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

Mini Case Studies: Ostomy

Cleveland Clinic

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Score: 29.25 /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)** **Awarded Points: 2**

   Nursing Orders
   Changing a Pouching System – No Peristomal Skin Breakdown
   - Measure stoma with measuring guide at each pouch change during postoperative period; reassess size periodically as edema resolves.
   - Remove pouching system gently using push–pull technique; use adhesive remover as needed.
   - Cleanse stoma and peristomal skin with warm water; avoid soaps containing oils, emollients, or fragrances.
   - Pat skin completely dry prior to barrier application.
   - Inspect stoma for color, moisture, protrusion, and mucocutaneous junction integrity.
   - Cut skin barrier opening 1–2 mm larger than stoma to prevent constriction.
   - Apply pouching system ensuring full adhesion without creases or tension.
   - Hold barrier in place for 30–60 seconds to promote adhesion.
   - Change system every 3–7 days depending on wear time and PRN leakage.

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

   Nursing Orders
   Changing a Pouching System – Peristomal Skin Breakdown Present
   - Gently remove pouching system; assess and document type of skin injury and extent of peristomal skin injury (e.g. denudement, erosion, mucocutaneous separation, etc.).
   - Cleanse peristomal skin with warm water or normal saline; avoid friction or scrubbing.
   - Pat skin completely dry.
   - Apply light dusting of ostomy powder to denuded areas; remove excess powder.
   - Seal powder with no-sting barrier film (“crusting technique”); allow to dry before pouch application.
   - Re-measure the stoma and cut the skin barrier opening 1–2 mm larger than the stoma base to achieve proper fit and prevent effluent contact with peristomal skin.
   - Apply barrier ring or seal as indicated to enhance fit and protect compromised skin.
   - Apply the pouching system immediately after skin preparation and barrier ring placement, ensuring the barrier adheres smoothly without gaps or creases.

- Change pouching system every 2–3 days and PRN as needed until skin integrity improves.
- Reassess at each change; notify wound/ostomy specialist if the skin condition worsens or does not improve within 5–7 days.

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**

Nursing Orders

Peristomal Skin Breakdown with Satellite Lesions (Suspected Candidiasis)

- Gently remove pouching system; cleanse peristomal skin with warm water and pat completely dry.
- Assess for erythematous rash with satellite lesions consistent with candidiasis; document findings.
- Apply antifungal powder (e.g., nystatin) in a light dusting to affected areas; remove excess powder.
- Seal powder with no-sting barrier film (crusting technique); allow to dry prior to barrier application.
- Avoid occlusive pastes directly over areas of active fungal involvement.
- Ensure skin barrier opening is properly sized; consider extended wear barrier if excessive moisture is present.
- Apply the pouching system immediately after skin preparation and barrier ring placement, ensuring the barrier adheres smoothly without gaps or creases.
- Change pouching system every 1–2 days and PRN leakage until fungal involvement resolves.
- Instruct patient to minimize moisture accumulation under the barrier.
- Notify provider if no improvement within 5–7 days or if rash progresses.

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)** **Awarded Points: 4**

Standard Wear vs Extended Wear Barrier

Standard Wear Barrier

Description: Constructed for predictable, formed effluent. Less resistant to erosion from liquid or high-output drainage.

Indications:

- Colostomy with formed stool
- Intact peristomal skin
- Low moisture environment
- Predictable wear time (3–7 days)

Example:
Manufacturer: Hollister Incorporated
Product Name: New Image™ Flat FlexWear™ Skin Barrier
Product Number: 14603

FlexWear™ is a standard wear barrier appropriate for colostomy patients with formed output and minimal risk of effluent erosion.

Extended Wear Barrier

Description:
Formulated to resist erosion from liquid effluent. Often contains hydrocolloid formulations that swell or “turtleneck” when exposed to moisture to enhance seal integrity.

