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)**

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

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. 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)**

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: Coloplast SenSura Flex, 2-piece, cut-to-fit drainable pouching system, with Velcro closure, change every 5-7 days and PRN.

Skin Barrier wafer: Coloplast SenSura Flex barrier (#10102)

Pouch: Coloplast SenSura Flex drainable pouch (#11512)

Rationale: This two-piece pouching system has an adhesive coupling that provides flexibility and comfort similar to a one-piece system. It is appropriate for budded stomas with an even peristomal plane. The 2-piece system provides the added benefit of allowing the pouch to be changed while the wafer remains in place. The Velcro closure adds to the flexibility and comfort of this system.

/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: Convatec: Esteem Body Soft Convex One-Piece Drainable Pouch – Clear (#423651). Change every 3-4 days and as needed. Measure the stoma with each pouching change until edema subsides. Use the measuring guide, then trace onto the back of the barrier and cut to fit.

Rationale: A clear drainage bag is needed post-surgery for ongoing monitoring of the stoma. A cut-to-fit wafer will allow for adjustment of the aperture size to accommodate edema and a changing stoma as swelling decreases. Merritt and Maldonado (2024) recommend measuring with each appliance change when edema and necrosis are present. This product also has durahesive extended wear, which is ideal for liquid output. A wafer that is semi-flexible, with flat to shallow convexity, is appropriate for a soft abdomen (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022).

Two Piece option: Convatec's SUR-FIT Natura two-piece, moldable skin barrier and transparent, drainable pouch.

Skin Barrier Wafer: Convatec Durahesive Convex Skin Barrier with Mold-to-Fit opening and acrylic tape collar 57mm (2 1/4") flange; 33-45mm (1 1/4" - 1 3/4") stoma opening (#404594)

Pouch: Convatec Transparent 12" pouch with 1-sided comfort panel, InvisiClose Tail Closure and filter, 57mm (2¼") flange (#416419)

Rationale: This product features a moldable starter hole that rolls back and molds to fit the stoma, which can be adjusted to accommodate edema and changes in stoma size as swelling decreases. The durahesive barrier will

swell (not break down) in the presence of liquid stool, and is ideal for liquid output.
/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: Sensura Mio Convex soft with Flex coupling, 2-piece transparent.

Coloplast SenSura® Mio Convex Soft with Flex coupling (#16483)

Coloplast SenSura® Mio Flex Drainable Pouch transparent (#12273)

Stoma powder: Coloplast Brava powder (#19075)

Hollihesive skin barrier (#7700), keyhole cut to fit around stoma/under-rubber catheter edges.

-Cleanse skin with water and pat dry. Sprinkle stoma powder on erythema and open skin, and dust off excess. Apply the Hollihesive barrier with a "key hole" cut to size, to fit around the stoma. Then apply Sensura Mio Convex soft with Flex coupling 2-piece transparent pouching system. Change every 3-5 days and as needed.

Rationale: Protect the peristomal skin and promote healing until the catheter can be removed.

Stoma powder will absorb moisture from the wound, allowing the Hollihesive to adhere. Hollihesive skin barrier, keyhole cut to fit around stoma/under-rubber catheter edges. This will cover the wound, promote healing, and provide a protective barrier between the catheter and the skin. Since this patient is obese and it looks like a soft abdomen a soft convex pouch is used to provide gentle support and assist in budding the stoma and prevent leakage. A 2-piece will allow removal of the pouch to remove the catheter (when ordered) without removing the 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: SenSura Mio Click Convex extended wear 2-piece drainable pouching system

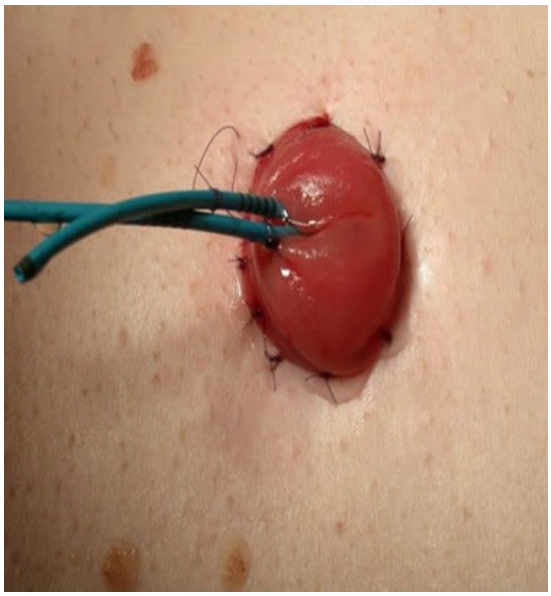
Products: Coloplast SenSura Mio Click Convex extended wear barrier cut to fit (#16921), Coloplast SenSura Mio Click Maxi drainable pouch (11483), Coloplast Brava powder (#19075), Coloplast Brava Skin barrier wipes (#19075), Coloplast Brava Strip Paste (#26555), Coloplast Brava Moldable ring (#120427), Coloplast Brava Belt for SenSura Mio (#4237)

