

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)**
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:** Hollister New Image two-piece system, change every 5-7 days and PRN

**Skin Barrier wafer:** Hollister New Image 2 1/4" flat flange cut-to-fit (#11204)

**Pouch:** Hollister New Image 2 1/4" Lock 'n Roll drainable pouch with filter (#18193)

**Rationale:** This system while a two piece is still very flexible and conforms well to rounded abdomens. A flat flange works well with budded stomas and is rated for extended wear so the patient does not need to change his pouch as often. Being that this patient has a colostomy a pouch with a filter can help reduce the pouch filling with gas without odor.

/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: Coloplast SenSura Mio Flat MAXI Cut-to-fit 3/8"-2 1/8" Drainable Pouch (#10481), change every 5-7 days or PRN**

**Rationale:** While the patient's abdomen is soft a convex flange may place more pressure on the abdomen and complicate the edema and necrosis present at the stomal edge. The Stoma is well budded so a flat flange would be appropriate for this patient, it may also conform to their abdomen a bit better. Utilizing a flange that has a large range in which it can be cut can also help allow the opening to be cut-to-fit the stoma properly (leaving 1/8" of skin surrounding the stoma).

**Two Piece option: Coloplast SenSura Mio Flex, change every 5-7 days or PRN**

**Skin Barrier Wafer: Coloplast SenSura Mio Flex Flat Barrier cut-to-fit 3/8"-2 11/16" (#10571)**

**Pouch: Coloplast SenSura Mio Flex MAXI Drainable Pouch (#12283)**

**Rationale:** This system is very similar to the one piece option provided and has the same benefits. The Coloplast Flex two piece system is particularly flexible (as it is held together by adhesion not a lock mechanism) and can conform to the patients larger abdomen well.

/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 skin with warm water and pat dry. Apply Convatec stomahesive powder (#025510) to peristomal skin and dust off excess. Seal in powder by applying 3M no-sting skin barrier to peristomal skin. Cut Hollihesive hydrocolloid skin barrier (#7700) to fit around the stoma and protect the skin from the catheter. Pouch with Hollister New Image 2 1/4" convex flange (#11703) and lock n' roll pouch (#18193), change every 3-4 days.

**Rationale:** It is always important to cleanse the skin with any pouch change, warm water is a gentle method that does not leave residue behind that may affect pouch adhesion. Stomahesive powder helps prevent the peristomal skin from being too moist which promotes healing of the skin. By adding a skin barrier like Cavilon it creates a crust that also protects the skin from further irritation. Hollihesive can provide more protection for the skin and wick away moisture from the peristomal skin as well as provide a physical barrier between the catheter and the skin. A convex flange is appropriate in this case as it will provide more separation of the skin and the catheter as well as promote the emptying of effluent into the pouch.

/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 skin with warm water and pat dry. Saturate woven gauze sponges with Domeboro soak in warm water and apply around the stoma. Let the skin soak with the Domeboro for 15 minutes. Remove the gauze and pat dry. Apply Convatec stomahesive powder (#025510) to peristomal skin and dust off excess. Seal in powder by applying 3M no-sting skin barrier to peristomal skin. Pouch with Coloplast SenSura Mio Deep Convex cut-to-fit 3/8" - 1 11/16" MAXI Drainable Pouch (#16767), change every 3-4 days.

**Rationale:** A Domeboro soak can greatly help with severely moist skin, as is often the case with contact dermatitis. It not only helps with healing the skin but it also dries the skin allowing for better adhesion of the pouch to prevent further leaks. Crusting with stomahesive powder and skin barrier can further improve skin healing and promoting a good seal. Given that this stoma is in an abdominal fold a deep convex pouch is needed to conform to the patient's abdomen. Coloplast Mio pouches are also flexible allowing for the pouch to move with the patient's abdomen during ADLs.

/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: Pouch with Hollister New Image 2 1/4" flat flange cut-to-fit (#11204) and Urostomy pouch (#18403), change every 3-4 days.**

**Additional accessories to consider: Due to the patient not yet being ambulatory it would be appropriate to connect their Urostomy pouch to Dover urinary gravity drainage bag via Hollister Urostomy adapter. Hollister M9 odor eliminating drops (#7715) can cut down on odor when emptying the pouch (or when the surgeon removes the pouch). During pouch changes a skin barrier like 3M no-sting skin barrier wipes would also be suitable as it could prevent over hydration of the peristomal skin.**

/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 with warm water and pat dry. Apply Nyastatin topical powder to satellite lesions and dust off excess. Pouch with Convatec Natura Durahesive 2 1/4" without tape collar (#413156), with Drainable InvisiClose Tail Closure (#416421), change ever 5-7 days

**Rationale:** The presence of satellite lesions suggests a fungal infection so an application of Nyastatin powder is warranted with this patient. The powder should be applied with every pouch change until the lesions have fully healed.

