

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

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)**

**Nursing Orders**

- Patients' colostomy appliance to be changed q 4-5 days. Use two-piece system Convatec Natura drainable kit with filter.
- Using esteem adhesive spray remover gently remove the old appliance wafer using a gentle tug and pull motion.
- Gently cleanse the peri stoma with soap and water.
- Inspect stoma and peri stoma, measure stoma
- Apply new wafer, then attach the pouch.
- Instill 1 squirt of ostomy lubricant and deodorant in bottom of pouch and gently swish around inside of the pouch.
- Secure the Velcro tabs at the bottom of the appliance.

2. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown. **(2 points)**

- Patients' ileostomy appliance to be changed q 2-3 days.
- Use two-piece system Convatec Natura Convex drainable kit with filter.
- Using esteem adhesive spray remover gently remove the old appliance wafer using a gentle tug and pull motion.
- Gently Cleanse the peri stoma with soap and water.
- Inspect stoma and peri stoma, measure stoma
- Apply stoma powder to excoriated areas, then gently apply non-sting skin prep over powder and around the peri stoma area.
- Apply Hollister HolliHesive skin barrier around the stoma over excoriated areas. Then apply new wafer, then attach the pouch.
- Instill 1 squirt of ostomy lubricant and deodorant in bottom of pouch and gently swish around inside of the pouch.
- Secure the Velcro tabs at the bottom of the appliance.
- Secure with ostomy belt

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.
5. Patients' ileostomy appliance to be changed q 2 days.
6. Use two-piece system Convatec Natura Convex drainable kit with filter.
7. Using esteem adhesive spray remover gently remove the old appliance wafer using a gentle tug and pull motion.
8. Gently Cleanse the peri stoma with soap and water.
9. Inspect stoma and peri stoma, measure stoma
10. Apply nystatin powder (every 2 days with appliance changes) to excoriated areas, then gently apply non-sting skin prep over powder and around the peri stoma area.
11. Apply new wafer, then attach the pouch.
12. Instill 1 squirt of ostomy lubricant and deodorant in bottom of pouch and gently swish around inside of the pouch.
13. Secure the Velcro tabs at the bottom of the appliance.
14. Secure with ostomy belt

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)**

1. Extended wear barriers provide greater resistance to liquid stool and urine. They usually have longer wear times. Extended wear barriers contain substances that absorb the moisture from the stool or urine, causing the barrier to swell and hug around the stoma, creating a seal that deters undermining of the stool or urine under the flange. The barrier is flexible around stoma and normal peristalsis and will not occlude or block the opening of the stoma. Extended wear products usually have increased adhesive properties. The added adhesion assists with longer wear times; one must be careful when removing the flange so the peristomal skin doesn't get damage. Extended wear barriers are often used with ileostomies or urostomies, and wear times can go up to 5-7 days.
2. Standard wear barriers have less resistance to liquid stool and urine as an extended wear appliance with shorter wear-times. Standard wear appliances may last 3-4 days. If left on longer than this the barrier tends to melt and there may be potential for peri stomal irritation. These types of appliances are better suited for colostomies that have less watery stool consistency. The adhesion on the wafer/appliance of a standard wear, has slightly less adhesion than an extended wear wafer/ appliance, and may cause less irritation when being removed.

**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)
- ❖

## 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.*

**Skin Barrier wafer:** *Two Piece Coloplast Sensura Mio Flex Standard Cut to fit Skin barrier (#10551)*

**Pouch:** *Coloplast Ostomy Pouch Sensura Mio Easi Close (# 12284)*

**Rationale:** This product has a extended wear wafer and it is flexible, making it good for an active person. It is the appropriate flange for a budded stoma. And it can be ordered as cut to fit in case the stoma change size or precut for ease after the stoma has matured and stabilized in size and shape.

/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: Convatec 1 piece drainable Esteem #416976**

**Rationale:** This 1-piece appliance has large soft hydrocolloid base and is cut to fit making it easy to trace a template and precut the base. It is appropriate for a budded stoma and has a clear front for easy viewing of the stoma and that way the stoma can be viewed for any abnormalities very easily.

**Two Piece option: The two-piece option I would use is a**

**Skin Barrier Wafer:** Durahesive® Convex Skin Barrier with Mold-to-Fit opening and acrylic tape collar, with a transparent pouch with 413418

**Pouch:** Convatec Natura transparent pouch # 416472

**Rationale:** The soft moldable wafer will be very gentle around the stoma that has edema and necrosis. It fits a budded stoma, and it also has a wear time of 3-5 days.

/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:** Since this is a double lumen ileostomy, I would recommend after gently cleansing and applying stoma powder to the reddened peri stoma area, then skin prep and an Eakin ring around the stoma then apply a soft moldable two-piece system of a Durahesive® Convex Skin Barrier with Mold-to-Fit opening and acrylic tape collar, with a transparent pouch with Convatec Natura drainable pouch 416472

**Rationale:** The stoma powder will help with the irritation around the stoma and the Eakin seal will protect the skin from pressure from the tube and create a nice seal with the moldable wafer.

/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:** I would first gently cleanse around the stoma with a gentle soap and water then apply ostomy powder then skin prep. I would use a Marlen 55328 - Deep Conv 1 1/8", Trns Ultralite Pches w/Aquatack # 55328

**Rationale:** This pouch has a soft convex back that works well with obese patients who have flush stomas and helps to spread the skin for a better adherence.