Indications:

- Ileostomy
- Urostomy
- High-output stoma
- Liquid effluent
- History of frequent leakage
- Increased peristomal moisture

Example:
Manufacturer: ConvaTec
Product Name: SUR-FIT Natura® Durahesive® Moldable Skin Barrier
Product Number: 411802

Durahesive® is designed to swell when exposed to liquid effluent, providing increased resistance to erosion and improved protection in high-output or liquid drainage situations.

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:

Manufacturer: Hollister Incorporated
Skin Barrier wafer: New Image™ Flat FlexWear Skin Barrier, 2¼" flange, cut-to-fit (1"–1¾") – Product #14603
Pouch: New Image™ Drainable Pouch with Filter, 2¼" flange – Product #18193
(Change every 5–7 days and PRN leakage; pouch may be replaced separately as needed.)
Wear Time: Change barrier every 5–7 days and PRN leakage. Pouch may be replaced separately as needed.

Rationale:
Abdominal Characteristics
The abdomen presents with a flat peristomal surface, supporting use of a flat barrier without need for convexity.

Stoma Characteristics
The protruding, budded stoma reduces risk of effluent undermining, making a flat system clinically appropriate.

Additional Clinical Consideration
A two-piece system allows pouch changes without removal of the barrier, which may improve patient confidence and reduce anxiety regarding leakage while preserving skin integrity.

/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:
Manufacturer: Coloplast
Product Name: SenSura® Mio One-Piece Drainable Pouch, Flat, Cut-to-Fit 10–70 mm
Product Number: 10481
Accessory:

- Coloplast Brava® Protective Ring #12045

Rationale:
Abdominal Characteristics:
The patient has a soft, obese abdomen. An elastic, flexible adhesive barrier improves conformability and reduces lifting or creasing on a mobile abdominal surface.
Stoma Characteristics:
The stoma is pink and protruding; convexity is not indicated. The previous barrier was cut too small, resulting in constriction and trauma. A properly sized cut-to-fit opening (1–2 mm clearance) is necessary to prevent further mucosal injury.
Additional Clinical Consideration:
The patient is 1 week postoperative with residual edema and circumferential necrosis at the mucocutaneous junction. A flexible one-piece system minimizes pressure, while use of a barrier ring protects the compromised junction from effluent exposure and friction.

Two Piece option:
Manufacturer: Coloplast
Skin Barrier
Product Name: SenSura® Mio Click Flat Barrier, Red Coupling (40 mm), Cut-to-Fit 10–70 mm
Product Number: 10561
Pouch
Product Name: SenSura® Mio Click Drainable Pouch with Filter
Product Number: 11472

Accessory
Coloplast Brava® Protective Ring – #12045

Rationale:
Abdominal Characteristics:
The abdomen is soft and obese with postoperative edema present. A flexible SenSura Mio barrier conforms well to uneven abdominal contours and helps maintain adhesion. A support belt may be considered if edema or abdominal contour changes compromise the seal.

Stoma Characteristics:
The stoma is protruding, therefore convexity is not immediately indicated. A cut-to-fit barrier allows accurate sizing to prevent pressure or constriction at the mucocutaneous junction during early postoperative healing.
Additional Clinical Consideration:
A two-piece pouching system allows pouch removal without disrupting the skin barrier, minimizing manipulation of the healing mucocutaneous junction and reducing mechanical trauma during the early postoperative period.
3.75/4 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.

Two-Piece System
Manufacturer: ConvaTec
Skin Barrier:
SUR-FIT Natura® Durahesive® Moldable Convex Skin Barrier, 57 mm flange (33–45 mm)
Product #404594
Pouch:
Natura® Drainable Pouch, Opaque, 57 mm flange
Product #411492
Accessory:
Eakin Cohesive® Seal, Small (48 mm)
Product #839002
Wear Time: Change every 2–3 days and PRN leakage.

