10/10/25 We saw 4 patients.

First patient had an end ileo conduit s/p bladder ca day #1. WOC was consulted for patient's first pouch change.

The second patient had a decrease in stoma output. He had a loop transverse colostomy. WOC was consulted to do a colostomy stimulation.

The third patient had a substernal wound vac. The WOC was consulted to do a drsg change.

The fourth patient had a loop end ileal conduit. The WOC was consulted to remove the rod and foley and do 1st teaching.

Chart Review History:

75 y.o. male patient with hx of htn,T2DM, BPH, smoking, etoh, and crack cocaine in the past. He was admitted on 9/27/25 with c/o bloating, increased lower abd pain, nausea, and abd distention. His last BM was 9/13/25.

Meds:

Trospium 20 mg BID

Loperamide 2 mg QD PRN

Fluticasone 50 mcg/ actuation nasal spray. 1 spray in each nostril QD.

Hydrochlorothiazide 25 mg QD

Metformin 500 mg BID

Tamsulosin 0.8 mg QD

Sildenafil 100 mg QD PRN

Atorvastatin 40 mg QD

Finasteride 5 mg QD

Allergies:

Lisinopril

CT of ABD 9/27/25 Findings:

Large bowel obstruction, secondary to an infiltrative rectal mass.

Diffuse hepatic metastatic disease

Abdominopelvic lymphadenopathy as above.

On 10/01/25 patient underwent a diagnostic laparoscopy, exploratory laparotomy, and a Loop transverse colostomy brought up to the RUQ.

WOC was consulted today 10/10/25 to perform a Colostomy stimulation for significantly decreased stoma output.

Assessment/encounter:

Patient A\&O X 3, abd firm and distended

STOMA ASSESSMENT:

Stoma Type: Loop transverse colostomy

Location: RUQ

Diameter: 1 3/4 "

Protrusion: Budded

Mucosal condition: Red and dry

Mucocutaneous Junction: Intact

Output: NO

Peristomal skin: Clear and intact

Peristomal Contour: Rounded

Supportive tissue: Firm

Current Pouching System: Removed- Coloplast sensura flat drainable pouch, ceraRing

Pouching system evaluation- Seal intact.

Chart NOTE:

Colostomy stimulation Procedure completed by the woc:

The stoma was intubated using a lubricated 18 fr foley catheter, along with a total of 500 cc of 0.9 % normal saline, 60 cc at a time with back and forth peristalls mimicking movement. A total of 500 cc of fluid (light brown with a scant amount of flecks of stool) was returned with little to no peristalsis noted.

Peristoma skin was then prepped for the new pouching system using mild soap and water and then patted dry. 2 1/4 " Hollister New Image CeraPlus cut to fit flat flange (cut inside of 2 ") CeraRing, with a High Volume Output Pouch (HVOP).

WOC Plan:

If no bowel movement from stoma within the next 24 hours, consider stoma irrigation.

Also, consider abd decompression with NG tube

Goal for choosing this case:

I was actively involved in this case. I removed the old pouching system using adhesive remover, I prepped the supplies needed for the stimulation (lubricating the 18 fr foley, pouring the saline in the Toomey container and filling the 60 cc syringe with normal saline, I prepped the patient with the blue chux, assessed, monitored and prepped the stoma and peristomal site and actively performed the stimulation after my preceptor). I applied the new pouching system after prepping the peristomal site and measuring the stoma.

My Goal for my next practicum:

To place a wound vac.