

R. B. Turnbull Jr. MD WOC Nursing Education Program
Mini Case Studies: Ostomy



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Reviewed by: Kelly Jaszarowski

Score: 24.5 /40

This is your opportunity to communicate your ability to critically think and your ostomy knowledge. Read the directions and case information carefully. Keep in mind, information should be clearly stated so others will be able to understand and follow your plan. See comments throughout.

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) Awarded Points: 1.5**

Nursing Orders

- Patients' colostomy appliance to be changed q 4-5 days, *and as needed for leakage or appliance malfunction. And prn?* Use Convatec Natura wafer # 421039 and pouch # 416421. *Kits can be more expensive as can systems with filters. Filters are an accessory item and not always needed.*
- Using esteem adhesive spray remover #423286, to gently remove the old appliance wafer using a gentle ~~tug~~ *push and pull motion method, push down on the abdomen while gently pulling the skin barrier wafer up. Do you mean a push/pull method; push down on the abdomen while gently pulling the skin barrier wafer up?*
- Gently cleanse the peri stoma with ~~soap~~ *a soft cloth and warm water, then pat dry. Is soap bet practice? What kind of soap?*
- Inspect stoma and peri stoma, measure stoma, *inspect wafer for areas of breakdown and wear.*
- Open the moldable skin barrier center opening in the wafer to fit the stoma size if needed, then apply new skin barrier wafer, then attach the pouch to the skin barrier wafer. Check that the wafer and pouch ring are sealed properly. *Any attention to the skin barrier wafer opening?*
- ~~Instill 1 squirt of ostomy lubricant and deodorant in bottom of pouch and gently swish around inside of the pouch. This is an accessory item and would not be included for every patient.~~
- Secure the Velcro tabs at the bottom of the appliance.

Attach pouch to skin barrier wafer?

2. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown.
(2 points) Awarded Points: 1.75

- Patients' ileostomy appliance to be changed q 2-3 days, and as needed for leakage or appliance malfunction. *PRN for leakage?*
 - Use two-piece system Convatec Natura Convex wafer # 421039 and pouch# 416421. *See comments above*
 - Using esteem adhesive spray remover gently remove the old appliance wafer using a gentle ~~tug and pull~~ push and pull motion method, push down on the abdomen while gently pulling the skin barrier wafer up motion. *See comments above*
 - Gently Cleanse the peri stoma with ~~soap and~~ a soft cloth and warm water, then pat dry. *See comments above*
 - Inspect stoma and peri stoma, measure stoma
 - Apply stoma powder to excoriated areas, gently wipe off excess powder, then gently apply non-sting skin prep over powder and around the peri stoma area. *Wipe off excess powder?*
 - Apply Hollister HolliHesive skin barrier around the stoma over excoriated areas.
 - Then apply new wafer, open the moldable skin barrier center opening in the wafer to fit the stoma size if needed, then apply new skin barrier wafer, then attach the pouch to the skin barrier wafer. Check that the wafer and pouch ring are sealed properly. *Crusting can be done alone without the use of an additional skin barrier and determination is based upon extent/etiology of peristomal skin breakdown. Attention to skin barrier wafer opening?*
 - ~~Instill 1 squirt of ostomy lubricant and deodorant in bottom of pouch and gently swish around inside of the pouch. *See comments above*~~
 - Secure the Velcro tabs at the bottom of the appliance.
 - ~~Secure with ostomy belt~~ *This is an accessory item and would not be included for every patient.*
3. Identify nursing orders for changing a pouching system on a person with peristomal skin breakdown and the presence of satellite lesions. (2 points) **Awarded Points: 1.75**
- - Patients' ileostomy appliance to be changed q 2 days, and as needed for leakage or appliance malfunction. *PRN for leakage?*
 - Use two-piece system Convatec Natura Convex drainable wafer and pouch. ~~kit with filter.~~ *See comments above*
 - Using esteem adhesive spray remover gently remove the old appliance wafer using a gentle push and pull motion method, push down on the abdomen while gently pulling the skin barrier wafer up motion. ~~tug and pull motion.~~ *See comments above*
 - Gently Cleanse the peri stoma with ~~soap and~~ a soft cloth and warm water, then pat dry *See comments above*
 - Inspect stoma and peri stoma, measure stoma, inspect wafer for areas of breakdown and wear.
 - Open the moldable skin barrier center opening in the wafer to fit the stoma size if needed, then apply new skin barrier wafer, then attach the pouch to the skin barrier wafer. Check that the wafer and pouch ring are sealed properly.