Rationale:
Abdominal Characteristics:
The patient has an obese abdomen with potential contour irregularity and postoperative edema. Convexity provides gentle peristomal pressure to enhance seal integrity in a soft abdominal wall.
Stoma Characteristics:
This is a loop ostomy with a red rubber catheter bridge in place. A moldable convex barrier allows customized sizing around the stoma while accommodating the catheter and minimizing gaps that could lead to undermining.

Additional Clinical Consideration:
The peristomal skin demonstrates erythema and partial thickness injury at 4–7 o'clock. Durahesive® extended wear formulation offers increased resistance to liquid effluent, and use of a cohesive seal improves protection of compromised skin while enhancing seal security.

2/2 points **Assignment did not require one and two piece pouching systems**

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:

Manufacturer: Hollister
Skin Barrier (Wafer)
Product Name: New Image™ Convex Flextend Skin Barrier, Cut-to-Fit
Product Number: 14803
Pouch
Product Name: New Image™ Drainable Pouch with Filter
Product Number: 18193
Accessories
Adapt™ Barrier Ring – #7805
Adapt™ Barrier Extenders – #79402

Rationale:
Abdominal Characteristics:
The patient has an obese abdomen with the stoma located within a deep abdominal fold, creating contour irregularity and consistent mechanical creasing. Deep convexity is indicated to improve contact between the barrier and peristomal skin and to counteract fold-related lifting.
Convexity helps flatten the peristomal skin surface and directs the stoma outward, improving contact between the barrier and skin.
Stoma Characteristics:
The loop ileostomy produces liquid effluent, increasing risk of undermining. Convexity assists in directing effluent into the pouch and away from the peristomal skin.
Accessory Use:
A barrier ring is applied around the stoma prior to barrier placement to fill abdominal creases and create a more secure seal around the stoma opening. Elastic barrier strips

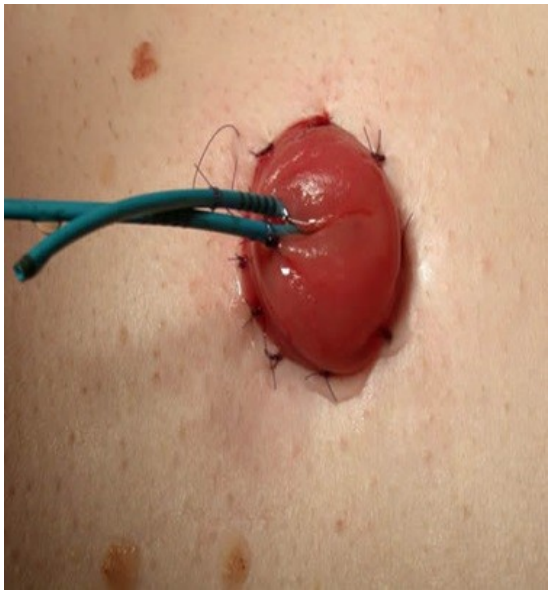
are applied around the outer edge of the barrier to reinforce adhesion and reduce lifting caused by the abdominal fold.

Additional Clinical Consideration:

The patient reports wear time less than 8 hours with painful contact dermatitis. Use of deep convexity combined with a protective seal and elastic barrier strips enhances seal security, reduces leakage, and supports resolution of moisture-associated skin damage. Barrier ring fills abdominal creases adjacent to the stoma while barrier extenders reinforce adhesion along the outer wafer edge, reducing lifting within the abdominal fold and preventing effluent undermining.

1.75/2 points **Assignment did not require one and two piece pouching systems**

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:

Preferred System: Two-Piece Urostomy System
Manufacturer: Hollister Incorporated
Skin Barrier:
New Image™ Flat FlexWear™ Skin Barrier, 2¼" flange
Product #14603

Pouch:
New Image™ Urostomy Pouch with Anti-Reflux Valve and Tap, Transparent, 2¼" flange
Product #18403

Accessories:
Bedside Drainage Bag (Hollister) with urostomy drainage adapter/connector to allow continuous urine drainage while the patient is non-ambulatory.
Wear Time: Change barrier every 3–5 days and PRN leakage. Pouch may be removed independently for stent access.

