachets (with charcoal) (#TR105)

/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:** Hollister two piece pouchkin (#3797) with flange (#3761) cut larger than the stoma with radial slits, and pediatric belt (#3774), and a small

**Rationale: This pouch will make it easy for the caregiver to apply, the belt will help to accommodate the prolapsed stoma, and it is flexible enough to allow for the changes in the body surface.**

**Further Considerations: Prolapse needs to be reduced, can be done with a cool compress and if it does not lessen may require surgery (Maeda, 2022). Many young patients can have prolapses that occur during periods of heavy crying which should subside or lessen when calmed down as well (Pediatric Surgical Associates, 2021).**

/3 points

**Scenario 9**

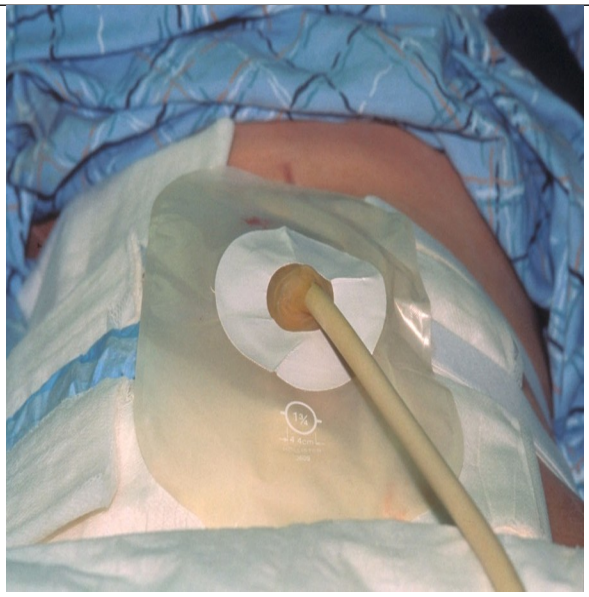


Image courtesy of Judy Mosier, MSN, RN, CWOCN

**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:**

Using the Hollister universal access port (#9779), making sure to only puncture the smallest hole needed to connect the hole punch and the graduated nipple during the making of the opening. Then making sure to cut the hole in the nipple small to prevent drainage around the catheter and taping with Hy-tape (#HY100B) around the area where the catheter exits the nipple opening of the pouch. (Hollister Incorporated, n.d.)

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

**Cut a small hole in the pouch and feed the catheter through then use Hy-tape around the hole in the pouch and partially spiraling up the tube to decrease leakage around the hole. (#HY100B)**

/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 a Coloplast Brava protective seal convex,

product code depends on stoma size (#12090, 12091, 12092, 12093, 12094, or 12095) (Coloplast, n.d.)

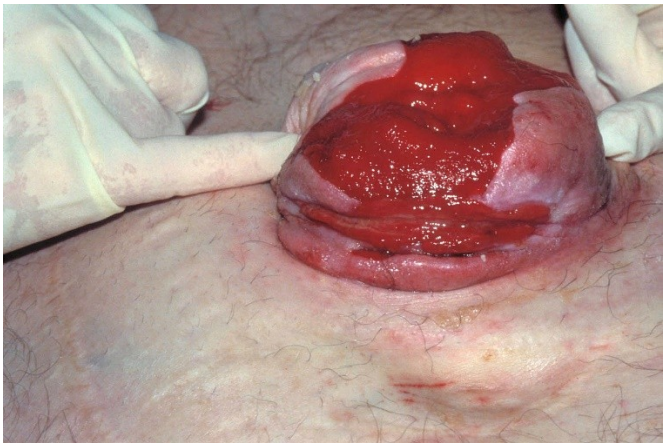
**Alternative convexity option #2:**

An ostomy belt if the current pouch has tabs for the belt (#175507) (Convatec, n.d.) or

Use a SUR FIT NATURA disposable convex insert (Convatec, n.d.) (#404010)

/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:**

Sensura Standard Wear 1-piece post op pouch with window (#19011) goes up to 4 1/2

(Coloplast, n.d.)

/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)

References

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