- 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. *gently wipe off excess powder* **Wipe off excess**
- Apply new wafer, then attach the pouch, *open the moldable skin barrier center opening in the wafer to fit the stoma size if needed*, then apply new skin barrier wafer, then attach the pouch to the skin barrier wafer. Check that the wafer and pouch ring are sealed properly. **Attention to skin barrier wafer?**
- ~~Instill 1 squirt of ostomy lubricant and deodorant in bottom of pouch and gently swish around inside of the pouch.~~ **See comments above**
- Secure the Velcro tabs at the bottom of the appliance.
- ~~Secure with ostomy belt~~ **See comments above**

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) **Awarded Points: 3**

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. An example of an extended wear appliance would be a *Convatec, Esteem+Pouch, Cut to fit, Drainable, Invisiclose, Tail Closure*. Ref # 416976.
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. An example of a standard wear would be *Convatec, Esteem+Pouch, Cut to fit, Drainable, Invisiclose, Tail Closure*. Ref # 416721

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 an 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

Does a budded, protruding stoma require convexity? No convexity is not needed .

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.

Consideration for soft, obese abd? The soft moldable wafer will add gentle pressure to the obese abdomen, as less pressure would be beneficial to this case as there are areas of necrosis on stomal edge.

3.5/4 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 **wipe off the excess powder, wipe off excess?** then skin prep on the inflamed peristomal area using the “crusting technique”. ~~area to help and an~~ Then 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 by helping aide in healing the irritated peristomal skin. The crusting technique is used by layering the stoma powder on irritated skin, then sealing it with a skin barrier wipe or spray to create a protective, dry "crust," which helps heal raw areas by giving the pouch a better surface to stick to, preventing further irritation from moisture and adhesive.**How? What is the purpose of powder? and the Eakin seal will protect the skin from pressure from the tube and create a nice seal with the moldable wafer. The moldable system can be useful to fit around areas that are not perfectly circular and may give a better seal around irregularly shaped stomas that have catheters intatct. Why moldable system?**

1.5/2 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 **soft cloth and water to cleanse peristoma**, then apply stoma powder around the peristomal area, **then skin prep using the crusting technique**. Then use a Marlen 55328 - Deep Convexity 1 1/8", Transparent ultra lite Pouch w/Aqua tack # 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** apply gentle pressure in peristomal skin, and who may have deeper abdominal folds or curves around their stoma. This design helps create a more secure seal and minimize leakage. Marlen 55328 - Deep Convexity 1 1/8", Transparent Ultra lite Pouch w/Aqua tack # 55328. **The reason for the stoma powder and the skin prep is to help aide in healing the irritated peristomal skin. The crusting technique is used by layering the stoma powder on irritated skin, then sealing it with a skin barrier wipe or spray to create a protective, dry "crust," which helps heal raw areas by giving the pouch a better surface to stick to, preventing further irritation from moisture and adhesive. Peristomal moisture can lead to contact dermatitis. (Salvadalena & Hanchett 2022).**

reason for this is that in obese patietns *How does it “spread the skin”?* Why does this system “work well” with obesity? What is the reason for powder and skin prep?

1/2 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.

2/2 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 soft cloth** and water. The excess powder can be wiped off, then skin prep applied. ~~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-~~

Should the irritated skin be covered by a skin barrier wafer? I would switch the patient back to their original appliance that was prescribed prior to the homecare health, or a appliance of the same brand that has the same adhesive, on the wafer area, as the patient seems to have an contact dermatitis allergy to the new home health aide product, and has developed secondary peristomal candidiasis. I would check if there is a shorter pouch, like a 7 inch length. The irritated peristomal skin can be covered with a wafer that the patient is not allergic to. Since the description of the peristomal skin states the patient has satellite lesions, antifungal powder can be used under the wafer first, excess powder can be gently wiped off and skin prep on top of this prior to application of wafer. When assessing the area of allergic contact dermatitis, one should also assess for any development of an secondary infection. (Salvadalena & Hanchett 2022).

Rationale: In addition to fungal satellite lesions, 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** ***What do you mean “or switch”? Use your recommended pouching system or switch to previous one used in hospital?***

If the irritation is a reaction, does that support the use of an antifungal powder?

Because it says there are satellite lesions in the description, using an antifungal powder may help this resolve.

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

I would recommend using a pouching system with a shorter tail.

Hollister New Image Two-Piece Beige Mini Drainable Pouch with Integrated Filter # 18292

This pouch is smaller and its length is only 7 inch length.(as long as they are not allergic to the adhesive of that brand)

2/3 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. Peristomal hernias more often in patients who have higher risk factors such as age over 60, obesity, female gender, hypertension, diabetes, COPD, and cancers. (Smith et al 2022).

Odor Management Strategies: Lubricant deodorant drops can be used inside the pouch

3/3 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: It is best to apply the pouching system when the prolapsed is reduced. (Pittman 2022). Instruct the patient's caregiver mother to have child lie flat on their back, on a comfortable surface for about 10 minutes. The using one of the next described techniques the caregiver can apply gentle pressure to the stoma to help reduce the prolapse, or use of ice packs for several minutes applied to the stoma or sprinkling of sugar over the edematous prolapsed stoma. Then use a Pouchkins™ Drainable Pediatric One-Piece Ostomy Pouch flat barrier.

