Art of Pouching: Enhancement of the Pouch Seal with Accessory Products for Challenging Ileostomy

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BACKGROUND

This is a patient with complicated abdominal surgical history in the setting of motor vehicle collision that ended having subtotal colectomy with end ileostomy creation from an outside hospital. The result was a flush end stoma created in a deep well, creases at 3 and 9 o'clock, os (opening) at 12 o'clock and adjacent to abdominal wound. Scarring, uneven abdominal terrain and multiple creases added to pouching dilemma.

PURPOSE of Innovation

Multiple pouching efforts failed to accomplish a wear time of more than 24 hours. The mother who was assisting the patient cut the aperture (hole) too large in order to contain all drainage or stool while leaving skin exposed to effluent that causes constant pain and peristomal skin irritation.
Frequent leakage leads to frequent pouch changes leading to poor quality of life and increased supply cost.
Patient suffers from poor peristomal skin health, decreased social interaction and increased financial burden.

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.
3. Ostomy Management, Wolster Klower 2016.

METHODS

The stoma is flush, in a deep well when in laying flat and sitting positions, creases at 3 and 9 o'clock, os (opening) at 12 o'clock and adjacent to abdominal wound

Initial photo:



Side lying position | Laying flat | Laying flat-belly pulled up

Application of 1 piece convex pouch with large hole only lasted for a day or less with constant pain related to peristomal irritation.

Innovation Process:

(1) Applied crusting method (application of stoma powder and sealed with no sting barrier film) x 2 and no sting cyanoacrylate skin protectant on affected peristoma
(2) Applied slim barrier ring on creases and from 4 to 8 o'clock
(3) Applied flow assist seal/barrier ring on the backing of pre cut 1 inch convex pouch where assist seal covers from 10 o'clock to 2 o'clock
(4) Applied ostomy belt for better securement






1 | 2 | flow assist seal | 3 (back) | 3 (front) | 4

Accessories:



stoma powder | no sting barrier film | no sting cyanoacrylate skin protectant

Taught re-measurement of stoma and ostomy application procedure.

RESULTS

Deep convexity with flow assist seal/barrier ring, slim barrier ring and ostomy belt were keys to success to achieve average wear time of 3-4 days.
Crusting method, application of no sting cyanoacrylate skin protectant and proper stoma measurement wear keys to heal peristomal skin irritation.
Patient seen in Burn Care Therapy (BCT) clinic for one (1) time only. Patient called- informed that pouching system is working and does not need follow-up visit in the clinic. Peristomal irritation is improving during the time of calling.

(FLOW ASSIST seal has hydrocolloid that can mold and shape for optimal fit. The non absorbent FLOW ASSIST shields the skin and seal from exposure to stoma output, thus, helping to protect the skin. Soft, flexible FLOW ASSIST Spout directs output into the pouch, thus, helping to prevent leakage.)

CONCLUSIONS

Obtaining a predictable pouch seal (flow assists seal/barrier ring, slim barrier ring) pouch (deep convexity), ostomy belt , and protecting the peristomal skin improves the patient's quality of life in many ways such as decreasing financial burden and allowing the patient to resume desired activities.

PATHWAY DESIGNATED