

The Challenging Urostomy: Pouching Pearls for a Flush Stoma that Sits in a Deep Well

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BACKGROUND

This is a patient with invasive bladder cancer, status post (s/p) neoadjuvant chemotherapy, s/p robotic assisted cystectomy, ileal conduit with urinary diversion (urostomy). The result was a stoma created in a deep well, proximal to abdominal wound and flush. Uneven abdominal terrain and multiple creases added to pouching dilemma. Traditional pouching system wear time was less than 12 hours. **Urostomy** describes that there is an opening that drains the urine and the type of stoma will be an ileal or colon conduit or an ureterostomy. (Ostomy management, Wolster Kluwer 2016) **Urostomy** is a permanent stoma.

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 him to engage with people and do activities with confidence when discharged.

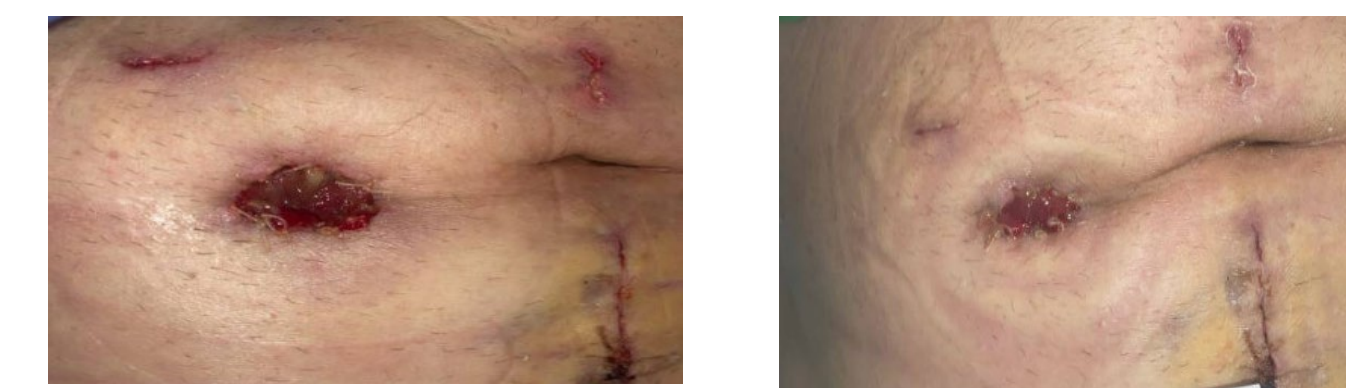
REFERENCES

1. Emory University Nell Hodgson Woodruff School of Nursing. Wound Ostomy & Continence Nursing Education Program (2016) Section XV: Management of Difficult Stomas. Ostomy And Continent Diversions Core Content (pp162-168)
2. Goldberg, Margaret. Patient Education Following Urinary/Fecal Diversion. Wound Ostomy Continence Nurses Society Core Curriculum. Ostomy Management. 2016 Chapter 11 pp131-138.
3. Ostomy Management, Wolster Kluwer 2016.

METHODS

The stoma was located on a deep well and deep creases at 3 and 9 o'clock and proximal to mid abdominal wound.

Flat position:



Semi upright position:

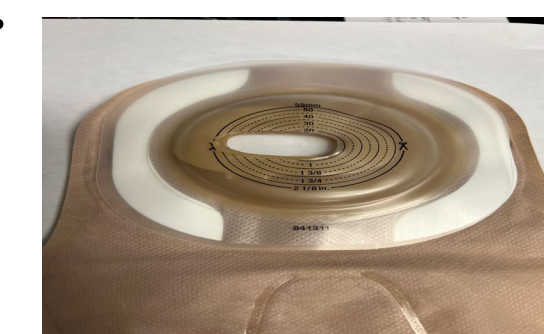


Application of regular flat pouch only lasted for 12 hours or lesser. Pouch lifted easily because of deep creases and uneven abdominal terrain.

Innovation Process:

Since urostomy is always active, advised the patient and spouse to apply all the accessories on the backing of the pouch.

- (1) Application of thinned 2 inch ring around the hole on the backing of soft convex pouch with opening adjustment due to stomal proximity to the wound.



Opening adjustment



Application of 2" ring

- (2) Application of 1/2 of 2-inch barrier ring on each creases at 3 and 9 o'clock.



- (3) Application of barrier extenders around the pouch then ostomy belt for better securement. ABD pad was applied over the incision wound (under the ostomy belt) to prevent wound irritation.



Application of barrier extenders



Application of ABD pad and belt

Taught patient and spouse to pull up the superior portion and pull down the inferior portion of each creases at the same time before applying the pouch in order to cover the creases evenly. 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 after application of pouch to keep the adhesion of pouch unto the skin.

RESULTS

Ultimately, an approach that involved soft convex pouch with combination of modified placement of pouch accessories were used and it achieved 3-5 days wear time and rare leaks.

Teaching the patient on how to empty the pouch, connecting spout to a drainage bag and night bag improved self care esteem.

Since patient was unable to change pouch independently at the time of discharge (unable to see stoma in a sitting position), a step by step ostomy application procedure and Ostomy prescription were included in the discharge summary. Spouse was also taught and had return demonstration twice before discharge.

Also discussed on ostomy education were ostomy secrets, ostomy support group and resources to know while living with an ostomy.

Plan of Care include home health visitation.

CONCLUSIONS

Soft convex pouch with opening adjustment and modified placement of ostomy accessories were keys to success. Patient achieved average wear times of 3-5 days.

Patient gained self confidence and self esteem when step-by-step ostomy application procedure and Ostomy prescription were included in the discharge plan. Aside from that, spouse was able to demonstrate pouching application with minimal assists.

Patient achieved a better quality of life upon discharged.