Making Secure Fit Easy

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Abstract

Achieving a secure, reliable and leakproof fit is one of the hallmarks of caring for a patient with a stoma. Failure to achieve this can negatively impact peristomal skin and the patient's quality of life (QOL).[1] However, clinicians may need to also consider the simplicity of the pouching system application to ensure the patient achieves positive outcomes in skin health. Some patients rely on others to manage their pouching system, or in some cases have to adapt to new techniques of application. This case study discusses one such patient where a simplified fit for his pouching system was essential.

Background & Surgical History

Michael (name changed to protect privacy) is a sixty-one-year-old male living with Cystic Fibrosis (CF), and a previous brain tumour resulting in a left-sided deficit, who resides in a nursing home. He requires assistance with his activities of daily living, especially with his left hand, and was admitted to hospital with suspected pseudo bowel obstructions twice within the space of a month and was eventually found to have a sigmoid volvulus causing him pain, bowel obstruction, and constipation. He underwent urgent surgery for the volvulus and a laparoscopic loop colostomy was fashioned to divert the faecal stream from the affected area.

Post-operatively, Michael's stoma was red, warm and functioning, with the initial output being fairly loose. It was 38mm in size, and oedematous, and his peristomal skin was intact. (*See Figure 1*) His stoma was well spouted, but it was anticipated that this would change as the post-operative swelling reduced.[2] In discussions with both Michael's family and the nursing home, the easiest possible set up was requested, as there was no other resident at the facility with a stoma, and the staff expressed some concerns about looking after his pouching system.

Nursing Interventions

Initially, a Hollister two-piece flat skin barrier, that was cut-to-fit and flat, was used with an Adapt CeraRing™ barrier ring for additional protection, and a drainable pouch while the output was loose. Staff at the nursing home also stated they would prefer a transparent drainable bag from the beginning while they became familiar in caring for his stoma, and they would evaluate closed pouches at a later date once the output was more consistent and routine. The liquid output caused the seal to swell through the front of the pouch and was visible through the transparent pouch. (*See Figure 2*) However, knowing there would be some changes in his stoma size, and that a more secure fit with fewer steps was needed, a proactive decision was made in order to ensure Michael's system was as easy and straightforward as possible. Instead of a flat base and seal, a Hollister two-piece soft-convex skin barrier was determined as a better alternative. (See *Figure 3*) Staff needed to become more confident in their care and to help minimise the chance of errors this system was chosen for its overall simplicity of application and use.

Figure 1 Post-operative stoma with some oedema

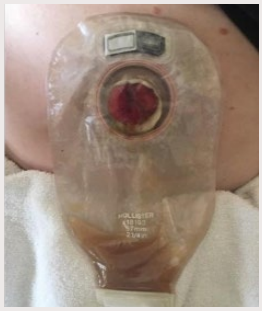

Figure 2 Flat skin barrier. Note the swelling of the seal through the barrier opening

Figure 3 Hollister New Image two-piece soft convex pouching system

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Outcomes

The pouching system sat 'perfectly' on his abdomen, was secure around his stoma, fitted well, and only basic cutting to size steps were involved. (*See Figures 4&5*) The skin barrier is routinely changed each Monday and Thursday, and the pouch as required (generally every couple of days). The skin barrier would swell in the presence of fluid and could be seen absorbing the output through the front of the transparent pouch. The staff have found this set up easy and have expressed greater confidence as a result. The family are very happy as they were worried this could be a difficult scenario in the nursing home and have stated it is actually much better now than it was previously.

Conclusion

As an experienced Stomal Therapy Nurse, this case really highlights the importance of using ostomy pouching systems that are functionally appropriate in terms of a secure and reliable fit, and also easy to manage not only for patients, but often others. Being able to instil confidence in Michael's carers to manage his system also engendered greater faith from his loved ones that he was receiving the best of care.

Figure 4 Hollister two-piece soft convex skin barrier newly applied

Figure 5 Transparent drainable pouch applied

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References

1. Hoeflok, J & Purnell, P 2017, 'Understanding the role of convex skin barriers in ostomy care', *Nursing 2017*, vol. 47, no. 9, pp. 51-56.
2. AASTN Clinical Guidelines; Stomal Therapy Nursing Practice 2013, 'Oedematous Stoma Management', p. 15.

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