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

Mini Case Studies: Ostomy

Cleveland Clinic

Student Name & Date: Birgitte Kammerdiener October 25th 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. *Answer the four questions below* and then read the instructions on the next page

To support your actions, include at least three relevant references in addition to the course textbooks. (Use 7th edition APA formatting)

1. **Identify the nursing orders for changing a pouching system on a person with no peristomal skin breakdown. (2 points)**
   The pouching system should be changed twice a week or every three to four days. On the change day, the pouch should be emptied prior to removal. All the supplies should then be gathered. These include the new pouching system, any accessory products, and any cleaning supplies. Start by gently removing the pouch by using the "push, pull" technique. The pouch can be removed in the shower or in the bathroom or wherever it is comfortable for the patient and caregiver. If there is difficulty removing the pouching system, use adhesive remover. The stoma should be measured and the pouch cut to fit around the stoma. Some patients may already have pre-cut pouches. Set up the next pouching system including any accessory items. The peristomal skin is then cleansed with warm water and pat dry. The pouching system is then to be centered over the stoma and slight pressure applied to create a seal (Carmel & Goldberg, 2022).

   Steps:
   1) Gather all the supplies
   2) Empty pouch
   3) Gently remove pouch using "push, pull" technique and adhesive removers if needed
   4) Measure the stoma
   5) Cut the pouch to be 1/8" larger than the stoma
   6) Clean the peristomal skin with soap and water and pat dry
   7) Apply pouching system and any accessory products
   8) Discard of old pouch

2. **Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown. (2 points)**
   For the patient with peristomal skin breakdown during a pouch change, a few extra steps are to be taken in the pouch changing process. Begin by emptying the pouching system prior to removal. Gather all supplies needed for the pouch change. These supplies include the pouching system, cleaning supplies and accessories. Have the patient set up where it is most comfortable for them to change the pouch or in the case a nurse is changing the pouch, set up in the easiest location for the nurse. The pouch can be changed in the shower, at the bathroom skin or sitting/ lying down. Once the patient is comfortable with the set up and has all their supplies at hand, begin removing the pouch. The pouch should be removed gently in a push and pull technique. With peristomal skin breakdown, adhesive remover should be used to prevent irritation and pain from the pouch removal. Once the pouch is removed, it should be assessed. Assess where the pouch may be undermining or leaking, if the pouch was cut to small or too large. The patients'

skin should then be assessed. Look for where the irritation is occurring and what kind of peristomal skin complication is occurring. If the patient is the one changing their pouching system at home, ask them to explain or demonstrate how they have been changing their pouching system. After having removed the pouch and assess for undermining and leaks, remeasure the stoma and assess the abdomen. Remind the patient that the stoma can change in size the first few weeks after surgery and with weight gain and loss. Determine if the current pouch is still appropriate or needs to be changed or if accessory products need to be added. Once this is determined, set up the new pouch. cleanse the peristomal skin with warm water and pat dry. Apply stoma powder followed by a skin barrier liquid or wipe to assist in protecting the skin. Once this has dried, center the pouch over the stoma and press into place. Have the patient hold their hands over the pouch for a few seconds to create a good seal (Sibbald, n.d.).

Steps:
1)Gather all the supplies
2)Empty pouch
3)Gently remove pouch using “push, pull” technique and adhesive removers if needed
4)Measure the stoma
5)Cut the pouch to be 1/8” larger than the stoma
6)Clean the peristomal skin with soap and water and pat dry
7)Apply stoma powder to area of irritation, dust off any access. Apply liquid skin barrier and allow to dry.
8)Apply pouching system and any accessory products
9)Discard of old pouch