Rationale – Two-Piece System

Abdominal Characteristics:

The patient is in the immediate postoperative period and non-ambulatory. No contour

irregularity is described; therefore, a flat barrier is appropriate. System stability is important in the supine position.

Stoma Characteristics:

New urostomy with two ureteral stents present. A transparent pouch allows visualization of stents and stoma viability. An anti-reflux valve is required to prevent urinary backflow, and a tap outlet supports continuous drainage.

Additional Clinical Consideration:

The surgeon requires access to the ureteral stents. A two-piece system allows pouch removal while maintaining the barrier in place, minimizing trauma to the healing mucocutaneous junction and protecting fragile postoperative peristomal skin.

1.5/2 point **Assignment did not require one and two piece pouching systems**

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:
Two-Piece System (Preferred)
Manufacturer: Hollister Incorporated
Skin Barrier:
New Image™ Flat Flextend™ Extended Wear Skin Barrier (No Tape Border), 1¾" flange
Product #14602
Pouch:
New Image™ Mini Drainable Pouch with Filter, 1¾" flange
Product #18182
Accessories:

- Adapt™ Barrier Ring – #7805
- Adapt™ Stoma Powder – #7906
- Cavilon™ No Sting Barrier Film
- Nystatin powder (if fungal involvement confirmed per provider order)
- Wear Time: Change every 3–4 days and PRN leakage.

Rationale: Two Piece:
Abdominal Characteristics:
The patient has a short distance between the stoma and groin, and reports that the current 12" pouch extends into the groin area, causing discomfort. A mini-length pouch addresses fit concerns and improves comfort.
Stoma Characteristics:
The stoma is budded and round; convexity is not indicated. Extended wear barrier is appropriate for ileostomy output.
Additional Clinical Consideration:
Peristomal erythema and satellite lesions are localized to the tape collar region following a product change, suggesting contact dermatitis with possible fungal involvement. Selection of a barrier without tape border allows skin rest and reduces exposure to adhesive-related irritation.

One-Piece Option
Manufacturer: Hollister Incorporated
Product:

Premier™ One-Piece Mini Drainable Pouch with Flextend™ Extended Wear Barrier (No Tape Border)
Product #82800
Accessories:

- Adapt™ Barrier Ring – #7805
- Adapt™ Stoma Powder – #7906
- Cavilon™ Barrier Film
- Nystatin powder if ordered

Wear Time: Change every 3–4 days and PRN leakage.

Provide an alternative pouching recommendation to address the patient's concern regarding pouch length.
Use of a mini or short-length drainable pouch (8–9") instead of a standard 12" pouch reduces pouch extension into the groin area, improving comfort and wear tolerance in patients with limited abdominal surface area.

3/3 points **Assignment did not require one and two piece pouching systems**

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:
Two-Piece Option (Preferred for Hernia + Visual Impairment)
Manufacturer: Coloplast
Skin Barrier:
SenSura® Mio Convex Flip Barrier, Red Coupling (40 mm)
Product #18312

Pouch: SenSura® Mio Click Drainable Pouch with Filter, Red (1¾")Product #11472
Accessories:
- Brava® Protective Seal (2.0 mm) – #12035
- Brava® Elastic Barrier Strips – #120700
- Brava® Belt – #0423
- Brava® Lubricating Deodorant – #12060
- Hernia support belt (Coloplast)

Wear Time: Change every 2–3 days and PRN leakage.

Rationale:
- **Abdominal Characteristics:**
  The patient has a firm abdomen with a parastomal hernia that creates contour distortion and increases the risk of barrier lifting and leakage. The SenSura Mio Convex Flip barrier is designed to conform around bulges and uneven abdominal contours, making it appropriate for pouching over a parastomal hernia.

