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## BACKGROUND

This is a patient with history of diverticulitis and colovesical and colovaginal fistulas, s/p sigmoidectomy with diverting loop ileostomy on right upper quadrant of abdomen. The result was a loop stoma created in a deep well near wound and became flush in few days. Unable to see the stoma, scarring, uneven abdominal terrain, and multiple creases added to pouching dilemma. Traditional pouching system wear time was less than 12 hours.

## PURPOSE of INNOVATION

Multiple pouching efforts failed to accomplish a wear-time of more than 24 hours. Patient was having difficulty in gaining confidence in changing pouch because of frequent leakage issues. Patient was anxious to achieve a pouching system that would allow her to engage with people and do activities with confidence when discharged.

## REFERENCES

1. Emory University Nell Hodgson Woodruff School of Nursing. Wound Ostomy & Continence Nursing Education Program (2016) Section XII Peristomal Skin Care and Pouching Guidelines. Ostomy And Continent Diversions Core Content (pp126-138)
2. Goldberg, Margaret. Patient Education Following Urinary/Fecal Diversion. Wound Ostomy Continence Nurses Society Core Curriculum. Ostomy Management. 2016 Chapter 11 pp131-138.

## METHODS

The loop stoma was located on a deep well and deep creases and near mid abdominal wound.

### Flat position:



Application of regular 2 ½ inch or 64mm flat pouch only lasted for 12 hours or lesser. Pouch lifted easily because of deep creases and uneven abdominal terrain.

### Innovation Process:

- (A)(1) Application of light amount of stoma paste to deep creases and uneven abdominal terrain around peristoma.
- (2) (a) Application of barrier rings on creases and uneven abdominal terrain then (b) another barrier ring around the stoma to even the skin.
- (3) Soft convex pouch with opening adjustment (due to stomal proximity to the wound) and belt were applied.



(A)(1)



(A)(2a)



(A)(2b)



(A)(3)

(B) If stoma is active, apply all the accessories on the backing of the pouch- apply barrier rings around the opening of the pouch, apply additional barrier rings at 3 and 9 o'clock, then apply light amount of stoma paste at 3 and 9 o'clock and around the opening of the pouch. Then apply the pouch. Ostomy belt was also applied for better securement.



(B)



Belt



Actual appearance

Taught the patient to cover the stoma at all times and wipe the effluent in order to keep the peristoma clean and dry before pouch application. Educated the patient not to do aggressive movement for 30 minutes to keep the adhesion of pouch unto the skin. Taught to empty the pouch if it is 1/3 to ½ full or full of gas.

## RESULTS

Ultimately, an approach that involved soft convex pouch with combination of modified pouch accessories were used and it achieved 3-4 days wear time and rare leaks. Teaching the patient on how to empty the pouch improved self care esteem. Since patient was unable to change pouch independently (unable to see stoma in a sitting position), a step by step ostomy application procedure and Ostomy Rx were included in her discharge summary. Patient was seen in Emergency Department due to failed pouching system by home health nurse. Step-by-step application procedure was given. Consoled to give chance to home health nurse and share what we taught in the hospital. Re-admitted but not of the same skin issue.

## CONCLUSIONS

Soft convex pouch with adjusted opening and modified placement of ostomy accessories were keys to success. Patient achieved average wear times of 3-4 days. Patient gained self confidence and self esteem when step-by-step ostomy application procedure and Ostomy Rx were included in her discharge. Patient achieved a better quality of life upon discharged.

