

BACKGROUND

A 54-year old female with known peri-umbilical hernia, morbid obesity presenting with 2-3 days of acutely worsening abdominal pain. CT abdomen concern for necrotizing fasciitis of the abdominal wall. Patient had emergent exploratory laparotomy and loop ileostomy on RLQ. The result was a loop stoma with loop bridge support created in a deep well that regular pouch does not fit on it. Variety of appliance, accessories and pouching principles applied until we found a pouching system that fits on the stoma and improved wear time.

Patient first admission (1/7/21-2/21); second admission (2/26/21-3/10/21); seen in ED (4/5/21).

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 with loop bridge support was located on a deep well (#1 and #2)



Side View



Application of regular 2 ½ inch or 64mm pouch only lasted for 12 hours or lesser. Pouch lifted easily because it cannot accommodate the loop bridge support. A wound manager with 110mm size plus ostomy accessories accommodate the stoma.

Innovation Process:

Barrier rings (4") were molded and applied at 3 and 9 o'clock creases and around the stoma without covering the loop bridge support and sutures.



Wound manager pouch opening include the formation of loop bridge support to accommodate it and was additionally cut like flowers in order to be able to press inside the deep well.



Taught the patient to cover the stoma at all times and wipe the effluent in order to keep the accessories and peristoma clean and dry. Then apply the pouch, pressing the flowers like area individually in order to flattened on the base. Then apply barrier ring around the pouch.



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 1/2 full or full of gas.

RESULTS

Ultimately, an approach that involved modifying a wound manager 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, a step by step ostomy application procedure with pictures was included in her discharge summary when patient was discharged to LTAC. Patient was last seen in Emergency Department on 4/5/21 due to failed pouching system in SNF in which her face glowed when she saw ostomy nurse.

Step-by-step application procedure with pictures and Ostomy Rx were given. Instructed to call us if she has issues in her pouching system.

Since then, patient never came back or called back.

CONCLUSIONS

Wound manager pouch which cut like flowers, a large opening, and modified placement of barrier ring and extenders 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 with pictures and Ostomy Rx were included in her discharge.