3. **Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions. (2 points)**
Patients with skin breakdown and the presence of satellite lesions, are likely experiencing a fungal infection known as *Candidiasis* infection. Once it is confirmed, antifungal powder is used to get rid of the infection. For the pouch changing process, it is similar to those with just peristomal skin breakdown. Begin by emptying the pouching system prior to removal. Gather all supplies needed for the pouch change. These supplies include the pouching system, cleaning supplies and accessories. Have the patient set up where it is most comfortable for them to change the pouch or in the case a nurse is changing the pouch, set up in the easiest location for the nurse. The pouch can be changed in the shower, at the bathroom skin or sitting/ lying down. Once the patient is comfortable with the set up and has all their supplies at hand, begin removing the pouch. The pouch should be removed gently in a push and pull technique. With peristomal skin breakdown, adhesive remover should be used to prevent irritation and pain from the pouch removal. Once the pouch is removed, it should be assessed. Assess where the pouch may be undermining or leaking, if the pouch was cut too small or too large. The patients’ skin should then be assessed. Look for where the irritation is occurring and how far out it spreads. Fungal infections can form from excessive sweating, constant pouch leakage and undermining, moisture build up and prior skin breakdown. After having removed the pouch and assess for undermining and leaks, remeasure the stoma and assess the abdomen. Determine if the current pouch is still appropriate or needs to be changed or if accessory products need to be added. Once this is determined, set up the new pouch. cleanse the peristomal skin with warm water and pat dry. Apply antifungal powder followed by a skin barrier liquid or wipe to assist in protecting the skin. Once this has dried, center the pouch over the stoma and press into place. Have the patient hold their hands over the pouch for a few seconds to create a good seal. Antifungal powder should continue to be used until the infection has been resolved (Salvadalena & Hanchett, 2022).

Steps:
1)Gather all the supplies
2)Empty pouch

3)Gently remove pouch using “push, pull” technique and adhesive removers if needed
4)Measure the stoma
5)Cut the pouch to be 1/8” larger than the stoma
6)Clean the peristomal skin with soap and water and pat dry
7)Apply antifungal powder to area of irritation, dust off any access. Apply liquid skin barrier and allow to dry.
8)Apply pouching system and any accessory products
9)Discard of old pouch

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)**

Ostomy pouching systems can come as either standard wear barriers or extended wear barriers. The selection between which one is better suited for a patient is dependent on their type of ostomy, output and activity level. Extended wear barriers are created with a stronger adhesive than standard wear barriers and are more resistant to erosion. Standard wear barriers provide moderate adhesive and are also resistant to erosion. Extended wear barriers offer a longer wear time and are better suited to those with ileostomies and urostomies or liquid output. Standard wear barriers are gentler and are better suited to those with colostomies or children with a stoma. Extended wear can also be a choice for those who are wanting longer time of wear from their pouch and are not experiencing leaking or peristomal skin complications. For example, a patient has an end descending colostomy and only has one bowel movement every one to two days, does not sweat very much and has no peristomal skin breakdown and changes their pouch twice a week. A standard wear barrier would be appropriate. One example of a standard wear barrier pouch to consider would be: Hollister Premier™ One-Piece Closed Ostomy Pouch – Flat SoftFlex™ Barrier, Filter #82300. For the patient with an ileostomy who has between 6 and 8 liquid to mushy bowel movements a day and often must change their pouch early due to leaking or itching/burning, extended wear barrier would be appropriate. One example of an extended wear barrier pouch to consider would be: Flange – Hollister New Image™ Convex Flextend™ Skin Barrier #14803, Pouch- Hollister New Image™ Two-Piece High Output Drainable Ostomy Pouch - Soft Tap Closure, Filter #18023. Both barrier types should be considered when assessing the patients’ type of stoma and output to provide them with the best pouch for them. (Hill, n.d.)