/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: I would recommend using Coloplast Sensura Flex MAXI Urostomy Pouch transparent #12292 with wafer SenSura Flex Xpro Flat Barrier #101104.**

**Additional accessories to consider: I would recommend a drainage bag that has a Coloplast adaptor and possible a belt. This system works well because the pouch can easily be removed and stuck back on for easy access to the stoma.**

/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:** I would recommend use of a nystin powder after cleansing with soap and water, then skin prep. I would try a Hollister New Image Two-Piece Standard Wear Flat Cut-to-Fit FlexWear Ostomy Skin Barrier # 14202. The pouch I would use would be #18182 Which has no

**Rationale:** It seems the patient also has had allergic reaction to the adhesive of the new wafer the homecare nurse brought. Since the patient was doing well with the original appliance, I would find out what the patient was using prior to the appliance the home care agency used. Or switch

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

**Hollister New Image Two-Piece Beige Mini Drainable Pouch with Integrated Filter # 18282**

**This pouch is smaller and its length is only 7 inch length.**

/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: SenSura® Mio Convex Flip 2-piece Click system which accommodates bulges and hernias. It matches with a pouch with the clicking system.**

**Rationale:** The petals of the star-shaped barrier hug the body without creasing or folding. The stability ring stabilizes the center zone so the stoma gets the necessary support, and guides where to put pressure while fitting. Finally, the elastic adhesive and fit zones follow the body's movements. Together, all the benefits ensure that there is greater contact between the adhesive barrier and the skin. Also, the system makes a clicking sound when the wafer and pouch are securely attached and this would be very helpful for a visually impaired person. This system was also chosen as the patient has a very flat stoma and a gentle convexity could prevent leaks. I would also use stoma powder at 4 o'clock with skin prep on top to help with the area of excoriation.

**Odor Management Strategies: Lubricant deodorant drops can be used inside 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: : Pouchkins™ Drainable Pediatric One-Piece Ostomy Pouch – Flat Barrier**

**Rationale:** This is a simple one piece system that the mother can learn to apply.

**Further Considerations:** The peri stoma looks red, I would review peristomal care with the patient's mother, use of silicone based adhesive remover and not to use alcohol-based or oil solvent adhesive removers.

/3 points

**Scenario 9**

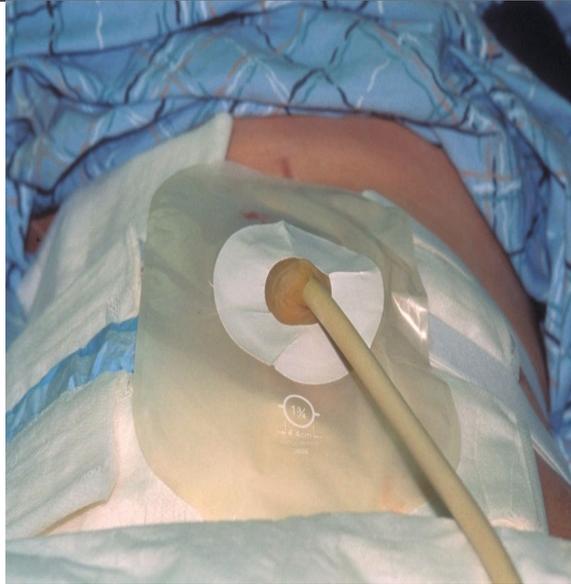


Image courtesy of Judy Mosier, MSN, RN, CWOCN

**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:** I would use a Hollister universal catheter access port.# 9779

**...in the absence of a commercial access port:** Use of a baby bottle nipple can be a makeshift solution.

/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.**

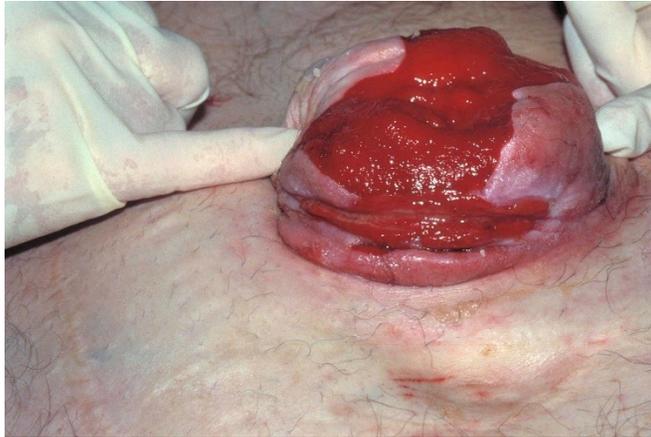
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

**Alternative convexity option #1: An alternative to a convexity wafer could be the use of stoma paste strips/or Eakin rings. By building this up around the edges of the stoma and the using a appliance attached with a belt.**

**Alternative convexity option #2: Another option would be to use a one piece appliance that has a large area of protective wafer hydrocolloid such as a one piece Convatec esteem drainable pouch #416976.**

/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:** One possible solution would be a wound manager. Use of a wound manager would be large enough to be cut to fit the stoma size, the bottom of the pouch may need to be cut and a ostomy clip used to empty the appliance. Item #839252

/2 points

References: (3 points)