

Pouching Option for Colostomy in a Challenging Abdomen

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BACKGROUND

This patient has diverticulitis, ended up having exploratory laparotomy, colectomy and colostomy creation from an outside hospital. The result was a stoma created in a deep well, flush with a crease at 10 o'clock. Patient has uneven abdominal terrain also. Stoma is only visible when in standing position. Facing the mirror is the only option for pouch application. Has wound on mid abdomen that partially healed. Patient lives alone, was referred by Colorectal Surgery to be seen in BCT (Burn Care Therapy) clinic.

PURPOSE of Innovation

Patient was using traditional pouching system- two-piece flat pouch, unable to keep pouch for 3 days due to leakage and it takes 2-3 hours to change pouch. 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.

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.

METHODS

The stoma was created on a deep well, flush and deep crease at 10 o'clock and adjacent to mid abdominal wound which is partially healed. Facing mirror is the only option for pouch application.

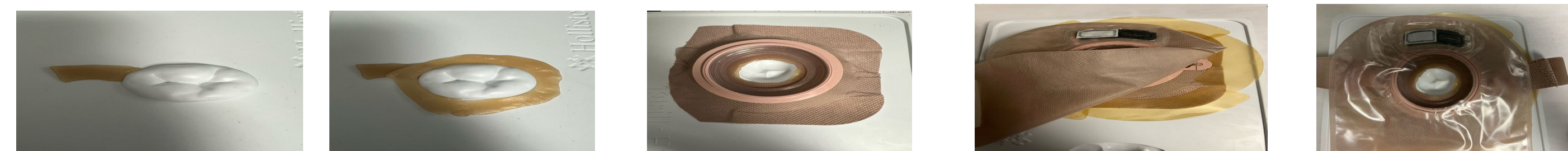
Standing position:



Application of regular 2-piece flat pouch does not last for 2 days. Pouch lifted easily because of deep crease and uneven abdominal terrain.

Innovation Process:

(A)(1) Application of ¼- of 2 inch barrier ring at 10 o'clock crease.
(2) Application of 2-inch slim barrier ring around stoma.
(3) (a) Application of deep convex wafer with opening adjustment (due to stomal proximity to the wound) (b) then ostomy bag, and barrier extenders around the pouch. (c) Ostomy belt was also applied for better securement.



(A)(1) (A)(2) (A)(3a) (A)(3b) (A)(3c)

(B)If stoma is active, apply all the accessories on the backing of the pouch- (1)apply 2-inch slim barrier ring around the opening of the pouch, apply ¼ of 2 inch ring covering the 10 o'clock. (2) Then apply the wafer, ostomy bag, And barrier extenders. (3)Ostomy belt was also applied for better securement.



(B)(1) (B)(2) (B)(3)

Taught the patient to pull up the skin above the stoma before applying the wafer in order to cover the crease 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 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 2-piece deep convex pouch with opening adjustment and combination of modified placement of pouch accessories were keys to success to achieve 3-5 days wear time and rare leaks. Patient able to change pouch in 30 minutes without difficulty while facing the mirror. Discussed pancaking management, foods that affect person with an ostomy, ostomy secrets, ostomy support group and resources to know while living with an ostomy. List of ostomy supplies for prescription was given and agreed to follow-up with Colorectal surgery or primary physician for transcription. Agreed to call the DME (Durable Medical Equipment- ostomy supplier) for updated supplies. Patient seen in BCT Clinic for two (2) visits only and never called back for any issue.

CONCLUSIONS

Deep convex pouch with opening adjustment and modified placement of ostomy accessories were keys to success. Patient achieved average wear time of 3-5 days and 30 minute change without difficulty while facing the mirror. Patient gained self confidence and self esteem when seen for follow-up visit in the clinic. Patient achieved a better quality of life.