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.
- To support your actions, include at least three relevant references in addition to the course textbooks. (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 Flex Barrier, 10571, A4410 - Coupling: Yellow - Stoma size: 10-68mm | 3/8 - 2 11/16in

Pouch: SenSura® Mio Flex Drainable Pouch, 12282, A4425 - Maxi - Coupling: Yellow - with filter, Opaque gray

Or

SenSura® Mio Flex Closed Pouch, 12222, A4419 - Maxi - Coupling: Yellow - with filter, Opaque gray

Change pouch every 5-7 days and PRN

Rationale: The patients' abdominal contour is flat to slightly rounded with a budded stoma making a flat flange the most appropriate. From the image it does not appear that the patient would need convexity. The Sensura Mio allows for more body movement due to its flexibility. With the patient being active, a pouch that moves

with them would be most beneficial. The flex pouch and flange allow for the pouch to be more discreet and more flexible with the patients' movement. Since the patient has a colostomy, stool is expected to be mushy to formed depending on the location. The patient is provided with both the option of drainable and closed end pouches. The two-piece system also allows the patient to change just the pouch while leaving the flange in place (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: Hollister Premier™ One-Piece Drainable Ostomy Pouch – Soft Convex CeraPlus™ Barrier, Lock 'n Roll™ Microseal Closure, Tape, Filter- 89611- Cut-to-fit, up to 2-1/8" (up to 55 mm), Ultra-clear

Rationale: The soft convexity of the one-piece system would help to provide support around the stoma since the abdomen itself is soft and could present with creases, depressions or loose skin when the patient stands. Since the stoma is budded the pouch does not need a deeper convexity. The clear pouch was chosen to provided a view of the stoma and output since the patient is post-op. With the cut to fit option, the stoma can then be correctly measured and the flange cut to the correct size to prevent stoma irritation.

Two Piece option:

Skin Barrier Wafer: SenSura® Mio Convex Soft with Flex coupling- 16889- A4408, Coupling: Yellow, Cut-to-fit - Stoma size: 5/8 - 2 1/16in (15-53mm)

Pouch: SenSura® Mio Flex Drainable Pouch – 12283- A4425 - Maxi - Coupling: Yellow - with filter, Transparent

Rationale: this two piece option provides soft convexity of the flange to help provide support around the stoma if any creases, depressions or loose skin ocvurs upon the patient sitting up or standing. The drainable option was chosen as the colostomy is expected to have mushy to formed output. A flange that is large enough for the stoma was chosen so that a proper measurement of the stoma can be taken and the flange cut to the correct size. The flex option was chosen to provided more of a discreet look for the patient. Continued with the transparent option of pouches so that the stoma can be viewed through the pouch.

/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:

Apply Powder and dust off any access, then apply skin barrier wipe and allow to dry,

Cut a kidney shaped wedge from the Hollister hollihesive sheet # 7700 and apply over the wound next to the stoma from 4-7 o'clock

Pouch: Hollister One-Piece High Output Ostomy Pouch – Flat Flextend™ Barrier, Filter #26064

Change every 3-4 days and PRN
Rationale: due to the erythema and partial thickness wound, stoma powder and liquid skin barrier wipes should be used in a crusting technique to help resolve peristomal irritation. Hollister Hollihesive wedges should be cut and placed around the red rubber catheter to prevent movement and irritation to the peristomal skin. These wedges will also help cover the partial thickness wound from any stool allowing it to heal. Next a flat cut-to-fit pouching system should be used rather than one with convexity. The flat system will not put pressure on the abdomen or the red rubber catheter. The high-volume pouch allows for easier emptying of liquid effluent and can hold more as it is unknown how much the ostomy will function post-surgery. The flextend barrier is also more resistant to erosion that may occur from the ostomy output.
/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:

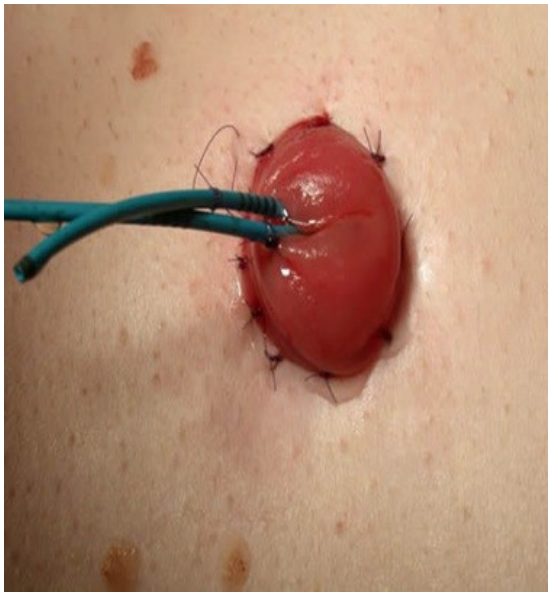
Apply stoma Powder and dust off any access, then apply a liquid skin barrier wipe and allow to dry