Accessories:
Brava® Protective Seal (2.0 mm) – #12035
Applied around the stoma before barrier placement to fill uneven skin contours created by the parastomal hernia and help prevent effluent undermining.
Brava® Elastic Barrier Strips – #120700
Applied around the outer edge of the barrier to reinforce adhesion and reduce lifting caused by the hernia bulge and abdominal movement.
Brava® Belt – #0423
Provides additional stabilization of the pouching system and helps maintain consistent contact between the barrier and the peristomal skin.

Brava® Lubricating Deodorant – #12060
Placed inside the pouch to reduce odor during pouch emptying and help stool slide to the bottom of the pouch.
Hernia Support Belt (Coloplast)
Provides abdominal support and may reduce strain around the stoma site.

Stoma Characteristics:
The stoma is flush with an os located at 4 o'clock, increasing risk of lateral effluent undermining. Convex deep barrier and protective seal help direct effluent into the pouch and support the inferior quadrant.
Additional Clinical Consideration:
The patient is legally blind. A click-coupling two-piece system provides audible confirmation of secure pouch attachment and allows pouch changes without removing the barrier, preserving compromised peristomal skin.

Odor Management Strategies

Revised Odor Management

Odor Management Considerations

• Use an ostomy pouch deodorizer (e.g., Brava® Lubricating Deodorant or M9™ deodorizer drops) placed in the pouch after emptying to neutralize odor within the pouch.

• Review dietary contributors to odor, including foods known to increase odor such as eggs, fish, onions, garlic, cabbage, and certain spices.

• Discuss foods that may reduce stool odor, such as yogurt, buttermilk, parsley, and cranberry products.

• Consider oral odor-reducing agents such as chlorophyll tablets or bismuth subgallate if odor remains problematic.

• Encourage adequate hydration to maintain normal stool consistency and reduce stagnation of stool within the pouch.

• Educate the patient that some odor during pouch emptying is expected, but pouch deodorizing products and dietary modifications can help minimize odor concerns.

2.5/3 points **Assignment did not require one and two piece pouching systems**

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: :
Manufacturer: ConvaTec
Skin Barrier:SUR-FIT Natura® Durahesive® Moldable Skin Barrier, 45 mm flange Product #411802
Pouch:SUR-FIT Natura® Drainable Pouch with InvisiClose® Tail Closure, Transparent, 45 mm flangeProduct #411312
Accessory: Eakin Cohesive® Slim Seal – #839002

Scenario – Pediatric Prolapsed Stoma (Revised)
Pouching System
Manufacturer: Coloplast
Skin Barrier (Wafer)
Pouchkins® Pediatric Standard Wear Skin Barrier, Cut-to-Fit 10–35 mm
Product #3779
Pouch
Pouchkins® Pediatric Drainable Pouch, Transparent
Product #3758
Accessory
Eakin Cohesive® Slim Seal – #839002

Rationale – Two-Piece System
Abdominal Characteristics:
The pediatric abdomen has limited surface area and soft tissue. A lightweight flat system is appropriate to minimize gravitational pull on the prolapsed segment.

Pediatric patients have a smaller abdominal surface area and softer abdominal contours. A pediatric pouching system designed specifically for infants and children provides a smaller, lightweight barrier and pouch, which improves adherence and reduces weight pulling on the pouching system.

Stoma Characteristics:
The stoma is prolapsed but remains red and viable with no peristomal irritation. A flat pediatric barrier is appropriate because convexity could place pressure on the prolapsed bowel.

Accessory Use:
A thin cohesive seal may be applied around the stoma prior to barrier placement to help protect the peristomal skin and improve the seal around the stoma opening without creating pressure on the prolapsed segment.
Additional Clinical Consideration:
A two-piece system permits visualization and monitoring of the prolapsed segment without repeated barrier removal in the acute setting.
The barrier opening should be cut slightly larger than the stoma base to prevent constriction of the prolapsed bowel. Care should be taken to avoid pressure on the prolapsed segment when applying the pouching system.

Further Considerations:
The skin barrier opening must be sized larger than usual (approximately 3–5 mm clearance) to prevent constriction of the prolapsed bowel and avoid vascular compromise.