Application Steps: Measure the stoma and trace onto the skin barrier for an appropriate fit. Gently cleanse the peristomal skin. Sprinkle skin barrier powder onto irritated skin, then dust off excess. Apply liquid skin barrier (use barrier wipe #19075) over the powder and allow it to dry. Apply strip paste (#26555) to creases at 3 and 10 o'clock, then apply the barrier ring (#120427) around the stoma (or to the back of the wafer). Apply the convex wafer (#16921), then attach the pouch (11483). Apply gentle pressure, hold your hand (you may use a warm pack) over the pouch to enhance the seal. Then apply an ostomy belt. Empty when 1/3 to 1/2 way full. Change every 2-3 days and as needed.

Rationale: An important step of ICD management is determining the cause of leakage and correcting it (Salvadalena &Hanchett, 2022). In this case, it is likely related to creases, skinfolds, and an ill-fitting pouch. Measuring the stoma and cutting the aperture to no more than 1/8 inch larger than the stoma will provide an ideal fit. Skin barrier powder will absorb moisture, and the application of liquid barrier seals in the powder and provides a protective layer on the skin. The strip paste will fill in the creases, and a barrier ring will enhance the seal. A convex pouch will help to bud the stoma and flatten the peristomal skin for better drainage. Extended wear barriers have lower absorption and greater adhesion, which is ideal for liquid-to-semiliquid stool (Colwell & Hudson, 2022). Since the current wear time is only 8hours the initial goal will be a 2-3 day wear time. If the back on aperture is intact, and there has been no leakage the wear time can be extended.

/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: SenSura Mio 1-piece Post-Op Pouch with Window, 10-100 mm Stoma (#18690); change every 3-4 days and as needed.

This system has a window that provides direct access to the stents without removing the pouch.

Additional accessories to consider: Since this patient is non-ambulatory, a drainage bag would be appropriate. Coloplast urostomy night bag (#21365). Its flexible tubing has an antireflux valve, and the bag holds up to 2 liters. The bed hanger (#5070) is sold separately.

/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: Coloplast 2-piece Sensura Mio Flex flat barrier (#10571) and SenSura Mio Flex MIDI (10 1/4'") drainable pouch (#12281), Coloplast Brava Skin barrier wipe #19075

-Cleanse peristomal skin and pat dry. Sprinkle the topical antifungal powder (as ordered by the provider) onto the affected areas and dust off excess. Apply liquid skin barrier and allow to dry. Then apply Sensura Mio Flex flat barrier (#10571) and drainable pouch (#12281). Change every 3-5 days and as needed.

Rationale: Identifying and removing the cause of the irritation is the first step in the treatment of contact dermatitis. In this case, the cause is likely the tape collar. A barrier-only product will be more appropriate for this patient and is likely what he was using before. The SenSura Mio flex offers the comfort and flexibility of a 1-piece with the convenience of a 2-piece pouching system. The Midi drainable pouch is almost 2 inches shorter than the patient's current bag, and the outlet can be further folded and tucked into the cover if desired. Satellite lesions are often seen in fungal infections, which can occur beneath barrier or tape borders due to moisture accumulation (Salvadelena & Hanchett, 2022). Treatment of peristomal candidiasis often includes the use of an antifungal powder and a liquid barrier under the pouching system until the rash resolves (Salvadelena & Hanchett, 2022).

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

The recommended SenSura Mio Flex MIDI (10 1/4") drainable pouch (#12281) is almost 2 inches shorter than the current pouch. If this still falls into the groin area, we can look into the Sensura Mio Adult Maxi 8 5/8", which is advertised in the Pediatric line for kids as they grow.

/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 1-piece drainable pouch with Velcro closure (#18312), change every 3-5 days and as needed.

-Cleanse peristomal skin with water and dry. Sprinkle stoma powder (Coloplast Brava #19075) on skin breakdown and dust off excess powder. Then apply Coloplast Brava Skin barrier wipe #19075. Allow to dry. Then apply SenSura Mio Convex Flip 1-piece drainable pouch (#18312). Change every 3-5days and as needed.

