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

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)**
   Select the pouching system, get the measuring guide, scissors, adhesive remover, warm water with a mild soap, and a disposable bag, after washing and drying your hands, use the adhesive remover wipe to gently remove the current pouching system. Then, clean the peristomal skin with warm water and a mild soap like liquid dial, rinse and thoroughly pat dry. Measure the stoma and cut the wafer about 1/8 inch larger than the stoma. Apply the new pouching system ensuring full contact and no creases. Place hand over the barrier for about 2 minutes to warm and enhance the adhesion. Empty the pouch when it is 1/3 -1/2 cull and change wafer every 3-5 days or sooner if leakage. Document stoma appearance, tolerance, and wear-time.

2. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown**.**
   (2 points) Remove pouch gently with adhesive remover.
   Clean peristomal skin with warm water and mild soap, rinse, and dry thoroughly.
   Apply stoma powder to denuded/weeping areas dusting off the excess then apply no sting skin prep
   Re-measure stoma. cut wafer closely to size to minimize exposed skin.
   Use barrier rings/paste to fill gaps, folds, or creases to prevent seepage of effluent.
   Consider switching to extended-wear barrier if the effluent is liquid and contributing to erosion.
   Change every 2–3 days until healed.
   Educate patient to report persistent pain, burning, redness, or increasing breakdown.
   Document wound characteristics, interventions, and healing progress.

3. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions**. (2 points)**
   Gather the new pouching system, adhesive remover wipes, warm water and soft cloths, stoma powder, nystatin antifungal powder, no sting skin prep, barrier ring/paste, scissors, disposal bag.
   Wash hands and don gloves.
   Remove the pouching system gently using adhesive remover
   Cleanse the peristomal skin with warm water and pat dry only
   Pat skin completely dry, as moisture worsens fungal rash.

Assess the skin for erythema, moisture-associated damage, and the pattern of satellite lesions consistent with candidiasis.
Apply antifungal powder (nystatin powder) lightly to the affected area and satellite lesions.
Gently dust and brush off all excess.
Apply stoma powder to any moist, denuded skin not involved with fungal rash; seal with skin barrier wipe if needed.
Apply a barrier ring or paste to fill folds/creases that may be contributing to leakage.
Measure the stoma and cut wafer opening accurately (about 1/8 inch larger)
Apply the pouching system (consider extended-wear barrier if effluent is liquid or contributing to chemical irritation).
Hold hand over barrier for 1–2 minutes to improve adhesion.
Change pouching system every 2–3 days until dermatitis and candidiasis resolve (avoid prolonged wear time).
Educate the patient:
Keep area clean and dry.
Report increasing redness, pain, burning, thick white rash, or persistent lesions.
Inspect skin with every pouch change.
Document rash appearance, interventions, products used, patient tolerance, and plan for follow-up.

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)**

A standard-wear barrier is a hydrocolloid adhesive designed for mild to moderate output.
It is less resistant to erosion from liquid effluent and is gentler on the skin, making removal easier.

Indications

Colostomy with formed or semi-formed stool

Patients requiring frequent pouch changes

Sensitive peristomal skin needing a mild adhesive

Low-output stomas

Specific Example

Manufacturer**:** Hollister

Product: *SoftFlex™ Standard Wear Skin Barrier*, *Flat*

Product Number: Hollister #11203

Use Case: Appropriate for a descending or sigmoid colostomy with formed stool.

An extended-wear barrier provides greater resistance to erosion from liquid or enzymatic effluent.
It has stronger adhesion and allows for longer wear time, especially with high-output stomas.

Indications

Ileostomy with liquid, enzyme-rich stool

Urostomy (constant moisture exposure)

High-output stomas

Leakage-prone abdomens with folds or creases

Patients needing longer wear time between changes

Specific Example

Manufacturer: Hollister

High Output Drainable Pouch 80070/80110 (CUT-TO-FIT)

Product number 80070 or

Product number 80110

Use Case**:** Appropriate for ileostomy or urostomy with liquid/high-volume output.