A full sheet Hollister hollihesive # 7700 washer with keyhole the size of the stoma should be cut and applied

Pouch- SenSura® Mio Convex Deep 1-piece drainable pouch, 16767, A5057 Maxi (11in / 655mL) - Stoma size: 10-43mm | 3/8 - 1 11/16in - with filter, Transparent

Belt: Brava® Belt for SenSura Mio 61 inch # 4247
Rationale: the stoma powder and skin barrier wipe should be used together in the crusting technique. This will help to dry out and heal the contact dermatitis. Then a full sheet Hollister hollihesive sheet should be used as a washer with a keyhole the size of the stoma. The hollihesive help to protect the peristomal skin and does not swell when in contact with effluent or sweat. It would provide a protective barrier between the skin and the effluent when the stoma is functioning. The pouching selection is a deep convexity one-piece drainable pouch that is transparent. The transparent aspect is so the patient has an easier time lining up the placement of the pouch with the stoma. The deep convexity will help to bud up the stoma and help the effluent go into the pouch rather than underneath since the stoma sits in an abdominal fold and is flush with the skin. Budding up the stoma with the deep convexity and a belt as well to apply additional support will help the effluent function into the pouch. The sensura mio is also flexible and will keep the stoma budded with the convexity while the patient moves around
/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: **Flange:** SUR-FIT Natura® Two-Piece Durahesive® Skin Barrier- 413162, Cut-to-Fit, Durahesive® Flexible Skin Barrier

with tape collar, 57mm (2¼") flange, overall dimensions 12.5x12.5cm (5" x 5")

Pouch- 401536, Standard: 10" pouch with 1-sided comfort panel and Fold-over tap, Transparent, 57mm (2¼") flange

Using a two-piece pouching option would allow the surgeon to access the stents without having to remove the entirety of the pouching system each time. The durahesive is built for patients whose output is more liquid, such as those with a urostomy. When in contact with the urine, the flange will swell and create more of a seal to prevent leakage as well as protect the skin. The flat flange is appropriate as the stoma is budded, and the abdomen is slightly rounded and provides a flat surface. The two pieces can snap the pouch on and off from the flange for easier access to the stents.

Additional accessories to consider: protective barrier wipes

Ring- Brava® Protective Seal- 12039, A4385- Stoma size: 1 3/8in - Adhesive: 2 1/2in - Thick: 2.5mm - Standard seal (5/8in)

A barrier ring can provide extra protection to the skin around the stoma and provide more of a seal. It may not be necessary in this patient's case as the ostomy is budded, and the abdomen is slightly rounded providing a flat surface. If slight leaks do occur, the ring may be appropriate to help provide extra protection and a seal around the stoma. Protective barrier wipes can provide extra protection to the skin from both the output of the stoma and the adhesives of the pouch.

/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:

flange - HCPCS: A4410 - Coupling: Red - Stoma size: 10 - 45 mm | 3/8in - 1 3/4in, 10512, SenSura® Mio Click Barrier

Pouch- SenSura® Mio Click Drainable Pouch, 11471, HCPCS: A4427 - Midi - Coupling: Red - with filter, Opaque gray

Antifungal powder

Rationale: due to the irritation limited to the tape collar region, a flange without tape has been provided. The patient's stoma is budded, and the abdomen appears round, a flat flange would be appropriate. The flange option provided is gentle on the skin. Due to having satellite lesions present, the patient is most likely experiencing a fungal rash. This should be confirmed but the recommendation would be to begin using antifungal powder. The patient should remove the old pouch, cleanse with warm water and pat dry, then apply the antifungal powder and dust off any access. The drainable pouch is a midi which is smaller than the maxi but may still be too long of a pouch for the patient. Therefore, below a mini pouching option was provided.