1.75/3 points

Strategies to reduce stoma: lying flat for several minutes before change to allow stoma to retract by gravity, table sugar to the stoma acts as osmotic agent. Great Pro tips !! Thank you! I have done the table sugar treatment on prolapsed stomas in my practice

Scenario 9

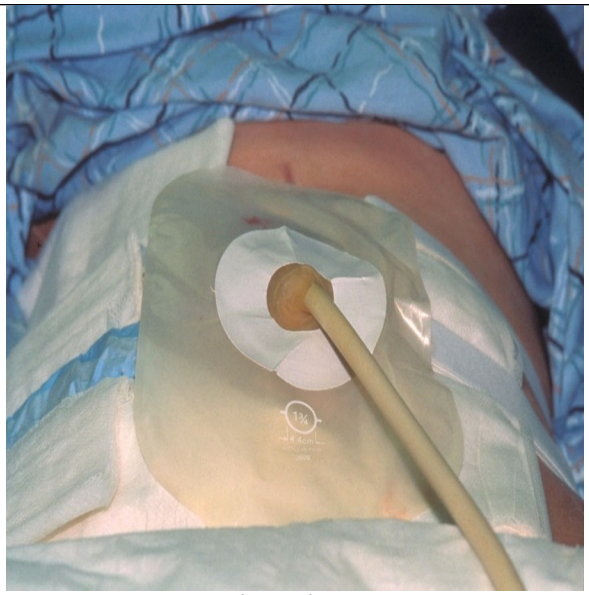


Image courtesy of Judy Mosier, MSN, RN, CWOCN

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:

Supplies

- Two-piece colostomy pouching system (flat barrier unless otherwise indicated)
- Cymed® MicroSkin Ostomy Tube Port
- Barrier ring
- Catheter securement device (e.g., StatLock®)

Procedure

1. Pouch the stoma normally.
   Measure the stoma and cut the skin barrier opening 1–2 mm larger than the stoma base. Apply the barrier ring and skin barrier wafer, then attach the pouch.
2. Prepare the tube exit site.
   Identify an area on the front of the pouch away from the filter and tail closure. Cut a small circular opening slightly larger than the catheter diameter.
3. Apply the commercial access port.
   Place the adhesive base of the Cymed MicroSkin tube port over the opening in the pouch and press firmly to seal the port flange to the pouch surface.
4. Thread the catheter.
   Pass the catheter through the tube port opening and secure the port cap around the catheter per manufacturer instructions.
5. Secure the catheter separately.
   Anchor the catheter to the abdominal wall using a securement device (e.g., StatLock®), leaving slight slack between the stoma and anchor point to prevent tension at the mucocutaneous junction.

…in the absence of a commercial access port:

Supplies

- Standard two-piece ostomy system
- Barrier ring material (e.g., Adapt™ barrier ring or Eakin Cohesive® seal)
- Catheter securement device (e.g., StatLock®)

1. Pouch Stoma Normally

- Measure the stoma at the base.
- Cut the skin barrier opening 1–2 mm larger than the stoma.
- Apply barrier ring around the stoma if needed for seal.
- Apply skin barrier wafer and attach pouch.

2. Create a Controlled Tube Exit Site

- Identify a location on the pouch wall away from the filter and tail closure.
- Cut a small circular opening just large enough for the catheter diameter.
- Pass the catheter through the pouch wall opening.
- Mold barrier ring material around the catheter at the pouch exit site, creating a gasket between the catheter and pouch wall.
- Apply an additional small piece of barrier ring material to the outside of the pouch around the catheter to reinforce the seal.

This creates a compressible gasket seal that helps prevent leakage while allowing the catheter to pass through the pouch wall.
This creates a semi-occlusive seal around the catheter exit.

3. Secure Catheter Independently

- Anchor catheter to abdominal wall.
- Ensure tubing is supported and not dependent on pouch weight.