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

Skin Barrier wafer: Manufacturer **Hollister**
Product name Flat skin Barrier with integrated floating Flange Flexwear standard skin barrier Product # 11202

Pouch: Manufacturer: Hollister
Drainable pouch # 18162

Rationale: It's flexible and the adhesive adapts to body movement. The two piece design allows the patient to switch pouches without removing the barrier. The Mio system is discreet and comfortable for someone who is active.

/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: Manufacturer Hollister

Product number 89001

89001 (CUT-TO-FIT) Box of 5 Kits Colostomy/Ileostomy Kit Includes: (1) 88401 SoftFlex (standard wear) Skin Barrier Without Tape Border Without Integrated Filter Lock 'n Roll Microseal Closure Single-Use Package With ComfortWear Panels — Body Side Only HCPCS: A5061 Ultra-Clear Stock No For Stomas Up To Pouch Length 89001 2-1/2" (64 mm) 12" (30 cm

Rationale: The soft convex one piece gives even light pressure around the swollen stoma. The cut to fit barrier prevents further constriction and decreases the risk of added trauma.

Two Piece option: Manufacturer Hollister

1530x (CUT-TO-FIT) Box of 5 CeraPlus (extended wear) Skin Barrier Without Tape Border HCPCS for 15302, 15303: A4407 HCPCS for 15304: A4408 Stock No Flange Size For Stomas Up To 15302 1-3/4" (44 mm) 1" (25 mm) 15303 2-1/4" (57 mm) 1-1/2" (38 mm) 15304 2-3/4" (70 mm) 2" (51 mm)

Pouch: Drainable Pouches 1818x/1819x Box of 10 Drainable Pouch With Integrated AF300 Filter Lock 'n Roll Microseal Closure With Belt Tabs With ComfortWear Panels - Transparent — Body Side Only - Beige — Both Sides HCPCS: A4425 Transparent Beige Flange Pouch Stock No Stock No Size Length 18192 18182 1-3/4" (44 mm) 12" (30 cm) 18193 18183 2-1/4" (57 mm) 12" (30 cm) 18194 18184 2-3/4" (70 mm) 12" (30 cm

Rationale: The two piece system allows for easier pouch changes while leaving the barrier undisturbed. A soft convexity accommodates a soft and obese abdomen while supporting the protruding and swollen stoma. The cut to fit decrease further ischemic pressure and trauma.
/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: Use a two piece flat or a Soft Convex, cut to fit system

Hollister

Product New Image 14204 or Coloplast Sensura Mio Flex 16882

Cut to fit wafer will accommodate the loop and red rubber bridge without constriction

Cut an opening that allows the wafer to sit around the red rubber catheter to minimize friction and movement.

Ensure the catheter rests freely without tension on the wafer

Apply a moldable ring under the 4-7 o'clock area to fill in low areas and protect the partial thickness wound.

apply skin barrier powder, removing the excess, to the irritated peristomal skin and seal with non sting skin barrier film.

Rationale: cut to fit wafer prevents pressure on the stoma and accommodates postoperative edema and the catheter.

Creating an opening/ window prevents the wafer from rubbing against or being displaced and reduces trauma

The two piece system allows more precise placement and you don’t need to remove the barrier to empty. The barrier ring fills in gaps and improves wear time. Skin barrier powder reduces moisture and supports healing.
/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: Two Piece Deep or Soft Convex System, cut to fit

Hollister New Image CeraPlus Soft/Deep Convex 11702

Coloplast SenSura Mio Convex Deep 16961

Cut-to-fit to accommodate stoma edema and loop configuration.

Position patient lying semi-reclined or supine to flatten the fold while applying the wafer.

Apply a thick convex ring to build up the low side of the fold and improve the seal.