-Fit patient for hernia support garment: Coloplast Brava Ostomy Support Belt (#12004). Apply while lying down.

Rationale:

A flexible pouching system is recommended to accommodate changes in the pouching surface and stoma (Pittman, 2022). The SenSura Mio flip was designed to accommodate bulges, hernias, and curves, and would be a good option for this patient. Flexible convexity can be used on a firm abdomen with a flush stoma to assist in budding the stoma (R. B. Turnbull Jr. MD WOC Nursing Education Program, 2022). This may reduce the risk of effluent undermining the barrier and extend the wear time. A hernia support garment is a common conservative option that provides support around the stoma and reduces protrusion (Malaibari et al., 2025). The Brava Ostomy Support Belt is compatible with the Sensura Mio flip, and the reinforced panel can be cut-to-fit for the patient's pouch.

Odor Management Strategies:

Coloplast Brava Lubricating Deodorant #12060. Apply 6-10 drops inside the pouch and distribute evenly by rubbing the sides of the pouch together. Can reapply as needed when emptying and or changing pouch.

Coloplast Hex-On odor antagonist #7583, use as needed when changing/emptying pouch by directing 1-2 sprays in the air.
/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 Kids 1-Piece Open, transparent (#18711). Change every 1-3 days and as needed.

Reduce stoma: lay the patient in the supine position for 10 mins, then apply gentle pressure to manually reduce the prolapse. If needed, apply a cold compress for 3-5 minutes. Another option is to sprinkle sugar over the stoma. Once reduced, **apply the pouching system**. Cut radial slits in the wafer and apply 3-6 drops of lubricant Brava Lubricating Deodorant (#12060) inside the pouch prior to application. Apply an abdominal wrap if available. Change every 1-3 days and as needed.

Rationale: Pitmann (2022) explains that it's best to apply the pouch when the prolapse is reduced, and that the pouching system should accommodate the stoma's length and be flexible to avoid trauma. This can be done by using a moldable skin barrier or cutting radial slits in the solid skin barrier. The Sensura Mio kids is a flexible pouching system with a star-shaped barrier to fit the contours of a child's small, round abdomen. I chose the transparent option for stoma monitoring. It is essential to ensure the pouch opening is not too tight to accommodate the prolapse. This can be done by cutting radial slits in the aperture to allow for it to expand with the prolapse. Lubricant inside the pouch can prevent trauma if the stoma prolapses again. If unable to reduce the stoma, a larger pouching system may be needed to accommodate the prolapse and leave room for effluent. In addition, a stoma prolapse belt would be beneficial in preventing/managing a prolapsed stoma. I recommended 1-3 days because the child's age is not stated, but they are in diapers. It's recommended to change a neonate's pouch every 1-2 days and a toddler's every 2-3 days (R. B. Turnbull Jr., MD, WOC Nursing Education Program, 2022).

Further Considerations: Nu-Hope offers Nu-Form Support Belt With Prolapse Strap; however, I did not find any for infants/children. One could likely be created with products available in the ED until an appropriate prolapse belt can be ordered. An alternative I found was The Ostomy Wrap Mild Compression Band - White, Waist Size 18 - 21 Inches. This compression waist wrap bandage support belt is manufactured by Bum Bibs (#ZVY248Q).
/3 points

Scenario 9

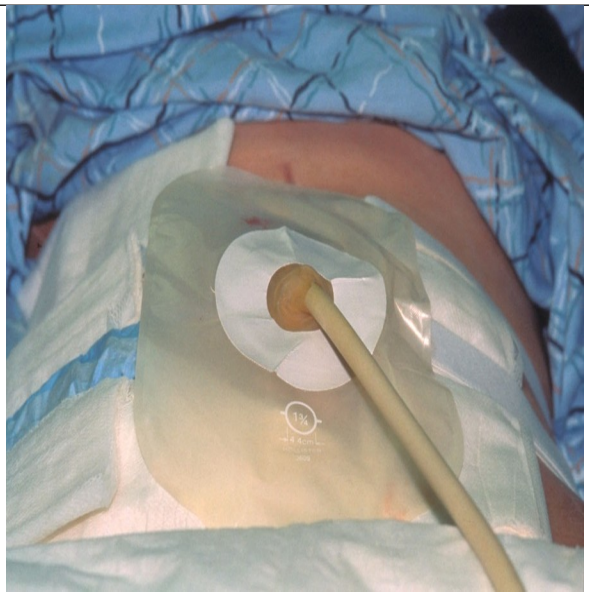


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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 product allows the catheter to be secured through a hole in the pouching system. It comes with a blue and clear punch assembly ring for piercing the pouch from the inside outward. Then, a graduated nipple is placed over the ring from the outside and snaps onto the white punch ring, and the blue piece is removed from the inside. The graduated nipple is cut slightly smaller than the catheter to ensure a good seal (nipple will stretch). Then the catheter can be inserted through the graduated nipple, creating a secure seal.