1/2 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
Build Convexity Using Barrier Rings
Alternative Convexity Option #1
Convex Barrier Ring
A convex barrier ring (e.g., ConvaTec Convex Eakin Cohesive® washer or similar convex ring product) can be applied to create convexity when a convex wafer is not available.

Technique:
1. Measure the stoma and cut the flat barrier opening 1–2 mm larger than the stoma base.
2. Apply the convex barrier ring around the stoma with the convex side toward the abdomen.
3. Place the flat skin barrier over the convex ring and attach the pouch.

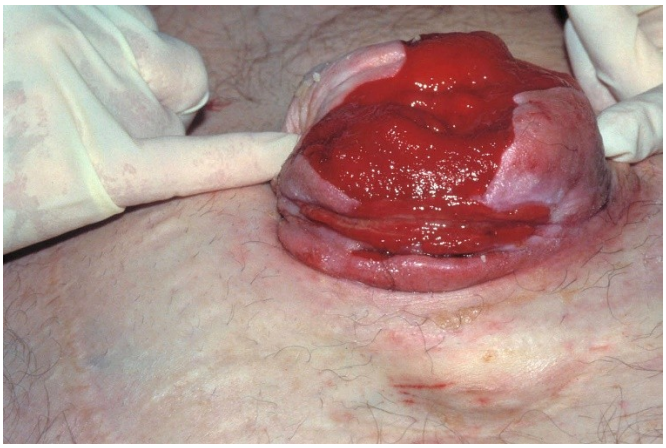
Rationale:
Layered barrier rings create internal convex pressure beneath the wafer, helping to elevate a retracted stoma, reduce effluent undermining, and improve stool direction into the pouch.

Alternative convexity option #2:
Convex Insert with Flat Skin Barrier
Convex inserts may be placed behind a flat skin barrier to create convexity when a convex wafer is not available.
Technique
1. Select a compatible convex insert designed for the pouching system flange.
2. Place the convex insert between the pouch flange and the skin barrier wafer.
3. Attach the pouch to the wafer with the insert positioned to create outward pressure around the stoma.

Rationale
Convex inserts provide a firm convex profile behind the wafer, creating outward pressure around the stoma and improving peristomal contact. This can help elevate a retracted stoma and direct effluent into the pouch.

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 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

Product Category:
Fistula pouch / wound manager system
Example Product:
Hollister® Wound Manager (large opening)
Rationale
A stoma measuring 4⅓″ (~110 mm) exceeds the maximum cut-to-fit opening of standard ostomy skin barriers, which typically accommodate 70–100 mm stomas. Because a conventional ostomy appliance cannot accommodate this size, a wound manager or fistula pouch system is required to provide adequate adhesive surface area and drainage capacity for long-term management.

A large-stoma ostomy pouching system designed to accommodate openings up to approximately 100 mm may be attempted if the stoma size allows safe cutting of the barrier opening. However, because the patient's stoma measures approximately 110 mm (4⅓″), this exceeds the cut-to-fit capacity of most standard ostomy barriers; therefore a wound manager or fistula pouch system may be required for long-term management.

For Scenario 11, the stoma diameter is listed as 4⅓ inches (approximately 110 mm). Most standard ostomy pouching systems accommodate cut-to-fit openings up to approximately 70–100 mm. Because this stoma size exceeds the maximum opening of conventional ostomy barriers, a standard ostomy pouching system would not provide an adequate opening without risking constriction of the stoma.

For this reason, I identified that continued use of a wound manager or fistula pouch system would be required. These systems are designed with larger adhesive surfaces and openings to accommodate very large stomas when traditional ostomy appliances cannot be used safely.

If there is a specific large-stoma ostomy appliance that you intended for this scenario, I would appreciate learning about that option as well, as it would be useful knowledge for future clinical practice.

0/2 points

References: *(3 points)* **Did not note citations within work. These doi addresses take me to the abstracts and not permit article access Awarded Points: 1.5**

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