Rationale: This is a simple one-piece system that the caregiver can learn to apply. *Rationale specific to the prolapsed stoma?* The use of a Pouchkins Drainable One-Piece Ostomy flat barrier is preferred to using a two-piece system which may cause injury to the stoma if it gets pinched by the plastic flanges. Intraabdominal pressure induces prolapse by pushing the stoma up between the abdominal wall and the intestine, often stoma prolapse, occurring in 8.9-25.6 percent of children depending on the type of stoma and surgery, and can often be managed by conservative care. (Maeda 2022).

Further Considerations: The peri stoma looks red, I would review peristomal care with the patient's caregiver, use of silicone based adhesive remover and not to use alcohol-based or oil solvent adhesive removers. *Further considerations related to the prolapsed stoma?* The skin barrier/wafer may be modified with radial slits or "darts" in the stomal opening to allow the skin barrier/wafer to expand as the prolapse enlarges. And use of a

pediatric hernia belt with a prolapsed stoma overbelt may be considered as another option.

2/3 points

Scenario 9

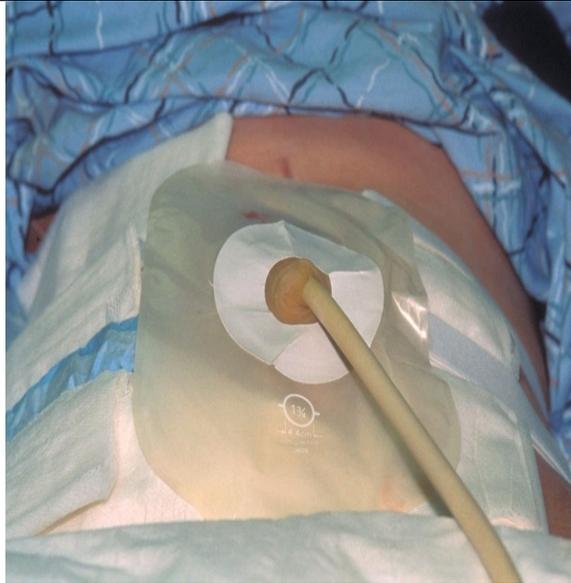


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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...

The tube can be secured with a water -resistant tape such as pink tape. The pink tape can be applied around the catheter where it exits from the pouch.

...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 make shift solution.

0.5/2 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 an appliance attached with a belt, which can be used in conjunction with a flat or already modified wafer. This pressure from the belt pushes the peristomal skin down and encourages the stoma to protrude further into the pouch, which helps prevent output from leaking underneath the barrier. Also applying the barrier ring to the wafer opening first instead of around the peri stoma is often helpful.

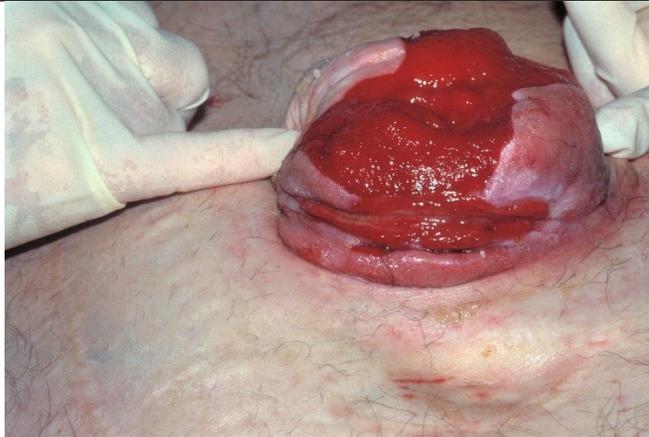
Alternative convexity option #2: Another option would be to use a one piece appliance that has a large area of protective wafer hydrocolloid such as a one piece Convatec-esteem drainable pouch #416976.

Another way to create convexity would be to use strips of Hollihesive around the opening of the wafer base to create slight pressure around the peristomal area. Using a two-piece system that has belt clips such as Hollister extended wear New Image Flat Ceraplus Skin Barrier tape wafer, and a New Image Two Piece Drainable ostomy pouch Lock n roll Microseal closure. The pouch has belt tabs on the side to attach an ostomy belt that may also help give some slight pressure to the peristomal area.

Higher rates of stomal retraction can occur in obese patients can lead to significant leakage and possible infection.(Morgan 2022).

1/2 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~~

~~A wound manager is not manufactured as an ostomy pouch.~~

~~Hollister~~

~~A one-piece ostomy pouching system that would fit this large stoma is a Hollister 80110-Premier 1-piece High Output Drainable Pouch cut to fit. This would be large enough to accommodate the large stoma,~~

~~Item Number: 80110-~~

0/2 points

References: (3 points) 0 points

References

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