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

Pouch: New Image™ Two-Piece Drainable Mini Ostomy Pouch – Lock 'n Roll™ Microseal Closure, Filter- 18283, 7" (18 cm)

Flange- New Image™ Flat CeraPlus™ Skin Barrier, #15103

The mini pouch is only 7" providing a much smaller pouch and help prevent it from falling into the groin area. The flange option provided is tape free to avoid any tape collar irritation.

/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 #1832 HCPCS: A5057 Maxi - Stoma size: 3/8 - 2in (10-50mm) - Full circle filter Transparent

Nuhope ostomy hernia belt (depending on size of pouch and abdomen)

Rationale: while the patients' abdomen is firm, the stoma needs slight convexity to help it function into the pouch rather than underneath or onto the peristomal skin. The Coloplast flip has a star shaped flange that flips over when applied to fit over hernias while keeping the pouch sealed. As the patient is legally blind and may require assistance from another when applying the pouch, the transparent pouch would be best. The full circle filter is to help to filter out gas and odor. Due to the peristomal breakdown, stoma powder should be used until the peristomal skin is clear. A hernia belt would also be recommended and could fit specially for the patient and the size of their hernia to provide extra support. For the odor, a lubricating deodorant that can be placed into the pouch either the first time it is applied or after each emptying of the pouch. The deodorant helps with the odor while the lubricant portion helps all the stool go to the bottom of the pouch and assists with easier emptying of the pouch without stool staying around the stoma.

Odor Management Strategies: Brava lubricating deodorant #12060

/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 Pouchkins flat skin barrier #3761 with Hollister New Image two-piece drainable ostomy pouch-lock 'n roll microseal closure, filter #18192

Rationale: the pouchkins skin barrier is a standard wear flat barrier that allows for more frequent removal of the pouching system and is gentle on the skin. As this is a pediatric patient, they may pull at their pouch requiring more frequent pouch changes. This flange is also compatible with the New Image pouches which are adult sized pouches. These pouches will allow more room for the prolapsing stoma than a pediatric pouch which will reduce rubbing and irritation of the stoma during the time of a prolapse. The patient should also be placed in an ostomy support belt or abdominal binder. The abdominal binder can have a hole cut in it to fit around the flange but will also provide support to the abdomen as well

Further Considerations: consider cutting the opening slightly larger as the stoma size may increase when a prolapse occurs. If the flange is cut to small for when the stoma prolapses, it may rub against the stoma and cause trauma. Cutting the flange to fit the size of the prolapse allows room for when the stoma prolapses and won't cause irritation or trauma.

/3 points

Scenario 9

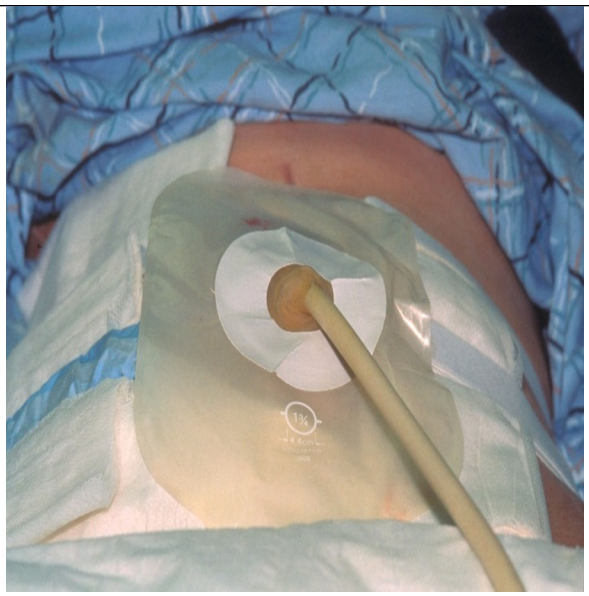


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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