Apply stoma powder and no sting barrier film

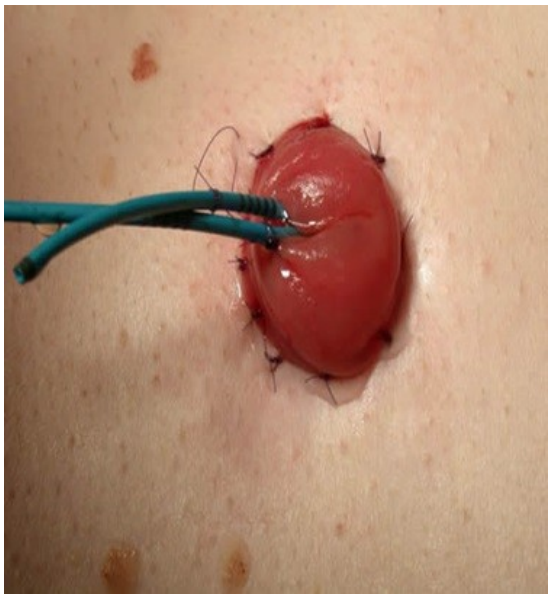
Rationale: abdominal folds causes undermining of the seal which leads to leakage. Convexity helps push the stoma forward and it flattens uneven surfaces**.**

A two piece system allows the barrier to stay in place while changing the pouch.

The modable ring helps prevent effluent from getting under the wafer and thus improves wear time.

/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: Hollister New Image Two Piece Urostomy System

Coloplast Sensura Mio Flex Urostomy Two piece system #12298

Cut-to-fit flat or soft convex barrier depending on abdominal contour

Transparent pouch to allow visualization of stent drainage

Two-piece design allows easy access to stents by removing only the pouch, not the entire wafer and reduces skin trauma from frequent pouch removal

Anti-reflux valve for continuous drainage while the patient is bedbound

Additional accessories to consider: Moldable ring to create a custom seal around the stents, fill in gaps, and reduce leakage. No sting skin prep to protect the early postoperative skin and support adhesion of the wafer, and continuous urine drainage bag to prevent backflow and reduces pouch filling.

/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: Use a two piece system with a short drainable pouch 7-9 inches.

Use a flat barrier like Hollister New Image CeraPlus flat barrier, cut to fit Standard wear # 11202.

Use the Hollister New Image Mini Drainable Pouch lock and roll closure #18282

Apply Hollister Adapt stoma powder and 3M Cavilon no sting barrier film to peristomal skin.

Apply Nystatin antifungal powder to the satellite lesions.

Rationale: A shorter pouch prevents the pouch from falling into the groin region. The two piece system reduces trauma from frequent removal. Proper skin protectant will resolve the peristomal dermatitis.

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

Apply a one piece system with a mini drainable ileostomy pouch. A shorter pouch length can decrease friction and improve comfort while sitting and ambulating.

/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:

Place a two piece system.

Hollister New Image CeraPlus Fim Convex skin barrier, extended wear with the Hollister New Image Drainable Pouch with the lock n roll closure. Numbers 14908 and 18192

Apply Hollister adapt ring and skin protective wipes.

Rationale: The firm convex skin barrier will elevate the stoma and allow the effluent to go into the pouch. The two piece system will allows for easier use for the visually impaired. It's more tactile.

Odor Management Strategies:

The use of the barrier ring and convexity will help prevent leakage which will decrease odor.

Empty bag when it's at 1/3 full to decrease odor backflow.

Clean the lock and roll tail closure thoroughly and avoid eating fish, eggs and yogurt which are odor producing items.

/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: : Coloplast SenSura Mio Flex light convex barrier 16481

Coloplast SenSura Mio Flex drainable pouch 12262

Rationale: The two piece system is preferred for prolapsed stomas because the wafer can be applied without forcing a long or edematous stoma through a one piece opening

Convexity helps stabilize the base of the prolapsed stoma and reduces further protrusion during movement.