**Provide an alternative pouching recommendation to address the patient's concern regarding pouch length.**  
Convatec Natura Durahesive 2 1/4" without tape collar (#413156), with 10" Drainable Clipped Closure (#401508)

/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:** Cleanse skin with warm water and pat dry. Apply Brava Moldable Ring (#120307) directly to peristomal skin around the stoma. Pouch with Coloplast SenSura Mio Soft Convex MAXI cut-to-fit 3/8" - 2" Drainable Pouch, change every 5-7 days

**Rationale:** With a stoma that is flush with the skin convexity is needed to help bud the stoma up above skin level. This is likely due to the patient's hernia causing the stoma to partially retract and will likely need to be adjusted if the patient has hernia repair surgery. A moldable ring can also provide some convexity while also creating a custom seal for the patient's stoma that helps make a better seal.

**Odor Management Strategies:** Utilizing Hollister M9 odor eliminating drops (#7715) can help to reduce odor during pouch changes as well as lubricate the inside of the pouch to allow for more easily emptying the pouch.

/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:** Pouch with Coloplast SenSura Mio Deep Convex MAXI cut-to-fit 3/8" - 7/8" Drainable Pouch (#16765), with Brava Moldable Ring (#120307), change every 3-4 days

**Rationale:** For a prolapsed stoma convexity is helpful to give more room in the pouch making it easier to apply. A moldable ring can provide additional convexity while making a custom tight seal.

**Further Considerations:** Applying a cold compress to the stoma for 10 minutes during pouch changes can cause the stoma to retract somewhat. Applying sugar topically to the stoma can also cause the stoma to retract making pouching easier. Many pouches like the Coloplast mio system have reflux lining on the inside of the pouch that prevents effluent or stool from returning to the flange opening. This lining frequently will need to be ripped prior to applying on the patient to give it room to enter the pouch.

/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:** Remove old pouch and prepare a new pouch of the same system. Apply Coloplast Drain Port (#14015) on the outside of the pouch in the middle so that it sits above the stoma. Using sharp scissors or a scalpel poke a small hole through the pouch at the base of the drain port. Utilizing water-soluble lubricant and forceps pull the tube through the pouch and port. Secure pouch onto the patient and close the end of the pouch.

**...in the absence of a commercial access port:** Remove old pouch and prepare a new pouch of the same system. Using sharp scissors cut a small hole in the pouch to accommodate the tube. Pull the tube through the pouch and secure pouch onto the patient and close the end of the pouch. Cut a key hole shaped Hollishesive hydrocolloid skin barrier (#7700) wedge to fit around the tube and apply it to the outside of the pouch. Cover the Hollishesive with water-proof Hy Tape and secure the tube by wrapping tube with more Hy Tape.

/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.**

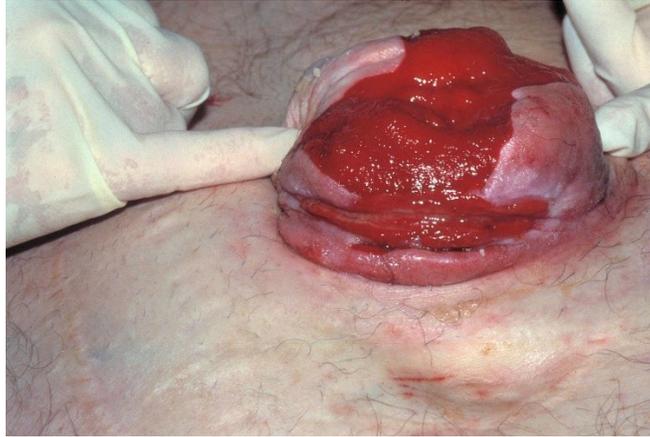
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

**Alternative convexity option #1:** Apply Hollister Convex Ceraring Oval Barrier ring (22mm x 38mm; #89601) onto surface of flat skin wafer.

**Alternative convexity option #2:** Utilizing Convatec disposable convex insert (#404010) create convexity in Convatec's Sur-Fit Natura Flat Flange (#413161) by pressing the convex insert into the top of the flange.

/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:** Coloplast SenSura 1-piece Post-Op Pouch with Window 3/8" - 4 1/2" (#19021)

/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)

Burch, J. (2022). Stoma product selection: a guide for community nurses. *British journal of community nursing*, 27(1), 20-24.

Coloplast. (n.d.). *Ostomy care*. Coloplast US. Retrieved August 26, 2025, from <https://products.coloplast.us/products/ostomy-care/>

Convatec. (n.d.). *Ostomy Product Guide*. Convatec US. Retrieved August 26, 2025, from <https://convatec.showpad.com/share/jtw3x0iRVtJYKQdDDpIn9>

Hollister Incorporated. (n.d.). *Ostomy care products*. Hollister US. Retrieved August 26, 2025, from <https://www.hollister.com/en/products/Ostomy-Care-Products?s=Relevance&pg=1>