This can be used with any pouching system. For this patient, having a new colostomy and a catheter in the stoma, a two-piece system such as Hollister New Image Flat Ceraplus skin barrier #11203 with a Hollister New Image two-piece high output drainable pouch #18023 would be considered. The access port will punch a hole through the pouch to allow the catheter to pass through the pouch and continue to be accessed. The tube should then be secured with a catheter securement device, which should then be attached to the patient's abdomen and the tube secured to prevent the tube from being pulled.

...in the absence of a commercial access port: the same pouching system can be used as above; the two-piece system also allows for the pouch to be removed from the flange for easy access to the stoma without removal of the flange or entire pouching system. Apply the flange cut large enough to fit around the stoma, then before applying the pouch, place a piece of tape inside and outside the pouch lining up with one another. Then a small cut should be made in the pouch where the tape is. This cut should only be large enough to allow the tube to pass through. Next, apply the pouch and pull the tube through the cut in the front of the pouch. Finally, tape around the tube and the pouch to secure the tube and prevent any leakage from occurring. If the tube is longer, a catheter securement device should be placed on the patient and the catheter secured to prevent any pulling of the tube.

/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 adapt convex barrier rings, 1-3/16" x 1-7/8" (30 mm x 48 mm) - can be stretched to 1-3/8" x 2-1/8" (35 mm x 53 mm) # 79602

The convex barrier ring can be attached to the back of a flat flange. Some can even be stretched for a better fit around the stoma. While the flange itself is flat, the convex ring provides both a barrier and will help to "pop" out the stoma so that the stool functions into the pouch rather than at skin level causing undermining and leaking.

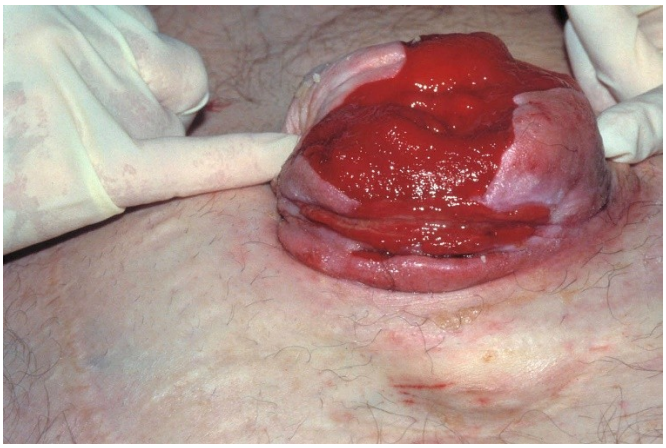
Alternative convexity option #2: SUR-FIT Natura® Two-Piece Disposable Convex Inserts # 404012

If a flat Convetec flange is available, a convex insert can be added to create convexity. The flange would be cut to fit the stoma and then the convex insert it slipped into place. This product only works with the Convetec two-piece systems, but it would provide some convexity.

With either of these alternative convexity options, a belt can also be used. The belt can be connected to the pouching system depending on the manufacture and then tightened to help apply more pressure to the pouching system to "pop" the stoma more.

/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 #19011 HCPCS: A6154 - 12 1/4in / 725mL - Stoma size: 10–115mm | 3/8 - 4 1/2in100mm - no filter Opaque

While it is a post-op pouch, it is provided in opaque pouching option if the patient would prefer but the most important part of the pouch is having a large enough cutting area. This pouch can cut up to 4 ½" which is slightly larger than the size of the stoma allowing for a proper cut. Unfortunately, not many pouches are made to cut to this size so while it may not be as discreet of a pouch it will protect the skin and cut large enough to not rub against the stoma or cause irritation.

/2 points

References: *(3 points)*

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