The drainable pouch allows for easy emptying without frequent removal

Further Considerations: Cut the wafer larger than usual to accommodate for the prolapsed length without causing constriction.

/3 points

Scenario 9

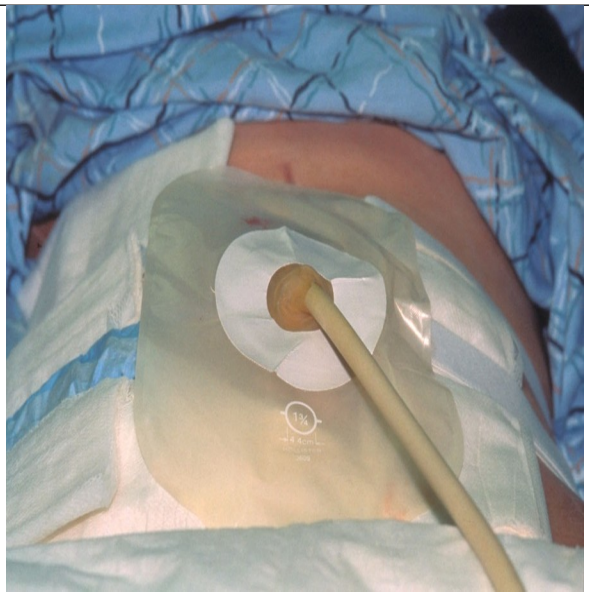


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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:

Measure the stoma, not the catheter. Cut the ostomy pouching system, like Hollister Access Window, to the size of the stoma.

Position the indwelling catheter outside the pouch.

Place the commercial access port to intact peristomal skin next to the pouch barrier. Make sure the skin is clean, dry, and protected with barrier film.

Insert catheter throught the access port and secure using the device's closure mechanism.

Make sure both, the pouch and access port, are sealed.

Stabilize the tube with a statlock to prevent traction on the stoma

...in the absence of a commercial access port:

Measure the stoma.

Cut an ostomy wafer to the size.

Use create a second small barrier s;ystem for the catheter by using hydrocolloid barrier square. Cut a small, tupe size opening large enough for the catheter to pass through. Place adjacent to the intact skin, separate from the ostomy pouch. Secure the tube externally Use a statlock to secure tube in place.
/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.

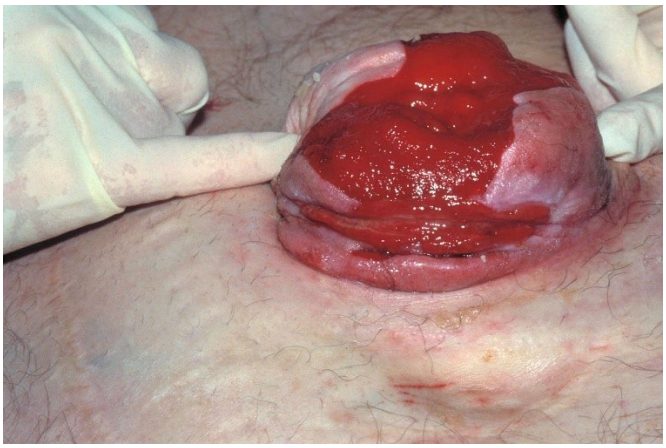
Image courtesy of Wound, Ostomy, and Continence Nurses Society™ image library.

Alternative convexity option #1: Use Hollister Adapt Barrier Rings to create convexity/ building support to create convexity and you can stack them.

Alternative convexity option #2: Use Coloplast Brava rings around the stoma to give convexity and add stoma paste to create additional pressure and fill in creases.

/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 SenSura Flex XXL Ostomy System- Large Cut-to- fit Skin Barrier and Drainable Pouch

Barrier-SenSura Flex Skin Barrier, cut to fit up to 4.5"

Pouch Sensura Fex Drainable Pouch, transparent or opaque

/2 points

References: (3 points)

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