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

If a commercial product is unavailable, a similar setup can be created with a baby bottle nipple. Fellow and Rice (2022) describe a method for pouch application around a gastrostomy tube. These products can be used to create a system that works for a catheterized stoma. The rubber nipple of a baby bottle can be cut to the size of the catheter. An X is cut in the pouching system, and the nipple is inserted through. The catheter is pulled through, and the barrier/pouch is placed around the stoma. Once in place, water-resistant tape (such as Hy-tape) can be applied around the catheter and nipple where they exit the pouch to prevent leaks.

/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 CeraPlus oval convex ring (#89602)

An oval convex ring can be placed around the stoma, followed by the available skin barrier wafer. An ostomy belt can also be added to apply pressure and create a better seal (Colwell & Hudson, 2022).

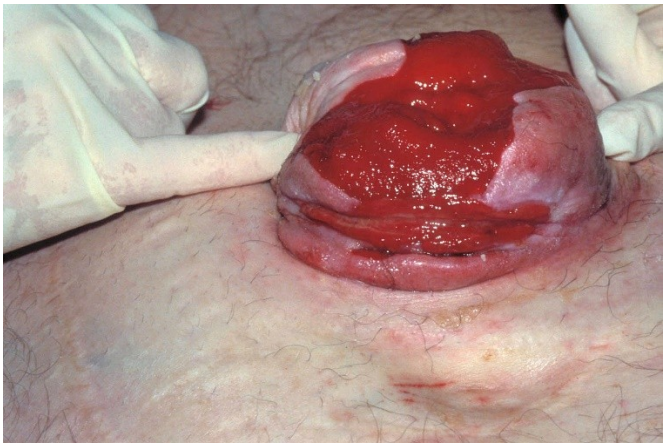
Alternative convexity option #2: Hollister CeraPlus Ring (#8805)

Another option is stacking flat barrier rings to create depth/convexity and customize the fit beneath the wafer (Hollister, n.d.). Again, adding an ostomy belt will help to create a better seal.

-Irrigation could also be explored since this patient is only having one soft-formed BM per day.

/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 1/3” (or greater) in size.

Image courtesy of Dr. James Wu

Pouching option: Ostomy Pouch - Hollister Premier One Piece Drainable Pouch, up to 4 1/3" (#80110), change every 3-5 days and as needed.

This is an ostomy product that can accommodate a stoma of 4 1/3” in size.

/2 points

References: (3 points)

Colwell, J., & Hudson, K. (2022). Selection of pouching system. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 270–282). Wolters Kluwer.

Fellows, J., & Rice, M. (2022). Nursing management o the patient with percutaneous tubes. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 304–315). Wolters Kluwer.

Hollister. (n.d.). The versatile barrier ring. https://www.hollister.com/en/ostomycare/ostomylearningcenter/usingostomyproducts/theversatilebarrierring#:~:text=Learn%20about%20the%20two%20types%20of%20ostomy%20barrier%20rings.&text=You%20can%20also%20stretch%2C%20shape,fit%20of%20your%20pouching%20system.&text=Barrier%20rings%20come%20in%20two,barrier%20with%20convexity%20acts%20similarly.&text=You%20can%20create%20a%20soft,how%20you%20should%20use%20it.

Malaibari, Z., Christoffersen, M.W., Krogsgaard, M., Henriksen, N. A., Andresen, K., Helgstrand, F., Aldemyati, R., & Rosenberg, J. (2025). Non-operative considerations in relation to parastomal hernia. *Journal of Abdominal Wall Surgery*, *4*, Article 15473. https://doi.org/10.3389/jaws.2025.15473

Merritt, C., & Maldonado, P. (2024). Management of the difficult stoma. *The Surgical Clinics of North America*, *104*(3), 579–593. https://doi.org/10.1016/j.suc.2023.11.008

Pittman, J. (2022). Stoma complications. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 270–282). Wolters Kluwer.

R. B. Turnbull Jr. MD WOC Nursing Education Program. (2022). *Pediatric ostomy care.* [PowerPoint slides].

R. B. Turnbull Jr. MD WOC Nursing Education Program. (2022). *Pouching techniques and considerations.* [PowerPoint slides].

Salvadalena, D. G., & Hanchett, V. (2022). Peristomal skin complications. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 250–269). Wolters Kluwer.